

### A Case of Appendicitis and Cholecystotomy.

The following case of appendicitis and cholecystotomy is one I came across in the private ward of a general hospital.

The patient, Mrs. X. was admitted with a history of repeated sub-acute attacks of appendicitis, which caused chronic ill-health more than actual pain.

She was about forty, particularly cheerful and witty and withal good looking; an ideal patient with a gift one rarely finds of turning discomfort into fun and laughter. It was no wonder that in spite of two major operations in one day, she was up and walking after three weeks.

After the usual preparation the operation was performed on December 14th, at noon. Ether was the anaesthetic used. The appendix was quickly found and removed. It was slightly inflamed, but not sufficiently to account for the months of abdominal discomfort complained of. Two brothers of the patient being present—both medical men—leave was asked and obtained to make a further exploration. After the first wound was stitched up and temporarily dressed, an incision was made over the region of the liver and the gall bladder exposed. On being brought outside the abdomen it was found to be swollen to the thickness of two thumbs and packed with stones. It was incised, four large and one smaller one being removed. A quantity of thick black sticky looking bile also came away.

The wound was washed out with saline solution, 5j salt to Oj of sterilised water. It was about three inches long, and was drained by a tube from its centre, in which was inserted a strip of cyanide gauze. On either side of the tube the wound was stitched up.

The lower wound was dressed with a cyanide and collodion dressing with a view to keeping it dry from the continual discharge of bile from the upper wound.

Both operations were over in an hour, and the patient put back to a bed prepared with a hot-water pillow, hot bottles, and blankets. The pulse was good and there was very little sickness. The dressings were at first constant every one and a half to two hours, gauze and wool being saturated with bile.

The patient was placed on her back with a pillow under the knees, the bandage being a wide many-tail of flannelette, so that the dressing could be done without moving her. For the first few days the wound was gently douched out with saline solution once in

twenty-four hours, but as soon as the discharge lessened this was discontinued. The tube was removed on the fourth day.

The eighth day the appendix wound was dressed, found quite healed and the stitches removed, as were the stitches of the upper wound two or three days later, that also being healed by first intention, in spite of constant discharge, except just where the tube has been.

The first two nights, hypodermic injections of morphia were given, but after this veronal was ordered whenever the patient was wakeful.

I ascribe the success of the case largely to the fact that from beginning to end Mrs. X. did not have one bad night. Some surgeons (usually young ones) solemnly tell you "that morphia and other soporifics mask symptoms in abdominal cases." I have seen such cases worn out with want of sleep and thought symptoms were produced by this treatment which otherwise would never have been there. How a patient after abdominal operation can be expected to do well with restless miserable nights passes my comprehension.

The only difficulties Mrs. X. had were inability to pass urine for three days after the operation, necessitating the use of the catheter and occasional attacks of indigestion.

The temperature was at no time higher than 99.4 deg., and after the first days of slop diet, ordinary digestible food was well taken.

The wound discharged up to the tenth day, though by then the dressing was only done three or four times in twenty-four hours. It then somewhat suddenly stopped, the wound being found closed on the tenth evening. The bile had evidently made its way to the old road to the intestine.

I have seen Mrs. X. at intervals since the operation, now one year and a half ago, and she is in splendid health.

For a few months she was subject to occasional bilious attacks, but these gradually wore off, and she leads a most active life. She speaks with pride of being "such an interesting case," and certainly her nurses found her so.

E. R.

### The Nurses' Registration Bill.

As we reported last week, Mr. R. Munro Ferguson introduced our Bill into the House of Commons on Thursday, the 14th inst. The Bill has been ordered to be printed and can now be procured from Wyman & Sons, 109, Fetter Lane, Fleet Street, price 1½d. As the new Bill contains some important amendments it should be procured and studied by all interested in the subject.

[previous page](#)

[next page](#)