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THE OPERATIVE TREATMENT OF APPENDICITIS USING A NEW FORM OF SUTURE.*

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THE discussion of appendicitis has ever been before us during the last decade, but its great importance makes it unnecessary for me to offer an apology for introducing a subject so threadbare on the present occasion.

The distressing illness of our most gracious king gave a new impetus to it last year, and yet opposite opinions are held by accurate diagnosticians and skilful surgeons regarding important questions connected with this fashionable disease.

For example, Edebohls asserted and proved to the satisfaction of many that he could usually palpate the normal appendix.

On the contrary, Senn states positively that the normal appendix can seldom be outlined by palpation.

Another school teaches that an elongated body can sometimes be felt that is mistaken for a swollen appendix, and that this body is a phantom due to muscular contraction. When vertical it is said to be produced by contraction of the outer fibres of the right rectus; and when oblique, the more usual position, it is due to contraction of the fibres of the internal oblique or transversalis muscle. I have doubts, perhaps ill-founded, regarding these statements. Could not a ridge on the outer side of the rectus be traced down to the origin of the muscle on the pubic bone? Is it possible to have part of the rectus contract without the whole muscle undergoing the same change? Would not the contracted fibres of the internal oblique or transversalis in front of the iliac fossa, where they run nearly transversely, produce a transverse tumor, and could it not be traced to the crest of the ilium or Poupart's ligament where these muscles arise? A considerable number of us have never recognized such conditions, and, as we always examine just before making an incision when the muscles are relaxed by anæsthesia, we

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