treated as such. Extreme views are often wrong ones, and dogmatic claims uncertain and unsafe.

Deaver advises operation in all cases as soon as a diagnosis is made, except where there is persistent vomiting, a leaky skin, a rapid pulse with a diffuse peritonitis and approaching collapse. He says cases presenting these symptoms all die, and operating on them would only lead to disappointment and discredit.

Murphy thinks all cases should be operated on at the earliest time possible after diagnosis. Carstens holds similar views, and many other surgeons adopt this rule.

Deaver reports fifty consecutive operations, with twelve deaths, or twenty-four per cent. At Harper's Hospital, in 1898, there were eighty-four operations, with fourteen deaths, or nearly seventeen per cent.

These are probably about the average results of those who operate on every case, and it is fair to assume that the mortality would be greater in less experienced hands. It is a high death rate, and would seriously jeopardize the popularity of the operation in smaller cities or towns, where every case is known and discussed by the whole community.

During the first twenty years of my practice all cases coming under my care were treated medicinally by opiates, counter-irritation, hot fomentations, a liquid diet and rest in bed. The mortality under this plan of treatment was fourteen per cent. Of seventy-six cases coming under my care since 1890, forty-five have been operated on, with three deaths, or 6.6 per cent., and thirty-one cases have been treated without operation, with six deaths, or 19.3 per cent. Two of these six deaths were cases of such grave character that it is almost certain any surgical measures would have failed. They would be classed among those mentioned by Deaver as hopeless from a surgical standpoint, so that only four can be fairly classed among operable cases, or 12.9 per cent. These four cases died quite suddenly, and when the more acute symptoms were subsiding, from rupture of abscess into the peritoneal cavity. They undoubtedly should have been operated on. It is true that some of the cases of apparent recovery without operation are not free from danger of recurrence, but their condition is much more favorable for operation than it would have been in the acute stage of the disease.

A study of these seventy-six cases has led me to the conclusion that every acute case should be watched closely, and, if possible, tided over to the quiescent stage, when the appendix may be removed. While it is not possible always to do this successfully, it will be found that after eliminating those that can be so tided over, and also those in which operation in the acute stage is clearly imperative, there will remain but a small percentage who will die