

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

INFLAMMATION OF THE VERMIFORM APPENDIX—SYMPTOMS, CAUSES AND TREATMENT.*

BY JAMES F. W. ROSS, M.D., TORONTO.

In arranging this paper I wrote down all that I knew of the disease from my own experience. I took up the subject systematically under various heads. I then looked over the literature of the subject, in order to find out whether my experience coincided with that of others. The paper is, therefore, not an exhaustive literary paper, and it is not my intention to make long and tedious quotations from the work of others. Many of the conclusions arrived at from personal experience, coincide with the conclusions of others. Some of my views may not meet with general approval.

Nature of the Disease.—The disease now called appendicitis, formerly known as typhilitis, perityphilitis, paratyphilitis and iliac abscess, and in fact by several other names, is one that has excited much interest in the medical and surgical world during the past ten or fifteen years. From the time that the surgeon was amazed when he found extruded, amidst an offensive discharge of pus in the neighborhood of the right groin, an apple seed or an orange pit, up to the present time, this disease has been a common one, although not properly understood, and very imperfectly treated.

It belongs to the inflammatory group of diseases, and, on account of its origin, affects chiefly the peritoneal cavity. It may affect the whole peritoneal cavity or it may affect but a part of the peritoneal cavity. Inflammation in all these cases appears to originate in the appendix vermiformis, although some cases have been found in which the trouble appeared on *post mortem* examination

to have originated in the cæcum. No doubt with any inflammation about the head of the cæcum the appendix may be secondarily affected.

The pathological conditions found are therefore various, and they will be spoken of later on. After one has had a considerable experience with this disease, either on the operating table or in the *post mortem* room, many a case of supposed idiopathic peritonitis will become one of appendiceal peritonitis, or a peritonitis that is really septic in its origin, and the sepsis will be found to originate in some traumatism to which the appendix has been subjected.

I have yet to see the first case of peritonitis for which a definite cause has not been found upon *postmortem* examination. We are all well aware that the peritoneum must be tolerant to a certain amount of dirt. For instance, I have introduced into the peritoneum of a dog, dirt which has been taken indiscriminately from a back yard, without producing any particular injury to the dog or his peritoneum, but the contents of the bowel are not well tolerated by the peritoneal cavity, and a very small perforation seems able to set up a very great amount of inflammation.

Pathological Anatomy.—The appendix in health, is similar in structure to the tonsil, and, like the tonsil, seems prone to become diseased in childhood, and seems prone to vary greatly in size in different patients. Like the tonsil its function is not known, and we do not yet know why the appendix has been placed where it is in close connection with the cæcum. On account of its peculiar position it is liable to become a receptacle for heavy substances, such as the seeds of fruit, shot, pieces of lead from tinned goods, that have been admitted to the intestinal canal with the food. The opening in the appendix is usually small, but this opening seems to vary in size in different individuals, and, I believe, that if there is anything in the idea that appendicitis may be to some extent hereditary, that this heredity must be explained by the hereditary tendency that may exist to an increased patency of its upper or intestinal end. A father or a mother with very patent appendix, may, perhaps, be able to transmit to the offspring a patent appendix. The very position of the organ renders the ingress of foreign substances easy. There is no other portion of the intestinal canal at which it could have been placed

* Read before the Toronto Medical Society, Jan., 1893.