

It is a fact which has been demonstrated a great number of times, that peristalsis does not occur unless food or catharics are introduced into the stomach. If the attack occurs shortly after a meal and before all of the food has passed through the ileo-caecal valve, its presence may cause peristaltic motion in the small intestines. Upon reaching the ileo-caecal valve the latter may prevent its passage into the caecum, causing return peristalsis, and the intestinal contents are forced back into the stomach, whence it may be expelled by vomiting or be again forced into the small intestine, giving rise to further peristaltic motion. Moreover, it will give rise to the formation of gas, which must cause disturbance and pain in its attempt to pass the ileo-caecal valve.

This motion, it is plain, will be harmful primarily from the fact that it gives rise to pain by disturbing the sensitive inflamed tissues, and secondarily from its likelihood of carrying infectious material with which it has come in contact in the vicinity of the inflamed appendix to other parts of the peritoneal cavity.

Besides this, the physiological attention of the omentum can now no longer be directed to the single area of infection, because other parts of the peritoneal cavity require its protection, and such portions of the omentum as are not yet thoroughly adherent about the inflamed appendix are likely to be diverted from this point.

Theoretically, then, the disturbance which is to be feared to so great an extent is caused by the presence of food or cathartics in the stomach, and its logical remedy would be to absolutely prevent the introduction of any form of food or cathartics into the stomach and the removal by gastric lavage of any portion of food which may be retained in the stomach at the beginning of the attack. It may be necessary to perform gastric lavage twice, or at most three times, in order to entirely remove remnants of food which may have regurgitated into the stomach from the small intestines by reason of return peristalsis. That this is not only true theoretically, but also in practice, I have demonstrated in a large number of cases, and many other surgeons who have followed the same plan of treatment have informed me of the fact that their experience has agreed with mine.

It is true that a few surgeons have reported failures with this method, but an investigation of their treatment in each instance has shown that they disregarded one of the three cardinal points in the treatment. They either gave just a little liquid food by the mouth, or they gave