

appendicitis. The literature of the present day is teeming with cases, and members of the 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 prolonged convalescence and after hovering on the verge of 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.

I am willing to grant that in country districts, where the fee of a consultant from town is a considerable item to the people who have to pay it, the physician is to be excused for delay, but, in cities where skilled consultants can be obtained within an hour, where trained nurses can be had within a few minutes, where people are more willing to consent to operative interference, the delays so frequently seen are not to be so readily excused.

All that I have to say now is said after years of mature consideration and ripe experience. It depresses me to receive messages from distant towns by telephone or telegraph to come at once to operate for appendicitis and to arrive and find the patient dying after three, four or five days of illness and delay. This is a more frequent experience than that of arriving in time to operate with any hope of success.

The cases operated on in the intercurrent period between attacks nearly all come to the city for the purpose of operation. Finally, I claim that it is possible, by careful consideration of the symptoms, to make a positive diagnosis of appendicitis in its earliest stage, and that it is much safer to lift the abdominal veil to ascertain the condition present and remove the source of danger. If exploratory operation is ever a justifiable operation, when the symptoms of appendicitis are present it is doubly so.