AN UNUSUAL COMPLICATION OF APPENDICITIS.
OPERATION. RECOVERY.

By Capt. A. CHOPPING.
Royal Army Medical Corps.

I. H., aged 22 years, gunner, an unhealthy-looking man, was admitted to the Station Hospital, Rawal Pindi, India, on the morning of October 1, 1903.

He complained of a fairly constant pain in his right iliac fossa and in the region of the umbilicus. There was also slight tenderness on palpation, but no tumour could be felt. His bowels were acting normally every day.

For the next four days patient had a rise in temperature each evening to about 101°, falling to 99.2° in the morning, and at times he sweated profusely. The abdominal pain and tenderness continued notwithstanding treatment, but no tumour or distinct resistance could be felt. His tongue now became thickly coated, and his pulse increased in frequency, but was full and strong.

On the evening of October 10 there was distinct resistance in the right iliac fossa, but no definite tumour could as yet be made out. The next morning, October 11, a definite, sausage-shaped swelling could be felt in the right iliac fossa, which was very tender on palpation. Difficulty in the diagnosis of the case arose as to whether it was an ordinary case of appendicitis, or of intussusception, or obstruction by adhesions. As the patient's case was grave it was decided to operate at once.

The patient was therefore put under chloroform at 2 p.m., and an incision five inches in length made over the tumour. On opening the peritoneal cavity the cæcum was found to be bound down to the posterior abdominal wall by adhesions, and the gut above it was very distended. In breaking down some adhesions, searching for the appendix, a small abscess containing the appendix was opened, and about one ounce of pus escaped. The appendix was in a gangrenous condition, and it was found impossible to apply a ligature on healthy tissue. As much as possible, therefore, was removed, and a long ligature left on the stump. The wound was stitched up and a glass drainage tube left in situ.

October 12.—Patient had severe pain in his abdomen last night. Profuse serous discharge through drainage tube, pale yellow in colour. No abdominal distension. Tumour referred to above can still be distinctly felt.

October 13.—Abdominal pain much less, discharge still serous. He has had one stool, containing bile. Pulse 96. Tongue moist.

October 14.—The discharge from the wound has become purulent. The bowels have acted seven times during the last twenty-four hours.
The stools are small in quantity and contain bile, and probably represent the contents of the tumour, which has become much reduced in size.

October 16.—Profuse discharge of pus and faecal matter from the wound. Bowels have acted five times during the last twenty-four hours, and he has passed a large slough per rectum.

On microscopical examination this proved to be a portion of the gut, but which portion it was impossible to determine, as it had become partially disorganised. The abdominal tumour and pain have entirely disappeared.

From this date patient made rapid progress towards recovery. The portion of the appendix left behind at the operation came away through the wound on October 24. The faecal fistula closed from the bottom and patient was well by the end of November, having put on over two stones in weight.

MALTA FEVER IN ENGLAND.

By Capt. F. M. MANGIN.
Royal Army Medical Corps.

The following brief extract of a fatal case of Malta fever is, I venture to think, one of great interest, as the disease occurred in a patient who had never been abroad.

The patient, a gunner of the R.G.A. at Dover, aged 22, with one and a half years' service, reported sick November 29, 1903, complaining of abdominal discomfort and general malaise. The evening temperature was found to be 103·8°. On admission no definite physical signs, either in the thorax or abdomen, could be made out. The urine was in all respects normal.