the Leeds General Infirmary on their own accord for defective vision and headaches, in contradistinction to all the others but two, who had to be collected from the medical department for the purpose of examination. Vision was good in all but the three cases with the higher astigmatism.

Apart from the almost constantly present astigmatism, the frequency of myopia in the figures quoted is striking, but it will require a greater number of cases before a generalisation can be made on this point. Incidentally it may throw light on the ætiology of refractive errors.

Hyperthyroidism and Headache.

The almost constant presence of astigmatism in the hyperthyroid state would lead one to expect that these patients should suffer from headaches. And this is, indeed, the case. Out of the 16 patients with exophthalmic goitre, 13 suffered in this respect. Out of the 4 hyperthyroid patients, 3 were subject to headaches. Moreover, all the patients who had their astigmatism corrected reported the disappearance of this symptom. And more than this, many patients stated that they feel much better generally since wearing glasses. It is quite conceivable that much good can follow the correction of astigmatism in patients whose nervous system is unstable, as it is in hyperthyroidism. This would be so, irrespective whether the hyperthyroidism caused the astigmatism, or whether the symptoms of a pre-existing astigmatism were merely brought out by the hyperthyroidism.

In most cases the history of headaches given corresponded closely with the history of the disease. One patient, though always more or less subject to headaches, had suffered more intensely and more frequently since the appearance of the goitre. Another had headaches only since the appearance of hyperthyroidism. In both cases the symptoms disappeared and the general condition markedly improved under appropriate cylinders. Correction of refractive errors materially assists medical treatment of many disturbances. Hyperthyroidism is an affection difficult of treatment. It is therefore all the more important that the almost constantly associated astigmatism should be corrected.

Mr. Harry Lee, ophthalmic surgeon to the Leeds General Infirmary, tells me that he has recently seen three cases of exophthalmic goitre. One had hypermetropic astigmatism and the two others myopic astigmatism. These results are in general agreement with the above. Some of the retinoscopic examinations of the above-mentioned cases were made by Mr. Lee, to whom I am indebted for permission to publish his cases, and for much kind encouragement and advice.

I must also acknowledge my indebtedness to Mr. A. L. Whitehead, senior ophthalmic surgeon, for permission to include in this publication a case under his care.

A CASE OF MULTIPLE PANCREATIC CALCULI:

REMOVAL AND RECOVERY.

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A SEARCH into the British and American literature on the subject of pancreatic calculi reveals the fact that cases of this type are not numerous, although the condition has been known since 1667. Einhorn¹ in 1915 found that the largest series of collected cases was that of Zesas, who investigated 70 records; in many of these the calculi were found at autopsy, in some the diagnosis was made of chronic pancreatitis of probable calculous origin. Cases of operative removal have been recorded by Moynihan,² Pearce Gould,³ L. W. Allen,⁴ and Murray.⁵

History.—A railway guard, aged 29, was admitted to the London Hospital on August 23rd, 1921, for investigation of a peculiar type of upper abdominal pain. He had suffered

for 15 years, ever since he left school, from attacks of pain in the epigastrium, colicky in type and lasting for variable periods from two days to a week. No history could be elicited of any abdominal trouble or acute illness preceding the onset of these attacks. He described the pain as if "something were trying to move in the upper part of his stomach." It was mainly in the mid-line but moved towards the left, and became markedly worse about a quarter of an hour after taking food, but no vomiting had ever occurred. The pain had occasionally wakened him at night during an attack. (Considering the usual wide radiation of pain in colic of other sources, these attacks were remarkable for their localisation to the mid-line of the epigastrium.)

For two years the attacks had been more frequent and severe, and slight but continuous wasting had been noticed. The appetite was good, although checked by the increased pain after food. There had never been jaundice or undue flatulence, and no change in the stools was observed.

Condition on Admission.—The patient was a well-built man, but rather pallid with irregular areas of pigmentation on his face, neck, and chest. The mouth and teeth were in good order. Examination of the abdomen revealed nothing abnormal. The urine on admission showed no signs of sugar or albumin. Test-meal showed free HCl 0.05 and total acidity 40. Barium X ray examination with the screen demonstrated an irregularity on the lesser curve, but unfortunately the coil in temporary use was small, and the appearances suggested a penetrating ulcer of the lesser curve. A film was taken later obliquely across the abdomen, and proved that the shadows were outside the stomach.

Operation.—Laparotomy was performed on the 26th, the abdomen being opened by an incision one inch to the right of the median line, with displacement of the rectus muscle. Examination of the stomach, duodenum, and gall-bladder revealed nothing abnormal. A hard mass, felt on the posterior wall of the abdomen, proved to be the pancreas filled with calculi which, on gentle pressure, produced a soft grating sensation.

