

found no pus, and having disturbed the adhesions considerably, I thought it wise to remove the offending member, although the appendix was still buried in inflammatory exudation. By ligaturing this mass in sections, the appendix was liberated and removed with very slight hemorrhage. Considering this was a first attack, and only dated since the Saturday previous, five days, no vomiting, temperature normal, pulse 80, and only marked dulness with some pain, one would scarcely expect to find such a large mass of firm vascular inflammatory exudation well advanced towards gangrene.

Mansell Moullin in a paper on "Early Operation on Appendicitis" read before the Harveian Society of London last October, stated that of the symptoms by which cases which would recover of themselves might be distinguished from those that would require operation, the pulse was the most reliable guide. If at the end of 36 hours, while the patient was lying in bed, it was over a hundred a minute, or if in the course of the last few hours it had increased much in frequency, there was no doubt that the attack was a severe one, and that operation would be required. The temperature was no certain guide unless it continued to rise. The intensity of the pain was of great significance, and so were also, but perhaps in less degree, local tenderness, muscular resistance, and a sense of fulness in the right iliac fossæ. Vomiting, constipation and other symptoms usually present could not be relied upon in the same measure. Great stress was laid upon the absence of any individual symptom being of no account, and that operations should be performed in any case in which the pulse was very rapid, even if other symptoms did not point to any great degree of intensity. Here, there is an attempt to estimate the importance of individual symptoms, but so far it must be acknowledged that we are unable to tell with any great degree of certainty what is the actual condition of affairs present. I have purposely given notes of some of my cases where the condition of affairs was much more severe than the clinical symptoms have indicated. It is our goal to be able to diagnose accurately the pathological conditions present, and to estimate the importance of each individual symptom, or rather the importance of the individual symptoms present, as we so often find so many cardinal symptoms absent. It is this very fact of the latency of the conditions present which has such great bearing on the question of operation. Moreover, very rapid pathological changes are liable to take place in any case and at any time, so that no one can state in any given case, no matter how simple to-day, what the conditions will be to-morrow. Our inability to estimate individual symptoms, the grave latent conditions, associated with apparently innocent clinical symptoms, the rapid changes that are liable to take place for the worse in any case, our improved operative technique and aseptic surroundings, together with the percentage of recoveries that we can boast of, all have an important bearing on the future treatment of this disease, and lead me to think that appendicitis is a surgical disease, and the time to operate is as soon as the condition is diagnosed.

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