

appendix is retracted and distended, and in this way the fluid injected has a chance to enter and remove sources of irritation when immediately within the appendix, and is more largely curative. I do not hold that this or any other medical or expectant treatment will in all cases supersede the knife; for instance, when the temperature of the patient has increased with a subsequent sudden lowering, and the formation of pus is suspected, I certainly would not rely on medical treatment alone. It is, however, well to remember (1) that Dr. O. Hanolan has stated from personal observation that in 42 necropsies in which a previous diagnosis of appendicitis had been made 32 of the deceased were found to have normal appendices; and (2) that Dr. Horrick has related that in the French army 188 cases were operated upon with 23 deaths, and 480 were treated medicinally with 5 deaths. Surgeons of experience maintain that it is best to operate early, but in my opinion there is little danger in delay if the patient is given easily-digested, non-fermentable food, rest in bed, anti-phlogistine (a combination of clay, glycerine, boric acid, menthol, and eucalyptus) over the bowels, or a cold compress. The measures which I take to mark the ne plus ultra in the treatment of appendicitis are as follows: The filling (or rather the complete dilating) of the bowel by means of the long tube with sweet oil, glycerine and water, or soap and water; hypodermic injections of morphine or morphine and atropine; and complete abstinence from food, or the taking of it sparingly in order to secure digestive rest. The following case supplies a good example of the extent to which by the long tube an injection may be forced. The patient, who was a man about 40 years of age, weighing about 275 pounds, and of immense girth, had partaken heartily of pork and beans. He was normally a large eater, consuming four or five pounds of steak, with potatoes, toast, and so forth, at a sitting. When I saw him he was suffering from severe pain in the bowels, which were constipated and much distended with gas and food. The medical men who treated him in a village some distance from Lindsay had used the low-down injection repeatedly and had given him purgatives without effect. I at once used a tube fully six feet long, and after one or two very scanty evacuations succeeded in passing the tube for its entire length and pumped in a gallon or two of warm water, the abdomen being kneaded at the same time. A quantity of broken-up, partly digested beans came away. There was considerable vomiting, after which the injection entered more