

# CARSTENS (J. H.)

SOME REMARKS UPON  
A YEAR'S WORK IN  
APPENDICITIS.

BY

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WHEN we consider that a few years ago the word "appendicitis" had not even been coined, and if we then think how physicians can report a great number of cases and many operations, we get a general idea of the wonderful progress of medicine. My fossil friends in the profession say appendicitis is a great fad. They ask, "How is it you see so many cases? We so seldom see them." Still, it is very easy.

If you will think for a moment that my cases come to me from a radius of hundreds of miles, and nearly all sent to me by physicians whose combined practice represents a million population, and if you average it, there are not so many cases of appendicitis. At the Harper Hospital last year we had thirty-one cases; every hospital in the city has had a number. A good many patients have recovered without going to the hospital, some even not recognized. From

the best information I can get, it seems to me there occurred in this city alone about one hundred cases of appendicitis—certainly not more than one hundred and fifty—giving about one case to every two thousand of the population. The physician who has two hundred families (that would be about seven hundred people to treat) has a pretty good practice; hence, the physician with a fair practice would see a case of appendicitis about once in three years (this general average may be too high or too low, but I think I am pretty near to it), so that my friend the general practitioner is perfectly right when he says appendicitis is not a very common disease; while the abdominal surgeon is also correct when he talks and reads about it a great deal, as he sees a great many cases comparatively.

This disease was formerly seldom recognized; it was said that a patient died of peritonitis; but by his attention having been called to it repeatedly the general practitioner is now aroused, is constantly on the lookout for it, and finds appendicitis where formerly he would not have suspected it.

Another point about this disease is that some general practitioners maintain that it is a mild one and easily subsides with simple treatment—such as with opium, ice bags, and hot poultices—and I have had physicians tell me that they had had eight or ten patients all recover, or perhaps only one die in fifteen to twenty cases, and that I, as an operator, could show no such record. I do not get the easy cases. I get them when medical treatment has failed. Even when they are *in articulo mortis*, I find I am expected to do magic. What we maintain is that all patients with appendicitis should be seen by the surgeon jointly with the family physician, and as a rule operated upon; although a very small percentage will have only one attack, the vast majority (from my experience I should say from eighty-five to ninety per cent.) will have recurring attacks, and during the sec-

ond, third, or tenth attack rupture will take place and the patient will die, not to say anything about the pain and suffering he has to undergo in the meantime.

All cases of peritonitis not due to puerperal or pelvic diseases in women are caused by appendicitis, except four per cent., which are due to perforation of the bowels caused by ulceration and malignant growths, etc. During the year 1895 I operated in seventeen cases of appendicitis. In these seventeen cases there had been altogether forty-six different attacks. Some of these attacks were mild and some were severe. Some of the patients were repeatedly confined to bed for from six to twelve weeks. They were suffering from septicæmia and hence were invalids.

My cases were as follows :

CASE I.—Mr. M. R., aged thirty-three years (kindly directed to me by Dr. Galbraith, of Pontiac). The patient had had four attacks, some of them being quite severe. I operated on him January 2, 1895, at Harper Hospital. He was free from acute symptoms. I dissected the peritoneal covering, sewed it over the stump, and closed the abdominal incision in layers, using kangaroo-tendon sutures throughout. He made an uninterrupted recovery.

CASE II.—Miss M., of Ontario, aged twenty-two years (kindly sent to me by Dr. Mulhern). She had had three attacks. She seemed in very good health, but, when the abdomen was opened at Harper Hospital, I found that she had tuberculous peritonitis—something I had not expected. I removed the appendix and washed out the abdomen with bichloride solution. I sewed the incision with *en masse* suture of silkworm gut. What connection there was between the tuberculous condition and appendicitis I do not know. The patient has entirely recovered.

CASE III.—Mrs. C., aged twenty-five years (kindly sent to me by Dr. Aaron). Six attacks; also had chronic tubal disease. Operation at Grace Hospital. Appendix removed with the ovaries and tubes, one tube being a beautiful specimen of

hydrosalpinx four inches in diameter. Recovery "smooth," as the Germans say.

