have died, or at any rate very few. Within the last three years I have had more than a hundred cases where pus had not formed, and every one recovered, and it seems to me most likely that some of them would have died had no operation been done; in fact I am not in the slightest doubt about it. If only one life was saved would not even that life have justified all, to say nothing of the suffering and anxiety relieved and prevented.

Regarding the operation itself it is well to understand that he who undertakes it should be prepared for anything; the case with mild symptoms may be most difficult and trying. In this, as in all operations, it is of great advantage to have assistants who are familiar with the methods of the operator, and who are accustomed to abdominal surgery, and amongst these none is more important than a nurse specially trained for surgical work. Rapid operations will, I am persuaded, show better results than slow ones, for every minute the patient is kept under the anesthetic adds to the shock, and the longer the abdomen is open the greater the danger of its becoming infected. In an uncomplicated case the operation ought to be completed in fifteen or twenty minutes, and with everything favorable it can be done in eight or ten or even less.

In putting together the abdominal wound the different layers should be stitched separately, peritoneum to peritoneum, muscle to muscle, fascia to fascia, integument to integument, but especial care should be taken in bringing the fascial edges together, for this is the only way of avoiding a hernia. The through-and-through method of stitching wounds of the abdominal wall is as bad in practice as it is wrong in principle. A hernia after an appendectomy is not creditable to the operator, and is always a result of faulty technique. The bringing together of the fascia cannot be too strongly insisted on; if it is united there will be no hernia, otherwise there will be one.

Sometimes when the appendix is exposed nothing very seriously wrong is visible, no adhesions, and not much sign of inflammation. The organ feels firmer than normal, and in such cases its walls are thickened as a result of the diseased process going on in the mucous lining, for it is in the mucous membrane the disease begins, and it is only when the peritoneal coat is involved or perforation occurs that there is severe pain. If it were possible to make the diagnosis before the peritoneal coat becomes involved, that is when the operation ought to be done. If the case is diagnosed early enough and operated on, there will be no pus and no adhesions. Every case of indigestion should be thoroughly investigated, for very often the cause is a diseased appendix, in fact