

the thought of an operation which proposed to invade the abdominal cavity so freely. Only six years ago a surgeon of large experience decided against operation in a case of appendicitis because, as he alleged, all of his cases had recovered without operation. Another surgeon, in a paper published five years ago, claimed that twenty other diseases might be confounded with appendicitis. It was alleged in a paper that appeared in a recent number of a prominent medical journal that the cause of the disease is rheumatism, and the treatment should therefore be anti-rheumatic. Such suggestions may be, and no doubt have been, productive of much harm by inducing practitioners to dally with cases of appendicitis expecting the administration of salicylates, salol, etc., to do good. Is there any purely medical measure which may be relied on to cure this disease? I know of none. Perhaps it is as well that we should know that there is no remedy of a medical nature, because while we are searching for some drug to cure the patient we may be doing him irreparable damage by delay. Appendicitis must logically, I think, be placed among the surgical diseases. This does not mean, of course, that every case must be operated upon, nor, on the other hand, does it follow that because certain cases recover without surgical interference the complaint is to be taken out of the list of surgical diseases. I would not be understood as saying that many purely medical men are not as clever as any surgeon in making the diagnosis of appendicitis, and as anxious to have the case treated on the best surgical principles. There are two classes of medical men who take different views of the treatment of the disease; one I have just mentioned; the other looks upon all cases as really medical in character, seldom requiring any surgical measures for their relief. These practitioners approach the subject from totally different standpoints, and too often prejudge a case without studying the conditions with sufficient care. The disease is, therefore, not so well studied or handled as it might be. This state of things is, however, gradually being cleared up, and in time the disease will surely be placed in its proper category.

As illustrating the evils of an improperly handled case, I might cite one which has recently occurred to me, and which was one of the worst cases I have seen. A young lady of good family, under the care of a medical man, who, I am glad to say, was not a regular practitioner, was suffering from her ninth attack of appendicitis, which she and her family were assured was enterocolitis. The patient herself recognized the nature of her ailment, and demanded an operation. I was called in after the patient had been ill eight days, and while recognizing the extreme gravity of the situation yielded to the solicitations of the patient and her friends to give her the only chance which, in my judgment, remained, viz., an operation. The first incision gave vent to a quart of pus, which spurted to the height of a foot. This was an aggravated case of septic peritonitis due to appendicitis, and naturally terminated fatally.

We are very far from possessing any exact knowledge as to the primary cause of appendicitis. My whole thought has run toward a stoppage of the drainage from the appendix into the colon as the true cause of the disease. There may be an interference with the emptying of the con-