small-pox, where the one affection appears to convey a certain amount of immunity against the other, due in all probability to the possession of some one antigen common to both. The substitution consequently of the term "para-scarlet" for the series of aberrant scarlatinal types detailed rather than fourth disease, would be justified on the same grounds as that of the term para-small-pox for the already misleading one of alastrim or amas. There would seem, finally, little or no justification for including the above series of cases as falling within the province of rubella any more than within the hazy and ill-defined boundaries of a so-called fourth disease, whilst the distinctness of the type from ordinary scarlet fever is practically certain.

Although it is not pretended that the foregoing remarks are at all exhaustive of the several exanthematous conditions which have from time to time been described under the name of a fourth disease, it yet seems justifiable to conclude that mild scarlet fever, possibly, and as suggested of the nature of a para-infection, may be responsible for many instances of an exanthematous outbreak resembling scarlet fever but described as a "fourth infection."

My indebtedness is due to Dr. R. Veitch Clark, medical officer of health for this borough, for permission to refer to the above cases.

CORRIGENDA.—In Dr. David Nabarro's Bacteriological Report on 41 Fatal Cases of Epidemic Diarrhoea, which appeared on p. 325 of last week's issue of THE LANCET, under Method of Isolation "Nebipelagor" should read "rebipelagar." The penultimate sentence in the next paragraph should read: "Adding these together we find that *B. coli anaerogenes* was isolated from 12 cases, *B. dysenteriae* from four, *paratyphosus* B indol negative from three, *paratyphosus* B-type indol positive from two, *B. proteus* from two, and an unidentified bacillus from one case." In the sixth line from the end of the report "indol, usually acid" should read "usually absent."

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF SPONTANEOUS SHORT CIRCUIT.

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THE following note of a case of ulceration of a carcinoma of the colon into the small intestine producing a short circuit, is of interest.

The patient, a male aged 65, was admitted to the Radcliffe Infirmary on Jan. 24th, 1920, complaining of a lump which he stated moved about in his abdomen. He was a short, stout man whose health had been good until a year previously, when he began to suffer from constipation and lost weight to the extent of 2 st., his waist measurement being diminished by 9 inches. For nine months he had been forced to take large doses of aperients, then diarrhoea set in, and for the last three months his bowels had been open six to eight times in the day, the stools often being very dark. He had experienced no pain, and there had been no vomiting, but nine months previously he first noticed in his epigastrium a swelling the size of a walnut, which gradually increased in size; he also noticed that it moved about to different parts of the abdomen. He complained of a little difficulty in micturition, and stated that he had passed a stone from his bladder three years ago.

Condition on Examination.—Although the patient was a well-fleshed man who had obviously lost a good deal of weight, there was a large hard mass to the left of the umbilicus which could be moved slightly in an up-and-down direction, and also from side to side, but did not move on respiration. On handling it a gurgling noise could be heard suggesting the

passage of fluid and gas through the mass. On examination a few days later the mass was a little below and to the right of the umbilicus, and could be moved from side to side. There was some enlargement of the prostate which accounted for the difficulty in micturition, and the urine contained a faint trace of albumin. Cystoscopic examination showed both ureteric orifices to be normal, and similar urine was obtained from both kidneys. The result of a barium meal was rather puzzling; the meal passed in a normal manner through the stomach, after which large masses of barium could be seen down the left side of the abdomen and in the pelvis, but no barium appeared in the caecum or ascending colon. The diagnosis made before operation was carcinoma of the pelvic colon, but we were unable to explain the appearances seen after the barium meal; after the mass had moved to below the umbilicus the left kidney could be palpated, and this fact, together with the cystoscopic findings, excluded the renal condition at first suspected.

Operation.—A large malignant growth of the pelvic colon was found. To it adhered two separate coils of small intestine. Eighteen inches of pelvic colon with a mass of glands in the mesocolon, and also 2½ feet of small intestine were resected, end-to-end anastomosis being performed in each case. The patient made a good recovery and was discharged from hospital on March 6th, 1920. At the date of writing (June, 1922) he has put on a good deal of weight and is very well.

Remarks.

