

lasting about five months. She suffered frequently from pelvic pain and occasional leucorrhœa till the present illness. Her last menstrual periods were July 12th, July 22nd, and August 12th of last year, since when she had intermittent brownish discharge and dull, aching pelvic pain. She suspected that she was pregnant. On Sept. 27th, about 8 A.M., she was suddenly seized with severe pain in the left pelvis and hypogastrium and sent for me. Examination of the breasts bore out her suspicion of pregnancy and per vaginam the true nature of the condition was diagnosed by the feeling of an hæmatocele filling the left pelvis. After rallying from this attack she, about 1 P.M., showed signs of collapse from internal hæmorrhage and consented to immediate operation. On opening the abdomen a placenta and two fetuses were found separately among a huge mass of blood clot which was rapidly removed and the ruptured tube brought up to the wound, its ends tied in one grasp of the ligature, then cut away and the stump returned to the pelvis. The peritoneal cavity was flushed out with hot saline solution, at least a quart being left in when the wound was closed. The patient was back in bed again within 20 minutes of the commencement of the anæsthetic and made an uninterrupted recovery. She remains, six months after the operation, in excellent health. In our anxiety for the welfare of the patient we unfortunately allowed the placenta to be thrown away in the process of tidying up, thus leaving the specimen incomplete but as it is it may be considered worthy of reproduction. One fetus may be seen to be still enveloped in a separate amniotic sac.

I am indebted to Mr. E. Allan for his assistance at the operation and to Mr. F. E. Daniel for photographing my gelatin preparation of the specimen.

Barrow-in-Furness.

A CASE OF SUPPURATING HYDATID OF THE GALL-BLADDER; OPERATION; RECOVERY.

BY ARTHUR G. L. READE,

SENIOR HOUSE SURGEON TO THE RADCLIFFE INFIRMARY, OXFORD.

A MAN, aged 31 years, a labourer, was admitted to the Radcliffe Infirmary and County Hospital, Oxford, under the care of Dr. W. T. Brooks, on Sept. 24th, 1906, complaining of acute abdominal pain. He had always been a healthy man until August 22nd, when he was in this hospital under the care of Mr. H. P. Symonds suffering from biliary colic. At that time his stools were white and his urine was dark brown; the conjunctivæ were yellow. There was nothing to be made out in the abdomen and, as he refused operation, in a fortnight's time he was discharged, as by that time he had recovered. He remained well until Sept. 22nd, when he was suddenly seized with sharp pain in the stomach and back which doubled him up; he vomited several times and sweated with pain. This pain had been continuous and the vomiting was so persistent that he could retain no food. The bowels were opened on the 23rd, since which date he had begun to get yellow. He had had no sleep for the last two nights on account of the pain; his urine was very dark in colour. He had never been abroad and there was nothing of importance in the family history. His condition on admission was as follows. The patient lay on his back with his knees slightly drawn up, he had an anxious expression, and his respirations were hurried. His face had a yellow tinge and the cheeks were red. His temperature was 103.8°F. , his pulse was 120, and his respirations were 28; the conjunctivæ were markedly yellow and the tongue was furred. On examining the abdomen it was noticed that the skin was yellow and movement was very slight. There was marked fulness in the epigastrium. On palpation there was definite resistance in the epigastrium towards the right side and the abdomen was exquisitely tender above the umbilicus. Nothing was to be made out in the lower part of the abdomen. On percussion resonance over the upper part of the abdomen was impaired; there was liver dulness to the fifth rib. The patient had a bad night, only sleeping when under the influence of morphine; on the next morning the temperature fell to 98° , but the pulse remained 120, and a blood count showed marked leucocytosis (19,000). The patient was transferred to Mr. Symonds's care and at 3.30 on that day (the 25th) was operated on. An incision about four inches long was made to the right of the mid-line over the region of the gall-bladder and on

opening the peritoneum a little free fluid escaped. The gall-bladder was found to be distended and on opening it, the rest of the peritoneum having been packed off as far as possible, a considerable quantity of pus escaped mixed with a large number of hydatid cysts. On exploring with the finger another cyst apparently in the liver substance was opened, which also contained pus and daughter cysts. The walls of these two cavities, which had now been made one, were sutured to the abdominal wall and a drain was put in. The rest of the incision was sutured. On the next day the patient was much better and daily continued to improve, though a very large quantity of bile escaped. Three weeks later the patient was again taken to the theatre and a purse-string suture was put round the neck of the cyst, tying in a Paul's tube, which drained the bile by a piece of india-rubber tubing attached to the tube away from the wound. Ten days later this was removed and the edges of the wound were cauterised. Under this treatment the biliary fistula closed about five weeks later, and on Dec. 29th the patient was discharged cured. He had been seen since his discharge and was keeping quite well.

