

Concerning the treatment of appendicitis the cases may be classed in three groups :

First. Those in which operation is unnecessary and in which expectant treatment should succeed.

Second. Those in which operation is advisable and justifiable, but in which delay may not do harm.

Third. Those in which operation is imperative, and is the only safe method of treatment.

The first group is limited to the cases of primary catarrhal and primary parietal appendicitis without suppuration and without gangrene.

The second group embraces all cases of recurrent and relapsing appendicitis.

The third group embraces all the forms of appendicitis which I have classed as malignant—*i. e.*, all cases of suppurative or gangrenous appendicitis with periappendicular abscess and the fulminating type.

Before leaving the first group, let me set down briefly the proper method of expectant treatment :

Put the patient to bed and keep him there. Apply over the whole of the right iliac region a soap "poultice," consisting of a thick layer of green soap spread on a single thickness of muslin or sheet lint.

Over this apply a broad ice bag—better still, an ice coil.

Relieve the bowels by a soap-and-water enema.

Keep the stomach at rest while vomiting exists.

Restrict the patient to milk, if he can take it ; if not, give him clear broth.

Note the temperature, pulse and respiration every four hours.

Give no drugs.

*Never give opium or morphine in cases of appendicitis, except in case of abdominal shock from rupture of appendix or abscess.*

Any case that does not improve under this plan of treatment will be found to be of one of the severer types.

The operative procedures may be described as pertaining to four classes of cases.

First. Cases of recurrent and relapsing appendicitis, without acute local peritonitis between attacks.

Second. Cases of acute, suppurative, or gangrenous appendicitis with local peritonitis, with or without periappendicular abscess.

Third. Chronic cases with persistent sinus.

Fourth. Fulminating appendicitis with rupture or perforation and general peritoneal involvement.

There are certain general rules which apply to all of these forms of operation. I shall touch on those at once, and then take up the special indications and procedures.