

2. The risk of a second attack is comparatively small. Thus Mr. Battle, while he places the mortality of the first attack at 25 per cent., gives the mortality of a second attack as 7 per cent., and that of a further attack as 2 per cent.

3. In those cases in which an abscess has formed although the operation is often unexpectedly easy it is often not only very difficult but distinctly dangerous. In certain cases in which the adhesions have proved to be very extensive and dense, and in which the appendix is buried deep in the plevus, I have failed to remove the offending body or even to find it. I cannot help thinking, therefore, that if Mr. Battle's rule became absolute the surgeon would find himself engaged in not a few operations which were attended with considerable risk to life. In the face of the facts above stated,—and keeping in mind the fatal case Mr. Battle mentions—I do not consider that such risk is justified.

4. It may not be unfair to state the belief that the evidence that an abscess has burst into the bowel is not always conclusive. The passage of a quantity of decomposed and long-retained mucus might well give a nurse the impression that pus is being evacuated.

II.—THE COMPLICATIONS WHICH MAY ATTEND OPERATIONS FOR APPENDICITIS.

The length to which this paper has already extended will forbid any but a very superficial discussion of the subject.

With the exception of faecal fistula, intestinal obstruction and the persisting or extending abscess, the principal complications are those only of septic infection. They are such complications as may occur in connection with any septic wound. The fact that the wound is within the range of the portal system permits of the limited blood infection known as pyæphlebitis.

With this exception the most conspicuous complications differ in no essential from those which may attend a suppurating stump left after an amputation of the thigh.

Certain of the pleurisies and of the empyemata are due to direct local extension of inflammation from the original seat of infection.

The parotitis is probably due to that septic condition of the mouth which is common in this and in other abdominal disorders.

The common thrombosis of the left femoral vein is not open to a ready explanation. If movement be in any way concerned in this localization it may be noted that while the right thigh is kept at rest the left lower limb is much, and often severely, used in the necessary movements of the patient in bed.

Mr. Lett's statistics (Table E) show the complications which have occurred in 1,000 consecutive cases of operation. In the detailed appendix to that table will be found particulars of the circumstances under