I. Imperfect Relief or Imperfect Recovery after Operation.

In order that the issues may not be scattered over too wide an area it will be well to consider this question from the point of view of the operation performed during the quiescent period and that carried out for the relief of suppuration during the acute or active stage.

A. Imperfect Results After the Operation of Removing the Appendix During the Quiescent Period.

It is as long ago as 1887 that I ventured to suggest—in a paper read before this Society—that cases of recurrent appendicitis should be treated by removal of the appendix during the period of quiescence. My proposal was not very enthusiastically received at the time, but of later years I have no ground for complaint on this head. The procedure is one of the most common of abdominal operations, and certainly one of the most satisfactory. It is attended with but trifling risk and with but little distress to the patient, while in the vast majority of instances it is followed by a complete and unconditional cure.

I find, however, in my case-books the records of 45 patients who consulted me, and in whom the operation had—from their point of view—more or less completely failed. Had I been the operator in all these examples it would be possible to express the dissatisfied patient in the form of a percentage, but I am responsible for but the minority of them. The collection, therefore, from a statistical point of view, is almost valueless. It is natural that a patient who feels that an operation has failed should pour his woes into the ears of other than the operator. Thus it is that we all have to search for many of our failures without the walls of our own consulting rooms.

The relative frequency of these cases of failure may be gathered from the London Hospital statistics. From these it would appear that among 231 patients in whom the appendix was removed during the quiescent period, no less than 11 complained that since the operation they had "attacks like those they had before it."

I have excluded from my 45 cases all examples of trouble in the healing of the wound and of ventral hernia. Ventral hernia is comparatively rare, but I have noticed that it does not exempt cases performed by methods which are considered to render a yielding of the scar impossible. I have met with only two instances of persisting sinus after this operation. In both cases the sinus had been open from eight to nine months when I first saw the patients, and in both fragments of silk ligature had escaped. Of one of these operations I have no knowledge, but in the other case it was reported that the procedure had been very difficult, and that a gauze drain was necessary.