

To illustrate my meaning I may refer to appendicitis. A physician may have an extensive experience and he will tell you that he has never lost a case of appendicitis and yet he has seldom required the services of a surgeon. On the other hand if you ask any surgeon of experience to-day he will tell you of many lives lost because operation was delayed and one is convinced that if the physician mentioned above stopped seriously to consider the statistics which any general surgeon could furnish regarding operation in appendicitis he would never again let a patient with a definite attack go twenty-four hours without operation because the risk he runs is too great.

There are many emergencies in which the necessity for immediate operation is quite obvious. Thus when hemorrhage is taking place from a severed blood vessel it is obviously essential to control the bleeding point if possible. The necessity for immediate operation is quite as obvious in the case of severed nerves, but this fact is perhaps not as clearly recognized. We may conclude too that immediate operation is indicated when a typhoid ulcer of the intestine has perforated, or if there has been a rupture of the stomach or intestine into the peritoneal cavity from any cause, traumatic or otherwise, or in a case of strangulated hernia. On the other hand there is another class of cases regarding which there must still be some controversy and concerning which very definite and very different views may be held by those who have studied such cases conscientiously and with ability from every point of view, such for example as the indication for operation in Graves' disease or the relief by operation of pyloric spasm in infants. I wish, however, to emphasize in this paper the deleterious effects of delayed operation and the baneful results of incomplete operations in cases regarding which there is perhaps less material for controversial argument, but concerning which we must admit the results possible by surgical intervention are often not attained because operation is postponed unduly or carried out inefficiently.

I will confine my remarks mainly to two series of cases, first, those in which we undertake operation in inflammatory conditions and those in which we operate for malignant disease.

First, then, we may consider certain inflammatory conditions which do not brook delay. I have referred already to appendicitis and I may add a word or two further with regard thereto. One must appreciate the fact that the technique of the operation for appendicitis has been considerably modified of recent years and the effect of this has been to reduce the mortality more particularly in the cases operated on late. For example, we no longer wash out the peritoneal cavity, but confine our attention to the seat of local