

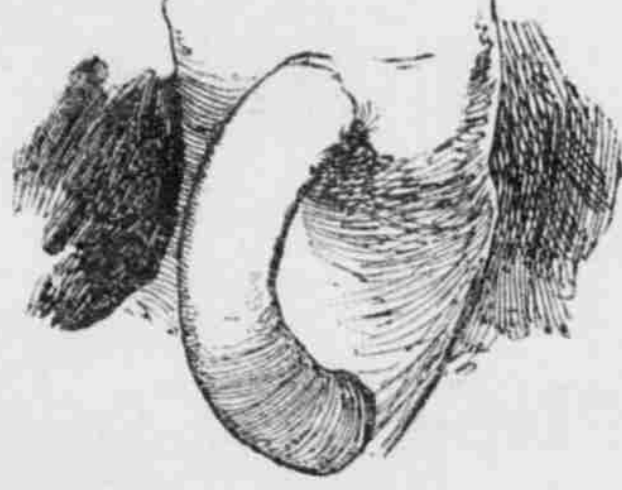
**WE ALL HAVE THEM.**

BUT NOBODY KNOWS WHAT OUR APPENDICES WERE MADE FOR.

Professor A. I. C. Skene, M. D., Describes the Deadly Disease Appendicitis and Explains the Little Deathtrap That Causes It—An Infectious Malady.

[Special Correspondence.]

BROOKLYN, Feb. 25.—If the conclusions of modern science are correct, mankind are indebted to remote ancestors much lower in the animal creation than themselves for a very dangerous and not infrequently fatal disease. It was quite enough to provoke violent protest to be held morally accountable for the sin of the reputed father of the race, but to be made liable to bodily pains and penalties because a per-



THE APPENDIX.

son happened to have a simian or still lower grade forefather is sufficient to make one wish either that evolution were not true, or, if so, that useless organs, as in the case of the tail, for example, had disappeared when there was no further use for them in the bodily economy.

**Usefulness Outwitted.**

Unfortunately the vermiform appendix of the caecum was not evolved out of existence, and in ceasing to be useful it became very troublesome. In surviving its function as a portion of the intestinal canal it became a menace to health and a constant source of danger. The danger was also much increased by the circumstance that the symptoms accompanying disorders of the appendix would direct the attention of the physician and patient to other portions of the body rather than to the seat of the trouble. In this disease the pain is usually felt in the neighborhood of the umbilicus, next in frequency is complained of in the epigastrium, very infrequently in the region below the umbilicus, and least often of all is it felt in the appendix itself. This circumstance has been responsible for many errors which have been made in determining the character and location of the trouble.

The inflammatory lesions of the appendix were formerly comprehended under the terms typhilitis, perityphilitis and paratyphilitis. The first was defined by Albers as inflammation of the caecum itself, the second as inflammation of the parts immediately surrounding the caecum and the third as inflammation of the postperitoneal tissue of the caecum. Grisolle understood the true pathology of the disease and published his views in 1839, but those of Albers got into the medical textbooks, and the correct view was disregarded for over half a century until brought to light and verified by Dr. Fitz of Boston and Dr. McBurney of New York.

Acute appendicitis is characterized from the outset by severe abdominal pain. Coincidentally with the attack of pain or soon after it begins nausea and vomiting frequently occur. In cases where these are produced by indigestion and intestinal colic the nausea is more apt to precede the pain than to follow it, as in appendicitis.

The sudden occurrence of sharp, colicky pains should always direct the attention of the sufferer and the physician to the appendix. The patient should be kept under a watchful eye. As soon as the diagnosis of progressive appendicitis is assured the abdominal cavity should be opened and the appendix removed. To operate too early may be to operate unnecessarily, but it is better to do so than to operate too late and hence unsuccessfully. None but surgeons of repute and of assured skill should be employed to operate, for, though to remove the appendix is not fraught with great danger when the operator is skillful, it may well become so when the surgeon employed does not understand his business properly.

