

Should we, on the other hand, operate in every case as soon as diagnosed, we would undoubtedly lower the mortality possible to 0 per cent. This, for various tabulated reasons, is also impossible. Our course must therefore be to individualize. As is common with the German school, he divides appendicitis into acute and chronic, and the former into the early, intermediate and late stages.

In the acute stage the surgeons position should be a waiting one—knife in hand. Paying due regard to patient's general condition in relation to local signs, especially resistance of muscles, pulse (especially with low temperature), pain, vomiting, temperature, more especially with a chill or when sub-normal, tenderness, etc., he would watch for improvement. In the mild attacks this should occur within twenty-four hours; in the severe, symptoms and signs are worse inside of thirty-six hours. As everything depends on recognition of these facts, *don't give opium.*

In the acute stage the surgeon's position should be a waiting one—between the third and sixth day, either a general peritonitis or abscess is likely present and here, too, we must treat each case on its merits. Where the condition is apparently hopeless he would abstain from operation, and he has seen some cases get better. Where the patient's condition is good he would interfere. In the late stage, cases seven days old or older, little or nothing can be done.

He concludes then: (a) In even the mildest cases think of operation as a possibility; (b) the practitioner should therefore pay special attention to the severity of the case which (c) depends on the most careful observation of symptoms, therefore, don't use opium; (d) mild cases under constant observation can be allowed to go on; (e) but cases which are not improved by second day should be operated upon; (f) treatment by medicine is too great a hazard; (g) an interval operation is indicated, after one severe attack; after two or three mild attacks; after one mild attack depending on patient's circumstances; when chronic trouble persists.

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The fifteenth annual meeting of the Society was held on Friday evening, 3rd May, 1907, Dr. F. G. Finley, President, in the Chair.

CEREBRAL HÆMORRHAGE SIMULATING MENINGITIS.

W. A. MOLSON, M.D., and A. H. GORDON, M.D.—Dr. Gordon read the report of this case, which appears on page 416 of this number of the JOURNAL.