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The 100th birthday of appendicitis

HAROLD ELLIS

This year is the centenary of the birth of one of the words most frequently used in medicine by both practitioners and the general public—appendicitis. At the meeting of the Association of American Physicians held in Washington in June 1886 Reginald H Fitz presented a paper on "Perforating inflammation of the vermiform appendix; with special reference to its early diagnosis and treatment," in which he stated¹: "As a circumscribed peritonitis is simply one event, although usually the most important, in the history of inflammation of the appendix, it seems preferable to use the term appendicitis to express the primary condition."

Lorenz Heister, professor of surgery in Altdorf, Franconia, gave the first undoubted account of appendicitis in November 1711. In dissecting the body of a malefactor he found "the vermiform process of the caecum preternaturally black, adhering closer to the peritoneum than usual. As I now was about to separate it, by gently pulling it asunder, the membranes of this process broke . . . and discharged two or three spoonfuls of matter. This instance may stand as proof of the possibility of inflammations arising, and abscesses forming, in the appendicular, as well as in other parts of the body which I have not observed to be much noticed by other writers."²

Claudius Amyand, surgeon first at Westminster and then at St George's hospitals, was the first to report removal of at least part of the appendix. This case was reported at the Royal Society in 1736: the patient, a boy of 11, had a right scrotal hernia associated with a discharging sinus. This was explored and found to contain the appendix perforated by a pin. Amyand reported³: "It was the opinion of the physicians and surgeons present to amputate this gut; to which end a circular ligature was made about the sound part of it 2 inches above the aperture, and this being cut off an inch below the ligature was replaced within the abdomen." Recovery followed.

Typhlitis and perityphlitis

Occasional reports of the necropsy findings of perforated gangrenous appendixes followed, and there seemed little doubt that gradually the pathological features of this condition would become well documented. In 1830, however, Goldbeck of Heidelberg published a graduation thesis in which he coined the

Reginald Heber Fitz. (From *Harvard Medical Alumni Bulletin* (1983) by permission of the editor.)

term "perityphlitis." Without any good evidence he concluded that irritation of the mucosa of the caecum caused inflammation of the overlying cellular tissue. This thesis was strongly championed by the great Baron Dupuytren in his "*Lectures on Clinical Surgery*," published in 1839, so that the terms typhlitis and perityphlitis remained in use until the end of the nineteenth century.² This was despite the fact that other more discerning observers, including Thomas Hodgkin, Richard Bright, and Thomas Addison, were correctly ascribing the clinical and pathological features of inflammation of the right iliac fossa to the appendix.

There is no doubt, however, that it was the contribution of Reginald Fitz, based on a review of 257 cases of "perforating inflammation of the appendix," that showed quite clearly that abscesses in the right iliac fossa were in the main due to appendicitis

and not to pericaecal inflammation. Not only did he give a clear description of the pathological and clinical features of appendicitis but he also pointed out the advisability of surgical treatment¹:

If, after the first 24 hours from the onset of the severe pain, the peritonitis is evidently spreading, and the condition of the patient is grave, the question should be entertained of an immediate operation for exposing the appendix and determining its condition with reference to its removal. If any good results are to arise from such treatment it must be applied early.

His summary is as true today as when first written:

In conclusion, the following statements seem warranted: The vital importance of the early recognition of perforating appendicitis is unmistakable. Its diagnosis, in most cases, is comparatively easy. Its eventual treatment by laparotomy is generally indispensable. Urgent symptoms demand immediate exposure of the perforated appendix, after recovery from the shock, and its treatment according to surgical principles. If delay seems warranted, the resulting abscess, as a rule intraperitoneal, should be incised as it becomes evident. This is usually on the third day after the appearance of the first characteristic symptom of the disease.

Reginald Fitz

Reginald Fitz was born in 1843 in Chelsea, Massachusetts. He graduated from Harvard and studied in Vienna with Rokitansky and Skoda and in Berlin with Virchow. By the age of 35 he was professor of pathological anatomy at Harvard and in charge of the pathology laboratory at Massachusetts General Hospital. It was there that his classical studies on appendicitis were carried out. In 1887 he became a visiting physician at Massachusetts General Hospital, and at the age of 49 he became professor of medicine at Harvard. He died in 1913 at the age of 70. Today he should be remembered not only for his work on appendicitis but for his equally valuable work on the clinical features and pathological changes of acute pancreatitis.