Peculiarities of the Trouble. Mild cases of appendicitis may recover without surgical treatment, but quite often mild cases develop into acute and are of course much more difficult to cure than if operated upon before the trouble became intensified in its character. The disease may pursue a rapid course in some cases to a fatal termination in 36 hours from the beginning of the attack. In cases which have been successfully operated upon convalescence will usually occupy about three weeks.

Appendicitis is much more frequent among men than women, though the contrary is generally held to be the case. The reason that women are less liable to the disease is probably owing to the fact that in them the appendix has an additional source of blood supply in the artery of the appendicular ovarian ligament and is in consequence better prepared to resist infection than the less liberally supplied appendix of the male.

In former times appendicitis was supposed to be caused by the presence within the vermiform appendix of cherry stones, grape seeds, lemon and orange pits, date stones, fish bones, pins, etc. So firmly was this idea fixed in the lay and professional minds that children were carefully watched while eating fruit to prevent them from swallowing a stone or seed which would lodge in this "deathtrap," as the appendix was popularly called, and produce what was at that time regarded as an almost necessarily fatal malady. The same fallacy is still very prevalent among nonmedical people, and to assign such an origin to the disease is much more common than to attribute it to its real cause. No doubt the presence of such foreign substances in the appendix might cause trouble there, as they would in other parts of the intestinal canal where they found lodgment and could not be expelled. The instances in which appendicitis has been induced by such lodgments in the appendix have been so rare that they may be with safety excluded in any consideration of the trouble. Another view—that the pain in the appendix is produced by an attempt on the part of the appendix to rid itself of fecal matter—is proved to be wrong by the fact that fecal matter and even coproliths have been found in the organ when there was no pain or trouble with the appendix at all.

**A Home For Microbes.**

The generally received opinion now is that appendicitis is caused by micro-organisms which are conveyed into the appendix by fecal matter or otherwise. These organisms may be and probably are the same as those usually found in the in-

testinal canal, where their being present is not regarded as a source of danger. When they enter the appendix, however, it is supposed to be altogether different, as the lower resisting power of the organ makes it peculiarly subject to infection.

Among the evolutionary changes taking place in the appendix and tending to its ultimate disappearance may be alterations in the character of its epithelial lining, which distinguishes it from the lining of the caecum and render it liable to bacterial infection. So far as the tissues of the appendix are concerned, a progressively lowered vital resisting power would be the first and most obvious change, resulting from the disuse of the organ and its downward tendency toward final elimination from the body as a useless appendage.

The conclusion is now regarded by medical men as being almost irresistible that infection is not only the principal and necessary cause of appendicitis, but that it is also the primary cause. Some infectious material enters the appendix and becomes fixed there, owing to the very inefficient expulsive power possessed by the part. The low vitality and weak resisting power possessed by the organ constitute it a good field for propagating bacteria and developing those conditions constituting the disease of appendicitis.

**Not a New Trouble.**

Diseases of the appendix are probably not more frequent than they were heretofore unless the evolutionary process which the vestigial organ is undergoing makes it more apt to be diseased in modern times. This supposition is, however, very improbable, as the work of evolution is so slowly performed and is marked by such slight increments of change that during the entire period comprised in the history of the human race the organ has probably undergone no appreciable change.

