difference of the anatomy of the part and in the evolutionary process of the race, the appendix being a vestigial non-functioning organ whose blood supply has been cut down to its actual needs, as is the invariable rule of Nature when an organ ceases to function. In the case of the appendix the blood supply is only sufficient to preserve the tissues in *statu quo* under normal conditions, and not sufficient to preserve the tone of these same tissues under abnormal conditions which result from trauma, exposure, and fatigue. With loss of tone there is loss of normal resistance of the tissues to bacterial infection, and the consequent inflammation of the appendix. The cæcum, unlike the appendix, is an important functioning organ, with an adequate blood supply to sustain the tone of the tissues under the varying conditions to which it is subject. The appendix in women has an additional blood vessel, a branch of the ovarian artery, which is a more rational explanation for the partial immunity to appendicitis which women enjoy as compared with men, than some others which have been offered, viz., that woman has been outstripped in the evolutionary race by man, or that the greater frequency of appendicitis in men is due to their greater gastronomic feats. There is a gradual growing belief that epidemics of appendicitis occur, a belief that is not wholly without foundation, it would seem, where several individuals in one neighbourhood are attacked at the same time, and two or even three successive cases occur in a single household.

Adenoid tissue, whether of tonsil or appendix, is liable to bacterial infection, and it only requires a want of tone with loss of resistance of the tissues to bacterial infection plus exposure and fatigue to produce ideal conditions for tonsillitis or appendicitis. The specific agent we have with us always, one of the pyogenic cocci. In a given case of appendicitis, other things being equal, the severity of the attack and the prognosis as to the result is governed by the kind and virulence of the infecting agent.

With a virulent streptococci infection, general peritonitis is liable to be the result from diffusion of toxines. In staphylococci infection there will be a localised abscess, while if the colon bacillus is the infecting agent the process is slow and there is a foul-smelling pus, the prognosis less grave; which explains the saying, "The fouler the odour the better the prognosis," when applied to pus.

Nursing of Diseases of the Eye.

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EYE OPERATIONS.

It may happen that the retina of the eye which has been selected for operation has been the subject of similar change, which could not be recognised through the opaque lens. In this case, even though the operation succeed perfectly, central vision will not be restored by the removal of the cataract.

Although central vision and the visual acuity may not be high in such circumstances, yet the eye will be a very useful organ to the patient. He will be able easily to find his way about, and enjoy life in a way that a blind person cannot do, independent to a great extent of outside assistance.

We must not assume too hastily if the central vision is defective after a successful operation that the condition is incurable. More than once I have seen such a condition after extraction as the result of excessive smoking, and we must remember that as a man is cut off by defective vision from reading he is more liable to smoke to excess.

The posterior layer of the lens capsule, together with some fragments of the lens and the anterior layer, remain after the extraction, and form what is best called the "after-cataract"; the term "secondary cataract" should be limited to opacities of the lens, complicating fundus disease.

Sometimes there is merely a fine wrinkled transparent membrane behind the pupil, interfering with vision in the same way that corrugated glass obstructs a clear view. Sometimes it is attached to the iris or to the corneal wound; sometimes when there has been much after-inflammation, a dense mass consisting partly of capsule, partly of inflammatory products, will block the whole pupil, rendering vision almost as defective as when the opaque lens was still in position. The less reaction after the operation the less "capsule" will be found in the pupil; but in a large number of cases a second operation will be necessary to move the opacity from the path of the entering light.

The "after-cataract" may develop some time after the operation. Even if a patient after extraction goes out with $V=\frac{6}{12}$, it not uncommonly happens that within six or eight months the capsule becomes more dense, so that the acuity is reduced to $\frac{6}{36}$.

When at any time capsule is present in sufficient mass to affect vision seriously, the question of operation arises.

If the opacity be thin the surgeon will probably elect to tear it with needles. The pupil must be dilated with atropine. Two needles are introduced

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