

When the public is educated by the profession to the necessity of early surgical interference the death rate from appendicitis will be materially reduced. To hear the argument that a certain doctor has treated so many cases medicinally, and that they have all recovered, simply shows that he has had but slight experience. Surely such an argument is offset by one that I might use, that I have operated on a large number of cases in the interval between the attacks and that they have all recovered.

I would like to learn what medicinal treatment is in these cases? On what principle it is based? how the medicines act? and what they do? I am a great believer in the production of adhesions, in the sending forward to the front of armies of leucocytes to work their way into the enemy's country, in the protective properties of the omentum, but I am not much of a believer in the action of any medicines yet known on the poisonous toxins produced by peritonitis.

Now for a word regarding the second stage of the disease. The public have begun to call it, "The too late stage"—the stage of neglect and inactivity on the part of the physicians. The question is constantly asked the surgeon, "If my son or daughter had been operated on sooner, might not his or her life have been saved?" The surgeon, to protect his professional brother, says nothing to incriminate him, but does not tell, perhaps, the whole truth.

Every third year student should be able to diagnose a case of appendicitis. The literature of the present day is teeming with cases, and members of medical societies are sick and tired of discussions of the subject.

It is too late to call a surgeon to operate on a case after the pulse has become rapid, rupture (the so-called secondary rupture) has taken place, and the whole peritoneum has become inflamed. This is not the period for operation, the golden opportunity has slipped by. It is owing to the fact that so many operations have been done in this stage that surgical treatment of appendicitis has been somewhat discredited. Such cases do recover with a long convalescence, and after hovering on the grave for days, but no such prolonged convalescence is noticed in cases operated on within twenty-four hours of the onset of the attack. These cases invariably do well if operated on by a skilled surgeon and with proper precautions.

The essayist concluded by saying that it was possible, by careful consideration of the symptoms, to make a positive diagnosis of appendicitis in its earliest stage, that it is much easier to lift the abdominal veil to ascertain the condition present and remove the source of danger. If exploratory operation is ever justifiable, when the symptoms of appendicitis are present it is doubly so.