heartily. Dr. House does not give the antecedent history of his case, though he may have taken it very carefully. He states, however, that he learned later that the patient had twice before had a similar eruption from veronal, once from a 5-grain dose, repeated in three hours. In a case like this one, in which the patient has "been taking for months all kinds of nerve sedatives" it is often well to inquire if the patient has any peculiarities or susceptibilities in regard to any particular drug favorable or otherwise. Not infrequently this is found to be the case, and the information may be of much service.

Dr. Holmes does well to call the serious attention of the profession to the modern error of excessive laboratory and experimental work, especially in the colleges, to too much neglect of careful and minute clinical observation, study and record. While with him I would by no means underestimate the importance and the necessity of an accurate diagnosis, often obtained by instruments of precision, I would exalt, more highly than is often done, the very great value of a painstaking study of the patient in all particulars, however small. Only by fully and properly understanding the individual affected can we, in the best manner, cope with the derangements of function or tissue to which we give the name of different diseases.

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TECHNIC OF STUMP INVERSION IN APPENDECTOMY.

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After the completion of the incision one or two fingers are inserted and the appendix, with the cecum, is drawn out. The cecum is held by the assistant, the appendix is clamped in the jaws of a pair of hemostatic forceps applied just above the line of junction with the cecum. A second pair of forceps is applied just above the first and gradually worked upward, forcing all contents before it until it is about one-quarter of an inch above the first (Fig. 1). The blood vessels of the meso-appendix are tied off with catgut and the appendix severed as near to the edge of the first

Figure 1.

forceps as possible (Fig. 2), and the scissors, second pair of forceps and appendix are laid on a specimen tray. The stump of the appendix is lightly touched with a weak solution of iodine on a cotton-tipped applicator or a thermo-cautery is used for the same purpose, that of rendering the stump germ free. A purse string suture of ten-day catgut threaded in a round needle is placed about the base of the appendix. This suture is carried over and not under the handle of the for-

Figure 2.

ceps to facilitate inversion. The needle is carried deep enough to include all the coats of the bowel. At the base of the side of the meso-appendix there is sometimes an artery which might bleed after inversion; this is secured by passing the purse string suture under it. The operator loosens the hold of the forceps on the appendicular stump and reapplies them

Figure 3.

so that about one-eighth inch of the stump distal to the handle is left free (Fig. 3). The assistant elevates the handle of the forceps and depresses the point so that the stump is inverted into the lumen of the bowel while at the same time the operator makes traction on the two ends of the purse string, seesawing them slightly if necessary (Fig. 4); the sharp-pointed forceps are gently and slowly removed and the inversion is complete. The

Figure 4.

puckered line of removal is now buried by a superficial continuous suture of fine catgut, which is then continued so as to bury the remains of the meso-appendix. This particular method of invaginating the appendix precludes all possibility of escape of feces during the operation and is simple. I have tried the various appendix tuckers, but the forceps method works better.