operation three or four weeks after the acute symptoms have subsided affords the best chance of success, and this time should therefore be chosen, when possible, for removal of the appendix.

The question of the advisability of operation on cases that have apparently recovered entirely from a first attack will often present itself for solution to every medical man. I have so often seen a recurrence in such cases that I am satisfied an appendix once diseased is a menace to life and should be removed, for the danger in doing so by an experienced surgeon is less than the danger of leaving it. The following case will illustrate this: A lady had an attack of appendicitis, and was successfully treated by Dr. Hay, of Wallaceburgh. As soon as she had sufficiently recovered to travel he sent her to me for operation. I could detect no evidence of the disease remaining, and advised her to have nothing done. Three days later she had a severe second attack, and Dr. Hay at once sent her back to me for operation. On opening the abdomen I found the appendix acutely inflamed, and containing a fecal concretion near the distal end. She made a good recovery, but to have operated when she first came would have been better. Success in operating for appendicitis depends very greatly on attention to details in the preparation of the patient, the care exercised in guarding against infection through instruments, dressings, operator and assistants, skill in dealing with adhesions, and care in every step to avoid injury to the viscera and prevention of their contamination by any poisonous matter that may be encountered within the abdomen during the operation.

The difficulties encountered are sometimes so great that the most experienced surgeon will find his skill taxed to the utmost. Thorough evacuation of the bowels before any operation requiring an anesthetic is beneficial, and before a laparotomy is most essential, and for this purpose I prefer calomel and castor oil or some saline cathartic. Strychnine administered for a few days before an operation sustains the heart and lessens the liability to shock. If the patient be greatly exhausted from previous illness and the circulation weak, the transfusion of from two to four pints of normal salt solution may be practised by an assistant during or after the operation. I am sure I have seen this prevent fatal shock. The various steps in the operation are so minutely described by numerous writers that I shall not attempt to repeat here what is accessible to all, but content myself by reference in detail to some cases that were interesting and instructive to me, in hope that they may be so to others present.

CASE I.—A married woman, forty-five years old; had always been well until two years before I saw her, when she became ill with pain in the right side of the abdomen, and was treated for several weeks for typhoid fever. As the fever did not abate in the