

## SURGERY.

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**The Treatment of General Peritonitis and the Other Complications of Appendicitis.**—*BROCA* (*Gaz. des Hôpitaux*, January 17, 1899) expressed his opinion on this subject before the Société de Chirurgie in Paris, as follows:

The diagnosis of general peritonitis is an indication for operation, which should be as speedy as possible. Although the patient operated upon under these circumstances generally dies, Broca has had recovery follow in four of thirty-one cases of this character which he has operated on.

The plan adopted by some surgeons of immediate operation in all cases, he says, was the course he pursued in his earlier operating, but his experience taught him that if the patient was not threatened by the severity of the immediate symptoms, and if peritonitis was not imminent, or a localized collection of pus could not be recognized, medical treatment was the best, while the patient was carefully watched so that as soon as local or general symptoms indicated it operative interference could be immediately instituted.

This course of treatment, however, presupposes the careful watchfulness of a skilful observer, capable of noting any change in the symptoms; for operation must not be delayed after it is indicated by the symptoms, or the patient's chances of recovery are greatly lessened. The result of this medical treatment and waiting is a lowering of the temperature and a decrease in the amount of inflammatory thickening.

The symptoms of appendicitis are now so well known that, although the formation of abscesses in unusual localities is difficult to detect, their presence should be easily recognized. In reference to the removal of the appendix from the abscess at any cost, the author believes this is poor surgery. The adhesions are the patient's safeguard; to break them down places the patient in greater danger. The opening and evacuation of the abscess saves the patient's life, but these adhesions save it till the abscess is opened. Nature does not take care of the appendix in all cases, and he does not believe it should be left to her; it should be removed at a subsequent operation which will have the added advantage of forming a firmer scar in the abdominal wall than that produced by the healing where suppuration was present. These operations are necessary and benign, but he does not advise them in all cases, nor does he believe that operation is indicated whenever there has been an attack of appendicitis. If no tenderness or swelling is present he would wait for further indications before operating.