

Notes on a Case of Appendicitis Complicated by Pregnancy.

A tall healthy looking woman, 25 years of age; primipara was taken suddenly ill with a pain in the right iliac region during the night of January 8th, 1906. The pain was accompanied by vomiting. She was pregnant about six months. There was no history of previous illness, except those common to childhood. The bowels were usually regular but during the latter few months of pregnancy there had been a tendency to constipation.

When first seen on January 9th the temperature was 102.8°, pulse 120, and respiration 36. No vaginal discharge. The abdomen was distended, the enlarged uterus reaching a little above the umbilicus. There was considerable tenderness in the right iliac region, with rigidity of the abdominal wall in the immediate vicinity.

Examination per vaginam enabled me to exclude extra uterine pregnancy. Hot fomentations were applied calomel $\frac{1}{4}$ gr., repeated, given by mouth, and a soap and water enema administered, without result.

Twenty four hours later her condition was as follows:—Temperature 101, pulse 120, and respiration 32. Pain and tenderness in iliac region diminished, painful micturition, and bearing down pains. Flatulence, no vaginal discharge. A yellowish curdled motion and flatus was passed as the result of a turpentine injection.

By January 12th, four days from the outset of illness, her condition had greatly improved. Temperature normal, pulse 112, respiration 28 and nurse reported no vomiting and no pain during night.

This improvement continued during the next two weeks, the temperature varying between 98.4° and 98.6°, and the pulse 108–116 per minute. There was a tendency to sleeplessness, but this was overcome by means of Sulphonal. She took nourishment well, viz:—Milk, Barley-water, Chicken-tea and Bovril. The bowels acted naturally with the help of occasional enemata.

About three weeks after the first attack, when everything seemed to indicate that she would "carry" to full