Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A NOTE ON THE SAFEST METHOD OF REMOVAL OF THE APPENDIX.

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Appendicitis has become so frequent an alarm in daily practice and is so treacherous in its behaviour that surgeons would do well to be agreed upon the method to be followed when removal of the appendix is decided upon. There are at present three methods in use which I venture to term (1) the continental method; (2) the English method; and (3) Doyen's method, which is best because it is the simplest and safest of all which I call Doyen because I believe Doyen to be the first surgeon who has described and used it.

1. The continental method—that commonly followed by Terrier, Hartman, and most Paris surgeons—is simply to ligature the inflamed and diseased appendix near its base, respect the lumen of that organ, and then let it fall back into the abdomen. This method must be admitted to be faulty because it leaves loose and open pus, and a peritoneal abscess (and perhaps generalised peritonitis) are inevitable.

2. The English method, associated with the names of several surgeons, is to dissect back a collarette of peritoneum which is finally stitched over the ligated stump of the appendix. This method is an improvement on the former one but is also faulty in being more difficult and in exposing the field of operation to leakage of the bowel contents in the event of an accidental puncture or opening of the appendix. In the case of an inflamed and diseased appendix this accident is difficult to avoid if attempts are made to strip off the serous covering.

3. Doyen's method is to be the best because I see no valid objections to be urged against it. It is simple and rapid; the appendix is not opened, so there is no possibility of infection of the peritoneum by escape of bowel contents; and lastly, by invagination of the stump, in the event of further infection and suppuration the pus is bound to discharge into the lumen of the bowel and to be evacuated naturally per "anum.

The little mesentery of the appendix is first ligatured with a fine silk ligature. When the appendix is to be removed by the thermo-cautery cutting close to the ligature; (2) a purse suture is then made in the serous covering of the appendix; (3) the appendix is then opened, the furrow left by the clamp; (4) a purse suture is then made in the serous covering of the organ, so that the event of further infection and suppuration the purse stitch is drawn tight the little stump is invaginated so that all is completely closed; and (5) for safety a second fine silk purse stitch is made and the little pucker of the first stitch is drawn tight and the anum close round the base of the appendix (as this purse stitch is drawn tight the little stump is invaginated so that all is completely closed). The result technically is perfect and certainly this is the most aseptic method of removing the appendix.

Mr. C. B. Lockwood in a recent article entitled "The Organisation of Aseptic Operations and Some of the Causes of Failure" refers to 10 cases of appendicitis in which pus was found and yet in which the abdominal wound supported in three cases with extraction of some, if not all, of the sutures. He came to the conclusion that some of these failures were due to the nature of the operation and that, as a matter of fact, the wounds became infected during the removal of the appendix. Mr. Lockwood adds that he has historical evidence that even in non-suppurating cases the inflamed appendix is infected with bacteria and that, therefore, it is not to be wondered at that, after appendix operations, buried silk sutures are apt to be extruded. "I have not abandoned hope," he says, "that we shall learn how to carry it all in appendix operations." I venture to express the belief that this hope would be more speedily realised by the general adoption of this aseptic method of removing the appendix.

Notes of Two Cases of Pernicious Anaemia Treated with Hommel's Hæmatogen.

By Herbert Meggett, L.R.C.P., L.R.C.S. Edin.

Case 1.—A man, aged 35 years, came to me in February, 1899, complaining of giddiness, shortness of breath on exertion, and general languor. His skin was of the peculiar lemon tinge so often seen in these cases. The patient had not lost flesh and in fact he thought that he was stouter than formerly. Inquiry elicited the fact that he had had a family worry some time previously and that he had never felt the same man since. He had begun to feel weak and unable to exert himself and the sweat and he had developed a still further illness with his increasing pallor. The urine was high-coloured but free from albumin. The ordinary causes of anaemia were carefully eliminated and the case was diagnosed as one of pernicious anaemia. An examination of the blood resulted in the discovery that its specific gravity was reduced 1040. The corpuscles did not adhere in rouleaux and their number was greatly reduced, but what was most noticeable was their great variation in form and size; nucleated red corpuscles also present. Arsenic in gradually increasing doses, in the form of Fowler's solution, was given and continued for some time, but with absolutely no good effect. At the commencement of this treatment the patient was kept in bed. The diet ordered was chiefly farinaceous. Iron was then administered, but with like results. The patient was evidently getting weaker. Happening to mention the case to a friend he advised me to try Hommel's hematum. It was given daily with the best results for four and a half months. A further examination of the blood showed that the corpuscles were assuming their natural shape and their number had increased, but the more tangible and satisfactory result was the condition of the patient who was able to resume his work with a freedom from all his previous symptoms.

Case 2.—This case was interesting from the fact that the patient had been treated with salol after the failure of arsenic with marked improvement, but unfortunately with a relapse. The patient was a woman, aged 32 years, who complained of faintness, palpitation, loss of appetite, extreme dyspepsia, and pain in the lower limbs. It happened that the patient when residing elsewhere had been under treatment for the same condition and she thought that she had been cured, but after a period of four months the old symptoms returned. Correspondence with her previous medical man revealed the fact that she had been treated with arsenic and later with salol with apparent benefit. I therefore determined to commence the treatment with the administration of Hommel's hematum. This was continued on and off for a period of six months, during which time repeated examinations of the blood were made, marked improvement being noted.

A CASE OF SUDDEN DEATH SHORTLY AFTER OPERATION.

By W. Bolton Tomson, M.D. DURH.

A somewhat delicate overgrown child, aged 12 years, was operated on for adenoids and enlarged tonsils at the Children's Hospital, Luton, on July 7th, at 3:20 P.M. Chloroform was administered through a Krohn's inhaler to start with, and later from the ordinary flannel facepiece.