Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF THREADWORMS IN THE APPENDIX SIMULATING ACUTE APPENDICITIS.

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THE patient, a girl aged 12 years, was admitted to the Miller Hospital on July 1st with the following history. She was quite well up to two days previous to admission, when she woke up in the night with severe abdominal pain and vomiting. This was at first attributed to a fall during the same day. These signs, however, continued very severe the following day. She vomited bile-stained fluid continually and was unable to keep anything down. The pain, which was very severe, was localised to the right iliac region. The patient was examined by a private practitioner, who diagnosed acute appendicitis.

On admission the temperature was 103° F., the pulse 128, the respirations being 22. The patient had taken oil on the previous night and the bowels were opened once on the following morning. She appeared comfortable, but complained of a little pain at the right iliac fossa on palpation. The tongue was very furred and the breath offensive; the abdominal reflexes were normal. The abdomen was moving well on deep inspiration. The child said that the pain was easier since the bowels had acted. On palpation a definite swelling was felt about an inch above and on the outer side of McBurney's point. At the moment a retrocaecal appendicitis with rupture of an appendix abscess was suspected.

Operation.—Right rectus incision. The abdomen was quite free from adhesions or pus, the intestines appeared normal, and the appendix was found spreading upwards towards the colon; it was very long, but otherwise appeared normal. This was removed, however, and after examining the gall-bladder, kidney, and ovaries, which were normal, the abdomen was closed in the usual way. On examination of the appendix the mucous coat was found to be slightly injected, and the whole canal was full of colonies of actively moving threadworms.

The patient made an uninterrupted recovery. The temperature became normal (98.6°) on the following day and remained so throughout convalescence, and the pulse came down to 80. She was discharged from hospital 14 days later quite well. When the bowels were cleared three days after operation no signs could be found of any threadworms in the stools, nor were any found subsequently.

In this case no doubt the presence of threadworms in the appendicular canal gave all the signs of acute appendicitis.

A CASE OF RUPTURED ILEUM AND BLADDER; OPERATION; RECOVERY.

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CASES of ruptured ileum are always more dangerous than rupture of the small intestine higher up, because the intestinal contents are more infective. The following case was operated upon about 12 hours after the accident. The mortality, according to Mr. R. P. Rowlands,¹ in such cases is 64 per cent.

The patient, a boy aged 10, was admitted to King's College Hospital on Dec. 28th, 1915, having been run over by a taxi-cab. On admission he was in a state of collapse. There was a bruised area on the lower abdomen where the wheel or wheels of the cab had passed over him, and the abdomen was rigid. He was put to bed and kept warm by hot-water bottles, and saline infusion per rectum was started. During the night he became very restless and complained of severe pain; this was relieved by a hypodermic injection of

heroin hydrochloride gr. 1/12. Next morning the shock had passed off, and the temperature and pulse were both rising; the abdomen was distended and rigid, and there was dullness in the flanks. No urine had been passed. Operation was decided upon.

The abdomen was opened just to the left of the middle line. On opening the peritoneal cavity a large amount of blood-stained fluid escaped. On carefully examining the interior of the abdominal cavity a small rent was found high up in the bladder on the left infero-lateral surface. The incision was covered over with hot sterile towels and a suprapubic cystotomy was performed, a large drainage-tube being inserted into the bladder; no attempt was made to suture the rupture. This suprapubic wound was partially closed and covered up with sterile towels, and the abdominal cavity was explored from the upper incision. The whole of the large intestine was distended and a portion of the ileum about two feet from the ileocaecal valve was found to be ruptured; a localised abscess had formed on the posterior abdominal wall in the vicinity of the rupture, and the adjacent coils of intestine were covered with coagulated lymph. As the patient's condition was becoming serious a small Paul tube was inserted into the lacerated bowel; the abscess cavity was evacuated and two large drainage-tubes were inserted, one into the pelvis and another down to the site of the rupture. The small intestine with the Paul tube was sutured to the abdominal wall. The rest of the incision was closed with interrupted silkworm-gut sutures which passed through the whole thickness of the abdominal wall. The patient was put back to bed and continuous rectal saline infusion was started. The large bowel was emptied by a turpentine enema on the next day. There was some extravasation of urine into the perineum which necessitated incisions, but no suppuration took place, the perineum being frequently fomented, and the condition soon cleared up. The Paul tube came away on the tenth day and a faecal fistula persisted. There was a profuse discharge from the abdomen, which persisted for some time; the pelvis was irrigated with hypertonic saline daily. The boy had a very hectic temperature; on two occasions it rose to 105° F., at night falling to 99°. The next morning, however (at the end of the second week), the temperature was more or less normal. The suprapubic drain was discontinued after seven days, but urine was passed through the suprapubic opening for six weeks, and the opening was slow in closing. The faecal fistula closed on Feb. 12th. Abdominal massage was started after this, and the patient was discharged to a convalescent home on March 29th, exactly three months after his accident.

I have to thank Mr. A. Boyce Barrow for allowing me to operate on this case and for permission to publish it.

Reviews and Notices of Books.

The Animal Parasites of Man.

By H. B. FANTHAM, J. W. W. STEPHENS, and F. V. THEOBALD. With 423 figures. London: John Bale, Sons, and Danielsson. 1916. Pp. 900. Price 45s. net.

THE above volume is stated on the title-page to be an adaptation of Dr. Max Braun's "Die Tierischen Parasiten des Menschen" (fourth German edition, 1908), but the adaptation has been carried out on such broad lines that for all practical purposes the present treatise may be regarded as an independent work.

The volume is divided up into three main sections, dealing with the protozoa, helminthes, and arthropoda. The first section, that on protozoa (pp. 25-210), is written by Dr. H. B. Fantham, and gives a clear and exhaustive account of all those protozoa known to be parasitic to man. The parasites are arranged in their orders and are systematically treated, especial attention having been paid to morphology and life-history. That portion of this section which treats of the Mastigophora is worthy of mention as a model of complete and lucid descriptive writing. Attention should be called to the inclusion of accounts of Isospora and Eimeria, under the order Coccidiidea. Both of these coccidia have recently been noted as not rare parasites of the intestines of members of the Mediterranean Expeditionary Force invalided from Gallipoli. Dr. Fantham has included in this section descriptions of several organisms which are not of interest to the student of human protozoology, and one must conclude that a desire to give a connected account of his subject is the explanation of their presence.

The helminthological section (pp. 211-482) is dealt with by Professor J. W. W. Stephens, and in his hands the subject

¹ THE LANCET, Feb. 26th, 1916, p. 459.