

## LATENT APPENDICITIS \*

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I wish to use the title of my paper in a restricted as well as in its fullest sense, that is inferring from the clinical data there is a latency of the absolute conditions present: a grave condition, impossible of diagnosis, as well as an absolutely latent appendicitis, which may be diagnosed only after operation. Not only may the attack be latent, the symptoms of such slight nature that a physician is not consulted, nor even has the patient any symptoms referable to the appendix, but also the gravity of the condition may be latent, the symptoms so slight that many a man would be inclined to treat the case medicinally and await developments, thus greatly reducing the patient's chance of recovery.

Case I.—I was called to see M. S., a young girl aged 11, suffering from severe pains in the right iliac region. The patient has had the usual diseases of childhood, and with the exception of these has always enjoyed good health. She had suffered at times from colicky pains in the intestines, but has never had to lay up or leave school. On the morning of May 24th she was suddenly seized with pain over the appendix, accompanied by vomiting. I removed her to the hospital at once, and on admission found her temperature at 100, pulse, 90, marked tenderness over the region of the appendix; no dulness, but considerable rigidity of the abdominal wall. As the symptoms became more aggravated, I operated the following morning. On examination numerous firm old adhesions were found in the neighborhood of the appendix, binding the caecum firmly to the abdominal walls in many directions. These adhesions were broken down after considerable difficulty, and on bringing the appendix to the surface, it was found acutely inflamed and covered with recent lymph. It was removed and the patient made an uneventful recovery. The fact that this was the first attack that the patient had had to her knowledge, coupled with the presence of numerous old firm adhesions matting the appendix, caecum, and abdominal wall together, shows that there must have been repeated attacks of inflammation in the neighborhood of the appendix that had not caused sufficient symptoms to interfere with the ordinary routine of her life.

Case II.—A. S., aged 26, was admitted June 10th, 1900. Patient was seized three days ago with pain in the right iliac region, and stated he had never had a previous attack. On admission to hospital there was distinct dulness over McBurney's point, nausea, temperature 100, pulse 84. He had had a good night, slight pains at times; slept about five hours. Next morning his temperature was 100, pulse 78, pain very slight, dulness, no nausea or vomiting. He was removed to the operating room, and on making an incision I found the appendix twisted on itself, rup-

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