

character, worse at night, in the lower third of the right femur. Except for some abdominal pain, which followed an injury whilst carrying a sack of coal, he had been quite well in the interval. On admission the lower third of the right femur was uniformly enlarged and extremely tender on pressure. On Nov. 6th an incision was made by Mr. Battle on the outer side of the thigh above the knee. Thickened periosteum was incised and thick yellow pus immediately sprang into the wound. A bacteriological examination of this pus was made by Mr. Dudgeon and typhoid bacilli were found in pure culture. The patient left the hospital on Dec. 21st, 1904, at which time his wound was soundly healed, but a few weeks later a portion of the scar gave way and a small sinus formed from which there was some purulent discharge. He came to the hospital for treatment in the middle of June, 1905. There was a small sinus situated on the outer side of the right thigh leading down to the bone. The patient stated that he applied a dressing daily at his home but the sinus did not appear to make any attempt to close. At his next visit, a fortnight later, he was in great trouble, as his wife had been admitted to the hospital suffering from typhoid fever. She was admitted to Charity Ward under the care of Dr. W. S. Colman with a severe attack of typhoid fever which proved fatal at the height of the disease. The typhoid serum reaction was positive and at the necropsy severe intestinal ulceration and consolidation of the lungs were seen. The patient was asked if his wife had ever dressed his leg for him and he replied that he always dressed it himself but that his wife collected the soiled dressings and burnt them. There was no other illness in the house nor had anyone living near him, so far as he knew, recently had typhoid fever. He was taken to the clinical laboratory and a bacteriological examination of the sinus was made by Mr. Dudgeon whose report is given below.

*Bacteriological report.*—At the examination made in July, 1905, of the pus obtained from the sinus typical blue colonies appeared on the medium of Drigalski and Conradi, which had been inoculated with the pus, and from these colonies pure strains of the typhoid bacillus were obtained. The bacillus also gave the cultural characters of the typhoid organism in urotropin broth. The patient's serum failed to agglutinate this bacillus but a complete typhoid reaction was obtained with a standard laboratory strain of positive typhoid serum and the bacillus isolated from the patient's leg, while typhoid horse serum also gave a complete instantaneous reaction with the bacillus in a dilution of 1 in 1000. On Dec. 9th the pus obtained from the right femur was again examined with a similar result.

As the sinus persisted Mr. Battle, on Feb. 16th, 1906, made an incision over the old scar down to the femur. The periosteum was rough and thickened and this was divided. There was a cavity in the interior of the bone which was scraped out, several small pieces of bone being removed. The wound was syringed out with saline solution. A culture taken at the time of operation showed the presence of the typhoid bacillus. Subsequently the wound was irrigated daily with 1 per cent. urotropin<sup>1</sup> and after a few days the discharge was found to contain no typhoid bacilli; at the end of March a second examination was made with a similar result.

*Remarks by Mr. DUDGEON and Dr. GRAY.*—For some years it has been well recognised that the bone complications of enteric fever are due, in a majority of the cases, directly to the bacillus typhosus, but sufficient stress does not seem to have been laid upon the danger that these cases may be to the community at large. At a London hospital, where the demand upon the beds is necessarily enormous, a number of cases of suppurative bone disease have to be discharged before their wounds have completely healed and have to attend for weeks or even months as out-patients. The importance, therefore, of making a careful bacteriological examination in all cases which may possibly be due to typhoid fever, both at the time of operation and before the patient leaves the hospital, cannot be exaggerated. It should be mentioned that when the patient left the hospital his wounds were completely healed and that the sinus did not develop till some weeks later. His past history is taken from articles published in THE LANCET by Dr. Mackenzie<sup>2</sup> and Mr. Battle with Mr. Dudgeon.<sup>3</sup>

Although, of course, it is impossible to say for certain, yet it seems extremely probable that the wife was infected with the typhoid bacillus by her husband and we believe that only one case of a similar kind has been published (the reference to this we are unable to find). Considering the myriads of typhoid bacilli that his wound must have poured out daily it seems strange that she should have escaped for so long a time. As a rule the specific bacilli die out shortly after surgical interference but references are given by Keen<sup>4</sup> to cases, similar to the present one, in which typhoid bacilli were present in chronic sinuses of some years' duration.

## ANCOATS HOSPITAL, MANCHESTER.

### THREE CASES OF PANCREATIC DISEASE.

(Under the care of Dr. A. J. RODOCANACHI.)

FOR the notes of the cases we are indebted to Mr. G. Wright, house surgeon.

