## The Canadian Practitioner and Review.

VOL. XXX.

TORONTO, AUGUSI, 1905.

No. 8.

## Original Communications.

## SOME CONCLUSIONS BASED ON OVER FOUR HUNDRED OPERATIONS FOR APPENDICITIS.

BY HERBERT A. BRUCE, M.D., F.R.C.S. (ENG.),

Associate Professor of Clinical Surgery, University of Toronto; Surgeon to St. Michael's Hospital; Surgeon to Emergency Hospital; Assistant Surgeon to the General Hospital.

It is not my intention to give a tabulated report of these cases, as I do not think any useful purpose can be served thereby, but I shall refer to certain cases to support my contentions. I might say that the first operation was performed by me on October 5th, 1897, and the four-hundreth on February 25th, 1905. My apology for taking up this somewhat hackneyed subject is that I have observed a good deal of confusion in the minds of general practitioners as to the best time for operation, and an insufficient conviction of the importance of a very early operation in all acute cases. I am glad to see that Dr. Wm. Osler, in the latest edition of his book, classes appendicitis as a surgical disease, as, indeed, do a very large number of eminent physicians.

I should first like to mention the symptoms of appendicitis.

1. Pain in the abdomen occurring suddenly and usually of a colicky character in a patient in ordinary health.

2. Nausea or vomiting within a few hours.

3. General abdominal tenderness most marked on the right side.

4. Elevation of temperature; this however, usually does not occur for some hours or it may not be elevated for twenty-four hours. The symptoms will occur in the above order, and a diagnosis in the vast majority of cases should not be difficult.