

WHEN SHOULD WE OPERATE?*

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In common with other surgeons I have met with so many persons whose condition would have been much improved by early operation, and many in whom it is not yet too late, that it appeared to me a paper and discussion with the above heading would fill a useful place in our annual review. With our improved and constantly improving surgical technique the good results and prospects are so increased that we observe a much greater number of cases favourable for operation. Then there are on the other hand cases not suitable for operation or where operation is either unnecessary or contra-indicated. To the conservative honour of Canadian surgeons be it said that operations in such cases are extremely rare.

The time for operation in cases of appendicitis, and the wisdom of operating in recurrent appendicitis as soon as the tendency to recurrence has manifested itself, has been fully discussed by other members of this association. I will therefore merely show in this connection four specimens from two patients; from one a sloughing appendix and a faecal concretion, a stone of laminated construction. The other two specimens, an appendix and an inflamed tube and degenerated ovary from a girl of nineteen who had repeated attacks of pain in various parts of the abdomen, sometimes accompanied with vomiting and purging. The most common and constant seat of tenderness was in the right iliac region and an elongated corded mass could be detected by pressure in that region, extending from McBurney's point towards the fundus of the uterus. Whilst inspecting the appendix I could not be certain that the ovary or tube or both were not involved, and consequently would not operate without having received the authorization of the girl's parents "to perform such surgical operation as I consider necessary to give her permanent relief." The sequel as shown here is evidence of the necessity of

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