As to time for operative intervention: There is no question in my mind that the most favorable time for operation is within the first twenty-four hours of the attack, or if this is not possible, within the first forty-eight hours, that is to say, before perforation occurs and infection of the tissues around the appendix. In some cases perforation has occurred earlier than this, but in the majority of cases it will not. The danger of operation prior to perforation or infection of the tissues and peritoneum is practically no more than that of an exploratory laparotomy. Drainage would not be required, and the abdomen would be closed and the patient well within two or three weeks. I think the majority of surgeons now agree with the early operation. There is a difference of opinion, however, about the operation during the spreading inflammatory process, say from the second to fifth day. My opinion is that it is wise to operate at this time, but the operation must be a limited one, that is, simply opening the abdomen, letting out the pus, removing the appendix, if it be accessible, and drainage. We find in many cases in this stage a localized mass containing pus. An incision can be made over this mass, and if the abscess is parietal, that is, adherent to the parietal peritoneum, it can be opened without opening the general peritoneal cavity. If, on the other hand, the mass is not adherent to the parietal peritoneum and the general cavity has to be opened to reach it, the latter can be completely shut off by using gauze sponges or strips of iodoform gauze before opening the abscess. The abscess can then be opened by breaking through the exudate which forms its outer wall, with the finger. When pus is reached it should be mopped out with gauze. Very frequently then the appendix can be found, a ligature thrown around its base and removed. If it is not easily found it should not be too vigorously searched for, as this might cause the breaking down of adhesions and carrying infection into the general peritoneal cavity. An experienced operator will usually without danger be able to find and remove the appendix. A perforated rubber tube and iodoform gauze should be placed in the abscess cavity, and the gauze which was used for walling off the general peritoneal cavity left in situ for several days.

As to operation in the period of subsidence of the inflammatory process from the fifth to seventh day on, I think, undoubtedly that here an operation should be done, the pus evacuated, and the appendix removed where it can be reached, and drainage provided. Operation in this stage is not so urgent as in the first and second, but by retaining the products of infection there is always an element of danger. Lastly, if an operation has not been done during the attack, it should certainly be done during the interval to prevent recurrence of the attack and relieve the patient of the effects of the pathological changes which have