Taking the easiest method of access as suggested by Moynihan,⁶ the gastro-hepatic omentum was incised, the pancreas laid bare, and an incision made over the most prominent of these masses. A quantity of pancreatic fluid escaped, dark-coloured and rendered turbid by the presence of small sandy particles. The duct was opened up, and stones removed from the whole length together with small offshoots in the secondary ducts. Six largestones were removed, averaging $\frac{3}{4}$ in. by $\frac{1}{2}$ in., the largest being a round-ended stone apparently filling the duct at its entry into the duodenum. The ducts throughout were dilated, the walls thickened, and the gland tissue relatively thinned out. A small tube was inserted into the duct, which was re-sutured throughout its length with plain catgut. The tube was drawn out through a stab incision in the left rectus.

Course of Case.—Progress was uninterrupted; 8 oz. of a dark rather viscid fluid drained from the tube in the first 48 hours. 2 oz. in the next 48 hours, and the tube was removed on the sixth day. Flatulence was rather distressing for the first two days; appetite was late in being restored, but otherwise convalescence was uneventful and the patient left hospital on the nineteenth day.

The calculi, which were pale in colour and studded like coral, were found on analysis to consist of calcium carbonate with an insignificant admixture of oxalate both of calcium and magnesium. Dowd⁷ has recorded cholesterol stones in the pancreas. The fluid drawn from the pancreas was examined and found to digest starch rapidly, protein slowly in alkaline solution, but not at all in acid solution. The digestion of fat was extremely slow. Repeated cultures failed to demonstrate any bacteria in the fluid. The diastatic index examined on the fourth day was 10. The patient was seen again on Jan. 22nd, 1922; he had put on weight to the extent of 1½ st. and was quite free from symptoms.

Remarks.

A reference to the cases recorded shows that pancreatic calculi in their symptomatology fall into line with calculi elsewhere. The first group, in which this case finds its place, presents the symptoms of intermittent obstruction without gross infection; the evidence of injury to the gland is slight, being manifested only in slight wasting. In the second group of the type of cases recorded by Atkinson and Hirsh³ the disorganisation of the gland proceeds till its disordered function is evidenced in glycosuria, pancreatic stools, persistent dyspepsia, and in some cases interference with the bile-ducts.

I am much indebted to Dr. G. E. Vilvandr of the radiological department and to Dr. J. R. Marrack of the clinical laboratory of the London Hospital for their investigations.

(Continued at foot of next page.)

Reviews and Notices of Books.

A PRIMER OF PSYCHOTHERAPY.

Outwitting our Nerves. By JOSEPHINE A. JACKSON, M.D., and HELEN M. SALISBURY. London: Kegan Paul. 1922. Pp. 403. 7s. 6d.

THE title of this book, and the publisher's eulogy borne on the wrapper, aroused the suspicion that here was another popular exposition of Freudism written to catch the market. But that did injustice to a delightful work, full of cheery dogmatism mingled with shrewd but kindly blows at the failings of the neurotic patient, whom Dr. Jackson hustles back to health by methods not always dependent upon abstruse principles. Of a patient with a pseudo-cyesis she writes, "I gave her a punch or two and told her to go and dress for luncheon"; and her handling of hysterical vomiting may be learnt from the remark that, "I have had patients throw up one meal, and very rarely two, but I have never had to supply more than three meals at a time. The waste of food I consider amply justified by the benefit to the patient." One pictures her patients overwhelmed by this whirlwind of an American lady doctor (the share of her collaborator is not clear) who spares no idols. Rest cures, toxins, fatigue, nerves, and diets are all swept away, and who knows how much surgery falls before the blast when she writes of "the poor neurotic, who insists that the surgeon shall remove her appendix, her gall-bladder, her genital organs, and her tonsils, and who finally comes back that he may have a whack at the operation scar"?

When the reader has recovered his breath he must go through the book again to grasp what the lady has to teach. First (p. 11) she turns upon "nervous prostration, neurasthenia, neuroses, nervousness, and 'nerves,'" which are "good enough as figures of speech, so long as we are not fooled by them." "The nerves of the most confirmed neurotic are perfectly healthy," and "it is behaviour and not tissue that is at fault." As to this one may object that there are certain conditions for which "neurosis" is a useful name. It is obvious that the authors reject Freud's differentiation of the "actual neuroses"; it is good, however, to have the psychological view thus vigorously presented. Yet it is surprising to find on the next page that insanity is a physical disease arising from changes or toxins in the brain cells. One suspects that the glib and convincing statements Dr. Jackson gives her patients have sometimes crept into the book and are not always to be taken as matured opinions; the confident statement about insanity would reassure a fearful patient, but less iconoclastic writers than Dr. Jackson reject the hypothesis of a physical cause of such a condition as paranoia, for example, in favour of a mental one.

