

Selected Abstracts

THE BLOOD IN APPENDICITIS.

J. C. Da Costa, Jr., has collected a series of observations on this now important subject, and the results of his investigations are as follows (*American Journal of the Medical Sciences*, November, 1901): (1) The average case of appendicitis before operation shows a loss of about thirty per cent. of hemoglobin, and of more than half a million erythrocytes per cubic millimeter. Occasionally the anemia is of a grade so high that it appears to constitute in itself a serious complication, and to raise a doubt as to the safety of surgical interference should the latter otherwise be indicated. Doubts on this score, however, have not been justified by the records of the cases included in this series. (2) Moderate leucocytosis may occur both in the absence and in the presence of an abscess and its consequences. It accompanies about thirty-five per cent. of non-purulent and ninety per cent. of purulent cases. (3) Leucocyte counts ranging between 10,000 and 15,000 or 17,000 cannot be depended upon to reflect the nature of the local lesion, since this degree of increase may be found both in catarrhal and in purulent cases. Counts of 20,000 or more almost invariably indicate the presence of pus, gangrene, or general peritonitis, one or all. (4) Leucocytosis may be absent both in trivial, catarrhal, and in fulminant cases, as well as in forms of circumscribed abscess. (5) In operative cases, thorough evacuation of the abscess is followed within a few days by a decline to normal in the number of leucocytes provided that the recovery of the patient is uneventful. Persistence of the leucocytosis after the third or fourth day following the operation may usually be attributed either to undrained pus pockets, to general peritonitis, or to both of these factors. In a patient unmistakably septic absence of leucocytosis should be interpreted as a sign of intense infection, the prognosis of which is more likely grave than favorable. A high leucocytosis in such instances does not necessarily indicate a favorable prognosis, but simply represents an intense affection coupled with normally active resisting powers on the part of the patient. Absence of leucocytosis in a patient with mild, indefinite symptoms is a clinical sign of no tangible value, in so far as it may serve in detecting the presence of pus; since a large abscess, if thoroughly circumscribed, may exist without causing the slightest increase in the number of leucocytes.

The writer emphasizes the importance of not being led into the diagnosis of appendicitis in the presence of these blood