

the operation be so shortened and simplified as to produce the minimum amount of shock. Can some simple, yet efficient, operation be devised that, while increasing the safety of the patient for the time, will enable him to tide over the critical period and allow of a more radical operation being done later, when the condition of the patient will allow of it?—I am, etc.,

Bournemouth, July 14th.

W. H. BEST.

SIR,—The important correspondence upon this topic has tended to emphasize the present orthodox view, that in cases of diagnosed appendicitis the proper treatment is the removal of the appendix, and that to delay the operation is an inexcusable courting of disaster.

Happily, in a profession like ours, knowledge is best gained by the multiplication of experiences, and I venture therefore, without any apology, to point to some interesting experiences of different treatment.

I think that it should not be so readily assumed that appendicitis will in the majority of cases proceed to the formation of a purulent abscess any more than that tonsillitis will in the majority of cases proceed to a tonsillar abscess. When, therefore, a surgeon gives his statistics of a hundred or more cases of immediate removal of the appendix upon the first diagnosis of appendicitis, with no fatality, it is not logical to assume that there would have resulted a large percentage of appendicular abscesses and some fatalities if an immediate operation had not been performed. What it does prove is that under proper surgical care an inflamed appendix can be safely removed.

Now I have had under my care about a hundred cases of appendicitis, and I have not had one operated upon, and I have not lost one. In several cases I have been warned by keenly experienced surgical colleagues that operation was urgently needed, and that surgery was the only rational treatment. Experience, however, proved that this was not so, and that rational medical treatment is efficacious in a very high percentage of cases of appendicitis.

A very striking case I had was one I saw again only a few weeks ago. He had had very skilled advice, and, as he hesitated about operation, one of the ablest of London's titled consulting physicians was called in consultation, and he confirmed the diagnosis and the recommendation for surgical treatment. This patient is to-day engaged in arduous public toil of a most strenuous and exacting character nearly twelve months from the date of the diagnosis and the confirmed advice of urgent surgical treatment. I think, therefore, there are strong grounds for considering whether appendicitis cases should not be treated more generally by the physician, and not handed over incontinently to the surgeon.—I am, etc.,

London, E.C., July 6th.

JOSIAH OLDFIELD.

SIR,—After reading Sir George Thomas Beatson's letter in the *BRITISH MEDICAL JOURNAL* of June 29th, p. 1514, I am prompted to record my experience of acute appendicitis, inasmuch as it exactly accords with the view of the disease which he so clearly expresses—a view which has apparently suffered much obscurity in the "atmosphere of panic" which, he observes, has been created about the disease.

I am now in my twenty-fifth year of country practice, and I have not yet had a case of acute appendicitis which required operation; and I have not yet had a case which did not get well with treatment, following ordinary therapeutic measures; and I can recall very few cases which were confined to bed for more than a fortnight. I have no precise record of the number of cases I have had; last year, 1911, I had 12 cases; during the six months of this year, curiously, I have not had a case, but, presuming only on 5 cases a year, it is evident that my percentage death-rate is *nil*.

With an experience such as this—and surely it must also be the experience of many others not dwelling in the "atmosphere of panic"—it seems to me nothing short of extraordinary that so many surgeons proclaim a faith which demands immediate operation in every case of acute appendicitis, entailing as this does, under the best of circumstances, a prolonged convalescence, and under less satisfactory circumstances an obituary notice—"appendicitis (after operation)"—which the most

optimistic surgeon cannot always regard as being merely *post hoc*.—I am, etc.,

Llansantffraid, July 1st.

W. H. LEWIS.

SIR,—It seems a little ungenerous that Sir George Beatson and other advocates of the "wait and see" policy in the surgical treatment of appendicitis, while discussing at length many side-issues, evade the main issue and decline to inform the less enlightened members of the profession of the symptoms or signs by which they determine which cases it is safe to leave and which it is dangerous to leave without immediate operation. It is in the best interests and in accord with the best traditions of the profession that any knowledge which advances our treatment of disease should become common property, so that all may benefit by it.

In the *JOURNAL* of June 22nd I quoted a case, and gave chapter and verse for it, lest it might have been supposed to be a hypothetical one. I should like to ask Sir George Beatson or any of his followers:

1. Whether in their opinion such a case is safe to leave without immediate operation?

2. If not, by what symptoms or signs they would distinguish it from a case which is safe to leave?

The symptoms and signs in this particular case and the condition demonstrated at operation are given, not from memory, but from notes taken at the time. If they are of opinion that an appendix the size of a small sausage filled with foul pus, surrounded by no adhesions whatever, on the very eve of discharging its contents free into the peritoneal cavity, should not be immediately removed, they must be left to their opinion, and I see little use in prolonging the controversy. If, on the other hand, they are of opinion that such a case should be operated upon at once, then I think they are bound to tell us by what symptoms or signs they would come to such a conclusion and be able to distinguish it from a case that it would be safe to leave till the quiescent period.—I am, etc.,

Southsea, July 13th.

CHARLES P. CHILDE, F.R.C.S.

*** We are prepared to receive a reply from Sir George Beatson, but cannot give further space to this correspondence. We are informed that the Medical Society of London propose to devote an evening at the beginning of the new year to the discussion of the question of the merits of the early operation in cases of appendicitis, and that Mr. Edmund Owen, whose letter on May 11th started the correspondence in our columns, will open the discussion at the society.

TINCTURE OF DIGITALIS: ITS POTENCY.

SIR,—I have been interested in the comments which Dr. Price and Dr. Gordon Sharp have been good enough to make on my paper on the potency of digitalis. It occurs to me that the discrepancy between the experience of these observers and my own may be partly explained in two directions—(1) the source of the tinctures, (2) the end-point of the observations.

1. As regards the source of the samples, I fear I did not sufficiently emphasize the fact that they came from the laboratory and not from the warehouse of the manufacturer. It is quite possible that some of the samples were sent for physiological examination because the manufacturer had doubts about the quality of the leaves on other grounds. I know that one firm does send samples for physiological examination before buying the leaves in bulk. The fact remains that these are samples made by chemists of repute according to the directions in the *Pharmacopœia*.

2. The end-point I employ is that the frog must be as dead as Queen Anne within the four hours. If there is any doubt about the frog being dead I test the corneal reflex.

I fail to see how any amount of care in the selection of digitalis leaves will exclude the possibility of an occasional sample being too strong. That is the great danger. If a patient is supplied with a weak sample his medical attendant will in all probability increase the dose. But if a patient is supplied with a too potent sample the practitioner's opportunities of prescribing may cease altogether.—I am, etc.,

Edinburgh, July 6th.

ALEXANDER GOODALL.