

the practice of immediate operation; by that I mean as soon as the diagnosis is made. It is not to be disputed that a fatal attack may commence mildly, and that it is not possible to foretell the degree of an attack by its mode of onset. But these terrific phases of the malady are exceedingly rare and not difficult to recognize. In these cases operate at once. Always operate if there is evidence or strong suspicion of pus.

Fowler: As soon as the progressive nature of appendicitis is assured, operate. Acute cases may run through all the stages in from thirty-six hours to five days. Acute cases, becoming subacute in a few hours, are next gravest, as it implies necrotic changes. Operated on two cases during first day. One recovered and one died of pneumonia (la grippe). Prognosis is only favorable in cases which are retrogressive in twenty-four hours, as evinced by the symptom of tenderness. Cases recovered without operation, 8.

Began to subside in 24 hours,	5
“ “ “ 30 “	1
Mild case,	1
Well-marked case,	1

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H. O. Marcy: When done early mortality is one or two per cent. Fatal cases were those in which the appendix had already ruptured and had scattered the bacilli into the abdominal cavity.

Mayo Robson: Operate if the onset is acute, with rapid pulse and tenderness over the appendix, without the presence of a tumor.

Robert T. Morris: The simple diagnosis of appendicitis I hold to be sufficient excuse for operation. Of thirty-seven cases of early operation without infected exudate, had no deaths.

J. W. White: Immediate operation is indicated when the onset of a case is marked by both suddenness and severity.

Murphy: Operating on all stages and conditions number 140; deaths due to operations, 2. Would you delay operating on a case that is progressing favorably? By that I mean, temperature 99° F., pulse 80, expression good, abdomen with no alarming signs? No. I have seen cases of this class go to the third, fourth, and fifth day, with all of the most favorable symptoms that could well be imagined, and on the sixth day die from suppurative peritonitis, which existed all the time. As we are unable from the signs and symptoms to determine the exact pathological condition, there is only one safe position to take, that is, to operate as soon as the diagnosis is made. In the first forty-eight hours the appendix is not