more than a hasty review of the treatment by operation, and such review must naturally arrange itself under two headings —the question of surgical interference during an acute attack, on the one hand, and during the period of quiescence which has followed an attack, on the other.

A perusal of the literature of the subject makes the course which the surgeon should take by no means clear. A right estimate of the value of operation in appendicitis and of the right moment of its application is obscured by conflicting statements, by bewildering statistics, and by contradictory propaganda.

There is, indeed, so great a diversity of opinion among surgeons who are qualified to speak with authority that it is difficult to imagine a mediate line of action which will reconcile extremes and provide grounds for common acceptance. Profuse as are records of a kind, we still lack ample and reliable statistics of the general mortality of the disease. of the results of operation during an attack, and especially of the work of those surgeons who urge that the abdomen should be opened in all non-chronic cases as soon as the diagnosis has been made. The last-named operators would justly, in their turn, demand a full return of all cases in which the practice they observe had been ignored. This, again, is not forthcoming.

Hospital statistics are satisfactory only up to a certain point, since they of necessity deal with cases of the most severe type, the cases ill enough to be admitted into the wards. A *précis* of results derived from isolated examples in the various journals is not satisfactory, since it is human to record success and to show little eagerness to acknowledge failure. The best record which could be obtained would be based upon the experience of a number of medical men in large general practice, or upon the systematic records of an army during times of peace. Some general statistics on these lines have been forthcoming, but when the mortality shown has been low, it has been objected that the cases were not true instances of appendicitis, and when the mortality has been high it has been claimed that the slight cases had been omitted from the record.

As the subject is not yet ripe for dogmatic treatment I have ventured to express no more than the opinions which have been forced upon me by my own experience, with the full knowledge that such opinions are apt to be ill-founded.

### OPERATION DURING AN ACUTE ATTACK.

The question of surgical treatment during an acute attack has led to greater differences in practice than has any other matter arising out of the treatment of this disease.

The extremes are represented by those on the one hand who