

organ quickly contracts and it is impossible to say, on examining it, that it has been much distended.

Case No. 1 would have been placed beyond surgical aid in a few hours by rupture of his appendix and the discharge of the foul and poisonous contents into the peritoneal cavity. Case No. 5 would, in a few days, have been placed in a similar position by rupture of pus formed in the mesentery of the appendix from broken-down fat cells, into the general peritoneal cavity. Operation cannot be done too quickly.

I saw one patient in consultation with Dr. McKeown, at St. Michael's Hospital, and within an hour we had the patient's abdomen open. Gauze was packed around the appendix and the swollen gangrenous organ lifted up. Just as it reached the level of the skin it burst, and the grumous pus fell on the protecting gauze instead of dropping into the peritoneal cavity. The patient's life was saved.

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, indicates that he has had but slight experience. Surely such an argument is offset by the one that I might use, that I have operated on a large number of cases in the interval between attacks and that they have all recovered. This could not be fairly used to represent all of the surgical aspect of the question.

I would like to learn what medicinal treatment is in these cases, on what principles 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 enemies' 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 physician. 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 perhaps does not tell the whole truth. We see according to our light. But surely experience is the best teacher.

Every third-year student should be able to diagnose a case of