

under the iliac fascia another opening was made through which further drainage was established. After this the temperature never rose above 99°, the wounds healed, and recovery was uneventful, except that for six weeks after operation the bowels were obstinately constipated, acting only after simple enema. However, during her last three weeks in hospital they acted regularly under the influence of a laxative iron mixture and the patient was discharged on Nov. 18th feeling quite well.

I think the case is rather interesting, first on account of the long history with these recurring attacks of appendicular colic; then the passage of a 1½-inch pin from the mouth to the appendix without giving rise to more serious symptoms than were present here, though undoubtedly possible, must surely be an uncommon occurrence. Again, at the junction of the appendix with the cæcum is a valve, and a much debated point is how far faecal matter can penetrate into the appendix and how far it does so under normal conditions. This pin is an instance of a foreign body (most probably with some faecal material) entering from the intestine which, according to our best authorities, is comparatively rare.

For permission to publish the above note I must thank Mr. A. B. Davies, under whose care the case was at Stroud Hospital.

#### NOTE OF A CASE IN WHICH A GALL-STONE FORMED ROUND A CATGUT SUTURE.

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THE patient the subject of this note was first admitted to the Newcastle Infirmary in December, 1901. She was a stout woman, aged 48 years, with a history of severe attacks of pain in the right hypochondriac region of 29 years' duration. A diagnosis of gall-stones was made and on Dec. 7th, 1901, she was operated upon by Mr. Martin.

The gall-bladder was found to be enlarged and adherent about the neck. It was opened and found to contain bile and six stones (three-eighths of an inch by three-eighths of an inch) with facets were removed from the cystic duct. The common duct was then explored after separating adhesions and several stones were removed by incision. No other stones were discovered. The common duct was drained with rubber tube and no sutures were inserted. The gall-bladder was closed with through-and-through ordinary catgut and a layer of silk Lembert sutures. The hepatic pouch was drained from the posterior end of the incision and the rest of the incision closed with layers of catgut. The patient made a good recovery and was discharged with the incision perfectly healed on Jan. 7th, 1902.

On Sept. 25th, 1907, she was readmitted with a history of good health up to four days before admission when she complained of slight pain over the old scar on going to bed. The pain persisted next day but was not severe and allowed her to perform her household duties as usual. On the following day it suddenly became very acute and she felt sick but did not vomit. In this condition she was admitted into the Royal Victoria Infirmary some seven hours after the onset of the acute attack. On examination a distinct tender swelling was found in the region of the gall-bladder. A diagnosis of acute distension of the gall-bladder from impaction of calculus was made and an operation was decided upon. Mr. J. Clay made a longitudinal incision through the right rectus muscle over the swelling and the distended gall-bladder imbedded in dense adhesions was exposed. The adhesions were separated and the gall-bladder aspirated and several ounces of clear mucus were evacuated. After incision a large rounded stone was found wedged in the neck of the gall-bladder, which was very much hypertrophied, though the cystic duct opening was patent. The patient did well and went home quite healed on Oct. 11th, 1907. There was nothing unusual about the appearance of the stone, which was round and measured one and a quarter inches by three-quarters of an inch and weighed 80 grains. On attempting to section it the stone broke in layers, showing different strata, and in the centre, forming a nucleus, was a bit of catgut tied in double knot and loop, which was well preserved. The calculus was composed of cholesterin and bilirubin calcium.

There are other cases on record in which gall-stones have formed round sutures: for example, Mr. Sinclair White<sup>1</sup> exhibited a specimen at the Exeter meeting of the British

Medical Association in which a gall-stone had formed round a catgut suture 18 months after operation. Dr. J. Homans<sup>2</sup> reports a similar case where three gall-stones had collected round a piece of silk 20 months after cholecystotomy; and Mr. J. Bland-Sutton<sup>3</sup> in his book on gall-stones quotes an interesting experiment on a dog, where, after five months, two calculi formed round a thread which was suspended and allowed to float freely in the gall-bladder.

I have to acknowledge my indebtedness to Mr. Martin and Mr. Clay for permission to publish the above note.

Newcastle-on-Tyne.

#### NOTE ON A CASE OF DISSECTING ANEURYSM OF THE THORACIC AORTA ULCERATING INTO THE PERICARDIUM.

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THE patient, a man, aged 52 years, was admitted into the Royal Victoria Infirmary, Newcastle-on-Tyne, under my care on Dec. 24th, 1907, suffering from pain in the left side of the chest and the left leg. When at work that morning he had been suddenly seized with pain in the left chest which was so severe as to cause him to fall. He also vomited. Shortly after his admission into the infirmary he again vomited. The pain in the chest persisted from the time of his arrival at 8 A.M. until midday. On physical examination nothing was detected in the lungs. No murmurs were heard over the cardiac area. There was just the slightest displacement outwards of the apex beat. Towards the afternoon the patient seemed to rally considerably and to lose much of his pain. He was able to see his wife and to converse with her. At 5 P.M. he became suddenly ill; his breathing became laboured and difficult, and laying back his head on the pillow he suddenly expired.

At the necropsy, which was made by Dr. W. E. Hume, it was noticed on removal of the sternum that the pericardial sac bulged, and on opening it that it contained, in addition to blood-stained serum, 10½ ounces of blood-clot. The surface of the right auricle of the heart was granular and chocolate-looking. The heart itself was found to be healthy; there was neither hypertrophy nor dilatation of its cavities. A longitudinal tear about three-quarters of an inch in length was found in the aorta, commencing about a quarter of an inch above the aortic cusps, and involving the inner and middle coats of the vessel. These two coats of the aorta were separated from the external sheath throughout the whole of the ascending, transverse and descending portions of the arch, as well as at the openings of the innominate, the left carotid, and the left subclavian arteries. The space thus formed was filled with blood-clot. At the junction of the adventitia and the pericardial sac the surface was blood-stained. Here a leakage had occurred through a small ulcer in the external coat of the aorta. The interior of the aorta was atheromatous in places. The lungs, the liver, and the spleen were normal. One kidney showed a scar the seat of an old gumma with surrounding fibrosis. Below the diaphragm there was no separation of the coats of the aorta.

Newcastle-on-Tyne.

## Medical Societies.

### ROYAL SOCIETY OF MEDICINE.

#### CLINICAL SECTION.

*Fatal Lymphocythæmia in Early Life.*—*Multiple Rheumatic Nodules in an Adult.*—*Right Hemiplegia with Optic Atrophy.*—*Exhibition of Cases.*

A MEETING of this section was held on April 10th, Sir THOMAS BARLOW, the President, being in the chair.

Dr. J. GRAHAM FORBES and Dr. F. S. LANGMEAD communicated a paper on *Fatal Lymphocythæmia in Early Life* based on 12 cases. Dr. Forbes said that the ages of the patients ranged from seven months to 11 years, ten being under four years. The disease as exemplified by these cases was of indefinite onset, with a history of increasing

<sup>1</sup> THE LANCET, August 17th, 1907, p. 443.

<sup>2</sup> Annals of Surgery, 1897.

<sup>3</sup> Bland-Sutton on Gall-stones and Diseases of the Bile-ducts.