The moral to be learnt from the occurrence is, we think, the need, first of all of only allowing women who have received general training to practise midwifery. A woman who has had three years' hospital experience and discipline, will seldom, if ever, assume responsibilities for which she has no qualifications. She knows too well the gravity of adopting so unjustifiable a course, and is almost invariably anxious to obtain medical assistance. And, secondly, the need of the adequate control and supervision of midwives. If it were necessary that midwives should report, to a recognised authority, every case which they attend, it would be impossible for one to act as in the case we have detailed above. Had this patient not died, the midwife would presumably have gone on, attending cases normal and abnormal, and the public would have been none the wiser. We should be glad to know that it was necessary for midwives to notify all cases attended by them, including those of still-births.

Appendicitis.*

BY ROBERT C. KIRKPATRICK, B.A., M.D.,

Lecturer in Surgery, McGill University, Surgeon to the Montreal General Hospital, Quebec.

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USUALLY the varieties of appendicitis are given as three:

1—Catarrhal,
2—Suppurative,
3—Relapsing.

In the catarrhal variety the trouble is confined to the appendix alone, and there is little or no involvement of the surrounding parts, as occurs in the second variety, which is characterised by the occurrence of suppuration about the appendix. The third variety is where we get one attack following another; these attacks are usually mild in character, but cause great disability from their frequency.

The symptoms of the attack are in most cases well marked. The patient is suddenly seized with a severe pain in the abdomen, and this pain is at first general over the abdomen, but soon becomes localised in the right iliac fossa. Vomiting or diarrhœa usually occurs, or perhaps both. The temperature rises; the patient is restless, but dares not move much on account of the pain and tenderness in the abdomen. The abdomen feels hard on account of the rigid contraction of the abdominal muscles. If an abscess is formed we get a tumour over the seat of the trouble. Abdominal tenderness is present early, and is at first localised over the appendix, especially at a spot known as McBurney's point. This corresponds to a point about the middle of a line drawn from the right anterior superior spine (point of the hip bone) to the umbilicus. If the peritoneum becomes involved the rigidity of the abdomen and the tenderness becomes more marked.

The inflammation may be very slight, and only the appendix itself be involved, or it may spread to the adjacent viscera. If the appendix is freely movable then the peritoneum becomes involved, and we get a general peritonitis, a most unfavourable condition.

If, as occurs in a certain number of cases, the appendix is lying behind the cæcum, it is then outside of the peritoneum, and we get an abscess, the peritoneum covering only the front of the cæcum, and not completely surrounding it.

A patient suffering from this condition must be carefully watched, for we cannot tell at what moment the inflammation may extend. Keep your patient in bed. If the pain be severe apply heat to the abdomen. Opium must not be given without express instructions from a physician, for it will dull the pain—the patient expresses himself as feeling better, and is consequently lulled into a state of false security.

The diet must be limited to small quantities of milk and broth. If the thirst be intense give water in very small quantities, so that vomiting will not be aroused. If vomiting be present give nothing by the mouth, but this is not usually a prominent symptom.

Never give purgatives; an enema of soapsuds may be given, but do not excite active peristalsis by cathartics. This is most important. The reason is that if you have a localised collection of pus the active movements of the bowels may cause it to rupture into the peritoneal cavity, or an inflamed and distended appendix may be ruptured, and in either case a severe and usually fatal peritonitis is set up. Again, the movements of the bowels tend to diffuse the septic matter more generally than would otherwise happen. So remember this rule, and as the colloquial phrase goes, "Don't you forget it."

If you are nursing a case you must watch for any extension of the disease. Don't alarm your patient by saying, "Now, you must lie very still, or you may break something inside and kill yourself," or words to that effect. Don't tell him anything about it. Decline to discuss the matter with him. If the questioner presses you too hard tell him to ask the doctor, but that as far as you know he has no bad symptoms. You must not depress his spirits, for in all abdominal complaints it is the very nature of

* Lecture delivered recently before the Canadian Nurses' Association at Montreal, Quebec. Reprinted from the *Nursing World*.

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