THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

VOL. XXI.] TORONTO, MARCH, 1889. [No. 7.

Original Communications.

TYPHLITIS AND APPENDICITIS.*

BY WILLIAM OSLER, M.D., F.R.C.P. LOND.

Professor of Clinical Medicine in the University of Pennsylvania.

Cæcal and peri-cæcal inflammations are described under the various terms typhlitis, peri-typhlitis, para-typhlitis, peri-cæcal abscess, and appendicitis. I think we may clinically, and for practical purposes, distinguish two groups of cases, to the first of which the name *typhlitis* may be restricted, and to the second *appendicitis*, or, perhaps, better, as Dr. Fitz suggests, *perforative appendicitis.*

Typhlitis.—By this we understand inflammation of the cæcum. The term has also been used to designate inflammation of the contiguous parts as well; but it may be limited to the cases in which the caput cæci and the adjacent portion of the ascending colon are involved. Unfortunately, we know nothing of the anatomical condition described under this term. I have myself never seen a post-mortem, nor do I know of a report in which the disease was confined strictly to the walls of the intestine in these regions.

The cases are commonly met with in young persons, particularly in young males. The attacks are very often associated with errors in diet. In the majority of cases there is a history of constipation. The symptoms are very distinctive. The patient complains of pain in the right iliac fossa; there is constipation and often nausea—sometimes vomiting. At first there may be no fever, but subsequently the temperature rises from 100° to 102°. On examination, the patient is usually found with the right thigh flexed on the abdomen. There is slight fullness in the right iliac fossa; tenderness on pressure, and, often, dullness on percussion. In the majority of instances there is distinct induration, which may have a rounded outline, so that the expression "sausage-shaped tumor" has been applied to the condition. Such cases are extremely common, and are usually regarded (no doubt properly) as the result of fæcal impaction — typhlitis stercoralis. With proper treatment, recovery is the rule. Local applications—the ice-bag, turpentine stupes—are usually found sufficient to allay pain. To break up the fæcal masses, large injections should be used. Purgatives may be administered, but I prefer, as a rule, to rely on large injections.

Attacks of this kind may repeatedly occur in the same patient; I have known of four or five recurrences within four years. There can be very little doubt that this local inflammation is due to fæcal impaction. The inflammation is confined to the intestinal wall, and rarely extends to the tissues in the neighborhood. It is true, that occasionally there may be more serious disease of the cæcal coats. I have put on record two instances of round ulcer of the cæcum, in both of which perforation occurred, with the production of peri-cæcal abscess. It is quite possible, of course, that inflammation may extend to the loose connective tissue behind the cæcum—when that organ is attached—and even go on to suppuration. But, with the exception of the cases of ulceration, I have no personal knowledge of instances in which there has been peri-cæcal abscess apart from disease of the appendix.

The opinion has been expressed, and is I believe widely held, that the cases such as I have here described are also in reality due to appendix disease; that typhlitis and peri-typhlitis mean in all cases tubal affection. I confess there is often great doubt as to the true nature of a case, but, clinically, I believe we can recognize a stercoral typhlitis. There is at present in my wards at the Philadelphia Hospital a case in illustration. Lad, æt. 22, admitted 22nd, with temperature of 102°, a furred tongue, constipation and abdominal pain. On examination, there was tenderness in the right iliac fossa, the thigh was drawn up and everted; the right iliac region was dull, tender to the touch, and presented a distinct induration, without definite outlines. He had nausea and vomiting on

* The substance of remarks made at the Toronto Medical Society, December 26, 1888.