CASE 1.—The patient was a woman who had been ailing and had lost much flesh during the preceding three months. She was sent into hospital as a case of perforated gastric ulcer on April 20th, 1904. After admission she vomited a quart of green bilious fluid. There was resistance in the right upper quadrant of the abdomen. A large quantity of putty-like faeces was removed from the rectum. The case was considered to be a not very acute intestinal obstruction and so a laparotomy above the umbilicus was performed on the 22nd. The stomach, which was much dilated, was found to fill three-quarters of the abdominal cavity, while the small and large intestines were collapsed. General matting of the surrounding organs by adhesions obstructed the pylorus. A posterior gastro-enterostomy was therefore performed and the abdomen was closed. The gall-bladder which was seen to be enlarged, was not opened at the operation. The vomiting ceased but two days later the temperature rose to 102° F. and on the 26th the patient died.

Post mortem the gastro-enterostomy was found to be holding perfectly well. There was no peritonitis. There were two stones in the gall-bladder. The pancreas was very hard and the pathologist reported that on microscopic examination it showed chronic interstitial pancreatitis.

CASE 2.—The patient was a man, aged 48 years, who had suffered from attacks of biliary colic for the last ten years. An attack had begun six weeks before admission with severe pain, shivering, and sweating, followed on the next day by jaundice which persisted for a week. With the onset of the jaundice the pain subsided and the patient resumed work. Three weeks later he had a similar attack during which the jaundice persisted until a few days before admission and the pain never left him unless he was under the influence of morphine. He vomited often and freely. The operation was performed on April 18th, 1905, through Mayo Robson's incision. Adhesions round the gall-bladder were separated and on opening it some viscid bile and 322 stones were removed. The ducts were palpated but no stones were felt in them. A tube was fixed into the gall-bladder and the abdominal wound was sutured round it. After the operation the pain was in no way relieved and vomiting of fluid like beef-tea set in. The stomach was washed out and calomel was given, while morphine was injected subcutaneously but only temporary relief was obtained and the patient died from exhaustion on the 24th.

Post mortem there was no peritonitis. Fat necrosis was noticed in the small omentum and on examining the pancreas the head was found to be much enlarged. Cutting into it a large cyst containing broken-down blood clot was opened. It was of about the size of a Jaffa orange and occupied the head of the pancreas. The pancreatic tissue surrounding the cyst was about half an inch thick, very dense and fibrous. No stones were present in any of the bile ducts.

CASE 3.—The patient, a man, aged 45 years, had had several attacks of biliary colic during the preceding two years. The present illness began on June 7th, 1905, with severe pain in the epigastrium which was relieved by morphine but returned each time the effect of the morphine had passed off. He was admitted to hospital on June 14th and there was then general distension of the abdomen, especially in the upper zone. There was an ill-defined mass

<sup>1</sup> One of us (L.S.D.) has recently read a communication before the Pathological Society of London in which it was shown that typhoid bacilli will not grow in 1 per cent. urotropin broth.

<sup>2</sup> THE LANCET, Sept. 26th, 1903, p. 869.

<sup>3</sup> THE LANCET, April 22nd, 1905, p. 1065.

<sup>4</sup> Surgical Complications and Sequels of Typhoid Fever, 1889.

to the right of the middle line and extending downwards half way to the umbilicus; this was resonant on percussion and showed communicated pulsation from the aorta. On the same day the abdomen was opened by a median incision. The omentum was found thickened and rolled up so as to form the above-mentioned swelling. Numerous areas of fat necrosis were present in it. The gastro-hepatic omentum was pierced and the lesser sac opened displaying a small cyst in the head of the pancreas. This was opened and one or two ounces of dark altered blood escaped. The cyst was then packed with gauze and drained. The gall-bladder was then opened and eight small stones were removed. The gall-bladder also was drained and the remainder of the abdominal wound was closed. The operation was followed by much shock, restlessness, and delirium, and the patient died early on the next day.

Post mortem the bile ducts were free from stones. The pancreas was found much infiltrated with blood clot. Microscopically the head of the pancreas showed advanced chronic pancreatitis with much formation of fibrous tissue; the rest was infiltrated with recent blood clot.

*Remarks by Dr. RODOCANACHI.*—It will be noticed that the first two cases were not recognised as pancreatic disease during life, though the character of the fæces in the first and the persistent pain in the second might have given a clue to the correct diagnosis. The third was diagnosed before operation, inasmuch as the mass resonant in front and communicating pulsation from the aorta behind must be in the situation of the pancreas or the small sac of peritoneum. The diagnosis was confirmed at the operation, when the fat necrosis was seen. In all three cases gall-stones were present and might be taken as evidence of the infection of the biliary and pancreatic passages. Death was probably inevitable considering the advanced state of the pancreatic disease, and the best chance of recovery was given by free drainage of the passages through the gall-bladder, together with removal of the gall-stones. Such cases point to the necessity of removing gall-stones and draining the gall-bladder, if possible, before pancreatic infection has occurred.

