

THE CANADA LANCET.

A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

APPENDICITIS.*

BY D. BRYANT, M.D., NEW YORK.

Whatever poor excuse I might offer as an apology for the infliction to be caused by the presentation of this paper, becomes a good reason when sustained by the fact that I have been requested to do so by our mutual and valued friend, Dr. Vandervoer. Dr. Vandervoer even suggested the title, and no doubt based his desire therefor on the fact that through my interest in the subject under consideration, something had been learned of importance as to the value of the comparative relationship of the vermiform appendix to its contiguous tissues, regarding appendicitis. Dr. Vandervoer believes that much light can be shed on the subject of appendicitis by the study of the modifications in its clinical history as influenced by the physical characteristics of the organ. The further fact that I concur with him in this regard is an additional reason for my presence here at this time.

At all events, the anatomical peculiarities of the appendix that effect directly the symptomatology of this defect—appendicitis, relate especially to the location, direction and extent of the appendix. The local symptoms are the ones chiefly modified by the preceding characteristics of the organ. The emphatic symptoms belonging to this category may be briefly stated as pain, tenderness, tension and tumor.

The situation and character of the pain, together with its reflex manifestations, comprise its important elements as modified by the individuality of the diseased appendix causing it. If the pain be dull and throbbing, and be influenced but little, if any, by respiratory movements, the involvement of connective, rather than serous, tissue, is indi-

cated. Later in the case, however, the supervention of serous painful phenomenon may be slowly or quickly announced. Appendicitis with primary fibrous tissue involvement is necessarily rare, as then the appendix is extra-peritoneal, or, is completely environed by inflammatory adhesions, the result of repeated attacks. In but three instances of 144 autopsies made for other than appendicular trouble, was the appendix found outside of the peritoneal cavity. In one of these it was upward behind the cæcum and colon; in another, behind and near to the inner border of the colon, extending even to the liver; and in the third it was behind the colon near to the outer border. It is in accordance with the well-known law, that the character of pain is modified by the kind of tissue involved, to assume that had either of these appendices been diseased, that the primary pain would have been of the connective tissue type, and continued so until peritoneal involvement had ensued, either by extension of the inflammatory process or of abscess rupture. It was my good fortune but a few years ago to meet with a well-pronounced case of this kind in Bellevue Hospital. In this instance, a dull, throbbing pain had been present for some time, beneath the ascending colon, along with tenderness and induration there. Suddenly the acute agonizing pain indicative of peritoneal involvement occurred, quickly followed by peritonitis and rapid death. At the time of the consultation, I ventured to predict, (1) the presence of a diseased appendix behind the cæcum and colon; (2) extensive connective tissue inflammation and abscess; (3) rupture of abscess into the peritoneal cavity. The results of the autopsy justified each prediction. In many cases of recurrent appendicitis the familiar pain of acute attacks is not present at the outset, and may not appear at all; and, too, respiratory movements cause but little, if any, additional infliction. I saw such a case as this but a few days ago while recovering from a fourth attack, with intervals of one year each.

It is, of course, superfluous to say that primary intra-peritoneal appendicitis causes acute pain, for this is the typical manifestation of the disease. It is proper to add, however, that the mobility and length of the appendix have much to do with the severity and extent of the pain, and also with the rapidity of the diffusion of the poisonous pro-

*Read before the N. Y. State Med. Asso., Feb., 1894.