for operation independent of any influence exercised by their physician. This does not come about from any lack of competency on the part of the medical adviser; for the average physician is notoriously competent, but is due to the fact that the public appreciates the uncertainty of the outcome. Every surgeon of experience finds himself interrogated by anxious friends as to whether such an operation, if done earlier, would have materially effected the result, and in justice to himself in the art which he practices, the question must be truthfully answered. The risks surrounding the performance of surgical work are sufficiently hazardous without courting complications, or adding difficulties to the situation, which would jeopardize a favourable outcome. I think I can say, without much fear of challenge, that the man who advocates an appendectomy as soon as a diagnosis can be made will never regret it. But the man who waits a few days, until the products of an already ruptured appendix have created havoc to the peritoneum and a general toxæmia established, will certainly have some occasion for concern. It is a common experience to obtain a history something like this. The patient was taken ill with severe pain in the right iliac fossa—followed by some general abdominal discomfort, readily controlled by local applications and small doses of some opiate; no thermal or circulatory disturbance and no abdominal distension. Things travelled along in an uneventful way until the second, third, and maybe even the fourth day, when the countenance changed, some tympany occurred, and the blood current became more rapid. The examination in such a case readily discloses a general peritonitis and if one can get the patient—even at this time—something may be done, but unfortunately the "ice bag" and the "opium suppository" are still fashionable and often persisted in. When the abdomen is opened, pus pours out through the incision,—the intestines are plastered over with a fibro-plastic exudate, which may be stripped off in ribbons a yard long.

Now, what may we expect in such a case? This is no false picture; the canvas is as true to every day experience as the flight of time. Those of us who are dealing largely in abdominal work are keenly aware of the large percentage of suppurating cases that come to us, and not only suppurating but death indelibly stamped on their brow. Many appendices perforate with the first manifestation of pain, and in those cases no one can be blamed, inasmuch as it is impossible to get in ahead of the first symptoms. But when the diagnosis is made—instead of waiting for something to turn up, as Dr. Maurice Richardson has so aptly put it—advise an operation, and with this advice the responsibility is immediately transferred to the patient and his family.