## Medical Societies.

### OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.—

An extra-metropolitan meeting of this society was held on June 23rd in the medical department of the University of Leeds.—The President, Mr. A. E. Cumberbatch, was in the chair and numerous cases and specimens of interest were shown by the Leeds members, Mr. H. Secker Walker and Mr. A. L. Whitehead. Amongst the former was a young girl, aged 14 years, who had been practically educated as a deaf-mute by lip-reading, &c., after an attack of influenza at an early age. This year she had been put under treatment by inflation and had enormously improved.—In the discussion which followed it was pointed out that many so-called deaf-mutes were amenable to treatment and more careful examinations by skilled otologists were urged upon schools devoted to aural deficiencies.—Among the papers read were *Some Points in the Diagnosis of the Complications of Temporal Bone Disease* based upon a study of 135 fatal cases, by Mr. Whitehead, and *The Influence of Pregnancy and Parturition upon Certain Forms of Progressive Deafness*, by Dr. W. Milligan. In his paper the latter struck an important and valuable note. He pointed out the disastrous effects of child-bearing upon women who were deaf, and especially upon those with a family history of deafness. He questioned whether such people should be allowed to marry.—Mr. P. M. Yearsley, in discussing this paper, drew attention to the fact that it was rather post-parturition conditions, especially lactation, that were to blame and suggested that a careful investigation of such cases by means of blood counts might be of value.—The members of the society were afterwards entertained by Mr. Walker, Mr. Whitehead, and Mr. Michael A. Teale at luncheon at the Queen's Hotel.

### DERMATOLOGICAL SOCIETY OF GREAT BRITAIN

AND IRELAND.—A meeting of this society was held on June 27th, Dr. Alfred Eddowes, Vice-President, being in the chair.—Mr. G. W. Dawson showed: 1. A man with a Peculiar Thickening of the Terminal Phalanx of the Left Thumb which was said to have started as an eczema. The

bone itself was normal as seen by the x rays. 2. A woman, aged 46 years, with Lupus Erythematosus of the Face and Dorsal Surfaces of the Fingers, quite symmetrical in its distribution. 3. A man with Acne Varioliformis of the Scalp.—Dr. Eddowes showed a case of Acute Lupus Erythematosus of the Face in a woman. The lesions themselves were raised and œdematous and there was evidence that the condition was spreading further outward upon the left cheek.—Mr. T. J. P. Hartigan showed: 1. A girl with a Peculiar Eruption around the Nose of 14 years' duration. No member of the society would venture upon a diagnosis of this case. 2. A man with a Vesicular Eruption of the Limbs, symmetrical in its distribution, having some resemblance to a varioloid syphilide. 3. A young man with Darier's Disease and also coloured drawings of this disease taken from this patient and from a girl previously exhibited before the society. 4. An infant with Urticaria Pigmentosa. 5. A young woman with a curious Acneiform Eruption upon the Face and Trunk. From many of the papules small sebaceous plugs had been observed to extrude. The condition was in all probability that of keratosis follicularis contagiosa (Brooke).—Dr. E. G. Graham Little showed: 1. A young woman with Koilonychia or "Spoon-nail." 2. A little girl with a Tuberculide affecting the Lower Limbs, upon which numerous pitted scars could be seen, the results of older lesions. There were no evidences of tuberculosis elsewhere.

## Reviews and Notices of Books.

*Text-book of Anatomy.* Edited by D. J. CUNNINGHAM, F.R.S., Professor of Anatomy, University of Edinburgh. Illustrated with 936 wood engravings from original drawings, mostly printed in colours. Second and revised edition. London and Edinburgh: Young J. Pentland. 1906. Pp. 1388. Price 31s. 6d. net.

THE first edition of Professor Cunningham's text-book met with a very favourable reception and at once made a place for itself among the text-books in common use. Over three years have elapsed since that edition appeared so that those engaged in teaching anatomy have had ample time to find out the merits and the defects of the work. By common consent the most satisfactory sections of the book were admitted to be those devoted to the nervous system, the digestive system, the respiratory system, and embryology. Appropriately enough two of these sections are associated with the name of the editor. In the new edition the list of contributors remains unaltered but the lamented death of Professor A. Birmingham, who as an exponent of visceral anatomy had few equals, rendered it necessary for the editor to revise the section on the digestive system himself. With these preliminary remarks we will proceed to give our impressions of the various sections of the work as it now appears.

First as to embryology, with which the names of Professor A. H. Young and Professor Arthur Thomson are associated. This, which was a very satisfactory feature of the first edition, has been brought up to date and new diagrams in several instances have been inserted. The section on osteology has been greatly improved by the omission of the coloured markings of muscular attachments. We do not say this because we think that these markings subserve no useful purpose; on the contrary, we think that they are of great value to the student but unfortunately in the last edition they were anything but accurate. It is also easy to see how the addition of the coloured outlines detracted from artistic appearance of the drawings of the bones. A new set of the illustrations of the muscular attachments, much more in accord with nature, is found in the section on myology. Reproductions of some radiograms have been added to show the ossific centres of the hand and the foot.

In the former edition the section on arthrology was certainly weak and although it still is rather brief yet we are glad to see that the old illustrations have been largely replaced by a more satisfactory series of drawings on a larger