AN UNUSUAL CASE OF APPENDICITIS.

BY CAPTAIN D. C. SCOTT.
Royal Army Medical Corps.

PRIVATE A., aged 19, was admitted to the British Station Hospital, Secunderabad, complaining of fever and some abdominal pain. Unfortunately before I saw him he had been given o1. ricini. His temperature was 102·8° F. and pulse 80. He was admitted at about 8 o'clock in the evening and seen by me at about 12 o'clock. He had walked up to the hospital.

He complained of fairly acute pain localized in the right iliac fossa and the abdomen was moderately rigid. On palpation a marked tenderness was noticed over the right iliac fossa. His tongue was dirty. His pulse was of good volume and regular.

I diagnosed appendicitis, but as his temperature and pulse were inclined to come down, then being 101·8° F. and 76 respectively, I decided to have him watched and any change reported to me.

I saw him again at 7 o'clock and his condition was more acute. His temperature had risen to 103° F., pulse 84 and the abdomen was very rigid. His bowels had been open.

I decided to operate at once. The rectus incision was made and on opening the peritoneum the appendix presented at the wound. It was greatly enlarged and was gangrenous at the end. It was removed and as there was no sign of peritonitis the abdomen was closed.

He complained of a good deal of flatulence and abdominal distension that evening and the temperature which had dropped to 101° F. after the operation rose to 103° F. A flatus tube was passed and drachm doses of oil of cinnamon in water were given with some relief. He was given morphia, ½ grain, at 9·30 and had a fair night, but in the early morning his bowels were open five times.

Seen at 8.30 his temperature had risen to 103° F., the pulse was of good volume and regular and 76 to the minute. He was complaining of abdominal distension but on examination the abdomen was found to be quite flaccid and there was no sign of peritonitis. The stools were sent to the laboratory for examination and a report was returned that evening that Entamoeba histolytica and blood were present. Emetine, ½ grain, and morphia, ¼ grain, were given hypodermically and the patient passed a very good night.

Next morning I found him sitting propped up in the Fowler position, reading a paper and quite free from pain with a temperature of 99° F. Emetine, 1 grain per diem, was continued for twelve days and he made a complete recovery.

I had kept the appendix unopened in spirit and it struck me that perhaps I might find Entamoeba histolytica in the appendix, so I opened it and to my astonishment found a date-stone impacted in the end which had evidently caused the gangrenous appendicitis. I then took a scraping of the stone and on examination under the microscope entamoeba were found.
I then asked the patient if he had been in the habit of eating fruit and he stated that he had been accustomed to buy oranges and bananas from a fruit hawker, and on asking if he had eaten any other fruit he stated that thirty-six hours before coming into hospital he had bought some dates from this man and had eaten them, but he did not remember having swallowed a stone.

This case appears interesting for more than one reason. First it was very lucky that the diagnosis of appendicitis was made before the bacteriological report of dysentery was returned, as otherwise the acute condition might have been missed until perforation had occurred, as I have on several occasions seen cases of amoebic dysentery simulating acute appendicitis, and on one occasion it so simulated it that after consulting with three others, I operated and found a normal appendix and next day amebae were found in the stools.

Secondly one has continually heard it stated, and it is a very general idea in the lay mind, that appendicitis is caused by impaction of a pip or stone, but I have never actually seen it before.

Thirdly, that the eating of dates, which of all fruits in the East are most liable to infection, should have caused both the dysentery and the appendicitis.

In conclusion my thanks are due to Colonel Jack Powell, D.S.O., commanding the British Station Hospital, Secunderabad, for permission to publish this case, and to Captain T. O. Thompson, R.A.M.C., for the bacteriological examination.

A TRIP BY AIR FOR A SURGICAL EMERGENCY.

By CAPTAIN D. MCKELVEY, M.C., M.D.
Royal Army Medical Corps.

On September 16, 1922, about 19.00 hours, I received instructions from General Headquarters, B.T.E., that I was to proceed the following morning at daybreak to Sollum, for the purpose of seeing a case of acute appendicitis. I was further instructed to take with me one nursing orderly and the necessary equipment for operating at Sollum, should this be found necessary.

Transport had been arranged by air from Helouan, and I was to report to the aerodrome there that evening.

The necessary dressings, towels, etc., were hurriedly selected, packed into two drums and sterilized. The instruments, ligatures, drainage tubes and anaesthetic apparatus were packed in an attaché case.

We eventually left Cairo at 22.30 hours, and reached Helouan aerodrome about an hour later. We were accommodated for the night at the aerodrome, and all arrangements were made for an early start the following morning in two D.H.9 a. machines. The journey was to be made via Aboukir—an Air Force Depot outside Alexandria—for the purpose of collecting a special form of stretcher on which the patient could be brought back by air to Alexandria, if it were considered advisable.

The morning of the 17th turned out to be foggy and by no means an ideal morning for flying. After some minor troubles we left the ground at 07.25 hours. The distance from Helouan to Aboukir is somewhere about one hundred miles.