## OBSTETRICS AND GYNAECOLOGY.

IN CHARGE OF

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## THE TREATMENT OF APPENDICITIS.

BY CHARLES M'BURNEY, M.D., OF NEW YORK.

I intend to give you an informal talk to-night, dwelling especially upon certain questions of treatment of appendicitis. It is a singular fact that inflammation of the appendix vermiformis as a separate disease had not been identified nor described by pathologists previous to 1886. that year a paper upon pericecitis appeared by Dr. Reginald H. Fitz, of This gave the true pathology of a disease which is now so well In the development of our present knowledge of the pathology and treatment of appendicitis there have been three well-marked stages. The first stage began when Willard Parker first practised opening the so-called perityphlitic abscesses. This was in 1866 or 1867. Dr. Henry B. Sands was at that time Dr. Parker's partner, and I was a student in Dr. Parker's office. Dr. Parker deserved great credit for his boldness and originality. At first he opened only large, dull, and clearly-defined abscesses, letting the smaller and less plainly-marked ones go. After Dr. Parker's retirement from active practice, Dr. Sands carried on the work which the former had so well begun. As said above, however, the true pathology of the condition was not known until the appearance of Dr. Fitz' paper in 1886, which explained the lesion so accurately that no material addition has since been made to the pathogenesis of the disease. The proper surgical treatment was not determined for some time after This period of the development of the treatment was the second stage. Dr. Sands was constantly working at this surgical problem, and to him is due the whole credit for bringing the operation to a state of perfection. Thus the third stage of the development of the surgical treatment of appendicitis was reached. Dr. Sands first successfully removed the diseased appendix from a young boy, a patient of Dr Simon It is a matter of surprise that the name of this operator is so seldom met with in the literature of the subject at the present day. Certainly one would expect that he would receive more general acknowledgment for this brilliant surgical achievement.

The obstinate resistance which Dr. Sands' operation called forth in many quarters seems laughable as we look at it now. In that day nearly every one agreed that the disease, in common with general peritonitis, should be treated with opium. Even progressive surgeons shivered at