

lives are yearly sacrificed through failure to appreciate the necessity for prompt action.

There is a too common tendency to "wait and watch" whilst alleviating symptoms, temporizing until frequently the opportunity of saving life has passed and an operation, if performed at all, rendered futile by the practically moribund condition of the patient. By way of illustration, permit me to mention a few instances which have come to my notice, and in doing so I will ask you to bear in mind that every case alluded to has occurred in the practice of physicians regarded as competent, men who have had some experience, who are in earnest, who each and all enjoy the confidence of a considerable section of the public, and who, I believe, conscientiously endeavor to do their best for their patients.

1. Dr. "A" is called on Friday to see a child 8 years old suffering from pain in the belly, vomiting and constipation. He orders certain local applications and anodynes. On Saturday he is "afraid the child is developing appendicitis." On Sunday, the child being obviously worse, he desires the opinion of a colleague. The consultation takes place in the evening and an operation is decided upon for Monday morning. The abdomen being opened, a condition of acute general suppurative peritonitis is found, and so advanced that it is deemed impossible to do anything, so the wound is closed and death shortly follows.

2. Dr. "B" is called to a man, aet. 30, taken suddenly ill late on Thursday night. He diagnoses appendicitis, but temporizes. On Friday he decides that he will have to operate, but prefers to wait a little longer "in order to give time for adhesions to form and the abscess to be walled off."

On Saturday, urged by a colleague, he operates and finds the belly full of pus, with no attempt at walling off, and his patient dies on Tuesday from general peritonitis; sacrificed not to ignorance, but to hesitation and lack of decision.

3. Dr. "C" is called late at night to see a married woman 35 years old, taken suddenly ill with acute abdominal pain and faintness. He finds her collapsed, pale and almost pulseless. He consults a colleague and they agree that most probably they have to deal with a ruptured ectopic gestation sac and that they will operate next day. The operation takes place on a dying woman whose pelvis and abdomen are literally full of blood.

Surely it must be apparent that the delay of twelve hours or so was the factor which deprived this patient of whatever chance of life she had.

4. A woman between 20 and 30 years of age consults a doctor about a swelling on one side of her neck, which she finds interferes