A CASE OF TORSION OF THE APPENDIX.

By JOHN E. PAYNE, TORQUAY.

THERE appears to be no record of this condition in the many works on the appendix ; the following case may therefore be of interest.

Mrs. Z., a nullipara, age 37, had always suffered from constipation, the bowels sometimes not acting for seven days.

Ten years ago she had a sudden attack of abdominal pain and faintness which lasted for about six hours. There was no vomiting, and the pain gradually passed off. She was seen by a doctor, who diagnosed appendicular colic. Following that attack, the patient suffered from indigestion for several months, and since then has frequently had attacks of pain and soreness in the right iliac fossa on the second day of the menstrual periods. Two years ago there was another attack of pain lasting for thirty-six hours, associated with vomiting but not in relation to menstruation. This was diagnosed as a bilious attack. For the last month the indigestion has again been bad, with some abdominal pain, sickness, and a sense of fullness in the epigastrium.

On Monday, March 13, 1916, while travelling in a train, she was seized with sudden pain in the epigastrium after lunch. She vomited several times, but the pain continued and was of a colicky nature. At midnight the pain suddenly shifted to the right iliac fossa and became continuous.

The following day a doctor was called in ; he ordered enemata, and three were given, with very copious results. On the 15th I saw the patient and operated the same evening.

On opening the abdomen through the right rectus incision, the appendix was found pointing downwards and slightly outwards in the right iliac fossa. It was quite free except for a slight recent adhesion from the extreme tip to the iliac fossa. On examination it was found to be twisted, and it took three complete turns to unravel it (*Fig. 302*). The appendix distal to the narrowing caused by the twisting was gangrenous, and the meso-appendix dark and swollen. The appendix was removed, and the abdomen drained through the original incision. The temperature and pulse became normal on the third day, and the patient made an uneventful recovery.

Remarks.—The appendix was $2\frac{3}{4}$ in. long, and contained faecal material. It seems most probable that the previous attacks were due to a 'constipated appendix,' and that the torsion resulted from irregular peristaltic movements on the part of the appendix itself.

FIG. 302.