

## APPENDICITIS.

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At a time when this subject is being so generally discussed in societies and through the journals, the following cases may prove of interest and perhaps help forward what I believe to be the only rational treatment of the disease, viz., operation as early as the diagnosis can possibly be made.

In a recent paper (*New York Medical Journal*, June 30) Wyeth says: "In my entire experience I have yet to see a death which could not properly be ascribed to delay in timely and skilful surgical interference."

Case I. M. F., æt 25, strong, robust man; third attack. May 5th, 1894, asked by Dr. Gundersen to see the case with him with a view to operation. He first saw the case this a.m., another doctor having had the case in charge previously. Attack of only one day's duration. Immediate operation decided upon. Patient in great pain, localised in right side, where there is marked tenderness, very slight fullness, indistinct dullness, great rigidity, obstipation, vomiting, no tympanites, fast pulse, no fever.

*Operation.*—Lateral incision. Omentum adherent, very cedematous. Some opaque, milky fluid and flakes of lymph escaped. Bowels firmly matted about cæcum. Small abscess found between end of cæcum and parietes, in depth of which appendix could be felt, firmly adherent. Abscess cleaned out and drained. There was general peritonitis and patient died June 8th.

An acute exacerbation of pain the previous evening, accompanied by much vomiting and prostration, probably marked the fatal extension of the disease, before which operation might have saved the patient.

Case II. L. D., æt 15, delicate boy with rheumatic endocarditis. First attack May 6th, during morning taken with