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APPENDICITIS VERMIFORMIS, PERI-APPENDICITIS AND PERFORATIVE APPENDICITIS, WITH REPORT OF CASES AND REMARKS.*

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MR. PRESIDENT AND GENTLEMEN,—I desire in this short paper which I have the honor of presenting to you to-day, to offer an argument in favor of the more concise and simple classification of the pathological changes and conditions that are to be met with in and about the appendix vermiformis. I believe that Dr. Fitz, of Boston, led us in the right direction when in his very able paper he gave the more concise definition of appendicitis as the cause of many troubles in that neighborhood. I would do away with all past classification of typhlitis, perityphlitis, etc., etc. It has been pretty well demonstrated by many autopsies, held within the past few years, that inflammation of the cæcum with ulceration, or, an inflammation beginning in the connective tissues surrounding the lateral posterior portion of the cæcum, is exceedingly rare. That nearly all inflammatory conditions, with or without abscess, occurring on the right side of the abdomen, in a space bounded superiorily by a line drawn from the anterior superior spinous process across to the median line, and thence down to the symphysis, and then along Poupart's ligament, can be traced to the appendix as having caused the trouble in some way. Of the nature of the foreign substances that may be found in the appendix, I would not take the valuable time of so intelligent an audience as this by giving the list, but I desire to emphasize, just here, my impression that by far, very far, the greatest number of cases originate from some form of fæcal concretion. Briefly I would call your attention to the great disparity that exists in the normal anatomy and position of the appendix. All of you will remember in your dissections to have found the appendix in every conceivable position; sometimes fastened to the connective tissue just behind Poupart's ligament, sometimes an inch or two in length, perhaps perfectly in the peritoneal cavity, then again of enormous length dipping down in to the cavity of the pelvis. The latter two conditions being exceedingly dangerous when ulceration takes place rapidly, as the contents must inevitably escape into the cavity of the peritoneum, causing either an immediate collapse or suppurative septic peritonitis. The cautious consideration of such cases leads me to make the assertion that we have cases of simple inflammation within the appendix which give us a fairly well-marked train of symptoms and which by reason of judicious treatment go on to recovery. From my note book I present two cases which I think fairly well represent this condition.

APPENDICITIS VERMIFORMIS.

Mr. W. S., aged twenty-two, energetic young

* Prepared for the Ontario Medical Association.