

of considerable size, or with any induration that steadily increases in size for many days, since in most such cases pus is present."

At the beginning of an attack it is easy or comparatively so to make a diagnosis, but it is not so easy to say, if the attack will be light or severe *i.e.*, subside or end in complications. If it subsides the patient is still liable to subsequent attacks with danger of a disastrous result. There seems to be but one sound scientific treatment, excision of the diseased organ, once the diagnosis is sure. This further seems the more rational treatment when one considers the uselessness of this organ.

Some advocate immediate operation, others wait until dangerous symptoms have developed; the course at present pursued is a modification, wait twenty-four or thirty-six hours, and be governed by the signs then present, if the patient gets well operate in the interval, if not, then operate when undoubted circumscribed peritonitis appears.

"Pus will form whether there be perforation or none," Matterstock.

"Abscess, wherever it is, and however well it may appear to be surrounded by protective plastic deposits, is a constant menace to life, as evidenced abundantly by its spontaneous opening into the abdominal cavity, the venal canals, the bladder and the chest cavity, as well as externally and into the intestinal canal."—Professor Bridges. In recurrent appendicitis opinion is in favour of operation, either immediate or in interval of attacks. Some timid operators leave surgical treatment of this disease as a last resort, allowing the individual to go on having continued attacks, while others look upon operative interference as the only absolutely safe cure for such. The patient learns to dread the recurrence of these attacks, they interfere with his health, cause great loss of time and much anxiety, especially is this so where, as in case three narrated, the attacks occur many times yearly. The mortality from cases treated strictly medically as mentioned in the early part of these notes, is given by Fitz at forty-four per cent., whereas that from the conservative treatment shows a mortality of only twenty-five per cent.