

TORSION OF THE GALL-BLADDER.

BY HUGH LETT, LONDON.

IN the BRITISH JOURNAL OF SURGERY, Vol. IX, No. 34, p. 310, Mr. Irwin reported a very interesting and successful case of torsion of the gall-bladder. The condition is so rare that I venture to refer briefly to a somewhat similar case. It has already been reported fully (*Lancet*, 1909, i, 1099), but was recorded under the obscure title of "Two Unusual Conditions of the Gall-bladder", and so has escaped notice.

History.—The patient, a woman, age 72, was admitted to the London Hospital on Aug. 1, 1905, with the following history: Three days previously she had been suddenly seized with severe pain in the right hypochondrium, which persisted until her admission to hospital. She had vomited four or five times, and the bowels had not acted since the beginning of the attack. She had never had similar pain before; no history of gall-stones.

On Admission.—Her temperature was 101° , and her pulse-rate 100. There were great tenderness and rigidity in the right upper abdomen, and a rounded tumour could be felt in the region of the gall-bladder. The abdomen was distended. A diagnosis of acute cholecystitis was made.

Operation.—A vertical incision was made over the swelling, which was found to be an enlarged gall-bladder with numerous recent adhesions to the omentum and hepatic flexure of the colon. The gall-bladder was black, and the size of a large pear. It was tapped, and black fluid containing altered blood and a little bile was drawn off. The wall of the gall-bladder was much thickened from hæmorrhage into it. On palpating the cystic duct, a nodule was felt, which I thought at first might be a gall-stone, but on separating the adhesions, I found that it was due to axial rotation of the gall-bladder on the cystic duct, the nodule having been produced by twisting the duct. The twist was easily undone, and consisted of four half-turns from left to right (counter-clockwise). The gall-bladder and part of the cystic duct were excised.

The patient collapsed suddenly twelve hours after operation, and died in a few hours.

Post-Mortem Examination.—No gall-stones were found. The kidneys were markedly granular, but otherwise nothing of importance was discovered. On examining the gall-bladder after its removal, it was found to be completely surrounded by peritoneum, and its only connection with the liver was a narrow mesentery which left the gall-bladder in the neighbourhood of its neck and included the cystic duct.

TORSION OF THE HYDATID OF MORGAGNI.

BY G. H. COLT, ABERDEEN.

A BOY, age $14\frac{1}{2}$, admitted on Aug. 21, 1921, into Professor Marnoch's ward at the Royal Infirmary, Aberdeen.

History.—Six days before admission he was pushing a heavy stone to move it. He felt nothing wrong at the time, but eight hours later, as he was getting into bed, and again when he turned on his left side, he felt pain in the left side of the scrotum, which began to swell. The pain was severe, and he felt sick and vomited. During the next four days he had several attacks of pain in the same region, relieved by rest and brought on again by movement; there was no sickness or vomiting. The swelling increased gradually. On the fourth day he lifted a 28-lb. weight at a Highland Games, and he thinks the swelling became slightly larger then, but it was always continually growing. On the fifth day he felt sick but did not vomit. During the six days the bowels acted as usual. On the sixth day his doctor saw him and sent him into hospital.

On Admission.—The general condition was good. The left half of the scrotum was diffusely swollen, œdematous, red, tender, and warm to palpation. The swelling was limited to the left side of the scrotum and was non-translucent. There was no impulse on coughing. There were two enlarged glands in the left groin. The temperature was 98.8° .

Operation.—Under general anæsthesia the left side of the scrotum was incised and turbid fluid evacuated from the cavity of the tunica vaginalis. The pedunculated hydatid of Morgagni was greatly swollen and blue-black. It was adherent by recent lymph to the testicle and epididymis. Its pedicle was twisted three times anti-clockwise, and arose from the junction of the testicle and epididymis; but owing to the œdema, the exact site of origin of the stalk could not be traced further. The pedicle was ligatured and the mass removed. The tunica vaginalis and skin were sutured. Except for a slight discharge of serum the wound healed by first intention. No culture of the fluid was made.

Pathological Report.—The specimen in the recent state measured $1\frac{1}{2}$ in. by 1 in. by $\frac{7}{8}$ in. It was hardened and prepared before being opened. The pathological report is as follows: "The cyst contained deeply blood-stained fluid. The wall and pedicle were infiltrated with effused blood, which to a considerable extent masked the structure. The wall of the cyst was formed of fibrous tissue, and there appeared to be a thin lining of a single layer of flattened endothelium or epithelium."

The stalked hydatid may vary in size and position, and more than one may be present. In this instance the size might be considered to be against the specimen actually being the stalked hydatid, but it corresponded exactly with it in anatomical situation, and no other hydatid was present. Mr. Edred M. Corner has kindly written to me about the matter, and states that there is one other case on record. Half of the specimen has been forwarded to the R.C.S. Museum, and the other half has been placed in the Surgery Museum at Aberdeen University.

I am indebted to Professor Marnoch for his permission to record the case.

CONGENITAL STRICTURE OF THE ANUS PERSISTING INTO ADULT LIFE: ACQUIRED MEGALOCOLON.

BY GEORGE ROBERTSON, DUNFERMLINE.

THIS case was referred to me for treatment by a colleague on June 2, 1921. The patient was a male, age 20.

History.—From birth to the present time patient had suffered from difficulty in defæcation. He was noticed, while quite a baby, to have a prominent abdomen. This prominence has kept pace with his general growth, and recently has become more pronounced. At birth he suffered a head injury owing to difficult instrumental delivery, and his skull shows a marked deformity over the right frontoparietal region. He has never been very bright mentally, yet he is quite intelligent, and shows no definite degenerative stigmata. With the exception of the abdominal symptoms, colicky pains and difficult defæcation, he has had no other troubles. For some weeks before admission into hospital he had been suffering rather more than usual from abdominal pain. His appetite has always been good, and he has had no gastric disturbances.

On Examination.—He shows a dry skin and a sallow complexion. His general muscular development is poor. He is slightly anæmic. The whole abdomen is much distended. Palpation gives a peculiar sensation to the examining hand. Over the whole abdomen one feels as if pressing on an extensive putty-like mass, into which the fingers can be made to sink deeply, thus to leave a visible indentation. In the cæcal region, there is a special prominence, about the size of a small football; this, on deep pressure, gives the same putty-like sensation as is felt in the other regions. This prominence is dull to percussion. No peristalsis is visible over the abdomen, except over the cæcal prominence, which is seen to rise and fall somewhat, but does not disappear.

Operation.—A few days after admission I gave him a general anæsthetic, and then found, upon attempting to explore the rectum, that the tip of my forefinger was soon arrested, just inside the anus, by a very tight, wiry-edged annular stricture, having as its exact site the line of junction of skin and mucous membrane. Concluding that this, at least, was a definite deformity, I incised the fibrous ring, and, more deeply, the sphincteric muscles. It was now easy to explore the rectum. This was found greatly distended