

Medical Matters.

THE PREVENTION OF APPENDICITIS.



Dr. W. J. Tyson, F.R.C.P., F.R.C.S., has contributed an interesting article, entitled "Some Remarks on the Prevention of Appendicitis," to the *British Medical Journal*, in which he says:—

"There seems no doubt that the real starting point of the appendicular peritonitis is the presence of the *Bacillus coli communis* in the appendix; yet this statement requires an explanatory note, for this bacillus is always present in large numbers through the whole alimentary canal, from the mouth to the anus; again, it varies greatly in its virulency. It is only when the bowel becomes the seat of any morbid change that the bacillus, so to speak, comes into play. Thus, any change brought about in the bowel by constipation, diarrhoea, obstructed bowel, congestion of the bowel, becomes of immense importance. Thus, it seems that for an attack of appendicitis to occur there must be some lesion of the appendix to allow the escape of the bacillus, and the bacillus must be in a state of virulency."

Dr. Tyson draws attention to the fact that whereas formerly all cases of appendicitis were admitted to the medical wards of hospitals, it is now taken for granted that all require surgical intervention. He says:

"I maintain that the purely surgical treatment of this disease, although, of course, right in its proper place, is treatment at the end of it; and all scientific and sound treatment of disease should aim at the prevention of disease, or treatment in its very early stages. There is always a difficulty in discussing, especially with the lay public, the two great lines of treatment, (1) the preventive, and (2) the surgical; the former method can hardly be appreciated by the patient, for the disease has not yet come on; there is no pain, sickness, or general feeling of illness. But in the advanced stage of the disease, in which an operation has relieved all the above symptoms, the patient is not likely to forget the great benefit received. In other words, it is very difficult to get carried out rules of diet, exercise, etc., in order to prevent a disease, however serious, which the patient knows nothing about, and of the consequences of which he is entirely ignorant. Still, I maintain, if this disease is to be stamped out, or, at any rate, brought under control, the real clinical causes of it must be studied, and much more attention be paid to the carrying out of the rules by

which we think the disease can be avoided.

"I believe that the most prominent and active cause of appendicitis is constipation, a lodgment of undigested matter, or faecal masses, in the bowel. It is often very difficult to decide on the presence of constipation, for the daily evacuation is not sufficient to settle this point. In those extreme cases in which patients come to us saying that they are suffering from diarrhoea, on rectal examination the lower bowel may be discovered to be entirely blocked up with hard masses of faeces; but, apart from these, there may exist hard faecal lumps in the hepatic, splenic, or sigmoid flexure of the colon, and even in the small bowel, with a daily natural stool."

Defective mastication, and hurried meals, also, we are told, tend to set up gastric and intestinal irritation, and conceivably inflammatory conditions, such as appendicitis.

In Dr. Tyson's opinion, there is a strong tendency, though not so strong as it was, to ignore the treatment of the early stage of the disease, at which time much good can be done by suitable and timely treatment. . . . The operation that is constantly being done cannot be considered the true scientific treatment, although absolutely necessary in many cases when the disease is far advanced. He does not claim any true scientific standpoint for his paper, which is essentially a clinical one, but points out that many of the best methods of treatment have been discovered experimentally before they have been explained scientifically. To give two examples: "ague was stamped out in Romney Marsh by careful and systematic drainage, long before the real cause of it was even thought about. The drainage disturbed and upset the mosquito, and then the ague lessened and gradually disappeared. The giving of quinine was only a passing phase in the evolution of the treatment of the disease; although a most beneficial and comfortable crutch, quinine never lessened the amount of ague, although it modified the attack." Before long Dr. Tyson hopes that it will be possible to demonstrate conclusively the exact cause and method of an appendicular attack. He further says that "when proper mastication of food, preservation of teeth, simple feeding at regular intervals, and at quiet times, are properly taught in our schools and practised in our houses, we may then hope to see a marked diminution in the number of cases of appendicitis, which are now so appallingly common."

The whole article is, in fact, a plea for radical treatment, which is always scientific, rather than the treatment of symptoms when they have arisen.

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