APPENDICITIS WITH SYMPTOMS RESEMBLING
THOSE OF RENAL COLIC.By BASIL HUGHES, F.R.C.S.,
BRADFORD.

THE following case is, I think, sufficiently interesting to be worth recording:

W. D., a girl aged 8 years, was suddenly one evening seized with acute abdominal pain, doubling her up and making her scream. This pain did not radiate in any particular direction, but was confined to the region of the umbilicus, and the point of maximum tenderness was just to the right of this spot. The patient vomited, the tongue was slightly furred, and the pulse-rate was 150. The temperature was just above normal, and at the onset there was marked rigidity of the right rectus muscle. The face was pale and drawn, and the child looked very ill. She had previously in the last two years had one or two less severe attacks.

I saw the case about an hour and a half after the onset in consultation with Dr. Wrangham and Dr. Rawson. The pulse-rate had then fallen to 110, most of the pain had subsided, but there was a tender point on deep pressure just to the right of the umbilicus. No tenderness or swelling could be found in the right iliac fossa, and most of the rigidity of the right rectus muscle had passed away. The result of a rectal examination was negative.

There was a history of the urine having occasionally been high-coloured and thick on previous occasions. Thinking that the case might be one of right renal colic, a catheter specimen of the urine was examined. It contained microscopically pus cells and a few blood cells, but no casts or crystals. On agar a pure culture of *B. coli communis* was obtained. It was decided to have an x-ray photograph taken in order to help the diagnosis, but before this could be done the patient had similar attacks, some more severe than others.

Urinary antiseptics were given, and the bowels, which had been previously constipated, were encouraged to act with rectal enemata. Under this treatment the child got better, and a further examination of the urine showed it to be free from blood, pus, and organisms. The skiagram was negative.

About a month after the onset the patient got up, as the attacks had ceased, and was taken for a walk by her mother. She felt ill on returning home, and had another severe seizure much like the first. She was put to bed, and, despite rest, the attacks recurred. I saw her again with Dr. Wrangham and Dr. Rawson five weeks after the first consultation, and there was now to be felt an irregular, slightly tender and freely movable mass just to the right of the umbilicus. We diagnosed the tumour as a mass of glands. There was no abdominal distension and no sign of any free fluid in the peritoneal cavity. Rectal examination was again negative.

Laparotomy.

A subumbilical incision was made through the right rectus muscle, and the diagnosis of a mass of glands, evidently inflammatory in nature, was verified. Both kidneys were normal to palpation; nothing was seen on the surfaces of either the large or small bowel, and there was nothing to be felt. The enlarged mass of glands started around the termination of the ileum (the ileal group), and extended some distance upwards. The caecum was high-lying and movable, and attached to it was a long appendix, whose serous coat was injected, and which was acutely kinked in its middle by what appeared to be a contracted portion of the meso-appendix. The distal half of the appendix was fluctuant.

The appendix was removed, and was found in its distal half to contain a fluid faecal material. The mucous membrane was ulcerated, allowing quite a considerable surface for absorption.

After-History.

The convalescence was uneventful, except that the patient had one or two very much less severe attacks. The glands, which were not touched at the operation, have now subsided, and the child is now well and running about, having had no further trouble.

This case is of interest (a) that it shows that a *B. coli* infection of the urinary tract may give rise to symptoms almost indistinguishable from those of stone in the ureter, in that in this case the pain was unilateral, came in spasms, and that the urine contained blood and pus.

(b) That there was little or no pain on deep pressure over the appendix that was half full of a fluid faecal material, and whose mucosa was ulcerated; and that such an appendix must have existed for some time without giving rise to more serious symptoms, such as acute inflammation and abscess formation.

(c) That such an appendix could have been the cause of so large a mass of enlarged inflammatory glands.

(d) That such an appendix with its ulcerated mucosa was, I think, the source of inlet to the *B. coli communis*, which were being excreted by the kidneys, and which, in the case of the right kidney, had been sufficient to give rise to symptoms resembling those of renal colic.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GANGRENOUS APPENDICITIS, WITH GENERAL
PERITONITIS, COMPLICATING LABOUR AT
FULL TERM: OPERATION: RECOVERY.

Mrs. T., aged 39, was due to be confined early in November, 1913, with her fifth child. I was summoned late in the evening of October 15th, with the message that she was sick and had abdominal pain. As I was unable to go, my partner, Dr. H. W. Doll, saw her that night. He did not think that labour had begun, and, as he could find nothing abnormal in an abdomen which was completely filled by the pregnant uterus, he treated it on simple lines. I saw her on October 16th. She was still in pain, worse on the right side; she was still vomiting, and the bowels had not been opened. The os was partially dilated and very high up. I concluded that labour had begun, although the pains were not typically intermittent; her general condition seemed quite good and the pulse was not abnormally quick. I told the maternity nurse to watch her and send for me again if she got worse. A dose of aperient medicine was vomited. Abdominal palpation did not help at all as there was general tenderness all over.

She had a bad night, and continued to vomit everything, and the pains became practically constant with no intermissions. I was able to rupture the membranes at 11 a.m. on October 17th, and the infant was speedily delivered. She seemed much relieved at first, but the pain in the right side continued. On the morning of October 18th I was surprised to find that she was still very sick; the abdomen, of course, was full; there was definite tenderness on the right side; the bowels had not acted in spite of enemata; the temperature was 100°.

On the morning of October 19th I found the abdomen was markedly distended; the pulse had quickened; she was still sick, and the bowels had not been relieved. There was some dullness in the flanks; her expression was cheerful and not at all anxious. I felt certain that there was some serious mischief in the abdomen. Mr. T. C. English saw her with me at 1 p.m., and after turpentine enemata had completely failed to relieve her, operation was agreed upon. The abdomen was opened in the middle line. A large quantity of turbid fluid escaped; the intestines were covered with lymph, as also the uterus and right ovary. The appendix was found gangrenous to the root, and came off in the surgeon's fingers. The stump was buried as well as was possible, and the pelvis and both flanks drained with largest-sized tubes. The anaesthetic was well taken, and there was practically no after-sickness. She was placed in a sitting position. Her condition that night was grave; the pulse was 180, and the temperature 101°. Frequent saline injections were given with brandy, and strychnine hypodermically.

She was better the next morning, having rallied from the shock, but the abdomen was much distended and there was great tension on the stitches. The vigorous use of aperients, which were fortunately retained, was at once commenced, combined with turpentine enemata. The bowels acted freely that night and continuously all the next day. She steadily improved from that time, and except for a faecal discharge for a week through the right tube, convalescence was uninterrupted. She was able to get up, with the incisions healed, on November 25th.

The complication of acute appendicitis with labour has not often been recorded with recovery of mother and survival of infant; the somewhat easy delivery of the child was in the mother's favour. The active use of aperients the day after the operation, although the result was a faecal fistula, undoubtedly saved the mother's life.

Hampton, Middlesex.

H. M. COOPER, M.B.Lond.

LOCAL ANAESTHESIA IN ARTIFICIAL
PNEUMOTHORAX.

IN reference to the question as to whether a local anaesthetic is necessary when giving an injection of gas into the chest, I beg to state my experience for the benefit of your readers interested in this subject. I have now given