Cases of Huntington's chorea do not often appear in the naval service because of the relatively late age of onset. When one is detected, it constitutes a clinical curiosity as a rare and little understood nervous system disease.

 

ACUTE APPENDICITIS TREATED WITH PENICILLIN

REPORT OF A CASE

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The use of penicillin in the treatment of acute appendicitis will undoubtedly lead to much controversy, especially in cases which are first seen from 24 to 48 hours after the onset of the disease. The decision to operate in the first 24 to 36 hours of the disease hardly will be disputed. However, when the diagnosis is made after a lapse of from 36 to 48 hours it may present a difficult problem, especially to those surgeons who favor operations in all cases of appendicitis. The public, too, will require some re-education because the prevailing belief held by most laymen today is that surgery inevitably follows a diagnosis of appendicitis at any stage. Should there be an unfavorable result after operation is withheld, the doctor handling the case will be criticized severely. In the past an unfavorable result following surgery, even in a poorly selected case, usually brought forth the comment that "at least everything possible was done." The following case is presented because it brings up several points of interest, especially aboard ship.

CASE REPORT

On 23 November 1945 this ship, while at sea, received a message from commander, Western Sea Frontier, directing any ship in the area having a medical officer aboard to contact the S. S. ——. The message further stated that they had a man aboard suffering from acute appendicitis requiring immediate medical attention. The merchant marine ship was contacted and an exchange of messages indicated that the patient had been sick 3 days, was being treated with sulfathiazole and was getting worse. Information obtained reasonably seemed to confirm a diagnosis of acute appendicitis. A rendevouz was effected about 24 hours later and the medical officer went aboard the S. S. —— to examine the patient.

History.—The patient was a 32-year-old merchant marine oiler, a native of Malta. History obtained from the purser who was in charge of the patient revealed that the date of onset was 16 November 1945, or 8 days previously, when he had been treated for "indigestion." On 17 November there was general-

ized abdominal pain. The patient then continued to have vague abdominal pains and a low-grade temperature (99.2° F.) until 21 November when his pain was definitely localized in the right lower quadrant. On 22 November his temperature rose to 102.6 F. and on 23 November he had a chill and a temperature of 102.4° F. He had received a total of about 42 grams of sulfathiazole up to that time. Too much reliance could not be placed on this history as in some details it did not coincide with the information transmitted to us by radio before making contact.

Examination revealed a well-developed adult male who appeared to be acutely ill, perspiring profusely, complaining of severe abdominal pain and vomiting. The face was flushed, conjunctiva congested, pupils equal, reaction normal; ears normal; throat slightly congested; tongue thickly coated; breath foul; neck normal; heart and lungs essentially normal. There was considerable distention of the abdomen and generalized tenderness throughout but marked over McBurney's point. There was muscle spasm on the right side and there was marked rebound tenderness. The liver was not enlarged; spleen was not palpable, and Murphy's sign was negative over both kidneys. No masses were felt. Rectal examination was negative although not conclusive because the patient would not cooperate. The patient's temperature was 101.4° F., pulse 96, respiration 24, blood pressure 112/72. Complete blood count, done later, showed WBC–16,000, with 81 percent polys, and RBC–4,050,000. Hemoglobin estimation showed 78 percent. Urine was normal except for a few sulfathiazole crystals.

Tentative diagnosis and treatment.—The patient was lowered over the side in a Stokes stretcher to a motor whaleboat and was transferred to the U. S. S. ——. A tentative diagnosis of a periappendicitis or a pylephlebitis was made, and it was decided to treat the patient with penicillin. One thousand cubic centimeters of 5 percent dextrose in physiologic saline solution was given at once. Fifty thousand units of penicillin was given intramuscularly every 3 hours for 3 days, a total of 1,200,000 units. Within 24 hours there was marked improvement, vomiting ceased, and the patient's bowels moved for the first time in 4 days. On the fourth day the temperature had returned to normal and remained so. Recovery from then on was uneventful. The patient was transferred at our next port of call for further treatment.

COMMENT

1. It should be stressed that when vessels at sea request aid from another vessel, great care should be taken to transmit accurate information.

2. The dosage of penicillin used in this case was limited by our supply on hand. Crile and Fulton [1] recommend much larger doses.

3. It is not the intention to draw any definite conclusions from this one case, but considering the marked improvement after instituting penicillin therapy in this case, it is felt that the penicillin was a prime factor in the recovery of the patient. It was felt that surgery at this late stage was definitely contraindicated unless an urgent complication presented itself. The possibility of a spontaneous recovery must always be kept in mind, but we would not hesitate to use this therapy should a similar case occur.

[1] CRILE, G. S., and FULTON, J. R.: Appendicitis, with emphasis on use of penicillin. U. S. Nav. M. Bull. 45: 464–473, September 1945.