

**Acute Appendicitis within Ten Hours After Delivery.**

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Dr. CHILL's case of appendicitis<sup>1</sup> twenty-four hours after labour finds a parallel in the case about to be recorded, which occurred during my term of office in the Edinburgh Royal Maternity Hospital last September.

B. L., aged 20 years, a primipara, was admitted to the Royal Maternity Hospital on September 15 1910. Her last menstruation was in December 1909, and she had had quickening in February 1910. Two years ago she had been ill for eight months with "catarrh of the stomach, kidney trouble, and peritonitis." Since then she had been delicate, but had had no definite illness. Labour pains commenced about 2.0 a.m. on September 15, and she was admitted to the Hospital at 5.40 a.m. The abdominal examination revealed a uterine tumour corresponding to a full term pregnancy. The breech was felt at the fundus and the head was engaged in the pelvic inlet; the foetal heart was heard below and to the left of the umbilicus. The *per vaginam* examination discovered normal passages; the os admitted one finger; and the pains were rather poor. The examination of the chest showed no abnormality of the heart or lungs, but the urine contained albumen, 1.6 gr. per oz. Soon after midnight of September 15 the membranes ruptured, but the os was not yet fully dilated; during the early hours of September 16 the pains became stronger, and at 6.55 a.m. she was naturally delivered of a living female child weighing 7 lbs. 10 oz. The placenta came away 25 minutes later. The patient progressed quite well till 5.0 p.m. when she suddenly vomited some greenish matter. I happened to be paying a ward visit at the time and was called to her. She shivered a little but had no actual rigor. Her temperature was 100° and the pulse 110. Before delivery the former had been 98.4° and the latter 80. Her respiration rate had suddenly risen to 36. There were no abnormal physical signs in the lungs or in the abdomen save for some tenderness in the right loin. Thinking that she might have been very constipated before delivery, I ordered a large enema and colocynth pills; but the enema produced no result, and the pills were vomited. At 8.0 p.m. she was still breathing very rapidly. Henry's solution (2 oz.) was given as a purgative, and a poultice was put on the front of the chest. Another enema was given, with no result. At 1.0 a.m. on September 17 she was complaining of severe pain in the right side. Examination showed the abdomen moving; there was marked tenderness and a very slight amount of resistance

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in the right iliac fossa; there was great distension of the upper abdomen, with a tympanitic note there. There was no dulness in the flanks, but the liver dulness was diminished. Except for slight impairment of resonance at the right base the lungs showed no morbid change. The patient, however, had all the general appearances of a severe illness; and a surgeon who saw her about this time in consultation gave it as his opinion that but for the fact that she was in the early hours of the puerperium he should have counselled opening the abdomen. Another enema was given with no effect, and she vomited two pints of dark bile-stained fluid. A little later an enema containing glycerine and Henry's solution was given, the lower end of the bed being raised on high blocks during the process, but again there was no result. Pituitary fluid (minims x) was given intra-muscularly at 5.0 a.m., and repeated at 5.45; but it produced no effect on the bowels and had no influence on the pulse rate. I saw her in the morning, and found her with a temperature of 99.8° and a pulse of 120; she herself said she felt better; but the abdominal condition was unchanged, and thinking there was some form of intestinal obstruction I arranged for her removal to the Royal Infirmary. She was received there at 11.0 a.m., and almost immediately after her arrival she was operated upon by Mr. Miles. When the abdomen was opened free fluid was found in the peritoneal cavity; the appendix was discovered to be gangrenous at the tip, and there was a perforation in the gangrenous part; the appendix was removed. On the 11th of October, Mr. Miles was able to report that the patient had left the Infirmary well; but she had been seriously ill after the operation, and had only gradually recovered. The infant, nursed at the Maternity Hospital, did well.\*

In its symptomatology the case strikingly resembles that reported by Dr. Chill in this JOURNAL (p. 268), with this difference that the labour in my patient was not instrumental. The lesson which the case seems to teach is that even in a patient who has not been ill during pregnancy appendicitis may manifest itself in the gravest possible form in the early hours of the puerperium; immediate opening of the abdomen, under these circumstances, gives a chance of recovery, but it must be done at once.

\* I have to thank Dr. R. C. Alexander, the Senior House Surgeon, for making the notes of this case.

Dr. J. J. Macan, a member of the Editorial Committee, and formerly Assistant Editor of the Journal, died at his home, Cheam, Surrey, on October 16th. By his death the Journal has lost a trusted friend and helper, and his colleagues on the Editorial Staff deeply regret the loss of his much valued services. An Obituary Notice and appreciation of Dr. Macan will appear in the Journal next month.