Appendicitis.*

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—Having seen many cases of this ailment (or typhlitis, as it was formerly called) in the last thirty years, without having had a fatality, I offer a few remarks thereon, differing somewhat from the treatment at present strongly advocated. It has not been my fortune to meet with cases of "Fulminating Appendicitis," the clinical features of which are those of acute intussusception, ending fatally in thirty to forty hours. It seems to me that the preliminary, or accompanying, condition is a loaded colon, and that prompt treatment thereof will obviate largely the need of operation. Pain, with or without fever, should awaken suspicion, and palpation and percussion generally reveal the sausage-like tumor, extending from cæcum to margin of last rib. There are two indications: quiet the pain, and empty the colon. A morphia hypodermic will do the first, and calomel, one-half to a grain every hour, is best to commence the second. It will often arrest vomiting, and is not itself likely to be vomited. After ten or twelve grains are given, the stomach being quiet, salines may be tried, drachm doses of mag. sulph. in effervescing draught every hour to liquefy the contents of small intestine, and so assist our second indication.

A rubber tube three feet long, three-eighths inch in external diameter, should be passed up as far as possible, and the rectum and lower colon emptied by enema. If they are already empty, it will pass through the sigmoid flexure to the junction of the transverse and descending colon. The tube should pass twenty-six to thirty-two inches, the latter bringing us fairly within the outlet of the transverse colon. By now placing the patient in the knee-chest position, we are aided by gravity in filling the transverse colon, and perhaps softening and liquefying the mass in the ascending part. The bulb of the syringe should be slowly worked while the tube is being inserted, which, by distending the gut with water in advance of its point, greatly assists the procedure.

The tube being fully inserted, a cupful of olive oil with a drachm of turpentine, or a cupful of infusion of senna with two ounces of glycerine, or similar mixture, should be thrown up, followed by as much warm water as patient can bear, and as the tube is slowly withdrawn the bowels should be filled to the anus with fluid, which, when expelled, often relieves the symptoms. The enema should be repeated

*Read before Huron Medical Association.