

## Abstracts from Original Articles.

### THE MEDICAL TREATMENT OF APPENDICITIS.

THOMAS BROOKS, A.M., M.D., of Dearborn, Mo., in the *Medical Bulletin*, says: "My experience in the treatment of four or five cases of appendicitis has been that by the judicious administration of the proper medicament we may induce recovery, and led me to the belief that a resort to surgical procedure is in most cases unnecessary. In a case occurring in a boy eight years of age I found, upon examination, a fluctuating tumor in the right inguinal region, and localized peritonitis. The tumor was about the size of an ordinary coffee cup, and extremely sensitive to the touch, while the whole region was very tender and the right thigh was flexed upon the abdomen. Diarrhoea had existed until several days before my first visit; during this time oil and purgatives were given, but without result. Temperature was 101½ F. Vigorous treatment was at once begun, and in three or four days the patient was better; in twelve days more he was out of bed, and almost well enough to be with his playmates.

"Let us briefly enter into the causes and frequency of this much exaggerated malady. The operation for appendicitis has been performed in all classes and nationalities, rich or poor, and from nineteen months to extreme old age. The causes are: formation of concretions in the sac, extensive inflammation or suppuration of surrounding tissues, or the invasion by foreign bodies--the first being the most common, I believe.

"How long will the concretion remain before inflammation is excited? I believe the time is indefinite, from a few hours to many years, and even a lifetime; and again, if an autopsy were held on all dying after forty years of age, we would, I think, find a foreign body in the appendix of the majority. This granted, I do not believe it is rational to operate as a preventive measure.

"Some may claim that my calculations are too high concerning the frequency of these concretions

or foreign bodies in the appendix. Let us reflect simply that this opening at the ileo-caecal valve is ready to receive any intruder that may come along, and that it even has the force of gravity in its favor. Now, then, can a day pass without something falling into this trap? May not, then, this small appendage prevent many cases of violent intussusception or even of less degree?

"I trust that, with time and opportunity we may be able to gather some statistics on these important relations. Let us now consider the indications for operative interference. We should remove the appendix (a) when, in the course of another operation, we find it liable to inflammation; (b) when appendicitis has existed a sufficient length of time and general peritonitis may supervene; (c) when the appendicitis is due to surrounding suppuration or to traumatism; (d) when there has been a recurrence, three or four times, of severe inflammation; (e) the appendix. The last I consider the most important indication for surgical interference.

"I shall now endeavor to describe the treatment which has been of such signal service in the limited number of cases that have come under my observation. It has been simply magnesium sulphate, externally hot turpentine stupes, and acetanilid in 12-grain doses, repeated for its antipyretic effect. I have found this the least depressant of the coal-tar products.

"In my hands, magnesium sulphate (commonly known as Epsom salts) has proven a most active hydragogue cathartic, bringing away large, watery evacuations, with no irritation of the bowels and little griping. Its action is due to the increase of intestinal fluids by exosmosis, not to the peristaltic action of the bowel, thus allaying inflammation. It is best given in 1-drachm doses in one-fourth tumbler of warm water every two or three hours, according to the action of the bowels."