

asylum attendants cannot be an enviable one. In the opinion of the matron of the asylum to which we refer, what is needed to effect a reform is—

“A good organisation of asylum workers, pledged to agitate in the right spirit for a ten hours' day, meals away from the wards, a yearly holiday of not less than three weeks, and one day off duty each week.”

These are surely reasonable demands, and we hope they may be carried out. With one remark of this lady's, however, we are unable to agree. It is this—

“In a service like ours agitation from the inner ranks is almost impossible. Those who take a leading part in any spirit of reform are at once ‘marked,’ and promotion would come slowly to such pioneers—or not at all.”

It is doubtless true that reformers are “marked,” but are reforms not to be effected for this reason? Until women, whether nurses or asylum attendants, discard the motto, “Everyone for himself,” which they seem at present to have made their own, and consider the good of their profession before their private advantage, they will not obtain reforms, and we doubt if they are worthy of them.

### Appendicitis.\*

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It is necessary to a clear understanding of our subject that you should first of all know what the appendix is. It is a diverticulum (a small pouch) from the large intestine, and in man represents the well-developed cæcum which we find in the herbivora. It is given off near the point where the large intestine is joined by the small.

The intestine is composed of three layers, or coats, a lining of mucous membrane, outside this a muscular coat, and a serous coat formed by the peritoneum. The muscular fibres run both circularly and longitudinally.

The large intestine differs from the small, in that the longitudinal muscular fibres are gathered into bands, instead of being uniformly distributed over the whole surface of the bowel. The relative size is not much of a guide in distinguishing between the two, as a distended small, may be much larger than a collapsed large, intestine.

These muscular bands are three in number, one on either side of the bowel and one in front, on the part farthest away from its attachment.

The whole of the abdomen is lined by a delicate membrane, the peritoneum. This covers over the intestines and other organs contained in the abdomen, and also affords means of attaching them in their places.

The process of peritoneum which forms the attachment for the bowels is called the *mesentery*.

There is another piece of doubled peritoneum which hangs down like an apron in front of the intestines. It contains a good deal of fat, and forms a protection to the parts which it covers. It is called the *omentum*.

The various parts of the intestines have received various names. The last part of the small intestine is called the *ileum*. This empties into the beginning of the large intestine, the *cæcum*, through an opening in its side called the *ileo-cæcal valve*.

The cæcum is situated on the right side of the abdomen just inside the point of the hip. It has no mesentery, but the peritoneum passes over the front, and binds it in its place firmly. On the other hand the appendix has a mesentery, and is consequently freely movable, and on this mobility depends much of the gravity of the disease.

Appendicitis then, is inflammation of the appendix vermiformis, and the dangers are entirely on account of the complications which arise, viz.: abscess-formation; peritonitis, or inflammation of the peritoneum (frequently spoken of as inflammation of the bowels), and septicæmia, or blood-poisoning in its various forms.

The intestines normally contain a great variety of micro-organisms which, so long as they remain inside, are not only not harmful but in many instances are distinctly beneficial by aiding digestion. It is a point worth remembering that all bacteria are not injurious.

The calibre of the appendix being very narrow, the mucous membrane is more exposed to injury and abrasion by pieces of hardened fæces being forced into it. These abrasions give the microbes a chance to escape from their prison inside the intestine, where they could do no harm, but were made to work for the good of the community. Once they escape there is no end to the mischief which they may cause. They immediately set to work to irritate and inflame the surrounding tissues. As with ordinary poisons so with these germs. Some are much more virulent—have a greater capacity for causing inflammation and suppuration than others. The severity of the attack, consequently, hinges on two points: 1—The resisting power of the patient; 2—The virulence of the affection.

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