of explosion is concerned a stick of dynamite in the abdomen would not be more dangerous than a diseased appendix, for it might be possible to avoid exploding the former, but no precaution or foresight could insure safety from the latter. I might go on quoting cases, but the above are to a certain extent typical of many that are met with, and to continue would be to some extent reiteration. My professional life extends back to what might be called the pre-appendiceal period, when people died in a regular orthodox way of peritonitis, and no one was supposed to be to blame. The fact that the appendix was the point where the trouble originated in almost all the cases, was never suspected, in fact, no mention was made of diseases of this organ in any of the text-books even at the time of my first operation in 1883, nor am I aware that the operation had been done by any one else in Canada at that time, if indeed it had been done anywhere. Before that date I had many deaths from so-called idiopathic peritonitis, but I believe I have never had one since in my own practice. I well remember how we used to go on with our treatment and fondly suppose we were doing something—if the patient got well we did it, if he died Providence so ordered it. In either event we were not to blame.

Slowly and laboriously the advance was made. The first limping step was to operate when pus had formed; that was, wait until great danger had been survived and much suffering undergone and then open an abscess which resulted from our own delay. Next advance was to operate after the attack was over if, perchance pus had not formed and this indeed was an approach to rational treatment; it was a recognition of the great principle that the only treatment worthy of the name was removal of the cause. Finally reason and science triumphed, as they always will triumph over empiricism and ignorance, until to-day there is no middle ground or debatable question in these cases. The moment the diagnosis is made the time for operation has come. The cause being known must be removed. This is a rule to which there is no exception, unless it be that there is something in the patient's condition which forbids operation. Reverting again to the danger of the operation, it might be permitted me to speak from my own experience, and to give my own results. In my twenty years of operative work in connection with appendiceal disease, I have not had one patient die as a result of operation, for the removal of the appendix. It is true I have had deaths where an operation was done after general peritoneal infection had taken place, but these prove the necessity for early operation. Had they been operated on before pus formation the probability is none would