

Notes on Two Cases of Appendicitis.

It probably falls as little to the lot of a nurse to see the first stages of appendicitis as it does to the surgeon, and I very much doubt whether the general practitioner is called in as soon as the attack comes on. The patient and relatives most likely putting it down to a chill, or ordinary colic.

Until quite recently, my personal experience has only been to see the patient on admission to the wards or on an operating table, then within a few weeks, I was hurriedly called to see two different cases at the very onset of the attack.

My two patients could not have been more diametrically opposed in circumstances, family history or character and yet they were both young girls in their twenties.

The first was a gentlewoman, highly strung, with a sad history of insanity on her father's side, chorea, paralysis and hysteria on her mother's. In fact her mother, an aunt, and one sister had chorea, her uncle was paralysed, her other sister suffered from a strange form of hysteria, which it took a specialist to discover.

The other patient was a sturdy country girl. Her father was an illiterate day labourer; her mother was a Spartan who had brought up the family in a very hardy way on thirteen shillings a week, and she had sent all her five girls into service as soon as they were out of school.

And now I will give the history of the two cases, and point out how the constitution, the nervous system and the mental condition are affected by, and affect an attack of appendicitis.

Both cases took place in the country, five miles from their doctor.

Case No. 1 had just returned from a walk laden with ferns and heavy roots (she had, therefore, strained herself), and she relates that she had barely reached the garden before she suddenly felt a sharp pain which "doubled her up." She dropped the ferns, and managed to crawl up to the nearest bedroom, and throw herself on a bed. I was sent for almost immediately, and it was not long before I was at her bedside.

"Show me exactly where the pain is," was naturally my first question, and the patient placed her hand over the epigastric region and over the symphysis pubis.

Her temperature, being only a point or two above normal, and knowing that she suffered with intense indigestion and constipation, I suggested and gave a soap and water and castor oil enema. The result was not satisfactory,

but the patient said it gave her relief and begged for another very *hot* one. I gave her several, so hot that I could hardly bear to put my finger into the water; the colon was evidently quite empty, for I was able to inject a large quantity of water at a time, as well as oil and glycerine. She would retain it for quite a long time, and yet the bowels remained unrelieved, though the hot fluid seemed to comfort her. It was several hours before the doctor arrived, none too soon, as by that time she was cold, clammy, and collapsing. To my surprise the doctor pronounced it a case of appendicitis.

I told him of the enemata I had given, even to a whole pint of oil, without any result, and as the patient described herself as feeling "stopped up," he gave her four grains of calomel and ordered several doses of laudanum and chloroform to be given during the night.

After taking the laudanum she was able to lie still enough to allow me to foment her abdomen all through the night, the next day, and following night, the pain continuing to come and go.

A consultation took place, the doctors deciding against an operation.

The bowels were not properly relieved for a whole week (though I had injected one whole pint of oil; pills, and draughts had also been given). The motions were then copious, and the patient felt relieved.

Her urine was very scanty; in fact the first thirty-six hours she passed none, and after that she only had relief every twenty-six or sixteen hours.

Her nights were very disturbed, sleep never seemed to come before 1 or 2 a.m., and she would wake at early dawn; draughts seemed to have no effect on her.

When I left her in the day to have some rest she had her room darkened, and refused to see any one, every sound and noise seeming to excite and irritate her.

With regard to food, the first ten days she restricted herself to the dietary of a laparotomy in its first stages.

She was weeks recovering, and one could hardly note the day when she seemed to have a change for the better, as her convalescence took a very imperceptible form, the shock to the system having evidently been too much for such a fragile highly-strung girl.

In Case No. 2 the attack came on late in the evening, but it was not her first, for she had had a previous one the year before, when she was away in service. The doctor had told her what it was and advised her in case of another attack to send at once for a doctor and to tell

[previous page](#)

[next page](#)