

THE CASE OF KING EDWARD.

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King Edward's case appears to be one of appendicitis of a rather common type, following his exposure to chilling winds last week, with consequent engorgement of mucous surfaces. Bacterial infection progressed to the point of abscess formation about the cecum before it was determined by the medical advisers that the King's life depended upon the performance of some emergency operation. Apparently wise counsel prevailed, and the very conservative procedure of simple evacuation of the abscess was chosen. The cable reports lead us to believe that the infective process had been very well cared for by the peritoneum, and that the area of infection was walled-in by the phagocytes. In some cases of appendicitis with the complication of perityphlitis and abscess formation, the appendix is completely destroyed, and the patient escapes the danger of further infection at that point. In other cases only a part of the appendix is destroyed, and sometimes it is left almost intact excepting for scar strictures, and local peritoneal adhesions. In both of the latter cases the patient may anticipate recurrence of appendix infection at some time in the future. Aside from further infective processes, the adhesion complications may become sufficiently important to require operation for their relief at any time during the life of a patient who has suffered such a severe peritoneal inflammation. In addition to new infection and adhesion complications, one must expect also the development of post-operative ventral hernia at the site of an abdominal wound that has been left open for drainage. All of these things could have been avoided by early operation in advance of abscess formation, but we readily comprehend the kind of responsibility that was placed upon the King's medical advisers at just this critical time, and we must believe that they have acquitted themselves in a manner that is most acceptable to responsible medical authorities the world over.

In King Edward's case we are gratified to observe that the anesthetist, the surgeons, and the physicians are all men who have international reputations in their respective fields of work. This is apparently the result of some system in England that does not obtain in this country, where it is rather the exception for a man of great consequence to have well chosen medical advisers, excepting as a matter of accident, and while we are apt to think that European methods in the management of appendicitis are far from being as successful as those