CASE IV.—Miss A., of Lansing, aged twenty-five years (kindly directed to me by Dr. Gannung). She had had six attacks. During some of these she was confined to bed for three to four months. I operated on her, May 18th, at Harper Hospital during the quiescent stage. Used kangaroo-tendon suture. She made an ideal recovery.

CASE V.—Mr. W., of this city, aged eighteen years. Called by Dr. Schulte to see him on Sunday afternoon. This patient had been sick for forty-eight hours and had a temperature of 103° F. Careful investigation showed that he had had a slight attack some months before. I had him immediately removed to Harper Hospital, and operated on him the same day, May 26th. Perforation had taken place and the appendix was removed. Gauze drain used, and the wound closed with *en masse* suture of silkworm gut.

CASE VI.—Mrs. L., aged twenty-one years (directed to me by Dr. Moran, of this city). She had had four attacks. Agreed to come to Harper Hospital on Wednesday to be operated upon. On Tuesday afternoon she was taken with another attack. I immediately had her removed in the ambulance to Harper Hospital, where I operated on her, May 28th. The appendix was club-shaped and apparently upon the point of rupturing. It was removed and the wound closed with buried kangaroo-tendon suture. She made an ideal recovery.

CASE VII.—Miss H., aged ten years. Kindly called by Dr. Hastie to see this little girl. She was taken with appendicitis, properly diagnosed by the doctor, but it seemed to be a very mild attack and the symptoms had all subsided, so that she was thought to be well. But on the eighth day the fever rose to 101°; ninth day, 102°; and the tenth day, 103°. The swelling of the right inguinal region increased in the same proportion. I had her transferred at once in an ambulance to Harper Hospital, where I performed the operation immediately. The abscess was opened and drained, but the appendix was not removed, as I thought it had sloughed off.

The patient made a good recovery, and has been perfectly well ever since.

CASE VIII.—Mr. J. B., of Grosse Point, aged thirty-six years. Kindly directed to me by Dr. J. Bennett. I saw him during the acute stage of the second attack, but as he was on the mend did not operate. He recovered sufficiently to be out, but always complained of pain in the region of the appendix. I saw him again and urged an operation, but as he did not seem very sick he postponed it from week to week. Finally he became frightened and went to St. Mary's Hospital, where I operated on him, July 1st. I found he had relapsing appendicitis. Removed the appendix and used gauze drain, closing the wound with silkworm-gut sutures. He made a good recovery.

CASE IX.—Mrs. W., aged thirty-five years. Seen by request with Dr. Schell. This patient I had operated on three months previously for salpingo-oophoritis. Immediately after the operation she had symptoms of appendicitis, but these soon subsided and she seemed perfectly well. Six weeks later, however, she again began ailing, and was confined to her bed, becoming weaker and weaker. She had quite a fever; temperature,  $103^{\circ}$ ; pulse, 130. The pain was excruciating in the region of the appendix. I had her removed in an ambulance to Harper Hospital, and operated on her on July 2d. I found the appendix much inflamed and adherent. I removed it, but also found a small cheesy abscess of about the size of a bean buried in the right broad ligament. It has always been a question to my mind if that was not the cause of the fever. Unfortunately, I had no bacteriological examination made. Subcutaneous saline infusion was performed during the operation, as she was very weak. She thoroughly recovered without a bad symptom.

CASE X.—Mr. M. A., aged forty years. Kindly sent to me by Dr. Shorr. He had had appendicitis for three days, and this was apparently his first attack. I had him removed to St. Mary's Hospital, and operated on him on August 3d. The appendix was gangrenous. Used gauze drain and silkworm-gut sutures. But after the operation he was taken with symp-

toms of delirium tremens, and died within forty-eight hours, suddenly, of heart failure.

CASE XI.—Minnie S., aged two years and a half, of Fowlerville. Kindly called out there by Dr. Austin. This little girl had had four or five attacks, properly diagnosed by the doctor as appendicitis. I found the appendix ruptured and gangrenous. Operated September 16th, using gauze drain and silk worm-gut sutures. She made an excellent recovery.

