

Hospital Reports.

MONTREAL GENERAL HOSPITAL.

CONDENSED REPORTS OF CASES IN DR. MACDONNELL'S WARDS.

Appendicitis—When to Operate.

The history of W. W., aged 19, illustrates a very important point, viz., that all the symptoms of general peritonitis may be present from the first to the last and the disease may be local. Also, that very great apparent improvement may take place in the course of such a case, sufficient to throw the medical attendant completely off his guard, and lead him to the making of a favourable prognosis.

W. W. was admitted on Dec. 24th, 1890. He was a delicate lad, and it was more than probable that there was a tubercular family history, though both his parents were said to be alive. Five days previously to admission he experienced a severe chill, but it was not for two days that he actually felt severe abdominal pain. This was felt to be in the centre of the abdomen, and it was increased by motion and by straightening of the legs. On the fourth and the fifth days there was severe vomiting.

On admission he represented the typical appearance of a patient with acute general peritonitis. The decubitus was dorsal, and the legs were drawn up. Abdominal pain very severe. Tenderness great and evenly distributed over the abdominal surface, which is extremely tense and board-like. Tongue red and furred, brown in centre, and white at the edges. Temperature 102.4° ; pulse 120, fine and hard. The abdomen was poulticed, and fifteen minims of laudanum were given every three hours.

Dec. 27th (9th day).—A most deceptive lull in the violence of the symptoms was noticeable to-day. The vomiting, which had been troublesome since his admission, ceased, the temperature fell to 99° , and there was manifestly less abdominal tenderness. The question of operation was discussed, but this sudden spontaneous improvement decided us against it. On the next day it was too late. Pyæmia suddenly set in, showing