Clinical and other Notes.

NOTES ON AN ATYPICAL CASE OF APPENDICITIS.

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Lieutenant K. W., aged 35, was admitted to hospital on March 18, with a history of influenza fourteen days before admission, and complaining of abdominal pain which had persisted for five days.

On admission the patient stated that he had been eating a full hotel diet with relish, that he had no nausea, vomiting or constipation, but for several days had been troubled by a constant diffuse pain across the abdomen and above the level of the umbilicus. This pain became worse on movement, and occasionally he felt vague pains in the small of the back. No history of primary symptoms was forthcoming.

On examination the patient looked ill and debilitated, and preferred to lie with both thighs slightly flexed. The tongue was moist and covered with a thin white fur, the temperature was 97.4°F., pulse 64, and respirations normal.

Examination of the chest was negative. The abdomen moved freely on respiration, there was no rigidity nor area of hyperaesthesia, and the abdominal reflexes were normal. On very deep pressure over the appendix the patient admitted some tenderness, but digital palpation per rectum failed to demonstrate any tender spot. The nervous system was normal. Routine and catheter specimens of urine were examined and no abnormal constituent was found.

A soap and water enema given shortly after admission relieved the patient's pain, and on the following morning he could lie comfortably with thighs fully extended.

For the first three days he was placed on a strict milk diet, but on the fourth day, as the tongue had cleaned and the patient was complaining of hunger, a little thin bread and butter was added. In the meantime the patient's chest and abdomen were examined twice daily and nothing which would throw fresh light on the case could be discovered.

On the morning of March 22 the temperature was still normal and the pulse varying between 50 and 60 beats per minute. It was thought, however, that slight resistance could be detected over the appendix, and on digital examination of the rectum the patient complained that the right side was definitely more tender than the left. This aroused the suspicion that an appendix abscess might be forming, so a total leucocyte count was carried out and reported to be 9,775 white cells.

On the morning of March 23 it was considered safe to administer a half-ounce dose of liquid paraffin. The patient had then been under observation for six days; temperature, pulse, leucocyte count were all normal; the pain still remained supra-umbilical in position and had never become
localized to the appendix area; the tongue was quite clean and the pain was causing much less discomfort than it did on admission. Late in the afternoon the paraffin took effect and was followed shortly afterwards by an exacerbation of pain which was now definitely referred to McBurney's point and accompanied by marked superficial tenderness, rigidity and all the classical symptoms and signs of acute appendicitis with the exception of vomiting, which never took place. By 6 p.m. the temperature had risen to 100.8° F. and the pulse to 80. An enema by rectal tube was administered and operation was fixed for 9.30 p.m. the same night.

Operation.—The abdomen was opened through a “Battle’s” incision and the appendix was found without much difficulty. In direction, it was pointing towards the pelvis, and it was slightly fixed by a few very recent adhesions which could easily be separated by the finger. When brought to the surface the cecum appeared somewhat inflamed and the appendix was bright red and considerably enlarged throughout. In length and thickness it was about 2½ inches by ½ inch. The meso-appendix reached to the tip of the appendix and its free border was so thickened and oedematous that on first sight it resembled an appendix kinked upon itself, the apparent kink being in reality the junction of the meso-appendix with the tip of the appendix. No sign of a perforation was present, so the appendix was removed with the usual precautions and the abdominal wound was completely closed.

On squeezing the appendix after its removal from the body, it perforated at the tip and was found to be distended with a large quantity of pus.

With the exception of chest symptoms which supervened two days after the operation and persisted for three days, the patient made an uninterrupted recovery. He had suffered from double pneumonia five years before. The wound healed by first intention.

Note.—The case seemed to be one of interest on account of the “flaring” condition of the appendix discovered at operation, which the preceding ten days of vague abdominal symptoms with little or no constitutional disturbance, hardly led one to expect. Possibly the debilitated condition of the patient, on admission, affords the explanation.

THE DIAGNOSIS OF INCipient DISSEMINATED SCLEROSIS.

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The case here reported presents some features of unusual interest in that there was an opportunity of investigation within a week of the onset of the very earliest symptoms of the disease—a chance which must rarely occur in the generality of cases.

Guardsman D., aged 25, an apparently perfectly healthy young soldier of good physique, complained of dimness of vision in the left eye on waking