CASE XII.—Mr. C., aged thirty-five years, of Tecumseh. Dr. North called me there to operate for appendicitis. I found the diagnosis correct, and removed the ruptured appendix, September 12th. Used gauze drain and silk worm-gut sutures. This patient also made an excellent recovery.

CASE XIII.—Mr. O., aged fifty years. Called to see this patient by Dr. Bonning. This man weighed two hundred and fifty pounds and was formerly a heavy drinker. The first attack of the disease and of forty-eight hours' duration. Appendix was gangrenous; considerable general peritonitis. Operated on September 14th, using gauze drain and silk worm-gut sutures. He died of sepsis three days afterward.

CASE XIV.—Mrs. M., aged thirty-four years, of Fowlerville. Kindly asked to come out there by Dr. Austin and operate on this patient, who had had four or five mild attacks of appendicitis. Found the appendix unruptured. I operated on September 30th, using kangaroo-tendon sutures. She made a good recovery.

CASE XV.—Mr. C., aged thirty-four years. Dr. Goodwin asked me to see this patient. He had been suffering for five days with symptoms of obstruction of the bowels. I diagnosed appendicitis and had him removed to Harper Hospital. I operated on him on October 30th. The appendix was twisted around the cæcum in such a way that it caused obstruction of the bowels. Vomited constantly for five days. Although he had a passage from the bowels after the operation, he remained weak and unable to take any nourishment. He died on the sixth day, of debility. His temperature was only 99°.



CASE XVI.—Mrs. L., aged thirty-one years. Kindly sent to me by Dr. Willson, of Port Huron. She had had a number of slight attacks of appendicitis, and a long time before severe pelvic inflammation. I agreed to remove at the same time the tubes and ovaries, if necessary and possible. The appendix was very much inflamed and adherent, and the ovaries and tubes were buried in a mass of adhesions. I removed both, using kangaroo-tendon suture throughout.

CASE XVII.—Mrs. F., aged thirty-eight years. This patient had had two attacks of appendicitis. After the last attack she agreed to have an operation. While I was out of the city, on November 19th, she was taken with another attack, and, becoming very much frightened, she immediately went to Harper Hospital, where I found her, late at night after my return. I had her prepared, and operated on November 20th. Used kangaroo-tendon suture. She recovered.

Case No.		Number of attacks.	STAGE.	
			Acute.	Quiescent.
1	Mr. R. ....	4	0	1
2	Miss M. ....	2	0	1
3	Mrs. C. ....	3	0	1
4	Miss A. ....	6	0	1
5	Mr. W. ....	2	1	0
6	Mrs. L. ....	5	0	1
7	Miss H. ....	1	1	0
8	Mr. B. ....	3	1	0
9	Mrs. W. ....	1	0	1
10	Mr. P. ....	1	1	0
11	Mary S. ....	4	1	0
12	Mr. C. ....	2	1	0
13	Mr. O. ....	1	1	0
14	Mrs. M. ....	4	0	1
15	Mrs. L. ....	3	1	0
16	Mr. C. ....	1	1	0
17	Mrs. F. ....	3	0	1
	Totals .....	46	9	8

These seventeen cases represent forty-six different attacks, leaving twenty-nine attacks which were treated on

general principles, without a death, so that the general practitioner can say he had twenty-nine cases without a death, while I had seventeen cases with three deaths. But if I should add to this list the cases I have seen during the year in consultation, in which an operation was not performed and the patients died, I could give the general practitioner, as the boys say, "double discount."

If in the light of our present knowledge we take one hundred consecutive cases, and have the patients treated by constitutional and local medications, how many do you think would die? Then take one hundred consecutive cases of operation within twenty-four hours, or as soon as the diagnosis is made, in how many of this class of cases would the patients die?

All men of experience will to-day admit that in the first class of cases four times as many patients would die; and then I will admit that unquestionably, of the surgical cases, ten or fifteen per cent. of patients will be operated upon who would have recovered permanently and without recurrence if no operation had been performed.

If surgical treatment shows the best results, that is the correct plan. To sum up, I should say: 1. Excluding the pelvic peritonitis of women and traumatic cases, peritonitis is always appendicitis. 2. Appendicitis is a surgical disease. 3. An immediate operation will give the best results.

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FRANK P. FOSTER, M.D.

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