

to fit a theory, but I am trying to interpret the facts as they have presented themselves to me in the treatment of a good number of

rickety deformities and splanchnoptosis in the past twelve years, with reference to any pre-conceived idea.

PROTECTIVE APPENDICITIS.

By R. T. Morris, M.D., New York. (Medical Record, Jan. 8, 1910, p. 47.)

Appendicitis is divided into two general classes, infective and non-infective. The commonest form of the trouble which the author terms "protective appendicitis," falls under the second, or non-infective class. Two reasons are given in explanation of this term: (1) "structures susceptible of acute infective processes are removed from the appendix by connective tissue replacement in the course of normal evolution, otherwise known as fibroid degeneration of the appendix." (2) Nerve filaments persist longer than most other structures in the appendix during fibroid degeneration and are irritated by the contracting connective tissue, this irritation calling out a permanent hyperleucocytosis which protects the appendix against bacterial attack.

The symptoms of protective appendicitis are of two kinds: (1) Local discomfort due to the compression of *sensory* nerve filaments

by the contracting connective tissue. The local discomfort may be pronounced, or there may be merely a sensation of warmth in the appendix region varying in degree from day to day. (2) Symptoms due to the entrapping of *sympathetic* nerve filaments in the connective tissue which manifest themselves by reflex action in disturbance of the bowel function, causing these patients to be treated for intestinal indigestion, etc.

The diagnosis of this type of appendicitis is made (1) by the discovery of tenderness of the right lumbar ganglia on deep pressure; (2) the distention of the cecum and ascending colon with gas; and (3) palpation of the appendix and finding that it is harder than normal.

The treatment depends upon the indications in the individual case. If the amount of disturbance justifies it the appendix should be removed, which is more safely accomplished in this than in any other form of appendicitis on account of the leucocyte protection of the vicinity.