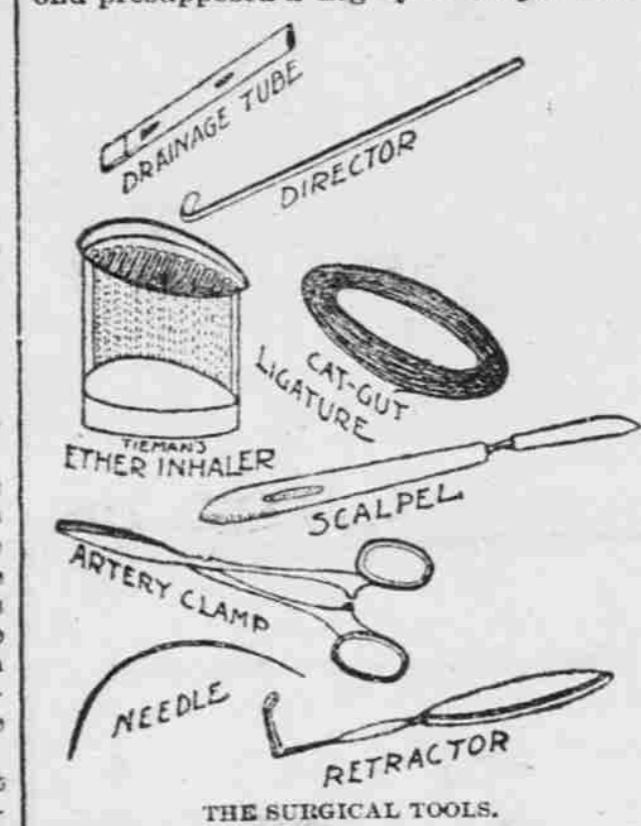
It is only within the last six years that disorders of the appendix have been referred to the real seat of the trouble. Though, as before stated, the true pathology of appendicitis was known more than 50 years ago, this knowledge did not become generally diffused, and physicians almost invariably in their diagnoses referred the trouble to the caecum or adjoining parts. This circumstance, it is quite obvious, accounts for the frequency with which we have heard of diseases of the appendix in recent years as compared with the paucity of mention previously.

Investigations on the subject of the vermiform appendix have led to the opinion being almost invariably held by physiologists that the organ is a useless one, while there cannot be any diversity of opinion as to its being a dangerous one. The science of natural theology of a few decades ago held the view that every species was of independent origin and every structure designed for use in the organism in which it occurred. The student of comparative anatomy, however, who extends his researches beyond a single species will become aware that there are structures in the animal economy the presence of which cannot be accounted for or function demonstrated by the study of them in relation to the organism in which they exist. The vermiform appendix of the caecum, from one to five inches in length and one-third of an inch in breadth, is in this category, and having survived its usefulness it has become dangerous.

**Resolving the Question.**

The little rudimentary organ is not, however, without its uses, as it supplies the advocates of evolution with a confirmation of their theory. Professor Drummond in his recently published book, "The Ascent of Man," seizes upon the appendix with avidity and parades it before his readers with evident pride as a piece of evidence which would convict them in any court of having a disagreeably close relationship with creatures of a very low grade in the zoological scale.

Appendicitis has been sometimes spoken of as a fashionable disease, but why it is difficult to say. Gout and megrim were long regarded as aristocratic disorders and as conferring a certain kind of dignity upon the sufferer, as the first inferior rich wines and high living, and the second presupposed a highly developed nerv-



THE SURGICAL TOOLS.

ous organization which far removed the afflicted from the phlegmatic dullness and coarse nerves of the plebeians. No such reason, however, can be urged in behalf of appendicitis as a fashionable disease, as it is in truth equally at home in the palace or in the hovel. Possibly its popularity may have been due to the fact that the nomenclature of the disease is only of recent origin, and perhaps the mellifluous flow of the soft sounding word as uttered by a lady may have contributed to give the disease a species of fashionable notoriety.

**A. I. C. SKENE, M. D.**

**Pie Crust.**

"I never was able to prevent the shells for pies which I baked before filling from puffing and rising in spots," said a housekeeper the other day, "until I learned the secret from a pastry cook. When baking huckleberries or rhubarb, he covered the shell before putting it in the oven with a piece of oiled paper, and put in bits of bread that were needed to be browned, and in this way perfectly preserved the evenness of the under crust. The fruit was cooked separately and thickened slightly with cornstarch before pouring into the shell.

"The same cook advised the sprinkling with salt of apples used in cooking, as it much improved their flavor and lessened the amount of sugar needed to sweeten them. He frowned on any spices in apple pies as utterly ruinous to their delicacy. In the late winter, when the fruit is apt to be rather tasteless, a little grated orange or lemon peel might be permitted, but the generous doctoring with cinnamon, nutmeg, even cloves and allspice, practiced by some cooks, he regarded as barbarous."

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