advise abdominal section as soon as the diagnosis is made, and by those on the other hand who would operate only on compulsion, and in the presence of either intensely acute symptoms or the evidence of pus.

The former place the necessity for operating in the same category with the need for interference in strangulated hernia, or perforated ulcer of the stomach, and are particular to claim that a case starting with trifling symptoms may end fatally.

The latter are occupied with the danger of operating during an attack, with the largeness of the proportion of cases which recover spontaneously, and with the evidence that the diseased appendix is most safely dealt with during the period of quiescence.

In the consideration of this vexed question I would venture to bring forward the following points:

1. In the advocacy of what may be termed indiscriminate operation it is misleading to use the expression "gangrene or rupture of the appendix," "perforation of the appendix," and "appendicitis with acute peritonitis," in exactly the same sense as the terms "gangrene or rupture of the bowel," "perforation of the stomach," and "acute peritonitis" are employed in association with urgent operation.

In every case of acute appendicitis of the accepted type there is acute peritonitis. Limited gangrene of the appendix may be recovered from without operation, and without the formation of an evident abscess, and the same may be said of limited perforation of the process. In a large proportion of examples of acute trouble in this organ there is a perforation, although it may be microscopic. I have found a concretion lying outside a ruptured appendix one month after recovery from an acute attack, the affected area having been isolated by adhesions.

I do not wish to minimize the gravity of these lesions, but merely to protest against a course of action being influenced by the misleading use of terms and unjustified analogies.

2. The greater proportion of cases of appendicitis recover spontaneously, and it is probable that the general mortality of the disease—if examples of all grades be included—is not above 5 per cent.

3. Operations carried out during an acute attack are attended with a risk to life which is considerable, and which is probably expressed by a mortality of over 20 per cent. Certain hospital records and collections of cases appear to place the death-rate even higher than this.

4. It must be remembered that relapses may occur after operation carried out during the acute stage. Dr. Mynter incidentally mentions that out of 27 cases so treated there were two relapses. (It is possible, however, that these relapses were due to complications from abscess.)