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THE INCH-AND-A-HALF INCISION AND WEEK-AND-A-HALF CONFINEMENT IN APPENDICITIS.

Dr. Robert T. Morris, in a paper read before the N. Y. State Medical Society, under this title, stated that we have recently learned four principal things relative to appendicitis, and that he was now asking the members of the profession to accept a fifth point.

Firstly, we had learned that appendicitis was of such common occurrence that every general practitioner had many cases in his clientele. Secondly, that it was not generally known that multitudinous forms of abdominal inflammation were symptomatic of appendicitis. Thirdly, statistics showed that late operation did not give us much encouragement. Fourthly, that it was known that early operation in the interval between attacks was an operation with trifling mortality, indeed, in his personal experience with none at all, but that there was danger of ventral hernia resulting from the operation if a long incision were made.

The fifth point was this: We do not need to make a long incision in appendicitis cases that are operated upon at the outset of the inflammation, or interval cases as a rule; and there will be no hernias and no permanent scars if the surgeon will accept as standard the author's abdominal incision which is one inch and a-half in length, the divided structures of the abdominal wall being united separately with fine cat-gut afterward. The author buries the stump of the appendix with

Lembert's sutures. His abdominal scar disappears entirely, so that at the end of a few months it cannot be seen. His death-rate has been nothing at all in cases without pus, and physicians upon whom he depended for cases, were now ashamed to have him find pus in the cases to which they had called him. He did not know just where to look for danger in any of the cases operated upon at the time of his choice, but called the attention of members of the Society to one danger in the use of carbonate of sodium for reversing peristalsis of the bowel. A note was at present going the rounds of the press to the effect that carbonate of sodium was successful in reversing peristalsis, but the author in experimenting with rabbits accidentally discovered that carbonate of sodium on touching the ileum, regularly produced intussusception in less than forty-five seconds. The mechanism of the intussusception consisted in spasms of a belt of circular muscular fibres of the ileum, and this portion was then quickly invaginated by the peristaltic action of the longitudinal muscular fibres. The author now uses chloride of sodium for reversing peristalsis in all of his operations.

He stated that there was strong opposition to his plan of removing an infected appendix just as soon as it was discovered, but this opposition must fade away as soon as physicians generally could benefit from his experience, which was to the effect that appendicitis was an infectious exudative inflammation which did not disappear on disappearance of the symptoms. He had removed a large number of appendices from patients who felt perfectly well, but who could not obtain life insurance, or who feared recurrence, having had a previous attack of appendicitis. In all of these cases he found destructive processes in progress. Sometimes there was slowly progressing necrosis of the lymphoid tissue of the appendix; sometimes he had found tuberculosis or carcinoma insidiously beginning at the seat of the old inflammation, sometimes adventitious bands set snares for the bowel, and he had discovered that proliferating endarteritis which must eventually lead to gangrene of the appendix, was common in very mild chronic cases. He had found proliferating endarteritis producing slow occlusion of the arteries of the appendix in three mild chronic cases in succession.

The author stated that surgeons were laughed