

THE APPENDICITIS QUESTION AGAIN.

The *New York Medical Review* of December 30, 1899, says :

"To operate, or not to operate, in appendicitis " is still one of the absorbing questions of the hour. The physician proper still leans favorably to the expectant plan of treatment, while the operator urges removal of the appendix in all cases as being the only method of cure. The surgeon, however, weighs the pros and cons for operation in each case, and governs his action accordingly. Of course each patient, and every attack of appendicitis, must be considered as an entity, and no steadfast rules can be set down to govern all cases. Certain clinical facts have been demonstrated so often in the course of this affection that broad lines of action may be formulated upon them. Briefly stated these are as follows :

1. As we can never tell from the nature of a previous attack of appendicitis what will be the character of the next seizure, or when, if ever, it will occur, a patient who has had one mild attack should have this clinical observation clearly stated to him, and the decision for or against operation left with him. If a patient has had more than one attack, the probability of a recurrence is much stronger, and the surgeon may even urge an operation in the interval, the burden of responsibility, in case of refusal, being placed upon the shoulders of the patient. Under this head belong all those cases in which, after the subsidence of the acute seizure, the parts apparently return to their normal condition. Should adhesions of the appendix to neighboring structures have occurred, which in themselves cause pain and interference with the general well-being of the individual, there would exist a further indication for surgical interference.

2. If, during the course of an acute inflammation of the appendix, there is manifested a distinct tendency to a regression, we may safely wait for the subsidence of the attack, and then consider the patient as outlined above. Such regression is determined by careful observation of the triad of symptoms, which in relative importance are : (a) Pulse