

CHAPTER I

INTRODUCTION

HISTORICAL REVIEW

Full account on the survey of appendicitis was given by Myer Goldman (1966), and by ~~Str Shabbar~~ ~~Oppe~~ (1965). According to Crease (1963), the first appendectomy was performed by Claudius Amyard (1736), the details of the cases were published in the Philosophical transactions of the Royal Society in October of the same year. Amyard removed the appendix with its containing pin, and the surrounding omentum, in a child 12 years of age, through a scrotal hernial incision; the condition later, complicated by faecal fistula.

Heister (1755), during performance of an autopsy on the body of an executed criminal, found his appendix black in colour, and surrounded by omentum.

According to Munro (1945), in the next 100 years 3 cases of surgical attack upon the appendix were described in France (Mestivier, 1759; Lamotte, 1766; and Jadelot, 1808) and another one in London (Parkinson, 1812). Melier in 1827, reported on 5 cases and advised drainage of appendicular abscesses. He also suggested the possibility of early removal of the acutely inflamed appendix.

On the other hand, Duputren (1835), opposed Melier's views and warmly supported the conservative treatment of "typhlitis and perityphlitis", which was early proposed by Goldback and Puchelt (1832). Volz (1843), described the opium treatment, declaring that rest for the inflamed bowel was as important as a splint for a broken leg.

Bright and Addison (1839) gave a clear description of appendicitis and of its major clinical manifestations.

Grisolle (1839), in France, Hancock (1848) in England and Willard Parker (1867), of the United states recommended incision and drainage before fluctuation appeared in inflammatory conditions of the right iliac fossa.

Although Lewis (1856) agreed with Hancock's his review of 47 cases included only one recovery. This was discouraging, but bolder surgeons came to the fore and advised still earlier operative intervention.

Parker (1867), in America, taught that there were 3 stages of appendicitis Gangrene, perforation, and abscess.

Kronlein (1886) on recommendation of Mikulicz, was the second surgeon to operate upon a patient with acute appendicitis. Following the appendicectomy Kronlein bathed the intestine in a 2.5% solution of carbolic acid. The patient died 3 days after the operation.

Charters Symonds (1885) removed a hard calcareous stercolith from a man's retro-caecal appendix through a posterior approach, without opening the peritoneal cavity.

Fitz (1886), was the first surgeon to use the term "appendicitis".

Morton (1887), successfully diagnosed and excised an acutely inflamed appendix, while Treves (1887) advocated appendicectomy in the quiescent period. About this time Mc-Burney described a technique for removal of the appendix, which is widely used even today. Much credit is due to the pioneers, in this field-Parker, Fitz, Morton, Treves, Mc-Burney and Murphy who advanced the claims of surgical treatment in acute appendicitis. It soon became evident that whilst the results of appendicectomy for the acutely inflamed unperforated

appendix were satisfactory, the operative death rate for the later perforated cases with peritonitis was distressingly high.

Between (1900), and 1905 the death rate following operation for appendicitis associated with peritonitis ranged from 50 to 75%.