

## INTRODUCTION

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- 1) Historical aspects .
- 2) Clinicopathological aspects of acute appendicitis .
- 3) Bacteriology .
- 4) Surgical wound sepsis .
- 5) Methods of prevention and treatment of wound sepsis after appendicectomy .

### HISTORICAL ASPECTS

The recognition of the appendix as an anatomical structure dates back to early Egyptian times, but clear observation of the pathological changes in the appendix did not appear before 1800 .

The history of appendicitis is of great interest, reflecting as it does, the development of abdominal surgery in general and the advances in the management of acute abdomen .

Amyand, surgeon to St. George's Hospital, successfully removed the appendix in the course of an operation for an inguinal hernia in 1736 .

The history of appendicitis can be divided into two eras before and after the appearance of Reginald Fitz's paper

"Perforating ulcer of the vermiform appendix with special reference to its early diagnosis and treatment" in 1936 .

Before Fitz's paper appendicitis was thought to be a rare lesion worthy of single case reports. A few years after his article appeared series of 100 or more cases became common in medical literature. Fitz did not only describe the disease but in addition mentioned its name, and thus appendicitis came to be recognized as the source of the so called perityphlitis which had been believed to account for most right sided abdominal pain and abscesses. He showed conclusively that right sided circumscribed peritonitis was almost always due to disease of the appendix. His most important contribution was to review 176 cases of perforated appendicitis and he found that 60 of these had died by the sixth day. He showed that Parker's dictum that operation should be done between the fifth and sixth day was wrong and he advocated operation by the third day. Although Fitz says little in his first paper about operative techniques, to him surgery owes the modern conception of the necessity for urgent diagnosis and immediate operation for acute appendicitis .

Sir Frederick Treves (1888) is often credited with the first appendicectomy in Britain. He operated on a patient

between acute attacks. He found a kinked appendix, divided the adhesions and straightened it out, but did not try to remove it. In a subsequent discussion he agreed that it would have been better to have removed the appendix. He became the advocate on the interval appendicectomy and his insistence on the interval operation persisted till the turn of the century and undoubtedly influenced the conservative attitude of British surgeons in the management of acute appendicitis. It may be recalled that in 1902 he did not remove the appendix of Edward VII but merely drained an abscess.

By November 1888, Duckworth reported the successful removal of a gangrenous appendix. He advocated early operation.

The controversy about early operation gradually decreased in intensity and by 1910 the value of early intervention was gradually recognised.

Surgical techniques made tremendous strides between 1890 and 1905 so much so, that few, if any, basic changes have occurred since.

The present low mortality is due, in all probability, to the continuing efforts of surgeons the world over, aiming at early diagnosis and early operation.