Remarks by Mr. READE.—There are two interesting points in this case: first that the patient had never been abroad, nor was there any clue as to how he contracted hydatid disease; and secondly, that the daughter cysts gave rise to symptoms exactly like biliary colic followed by suppurative cholecystitis, of which nature the case was considered to be until operation. While very common in the liver the literature shows that hydatid disease affecting the gall-bladder is extremely rare. I find notes of eight cases, two of which occurred in this country. Mr. E. T. Burton reports a case under Mr. H. G. Barling's care in the *Birmingham Medical Review* of October, 1897. The patient's symptoms were very similar to those in the case here recorded. The duration of the acute illness was ten days and though he was admitted with a view to operation he was too ill to stand it and died three days after admission. Post mortem in addition to the cyst in the wall of the gall-bladder several daughter cysts were found in the bladder itself. Mr. Frederick Page reports a case in *THE LANCET* of April 9th, 1893, p. 995. This patient suffered from "bilious attacks"—i.e., epigastric pain and vomiting for five years; a tumour was felt over the region of the gall-bladder, which when explored proved to be a single hydatid cyst with no daughter cysts; this was removed and the patient recovered.

I am indebted to Dr. Brooks and to Mr. Symonds for permission to publish this case, but my description of Mr. Symonds's operation has not had the great advantage of his corrections.

A CASE OF DUPUYTREN'S CONTRACTION TREATED WITH FIBROLYSIN.

BY W. DUNCAN LAWRIE, M.D. EDIN., F.R.C.S. EDIN.,

HONORARY SURGEON TO THE BIRMINGHAM CRIPPLED CHILDREN'S UNION.

THE following case may perhaps claim to be of sufficient interest to be recorded in *THE LANCET*.

The patient, a man, aged 42 years, came under observation in November, 1906. The three illustrations here given speak

FIG. 1.

FIG. 2.

FIG. 3.



for themselves and thus obviate the necessity for a detailed description of the case. Fig. 1 shows the condition at the commencement of treatment. The patient could only come for treatment at the week ends and accordingly the contents of one of Merck's ampullæ containing 2.3 cubic centimetres of fibrolysin were injected on Saturday, Sunday, and Monday

of five successive weeks. Fig. 2 shows the result of this treatment. The infiltration of the palmar fascia was now limited to one band. It was previously much more diffuse. Fig. 3 shows the result after subcutaneous division of this band by one incision.

Llandudno.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF SKIN ERUPTION DUE TO CHLORETONE.

(Under the care of Dr. ROLLESTON.)

FOR the notes of the case we are indebted to Dr. Ivor Back, house physician to the hospital.

A girl, aged 15 years, was admitted to St. George's Hospital, under the care of Dr. Rolleston, on Feb. 19th, 1907, for choreic movements of sudden onset. She was at once put on five-grain doses of chloretone three times a day, in accordance with the plan of treatment carried out by Dr. W. E. Wynter. At first its beneficial effects were most remarkable and in four days all movements had gone (Feb. 23rd). This was followed by a slight relapse; the drug seemed to lose its effect on the patient. Early in the morning of March 2nd a rash was first noticed. Up to this time the patient had taken exactly two and a half drachms (150 grains) of chloretone. When first seen the rash was distributed over the front and back of the hand and forearm, and extended upwards as far as the elbow. It consisted of a number of flat-topped papules (rather like a lichen ruber planus). They were of a bright mulberry colour, varied in size from that of a pin's head to that of a pea, and did not show any tendency to run together. They faded on pressure but quickly returned. The rash itched. The chloretone was at once omitted. On March 4th the eruption appeared on both ankles and in the sacral fold. On the 5th the eruption completely changed in character, consisting of a number of rings which were white in the centre and pink at the periphery. Their margins tended to coalesce, and it had somewhat the appearance of subsiding urticaria. The appearance of the eruption was at no time comparable to that of a rheumatic rash. On the 6th the eruption had practically disappeared. Up to the time of writing (March 26th) the patient has taken another 150 grains of chloretone, but there has been no further eruption.

