

"Our knowledge of this disease is now beginning to settle down into its final and definite form. There are still those who take an extreme view, either on the side of medicine and treat all cases on the expectant plan, or who advocate on the other hand operation in every case. Either position is wrong; but the best opinion now holds a middle way between these extremes. To operate in every case would be as unsound in surgery as not to operate in any case would be unsound in medicine.

"When one recalls to mind the fact that of all cases of appendicitis met with in general practice, about 80 per cent. recover without an operation, there is abundant proof for the position that it is bad surgery to operate on every case. It is quite true that many of these cases are left with a damaged appendix, and of these there may be a good many recurrent attacks. But the point that must be emphasized is that many patients, after the first attack, never have a second. Clearly it would have been wrong to have operated on these cases in the first attack. Some argue that as you do not know that there will not be a second or a third attack, the operation should be done on all occasions. But it is wrong to submit all to a major operation to prevent some recurrent attacks.

"Another fact that must be borne in mind is that with a thorough knowledge of the etiology of appendicitis recurrent attacks in the future may become much less frequent than in the past. The correction of indigestion, constipation, the avoidance of over exertion, and errors in diet will no doubt prevent many a recurrence. One of the great duties of physicians and surgeons in this disease will be along the lines of prophylaxis.

"When the attacks recur at intervals the plain duty of the attendant is to advise the removal of the appendix. This should be done in the interval between attacks, in every case where such selection of time can be made. In a few of these recurrent cases, a cure is effected by nature's efforts by the appendix becoming obliterated and converted into a fibrous cord. In the great majority of recurrent cases, however, sooner or later an abscess forms, which may be localized, or set up general peritonitis. The wisdom of removing the appendix in recurrent cases is therefore manifest. The great question to decide is when to interfere surgically. It may be laid down a