The growth on section was a columnar-celled carcinoma, which had ulcerated into the first loop of adherent small intestine, so that there was an anastomotic opening between the two with a diameter of an inch. The second loop of small bowel was adherent to the growth, but there was no communication between it and the big bowel. The result of this condition was that practically the whole of the contents of the small intestine, from a point about five feet above the caecum, was passing straight into the pelvic colon; there were many adhesions between the two loops of small intestine concerned, and the bowel distal to the anastomosis was very contracted, so that little could have passed by the natural route. The anastomosis must have formed about three months before the patient's admission to hospital, when marked constipation was followed by diarrhoea. It is remarkable that he should have experienced no pain or vomiting during this ulceration. The condition found at operation explained the curious picture after the barium meal, the barium passing straight from the small bowel into the large.

I have had one other case of malignant disease of the colon, where there was no doubt that a short circuit had taken place between the growth and the small bowel. In this case I performed a colostomy for an inoperable carcinoma of the lower part of the pelvic colon; the colostomy served its purpose for about a year, after which I was informed that the patient had begun to pass frequent liquid motions through the anus. On examination I found a well-marked spur; the motions passed contained a certain amount of undigested food, and I was puzzled to explain how they had passed over the spur and reached the anus. The distal opening of the colostomy was plugged so that nothing could pass, but the motions still went on, and I have no doubt in my mind that here also there was an anastomosis between the growth and an adherent coil of small intestine.

A CASE OF DIPHTHERIA

COMPLICATED BY HEMIPLEGIA WITH APHASIA.

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THIS case presents unusual features which seem to be worthy of consideration.

The patient, a well-nourished girl of 6, developed on Nov. 27th, 1921, symptoms suggestive of diphtheria. She was seen by a private practitioner, who gave her antitoxin and swabbed her throat. The diagnosis of diphtheria was confirmed by a "positive swab." On Dec. 3rd the child was admitted to the Shrewsbury and Atcham Joint Isolation Hospital; on admission her throat was red only. The apex

beat was within the nipple line, the heart sounds were clear, and the pulse-rate varied between 80 and 112.

The patient's condition was quite satisfactory until the 11th, when a nasal voice developed, and there was slight difficulty in swallowing. On the following day the child vomited several times and became a little cyanosed; the pulse-rate increased, but there was no irregularity. In the course of 48 hours the vomiting ceased and the general condition improved daily until the 19th. On this date the night nurse who went to the patient in the morning found her speechless and partially paralysed. On further examination I found that the right arm and leg were completely paralysed, and the right side of the face partially so; the child could hear but was unable to speak.

Although the hemiplegia developed soon after the diagnosis of palatal paralysis, it was obvious that a diagnosis of peripheral paralysis would not explain everything. Presumably it was a question of embolism or thrombosis. Apart from the cyanosis there was nothing to draw attention to the heart. The child had previously suffered from measles and whooping-cough, but had had no other illness and had been examined previous to the incidence of diphtheria by at least two doctors, who had pronounced her perfectly healthy. During the attack of diphtheria the temperature varied slightly, and at no time rose above 98° F., so that sepsis can have contributed little, if at all, to the condition.

The patient was discharged on Feb. 23rd, approximately three months after the commencement of the illness. She could then walk with difficulty, having partially recovered the use of her leg and had regained some power in her arm. The child could only speak a few short sentences, but her speech was improving slowly. Her heart was normal.

Reviews and Notices of Books.

L'HÉPATISME.

Par le Dr. ROGER GLÉNARD, ancien interne des hôpitaux de Paris, médecin consultant à Vichy. Paris: L'Expansion Scientifique Française. 1922. Pp. 460. Fr.30.

