

I believe is only the ordinary result of the medical treatment of the disease.

To one of these, a man aged 46, I was called on the fourth day (August 1st, 1901), with the expectation I would operate. The pain that began in the right iliac region had extended all over the abdomen, and was very severe from the first. When I arrived the patient insisted upon an immediate operation to relieve his intense suffering. A hypodermic of morphia gave the desired relief. In addition to the excruciating pain, there was great distension and rigidity of the abdominal walls; temp. 104; pulse 160. Nothing had been retained on stomach, nor had the bowels moved since the beginning of the attack. Up to this time the treatment had consisted of hot applications, and the administration of purgatives, which, however, were not retained—but no anodynes, a very effective practice when the object is to have the patient's consent to an operation. With frequent small doses of calomel and enemas an evacuation of the bowels was obtained on the fifth day of the disease, when the abdominal distension somewhat subsided. But it was with great difficulty that the bowels were subsequently kept acting, and all the severe symptoms already enumerated continued with little abatement to end of the fourth week, when there was a gradual subsidence. At the end of eight weeks the patient was able to leave his bed, and two weeks after resumed his usual employment, and has remained well since. This is a case which, had it been operated on and died, it might have been said it would have died anyway.

Had these sixteen cases been operated on when the diagnosis was made, what would have been the result? From what is known of such results—setting aside those brilliant specialists who do hundreds of operations with scarcely a death—would it be overstating the case to assume there would have been four deaths, some of which would have been of those that turned out to be the mildest cases; that four more would have some disability resulting from the operation, and the remaining eight to have promptly recovered from the operation, and none the worse of the experience, but living monuments of the value of the operative treatment of appendicitis?

There are occasional cases of acute septic general peritonitis from appendicitis that are rapidly fatal whether subjected to operation or not. These cases are not numerous, probably less than 1 in 50 of those that come under the treatment of physicians. It would appear to be to prevent the unfortunate results in those rare cases that surgical treatment at the beginning of disease has been so generally recommended by a certain class of operators. But it does not appear a rational procedure that 49 should be subjected to operation with the hope of saving the 50th; and especially so,