usually suptured, and involves very little risk. The rule, first, last, and always, should be: operate in every case of appendicitis, promising or unpromising, at the earliest possible moment.

Comparing the results we have:

- (1) Those who operate in very acute cases, and in abscess stage, with mortality of seventeen to twenty-five per cent., and there will relapse eleven to seventeen per cent.
  - (2) Those who take a middle course.
- (3) Those who operate as soon as the diagnosis is made, mortality one to two per cent.; without relapses and practically without herniæ, but will operate unnecessarily on sixty per cent.

## III. FROM THE TWENTY-FOURTH TO THE FORTY-EIGHTH HOUR AFTER ONSET.

Pus may form in two days, but usually not before the fifth day.

J. A. Macdougal: If at the end of forty-eight hours the symptoms ameliorate, and in which increased resistance and slight dullness pointed to tumor formation, then I would watch and wait events, for I have seen very many such cases get thoroughly well, and the great majority of them have no return of disease. Operate if pus forms.

Murphy and McBurney show by their early operations that the symptoms are identical in the early stage between local peritonitis and general suppurative peritonitis.

J. W. White: Whenever, during even a mild attack, the symptoms at the end of forty-eight hours are unrelieved or are growing worse, operate.

Charles A. Morton pleads for early operation in every severe case of appendicitis, because it is impossible to say but a general septic perstonitis has not already started or that a purulent collection may at any moment break through.

J. H. Carters: Operated on nine during acute stage. Three died from causes not due to operation, as general peritonitis, delirium tremens, and exhaustion on sixth day.

Fowler: During second day operated on twenty-two. Three died of septic peritionitis present before operating.

Murphy: Did 141 early operations. Two died, excluding general suppurative peritonitis present at operation.

Morris: Had fifty-nine cases; the infection limited to the immediate vicinity of appendix. No deaths. And of twenty-three localized abscesses, no deaths.