

following is a typical instance : A married lady, aged 27, developed severe colitis during residence in India. This was followed in due course—after her return to England—by an attack of appendicitis, for which the appendix was removed. The colitis much improved for a while. Some little time after the operation this catarrh of the colon returned. The patient became nervous and despondent, and more or less of an invalid. She had persistent discomfort in the right iliac fossa, tenderness in that region, occasional slight rise of temperature, irregular bowels, flatulence, and an inability to do anything. She maintained that she was in no way better for the operation. After many months the trouble in the colon subsided, and the patient made a good recovery.

The association of colitis and appendicitis is common. In certain cases—especially in those which develop in the tropics—I am under the impression that it is the trouble in the colon that leads, by extension, to the inflammation of the appendix. In other cases the relation is reversed, and the colitis seems to be due to chronic appendicitis. The appendix in such instances is little more than a culture tube for bacteria, the contents of which are emptied from time to time into the caecum. Those individuals who have not had really acute attacks of appendicitis are often justified in maintaining that, for a time at least, they appear to be unrelieved by the operation.

Seven patients in the present series complained of the partial failure of the operation on the grounds of persistent pain in the right iliac fossa. For this pain there was no apparent cause. Of the seven patients three were men and four women, and the ages were between 20 and 33. The following cases will serve as illustrations : A lady, aged 33, had her appendix removed during the quiescent period by a distinguished provincial surgeon. I saw her one year and eight months after the operation. She maintained that she was no better. She complained of abiding and severe pain in the right iliac fossa, and was more or less an invalid. She was nervous, irritable, and full of troubles. The wound was perfect, and nothing abnormal could be found in the abdomen. She had very defective teeth, ate much meat, and suffered greatly from dyspepsia and constipation. It is customary to ascribe all obscure abdominal pains after operation to adhesions, but in this case I was assured that there were no adhesions, that the procedure was most simple, and that the ovaries were normal.

The second case is that of a military officer, aged 32. He was the reverse of neurotic, was active, and most eager to be well. His appendix had been removed two and a half years previously. The wound was sound, the abdomen revealed nothing abnormal, and the patient had the