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REMARKS ON TWO OR THREE POINTS IN THE TECHNIC  
OF THE OPERATIVE TREATMENT OF ACUTE  
APPENDICITIS.

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The frequency and importance of operation for acute appendicitis, renders a discussion of the technic of great interest to surgeons. Operations for the relief of this, most fatal disease, are performed more frequently than for any other acute surgical affection. The mortality rate is being lessened year by year. The greater number of recoveries now than formerly is due chiefly to four factors:

- I. An earlier and more correct diagnosis.
- II. Earlier resort to surgical treatment in suitable acute cases.
- III. Improved methods of operating.
- IV. To operation in the interval.

My purpose this evening is to excite a discussion on one or two points in the operation for acute cases.

One question that frequently arises at the operating table is, what is the best course to pursue in the case of a localised abscess.

This question really includes two questions; the treatment of the appendix vermiformis, and the treatment of the abscess walls. If the appendix is easily found and is free, undoubtedly it should be tied off. The cause of the condition is before the operator, is accessible, and on general principles it should be removed. This unfortunately is not always the case. Only too often, after the abscess contents are removed the appendix is not visible and cannot be felt, and it is at this point that difference of opinion, as to the proper course to pursue