Frantz Glénard was born at Lyon in the year 1848. By both his parents he was related to famous chemists and it was natural enough that he should have adopted medicine as a profession. He had finished the first three years of his studentship when the war of 1870 broke out, and he had not long been at the front before he was, with many others, made prisoner. In contrast to the experience of most medical prisoners in the late war, Glénard was placed under the charge of a humane and enlightened German physician named Brand, from whom he learnt much, and whose treatment of typhoid fever by hydrotherapy marked a great advance in therapeutics; this treatment Glénard, who always bore testimony to the high character of Brand, successfully introduced in France when he subsequently returned to Lyon. Passing on to the schools of Paris, he qualified in medicine and published several remarkable researches, but ill-health obliged him to abandon a promising academic career, and it was only after some years of rest that he was able to resume his work, going to Vichy in 1882 and remaining there for the greater part of his life. It was at Vichy, in 1885, that Glénard brought out his work on visceroptosis, and it was at the same resort that he carried on for years the observations which led him to put forward the theory of hepatism to which the present volume is devoted. We have glimpses of him in these pages during the periods of his life which he most appreciated, the long winters when he devoted himself to study, living almost a hermit's life, surrounded by his books and the detailed notes of thousands of his cases. In the summer he would return to his clinic, apparently as an eminently successful practitioner, but really as a scholar collecting further data for the next winter's work. There is tragedy in the thought that to this man, in his old age, at the end of a career achieved by much struggle with adversity, there came again the clash of war. From the first days, in 1914, we read that for him there was but one thought

—his country; and the long years of strain wrought their effect, so that when victory came it came for him too late, and in May, 1920, worn out by past anxieties, mourning the loss of wife and friends, he died.

In this book, written by his son, will be found a full account of Glénard's views. He dealt with a class of patient not seen in the general hospitals, persons usually of wealth, seldom acutely ill. They would not have been qualified for hospital treatment, nor did they require treatment in an institution. But in them he was able, year after year, to trace the gradual development of organic disease such as cirrhosis of the liver, diabetes, gout, renal disorders, or cholecystitis, and from his notes of the changes in their physical signs he evolved the belief that it was disordered function of the liver that caused the majority of these maladies. Glénard evolved a special technique for abdominal palpation, more especially for palpation of the liver, "le procédé du pouce," and there can be little doubt that his clinical observation was thereby greatly enhanced; it is equally certain that no dramatic anatomical changes can be expected in cases such as these which exhibit the earliest symptoms of disease.

These facts should make even the sceptic hesitate before dismissing the author's conclusions, and we feel that the growing numbers of clinicians who seek for further light on the disorders of metabolism will find inspiration in this book, which sets out the views of a pioneer and an enthusiast.

CHOLELITHIASIS.

La Lithiase Biliaire. Second edition. By A. CHAUFFARD, Professeur à la Faculté de Médecine de Paris, Médecin de l'Hôpital St. Antoine.

THIS is a complete and exhaustive study from the physician's aspect of this disease. It gives evidence of long experience and careful clinical observation, but although the essentially clinical point of view taken by the author is perhaps the most interesting aspect of the work, experimental and laboratory investigations both by himself and others receive due notice.

The cause of the condition of cholelithiasis is first considered from the clinical and experimental aspects, and the rôle of infection and of faulty secretion of cholesterine (the humoral origin of the disease as the author names it) are discussed in detail. The characters of biliary calculi and their classification, and the symptoms and pathological lesions caused by them are described, while a chapter on radiography as applied to gall-stone disease is of great value and interest. The diagnosis in cases of cholelithiasis is dealt with clearly under the headings diagnosis of disease, diagnosis of the position of the stone or stones, and the associated changes in the affected organs. A separate chapter is given to the subject of gall-stone ileus, and while the description of the symptoms and of sequence of events is good two points may be criticised. First, it is not the general experience of surgeons that the site of arrest of a gall-stone in the intestine and of the consequent obstruction is always the small intestine; several cases have been seen of impaction in the pelvic colon. Secondly, we take strong exception to the statement that in any case of acute intestinal obstruction a delay of four days (p. 190) is good; Prof. Chauffard gives many examples of the possibilities to which such a delay may lead, and while we agree with his opinion that it is better to operate too early than too late, we differ from him as to the meaning of these terms. The last part of the book is devoted to treatment, under the three heads of "dietetic and medicinal," "mineral water treatment," and "surgery." The first two aspects are dealt with in great detail and for us in England, where water cures are not generally well understood, the chapter devoted to them is interesting and instructive. The advice to the "excitable" Frenchman to have recourse to the less