Under the title "How the wheels go round" is given, in lively style, an account of psycho-analysis which shirks nothing but should offend no reasonable person. It would be well if adherents of Freud kept to his nomenclature and avoided the word "sub-conscious." That "a resistance is a chronic repression" is not quite true, and though suggestion is handled reasonably well along ordinary lines yet the author misses a point when she writes (p. 129), "At the base of every psycho-neurosis is an unhealthy suggestion. This is never the ultimate cause. But the suggestion is the material out of which those other forces weave the neurosis." She might have shown that a particular suggestion produces a symptom because there already exists a hidden desire with

which the suggestion is in accord; this is the key to the psycho-analytic theory of suggestion. Practical chapters on "dietary taboos" and "the bugaboo of constipation" are full of outspoken advice to give our internal organs a chance. "The colon is not a cesspool but a digestive and assimilating organ" sounds like heresy nowadays, but perhaps the startling idea is true. It is strange that although the writers ascribe flat-foot to neurotic flabbiness, yet the relation of abdominal ptosis to "functional disturbance," whether as cause or effect, is denied. The mixture of methods used in treatment may be summed up in the authors' words (p. 276): "Psycho-analysis often reveals the source of the trouble, and a little bullying helps along the good work." This prompts the criticism that the analyses often appear superficial; the preponderance of hysterical symptoms in the patients treated suggests that in other conditions—the pure obsessional states, for example—the methods used may not be so successful.

The merits of the book consist in its readable style and the combination of theory with abundant clinical examples. The practitioner who reads it will be helped to recognise the nature of many symptoms and may find courage to treat them along the lines indicated by the writers; he will also find that the racy style in no way detracts from the serious purpose of the book.

ANATOMY.

Manuel d'anatomie humaine. Second edition. By GEORGES GÉRARD. Paris: Masson et Cie. 1921. Pp. 1280. Fr.75.

THE second edition of this well-known standard French text-book appears as before in one volume, but has otherwise been carefully revised and brought up to date. The arrangement of descriptive material differs somewhat from that usually adopted in our text-books. The clarity and conciseness of description are marked features of the work, which is copiously illustrated. The figures are clear and useful, and we notice that extensive use has been made of Farabœuf's striking drawings. To turn now to some of the more recent features in the volume, we observe that the account given of the formation of the incisive region of the upper jaw does not correspond with that generally accepted in this country; congenital anomalies of the heart and large vessels are grouped into a couple of very useful tables for reference; the account of the rotation of the intestine and evolution of the definitive peritoneal cavity appears to be founded on the old descriptions which are not accurate in all their details. There is a very full and up-to-date account of the renal circulation. Bearing on this last subject, it may be mentioned that Prof. Gérard has an interesting and useful hypothesis concerning certain lateral segmental arteries, an hypothesis which does not lose its value because one must, from the point of view of human ontogeny, look on it as transcendental.

The manual has a certain agreeable freshness for the English reader inasmuch as French anatomists seem to look on their subject from a standpoint differing somewhat from that of their English confrères. There can be no doubt that this work thoroughly deserves the high opinion of it entertained in France and elsewhere.

Schultze's Atlas der topographischen und angewandten Anatomie. Third edition. By WILHELM LUBOSCH, Professor der Anatomie in Würzburg. Lehmanns Medizinische Atlanten. Munich: J. F. Lehmanns Verlag. 1922. Pp. 338. 25s.

IN his introduction to the first edition of this well-known work Prof. Schultze quoted the advice he was in the habit of giving to the younger generation in medicine—"Denke anatomisch, wenn du ein Arzt werden willst"—and this most excellent advice is worth repeating again and again in these days of test-tubes and bacteriological progress. Twenty years have elapsed since the first edition saw the light, and the

(Continued from previous page.)

- References.—1. Einhorn: Med. Rec., N.Y., October, 1915. 2. Moynihan: THE LANCET, 1902, ii., 355. 3. Pearce Gould: Brit. Med. Jour., 1898, ii., 1816. 4. Allen, L. W.: Med. Times, San. Frans., 1903, vol. xvii., p. 133. 5. Murray: Proc. Roy. Soc. Med., 1911, v. Surg., p. 131. 6. Moynihan: Abd. Operations, vol. ii., p. 442. 7. Dowd: Ann. Surg., 1915, lxii., p. 351. 8. Atkinson and Hirsh: Amer. Jour. Med. Sci., 1907, p. 54.