

Clinical Notes on Some Common Ailments.

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APPENDICITIS.

We now come to a disease which has of late years excited no little attention, partly because so much has been written about it—as befits a comparatively new disease—in medical literature, but mainly on account of its supposed increasing prevalency and the success which has attended its surgical treatment.

As a matter of fact, it is very doubtful whether the disease has really increased in frequency at all, if we remember that formerly the site of the trouble was never seen at all, because the patient's abdomen was not opened either before or after death, and the illness was generally thought to be due to inflammation of the bowels, and in the fatal cases death was usually caused by peritonitis. It is possible, however, that the modern habit—of American origin—of bolting the food, especially in the middle of the day, may be responsible for a slight real increase in the frequency of this malady.

Appendicitis, as its name implies, is an inflammation of the vermiform appendix, which is a little blind ended tube leading out of the caecum, which is the pouch at the commencement of the large intestine. In the vast majority of people this tube points upwards, not downwards, and its calibre is only that of a small quill or less, so that the old idea of appendicitis being due to cherry stones falling into the tube and blocking it up is no longer tenable, especially as the cherry stones were generally found on examination to be simply hard masses of dried faeces.

It is now considered probable that in the greater number of cases the inflammation is caused by an organism called the bacillus coli, which exists in large numbers inside in the contents of the intestine. There it is harmless, but when it enters the substance of the bowel it does a great deal of harm, and the theory is that in appendicitis the lining membrane of the appendix becomes irritated or scratched by some offending article of diet, and the B. Coli thus gains access to its interior.

The appendix then becomes inflamed and the B. Coli grow, multiply, and produce toxins or poisonous bodies, which find their way into the blood stream and give rise to the general illness with which the patient is attacked. The results of the inflammation of the appendix itself are worth studying in detail, because they afford the clue to the otherwise

rather perplexing train of symptoms which occur in the course of the disease. In reality the process is easily intelligible if we remember where the appendix is situated, and also what happens in inflammation generally.

With regard to the anatomy of the appendix, the important point is to remember that it is covered—though not always completely—with peritoneum, the thin membrane that invests the greater part of the rest of the intestines, so that when it is attacked by inflammation the trouble is not confined to the appendix itself, but very soon spreads to surrounding peritoneum, or, in other words, every attack of appendicitis is one of—real or potential—peritonitis also.

The process of inflammation is essentially the same whatever part of the body is attacked, but it varies very much in intensity not only in the appendices of different people, but in different attacks of inflammation of the same appendix. Thus it may be so slight as to cause little more than a slight reddening and swelling of the appendix, which passes off in a few days, or, on the other hand, it may be of a gangrenous type and be fatal in a few hours.

Putting the anatomical and pathological factors together, we can see that what happens is that the appendix first becomes swollen, and the organisms grow and multiply in its substance, and the process then either goes on to the formation of matter (pus) or it does not. In the latter case the inflammation subsides in due course, and except for the fact that some adhesions are formed between the peritoneum over the appendix and that covering other coils of intestine or the abdominal wall no great harm is done. But if matter forms, what happens to the patient depends mainly on the rapidity of the process. Sometimes perforation of the appendix occurs very quickly, and the abscess thus bursts into the general peritoneal cavity, and the patient dies unless the surgical treatment is very prompt and skilful, but, as a rule, before much pus has formed the inflamed peritoneum has had time to adhere to the abdominal wall or to coils of intestine, and the site of the disease is shut off from the general cavity, and a localised abscess results. Then the pus, if it is not evacuated by the surgeon, bursts into the bowel, or sometimes externally if the barrier of adhesions is adequately firm, or if the pressure is too great the protecting dam may give way and an avalanche of pus descend into the peritoneal cavity, with a rapidly fatal termination for the patient. We have, then, three stages in appendicitis—the first, in which

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