

septic system. They are not, as some ill-informed or prejudiced critics contend, two different things, but the outcome of the continuous evolution of a great conception. That Lister found the clue to the nature of the process of healing for which he was looking in Pasteur's discoveries as to micro-organisms does not in the least diminish his originality; these discoveries had been before the world for years, but no one had seen their possible application to surgery. When he learnt of the work of Semmelweis, Lister at once acknowledged the merits of that ill-fated reformer as a pioneer in the same path of discovery that led himself to such great results.

What he accomplished is perhaps best shown by the fact that so late as the mid-seventies Sir John Erichsen, one of his teachers, said in a public address that operative surgery had at that time reached finality. There were, he said, regions in the human body into which the surgeon's knife could never penetrate—the brain, the chest, and the abdomen. All these secret chambers of the house of life have long since been brought within the province of surgery, and this enormous advance of the healing art has been made possible by the work of Lister. And that work will continue to make practicable further extensions to a degree we can only dimly surmise. Vast as is the range of modern surgery, it may be said with Dante Gabriel Rossetti, that "Leagues beyond these leagues there is more sea."—*Brit. Med. Jour.*

APPENDICITIS, PURGATION, PERFORATION, PERITONITIS.

The best result in acute appendicitis can be obtained only by operating immediately after the onset of the disease, before any purgative medicine has been given and before peritonitis has occurred. To quote Moynihan: "Perforation means purgation in the appendix kinked and bad, both food and drink will worry him and aperients drive him mad." Practically if not actually all the patients with perforative appendicitis seen by the writer have been purged, have received calomel, salts, castor oil, or some other aperient. The writer considers it practically criminal to administer a purgative in an "acute abdomen" until the cause is determined; but one drug that he knows of can be of use, namely, morphine, and this should not be given until the diagnosis is made. After the diagnosis, morphine is permissible while preparing for operation or in the enforced absence of operation. The more common causes of acute abdomen, exclusive of the traumatic conditions, such as ruptured liver, spleen, kidney, bladder, etc., are acute appendicitis, acute cholecystitis, perforated duodenal and gastric ulcer, acute intestinal obstruction, acute pancreatitis, mesenteric thrombosis, twisted pedicle