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APPENDICITIS.

During the last few years the diseases incidental to the right iliac region have attracted considerable notice, and appendicitis, typhlitis and perityphlitis have been much discussed.

Dr. Joseph Price read a paper on appendicitis before the Philadelphia Medical Society recently, which sums up the diseases as understood by surgeons at the present time.

Dr. Price says: "The old terms were arrived at by examining old, neglected cases, frequently *post-mortem*; more recently the one term, appendicitis, is used before laparotomy, before *post-mortem*, because these two performances prove that so far as the gravity, intensity, and extent of the disease are concerned, the symptoms are unreliable, inadequate. Further, abdominal sections and *post-mortems* have determined what the treatment should be—that is, surgical—under a surgeon from its inception; hence the name impressing the nature of the disease and the character of the treatment, that is *appendicitis surgicalis*.

"Idiopathic peritonitis indicates nothing—is an empty term. The terms typhlitis, perityphlitis and paratyphlitis, are useless except to indicate a secondary or late process originating, without exception, in inflammation of the vermiform appendix."

This language is misleading. The great majority of right iliac cases are of a mild nature, and amenable to medical treatment.

A little further on, Dr. Price says: "Thirty-five per cent. of all *post-mortems* show residue of appendicitis; thirty-six per cent., over one-third of three hundred autopsies done at random, revealed diseased appendix (Taft). One case of perityphlitis to one hundred of appendicitis (McBurney). Assume that one-third or more of all adults have one or more attacks (Keen)."

With these statements we can agree, but were surgical interference necessary in every case, laparotomy would become an every-day occurrence, whereas we know that the majority of cases of appendicitis yield to medical measures, and in fact are frequently so mild in their nature as to remain unsuspected and are put down as colic, or some mild neuralgic affection of the iliac region.

The results arrived at from surgical measures, in advanced cases which would not have recovered under purely medical treatment, are certainly most encouraging; but as the surgeon does not usually have his attention drawn to the mild cases he naturally concludes that the disease is a more dangerous one than it really is.

A clinical lecture recently delivered by Jules Simon at the Children's Hospital, Paris, shows another phase of the question. The investigations, though made upon children, are applicable to adults, particularly as many of the adult cases are heritages from childhood. One case, reported by Prof. Simon, indicates his general views upon the subject. A little girl *æt.* six years had been the subject of obstinate constipation from infancy. She presented signs of *cæcal* obstruction, followed by diarrhoea and inflammation of the region. Under ordinary treatment, at the end of three weeks she was entirely well, not the slightest *cæcal* thickening remaining.

The mother was cautioned to look out for relapses, and particularly to watch for signs of constipation, and to prevent it. In spite of this, these hygienic measures were disregarded, and a year later typhlitis set in, followed by appendicitis and perforation, death ensuing.

Simon believed that in this case the constipation had caused *cæcal* dilatation; the intestinal walls were irritated by hardened *fæces*, the appendicular orifice became dilated, foreign bodies entered the appendix with the result of perforation and death.

This much is certain, obstinate constipation and