

CURRENT MEDICAL LITERATURE.

Appendicitis and Other Diseases of the Vermiform Appendix. By HOWARD A. KELLY, M. D. With 215 original illustrations, some in colors and 3 lithographic plates. Philadelphia and London. J. B. Lippincott Company. Price.

One scarcely knows whether to admire most the tireless energy of Dr. Kelly, or the skill and thoroughness with which he carries out his monumental works.

It is less than a quarter of a century since the word appendicitis was introduced, yet here we have a large octavo volume of 500 pages devoted to a consideration of this disease, and other affections of an organ so insignificant that it required centuries of observation to convince us that it was really the starting point of one of the most dreaded and fatal diseases.

Those who are familiar with Dr. Kelly's great work on Operative Gynaecology will be prepared for the erudition, the exactness, and the minute detail everywhere evident in this new work.

The first chapter is historical, it is interesting reading and seems to us written with judgment and impartiality. The word "four," page 13, line 22, seems to be a misprint for "five." In a review of the first five cases of operation on the diseased appendix, it is of interest to the readers of the MARITIME MEDICAL NEWS to know that the first operation performed for an appendicitis during the interval, was done by our fellow country man, Charles J. Symonds, a New Brunswick, surgeon to Guy's hospital, London. But the date of his operation is given incorrectly as 1885. The operation was done in July, 1883, and thus preceded that by Kronlein. In Symonds' case a positive diagnosis was made by the late lamented Dr.

Mahomed, of abscess with fecal concretion, but owing to adhesions, the abscess was opened and the concretion removed without opening the peritoneal cavity.

The chapter on the anatomy of the appendix occupies 27 pages, of which nine are full page plates, with at least 32 other illustrations — macro- and micro-scope. In the chapter on the physiology of the appendix we note that no reference is made to the interesting Huxley Lecture by Sir William Macewin in 1904.

After a short chapter on the bacteriology of appendicitis which shows the importance of the bacillus coli, we have three chapters (82 pages) on pathology.

We note that cases of acute appendicitis are classified pathologically as (a) catarrhal, (b) diffuse, (c) purulent, (d) gangrenous, and (e) perforative

In Sprengel's view the simplest form of appendicitis presents a leucocytic infiltration of all the layers of the wall, and he does not recognize the existence of an inflammation restricted to the mucous layer, and therefore he considers the term endo-appendicitis as incorrect. Kocher also agrees with Sprengel and Korte that the expression diffuse is superfluous and would throw these two classes into one. Kocher holds that wherever we have real clinical symptoms of appendicitis we have a general infiltration of all the layers of the wall. These authorities also hold that perforative appendicitis does not require a class by itself in acute types, as the perforation is the direct result of gangrene. Kocher would reserve the term "perforative" for those cases in which perforation occurs in the course of chronic or re-