Since the discussion took place I have removed the appendix during the quiescent period over one thousand times with two deaths. The very trifling risk attending the measure has led gradually to fewer and fewer restrictions as to the condition under which it should be carried out. I venture to think that when any patient has had one definite attack of appendicitis it is desirable that the appendix should be removed as soon as all active phenomena have vanished. While I cannot agree with Lennander that a recurrence is to be anticipated, at some period or another in the history of every case, I think there is no doubt that the balance of probability is in the direction of a second attack.

It is manifest that the risk of the operation is infinitely less than the risk of such attack, and that immunity can be obtained and a weight of doubt removed at a trifling sacrifice. If any attack has been attended by the formation of an abscess which has healed, then the question of removing the appendix may be indefinitely deferred, since by the occurrence of suppuration the patient is—in all but a very small percentage of cases—cured of his trouble. Should there be any recurrence of symptoms after the abscess has closed, then the removal of the appendix is certainly to be advised. Complications arising from the abscess itself may also call for surgical interference.

Some little caution must be exercised in accepting the statement that an abscess has, in any given case, burst into the bowel. In more than one instance the material which has escaped from the rectum, and which has been regarded as pus, has proved to be decomposed and long-retained mucus from a catarrhal colon.

In addition to the cases attended by abscess there are at least two types of appendicitis in which the question of removing the affected organ after the first attack may be reserved for some consideration. A slight or moderate attack of appendicitis in a child, which has definitely followed upon the lodgement of a mass of undigested food in the cecum, may never be repeated if the error in diet be also not repeated.

There are, moreover, cases in adults in which the attack would appear to be led up to by gross deviations from what might be regarded as normal food taking. Among such individuals are those who have no masticating teeth and who "eat anything"; those who habitually bolt their food, eat ravenously, or take irregular meals; those who have a leaning towards a particular kind of indigestible food, or constantly neglect their bowels. If these errors, or any combination of them, be corrected, there may be no repetition of the initial attack.

These examples are not cited as affording definite exceptions