Remarks.—Chloretone, or trichlorotertiary-butyl-alcohol, was recommended verbally to us by Dr. Wynter as a successful drug in the treatment of chorea, and from our experience, since his recommendation, we can confirm his good opinion. The rash resembled in a general way the eruption due to chloralamide described by Dr. P. H. Pye-Smith in Vol. XXIII. of the Transactions of the Clinical Society of London, but did not show any subsequent desquamation as in his case. Dr. Wynter has told us that desquamation may occur in patients taking chloretone without any preceding rash, and we have observed this in a patient taking chloretone for reasons other than chorea.

UNIVERSITY OF OXFORD.—In a convocation held on March 20th the degree of D.C.L. by diploma was conferred upon the Right Hon. George Nathaniel, Lord Curzon of Kedleston, M.A., Hon. D.C.L., Chancellor-elect of the University.—John Freeman, D.M., University College, has been elected to a Radcliffe Travelling Fellowship.

CORNELIA HOSPITAL, POOLE.—At the annual meeting of the subscribers of the Cornelia Hospital, which has been recently held, it was stated that there was a deficit in the accounts of £862, which Lady Wimborne has generously offered to pay off. To the funds of this institution during the past few years Lady Wimborne has contributed several thousand pounds.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

The Operative Treatment of Hepatic Ascites.

A MEETING of this society was held on March 25th, Sir EDGCOMBE VENNING, a Vice-President, being in the chair.

Mr. LAWRENCE JONES read a paper on the Operative Treatment of the Ascites of Hepatic Cirrhosis. There was, he said, still much doubt as to the manner in which cirrhosis of the liver brought about ascites, and at present it seemed best to allow both portal obstruction and toxæmia as factors. Recent experiments of Herrick seemed to show that the portal obstruction was not due to pressure on the portal radicles by the new fibrous tissue but to the increased communications which formed in this disease between the hepatic artery and the portal vein, and this would account for the ascites which sometimes arose early in the course of cirrhosis. Ligature of the portal vein in animals usually failed to produce ascites, but this fact might be used against the toxæmic as well as against the obstructive origin of ascites, for the symptoms caused by ligature were those of toxæmia. On the other hand, thrombosis of the portal vein was frequently accompanied by ascites. Ascites was usually a terminal event in cirrhosis, but this was not always the case. The ideal patient for operative treatment was one who was still fairly young, with no suggestion of any other cause (such as cardiac failure) for the ascites, whose liver was in the hypertrophic stage, whose symptoms were more those of portal obstruction than of toxæmia, and who had recovered from one removal of a fluid—showing it to be of mechanical rather than of inflammatory origin. All operations aimed at the formation of fresh porto-caval communications which were usually effected by suture of the omentum to the abdominal wall. The operation might be intraperitoneal, as originally devised, or extraperitoneal, as in the operation of Schiassi, Bunge, and others. Many additions, such as hepatopepy, splenopepy, and the formation of intestinal adhesions, had been made to the original operation or performed when simple suture of the omentum had failed or had been impracticable. There seemed no doubt as to the value in certain cases of the operation. It appeared to relieve the patient from ascites and prolonged life in comparative comfort, perhaps for some years. No improving effect on the liver itself was claimed, although sometimes the operation seemed to check the cirrhotic process. The results obtained up to the present were fatal in about one-third of the cases, marked improvement took place in one-third, and little or no benefit in the remainder. The mortality usually given was too high, for many cases were included which died two or three weeks after the operation, and this should be ascribed more to a bad selection of cases or delay until too late than to the operation itself. The direct death-rate from the operation should not be more than 10 per cent.

Mr. W. G. SPENCER dissented from some of the opinions expressed. He thought that the subject should be considered apart from the liver, simply as affecting cases of fluid in the peritoneum or as if the case were one of chronic peritonitis. Each case must, however, be dealt with on its own merits. He referred to several cases in which various other abdominal conditions had been revealed at the operation apart from hepatic disease. One case previously recorded had revealed chronic peritonitis secondary to ovarian disease. Another patient went on with her drinking habits but had had no return of the ascites. As regards the precise method of operation, the German method with a six-inch incision and complex procedure was quite unnecessary. The mortality after the simpler operation which he had usually done was very small. It was very desirable to find out the underlying cause and the operation itself was often a means of revealing this and of effecting a cure.

Dr. F. DE HAVILLAND HALL also emphasised the importance of thorough medical investigation before undertaking operation. It was particularly necessary to exclude syphilis, and reference was made to cases of this kind recorded by the late Dr. J. S. Bristowe. The injection of adrenalin into the peritoneal cavity was often efficacious. From three to four drachms of adrenalin solution injected into the peritoneal cavity after tapping was the method which Dr. de