

(+) followed appendectomy. (2) Reducement of transit time was recognized in 10 cases (30%) among 30 patients of SMON (+) appendectomy (+), and in 7 (16%) of SMON (+) appendectomy (-). Similar data were got in cases of SMON (?) groups. This facts mean the transit time is not influenced by appendectomy in non-SMON patients, while it is accerelated by appendectomy in SMON cases. (3) As for the subjective symptoms in case of SMON (+) appendectomy (+) showing accerelation of transit time, diarrhoea is observed in 2, abdominal pain in 2, uncomfortable feeling in 2, and nothing of any subjective symptoms in 2 among 10 cases. Among the groups of SMON (+) appendectomy (-), constipation 2, abdominal pain 1, indifinite symptoms 2, and no symptoms 2 in every 7 cases. Among 7 patients of SMON (-) appendectomy (-), diarrhoea was observed in 4 cases.

From these findings, diarrhoea is often observed as a cause of accerelation of transit time in non-SMON groups, but it is recognized unexpectedly in a few of cases of SMON groups., moreover it was cleared that cases of SMON (+) followed appendectomy reveal the accerelation of transit time and non-SMON patients followed appendectomy show no accerelation.

Summary

As the results of our investigation, we thought that the accerelation of transit time of contrast media in small intestine is related to appendectomy, regardless of diarrhoea as subjective symptoms, in SMON cases, while diarrhoea is essencial cause in non-SMON cases and appendectomy is not so related to accerelation of transit time.

3. A METHOD OF INDICATION OF EMERGENCY OPPRATION FOR ACUTE APPENDICITIS

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A study was made on whether or not emergency operations were a necessity in acute appendicitis. The method was used pressure was applied to the right tender lower abdomen with the right hand and at the same time prssure was applied to the Adison point (the center point between the umbilicus and the xyosdeal processus). At this time if the pain at the tender point of right lower abdomen disappeared or became milder this was concidered Adison point positive or W-H sympton positive (W-H=Wakabayashi-Hashizume).

The relation between the macroscopic findings of the resected appendix and the W-H symptom in 276 cases of acute appendicitis was studied. W-H symptom positives were found in 44.5% of the catarsh form of appendicitis, 57.6% of the hemorrhagic form, 61.0% of the phregmonous form, 90.0% of the recrotic form and 100% of those perforated. In other words W-H positive is the sign that there is severe inflammation.

The same results were obtained in the histological findings.

I believe that this W-H symptom is an important sign in determining whether or not an emergency operation for acute appendicitis is necessary.

4. CONCOMITANT APPENDECTOMY

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Disagreement between clinical findings and operative findings upon appendectomy is a common experience among surgeons. During the past four years we have conducted one thousand and several hundred appendectomies to study the relationship between clinical and operative findings, serum enzymes which have scarcely been reported and histological findings and obtained interesting results.

No definite conclusion has been drawn concerning the concomitant appendectomy upon