

is apparently a mild attack and after twenty-four hours the pain has become less, the temperature little elevated and the pulse normal, then possibly a purgative has been administered and perforation occurs, throwing the victim at once into a condition in which one realizes that there is grave danger of a fatal issue no matter how promptly the abdomen is opened. Here let me emphasize with all possible force the danger of a purgative in acute appendix cases; the possibility of such measures doing grievous harm is too well known to every surgeon. The purgative may induce perforation, or what may prove equally disastrous, the rupture of a localized abscess into the general peritoneal cavity. Quite recently the writer was arranging to operate for the radical cure of femoral hernia, two days before the date fixed for operation the patient was ordered a purgative, but before taking the medicine she telephoned to me that she had severe abdominal pain. She was instructed not to take the purgative until I saw her, and on examination, and after consultation with her physician, it was determined that she was suffering from an acute attack of appendicitis. I operated in the middle of the night and removed an appendix which might well have perforated had the purgative been given. She made a good recovery and the operation for radical cure of the hernia was successfully carried out three weeks later. I considered one had made a fortunate escape in avoiding the complication of appendicitis in an operation for femoral hernia, and it was fortunate, also, that the patient had sufficient prudence to ask my advice before taking a purgative when suffering from acute abdominal pain.

Incidentally one may remark that the whole difficulty in determining the time to operate in appendicitis is largely the difficulty in diagnosis. It is impossible to determine by the physical signs as to the nature of the individual attack, for example, whether the appendix is gangrenous or not. The pulse, temperature and leucocyte count are all useful clinical guides, but neither these nor the severity of the pain, nor of reflex symptoms of vomiting, etc., are sufficiently characteristic to assist us in differentiating the simple cases from those of the most dangerous form, and until an accurate clinical diagnosis can be made our only safe course is to remove the appendix the moment a definite diagnosis of appendicitis is made. There may be some instances where the general condition of the patient, or his surroundings may necessitate delay, or may cause one to conclude that the direction of least risk lies in temporizing, but these cases are exceptionally rare.

What has been said regarding the effects of delay in acute appendicitis applies with equal force in other conditions within the