

A FEW NOTES ON APPENDICITIS.*

By G. McDONALD, M. D., CALGARY, ALBERTA, N. W. T.

Our knowledge of the pathology and treatment of appendicitis has been of such recent growth that I trust these few notes, with the history of some interesting cases in practice, may not prove unacceptable to the members of the association.

The literature on this subject has of late become so extensive, witness the accumulating mass of matter appearing weekly and monthly in our periodicals from the pens of scientific authors, as to make the general practitioner of junior years rather hesitate in advancing any further lines in this direction; yet, as each case of appendicitis is likely to reveal to us something claiming special attention and interest, I have quoted notes of three cases which, though not by any means unique, may in some of their clinical features prove interesting to a few hearers.

Beyond this I shall limit myself simply to a few notes on the treatment of appendicitis as viewed at the present day.

The first case I shall mention proved of remarkable interest to me from a diagnostic point; the question meeting me as to whether I had an appendicitis or a pelvic inflammation, referable to one or more of the reproductive organs, to deal with? Though I leaned towards the former opinion and treated the case as such, yet I did not feel secure in my diagnosis until a subsequent attack of undoubted appendicitic origin led me to believe I was correct.

The patient, Miss D., aged 13½ years, was taken ill on the afternoon of the 8th January last with a severe chill, followed later on by pain in lower abdominal zone, increasing in severity throughout the night.

I was called in at 10 a.m. on 9th January, and found patient in considerable pain, with marked tenderness in right iliac region, and rest of abdomen tender only on deep pressure. No induration or perceptible dullness in right iliac region. Patient is constipated and has always been more or less so. Has had no vomiting or nausea.

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