only four hours. I do not know why she died, as her pulse and temperature were normal almost to the end, but this shows that the time to operate on a tubal pregnancy is during the first month, before rupture, when the tube is the size of a sausage.

*Appendicitis.*—Of these there were sixty-three cases, and the lesson they have taught me stands out in big letters, "operate early." Some of the cases had so few symptoms that I admit that I hardly felt justified in operating, but which proved on opening the abdomen to have a gangrenous and perforated appendix. As in cancer, as in tubal pregnancy, so in appendicitis, the time to operate is when you *suspect* the disease. Now and then you will be mistaken and remove an appendix which might have remained a few years longer, but, on the other hand, if you wait until you are certain, you will operate too late in a great many cases. All my four deaths were due to waiting until the diagnosis could be made more surely; two of them with black vomit and a high temperature were operated on at farm-houses in the early dawn, after an all-night journey by rail and wagon, and by the light of a coal oil lamp, and two were due to my own unwillingness to operate in the absence of urgent symptoms; and yet, with a temperature and pulse under one hundred, the appendix was perforated. Vomiting, constipation and rigidity of the right rectus with tenderness over McBurney's point, are the cardinal symptoms. Most of my cases were women, and the right tube and ovary were frequently implicated. After hearing the question thoroughly debated by the American Gynecological Society, and with my own experience, I deliberately advise removal of the appendix in every case in which the right tube and ovary are being removed for pain of long standing. It only adds about one-half of one per cent. to the danger of the operation, while it adds 50 per cent. to the chances of curing the pain. Many patients themselves have asked me to remove their appendix if I could do it without greatly increased risk, and many have been disappointed when I told them that I had not done so. Some of the latter have suffered from the same pain after removal of the right ovary and tube, and had to have a second operation for the removal of the appendix. In many of my cases the appendix was constricted near its base by bands of lymph thrown out by nature at some previous attack from which they had recovered, these previous attacks having generally been diagnosed as biliousness. Many times it was impossible to diagnose appendicitis from pus tubes, because the two diseases co-