

It is worth remarking that intussusception is almost absolutely confined to the first year or two of life. Acute appendicitis is most common between the ages of ten and thirty or forty. Perforations of the digestive tract are common over a similar period, though rather rare under twenty, while intestinal obstruction is more common among the old. A previous operation or peritonitis should prompt the surgeon as to the existence of volvulus or an internal hernia.

Let it be repeated that the classic signs of an acute appendicitis are first pain, sudden, severe, spasmodic, radiating about umbilicus; second, generally vomiting for a short time; third, abdominal tenderness with special pain over appendix; fourth, rise of temperature; fifth, rigidity of muscles over inflamed area; sixth, increase of pulse rate.

Having found all these, beware.

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THE MEDICAL TREATMENT OF APPENDICITIS.*

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MR. A. H. TUBBY, surgeon to Westminster Hospital, lays down the medical treatment of appendicitis thus:—

The pain should be relieved by opium, or a hyperdermic injection of gr. 1-6 or 1-4 of morphia, but as soon as the pain is relieved this drug should be discontinued. It does good when carefully administered in two ways: it relieves the pain and lessens peristalsis.

If there be vomiting, no foods should be given until it has ceased, and then only small quantities of some hot liquid. Beef tea and essence of meat are preferable to milk, and the latter should be peptonized. Thirst should be allayed by small amounts of hot weak tea, barley water, or toast water, but ice and iced drinks should not be allowed.

Purgatives must be avoided in the acute cases; but in the mild relapsing type 1 grain of calomel, repeated two or three times every three or four hours, is of service. If required to complete the action an enema may be given. If these means do not move the bowels, then leave them alone. The utmost care must be taken to avoid the "fatal" purgative. When pain and tenderness have almost subsided by the fifth or sixth day, a glycerine enema may be ordered with advantage. After this time a mild saline may be prescribed to maintain the requisite peristalsis.

When the temperature has become normal, and the tongue cleaned, an advance may be made towards solid food by giving toast, peptonized

* Read at a staff meeting of the Toronto Western Hospital.