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Saint Who's?

JOHN DEWHURST

By my last reckoning there were 160 hospitals in Britain named after a saint. St Mary has easily the largest number (26) with St John (13) in second place and St George and St Luke jointly third, with nine each. Others are St Andrew and St Michael (six each); Anne, Margaret, James, and Peter (five each); Paul and David (four each); Nicholas, Thomas, Clement, Lawrence, Leonard, and Catherine (three each); Matthew, Stephen, Bartholomew, Francis, Joseph, and Martin (two each). Thirty two saints patronise just one hospital—Aldhelm, Anthony, Audrey, Augustine, Barnabus, Blazey, Cadoc, Chad, Charles, Christopher, Crispin, Ebba, Editha, Edmund, Edward, Faith, Giles, Helen, Helier, Hilda, Mark, Monica, Olave, Oswald, Pancras, Philip, Saviour, Theresa, Vincent, Wilfrid, Woolas, and Wulstan.

These simple facts give us considerable opportunity for speculation. When there are several saints with the same name which is the one concerned? Why was he or she chosen? Does the saint have any special medical connection? And who were some of the saints on the list with unfamiliar names?

It seems a reasonable assumption that most if not all the St Marys refer to the Blessed Virgin, pre-eminent among the saints although with no medical association; St Mary Magdalene is a possibility for one or two but she has no medical association either.

There are three main contenders for the hospitals named St John. Either the Baptist or the Evangelist may be intended but St John of God is a strong candidate although he is usually given his complete title to distinguish him from the other two. He was a fifteenth century Portuguese who fought for years in the Spanish army before becoming fired with religious zeal. Unable to reach north Africa, where he hoped to die a martyr's death ransoming slaves, he became a highly successful seller of religious books and pictures. Then he

went mad, gave away his books, and ran wildly through the streets. Eventually he recovered and devoted the rest of his life to helping the sick.

Patroness of childbirth

Several St Margarets contest the five hospitals with this name but the favourite is St Margaret of Antioch. She was a mythical figure whose legend tells of her refusal to marry the pagan governor of Antioch since she was an avowed Christian virgin. She was tortured in a variety of ways and at one point was swallowed by a dragon which found her indigestible and burst asunder. She became the patroness of childbirth because of a promise made before she died that women who invoked her would be safe during pregnancy and labour. The Holy See suppressed her cult in 1969 but her name lives on. One St Margaret's Hospital, however, in Auchterarder, Scotland, surely suggests a dedication to St Margaret of Scotland, grand daughter of Edmund Ironside and Queen to King Malcolm III. She was a woman of saintly behaviour and disposition who bore her husband eight children. One of them, King David of Scotland, also became a saint, but it seems unlikely that any of the four hospitals which bear that name refer to him. All are in Wales and are surely named after the patron saint of that country who flourished in south Wales in the sixth century.

We have only one small clue to suggest which St James—James the Greater or James the Less—deserves the title to four hospitals. James the Greater used to be invoked for the cure of rheumatism although there is nothing in his life or legend to suggest that he suffered from it.

Three hospitals are named St Thomas but after whom—St Thomas the Apostle, Thomas Aquinas, Thomas of Canterbury, or even Thomas of Hales or Thomas of Hereford? If we are to be guided by medical considerations the apostle and Thomas Becket are the favourites. St Thomas, the twin, who refused to believe in the risen Lord until he could put his finger in the marks of the nails and his hand in Christ's side, used to be invoked for the cure of blindness and eye disorders because of the spiritual blindness he showed on that occasion. In this sense, therefore, we might regard

Iver, Bucks SL0 9DY

SIR JOHN DEWHURST, FRCOG, FRCSED, emeritus professor of obstetrics and gynaecology, University of London

Correspondence to: Glendale House, 39 Old Slade Lane, Iver, Bucks SL0 9DY.