

was smooth and flat on palpation, painless to the touch, and moveable from side to side. Apparently it was in connexion with the stomach but its exact nature was not diagnosed. An x ray photograph taken after the administration of bismuth showed a beautiful picture of a tumour occupying the whole of the stomach area and extending into the duodenum.

On Sept. 29th, the patient being under ether, the mass could be moved freely about the abdomen, but lay on the left side opposite the umbilicus when not disturbed. It felt quite solid and hard. A free incision was made in the left linea alba and the abdomen opened in this situation; the stomach at once came into view, and on examination it was evident that the tumour consisted of a mass contained in the stomach itself. The organ was brought outside the abdomen and packed around with gauze; a transverse incision was made from the lesser curvature across the stomach to the greater curvature and a mass of hair was exposed. After its removal the incision was closed with two layers of suture, one taking all the coats of the stomach and the second (a Lembert) taking the peritoneum. Some adhesions at the cardiac end were dealt with and the abdomen was closed. The operation was unattended by complications and the patient returned home on Oct. 23rd. Two or three days later she had a severe attack of gastritis and was very ill for some days. I saw her on Nov. 5th when she was better, and later I heard that she was quite well again. The mass removed was composed of black hair and weighed 9 ounces. It was rather offensive to the smell and the portion which was in the duodenum was bile-stained. It was 7 inches long,  $3\frac{1}{2}$  inches broad, and 2 inches in thickness.

Osler, fourth edition, says there are 16 cases in the literature and the following are some of those on record (no doubt there are many others):—

Knowsley Thornton, THE LANCET, Jan. 9th, 1886, p. 57; recovery. Schönborn of Königsberg, Langenbeck's Archiv, 1883, vol. xxix.; recovery. Bandemant, Journal de Médecine, vol. ii., p. 507, 1779. Pollock, Transactions of the Pathological Society, 1851-52, p. 327. George May, Medical Association Journal, vol. ix. Russell, Medical Times, 1869. Inman, Medical Times. Best, Brit. Med. Jour., 1869. Sir W. Gull, Transactions of the Clinical Society, vol. iv. Paul Swain, THE LANCET, June 22nd, 1895, p. 1581; recovery. Berg of Stockholm, Nordiskt Medicinskt Arkiv; recovery. E. Percy Paton, Transactions of the Clinical Society, January, 1902; recovery. H. Mallins, THE LANCET, June 6th, 1903, p. 1592. S. S. Rather, Human Hair in the Stomach, Texas Medical Journal, Austin, 1905-06, vol. xxi. p. 358. G. F. Still, THE LANCET, May 16th, 1908, p. 1412; recovery.

#### A CASE OF WOUND DIPHTHERIA.

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ON May 21st, 1907, a youth, aged 18 years, struck the corner of a shovel with the back of the left hand whilst "taking a jump" in a field. One of his companions used the shovel for marking the jumps. The wound was a "small hole"; it did not bleed much, and the boy dressed it with adhesive plaster. On June 16th he complained of pain in the left axilla, the left hand was swollen, and, acting on the suggestion of a neighbour, a bread-and-milk poultice was applied by the lad's mother. On the 17th he came to the infirmary, and on examination I found a sore on the back of the left hand which in many ways resembled a well-developed anthrax pustule; the hand was swollen and the axillary glands were enlarged and tender. The temperature and pulse were normal; there were no soreness of the throat and very little constitutional disturbance. I sent a swab to the Public Health Laboratory, Wakefield, and received the following report on June 19th:—"No anthrax bacilli could be found in this specimen, either on immediate examination or as the result of inoculating culture media. Typical diphtheria bacilli, however, were present in large numbers." A swab from the throat was examined with a negative result. As to treatment, the wound was scraped, pure carbolic acid was applied, and 4000 units of antitoxin were injected under the skin of the abdomen. The dressing was a boric acid fomentation. The boy was quite well in three weeks. I was unable to trace the source of the infection.

In Osler's "Principles and Practice of Medicine," I find the following:—"Wound diphtheria may occur without demonstrable connexion with cases of diphtheria and without affection of the throat in the individual attacked, but such occurrences are rare."

Dewsbury.

## Medical Societies.

### ROYAL SOCIETY OF MEDICINE.

#### MEDICAL SECTION.

##### *Gastro-intestinal Crises from Effusion into the Bowel Wall.*

A MEETING of this section was held on June 22nd, Dr. S. J. GEE being in the chair.

Dr. G. A. SUTHERLAND read a paper on Gastro-intestinal Crises from Effusion into the Bowel Wall. This is printed in full in this issue of THE LANCET (see p. 1817).

In the discussion that ensued, Mr. ARTHUR EDMUNDS showed coloured pictures and drawings illustrating the case of a boy, three years of age, who was suddenly seized with acute abdominal pain and vomiting. On admission to hospital an indefinite swelling was felt and intussusception was diagnosed. When laparotomy was performed the appendix was found to be hæmorrhagic and was removed; an intussusception was not present. The wall of the appendix was swollen and infiltrated with blood. Mr. Edmunds showed that in cases of spontaneous recovery from intussusception, the site of the intussusception was marked by a pallid cedematous area.

Mr. HUGH LETT observed that in cases of intussusception, which occurred mostly in infants, what guided him in determining on operation was the presence or not of a tumour. In his experience a tumour could be felt in most cases of intussusception.

Dr. SUTHERLAND, in the course of his reply, pointed out that the presence of the pallid cedematous area described by Mr. Edmunds furnished a means of differentiating between a spontaneously reduced intussusception and a case of hæmorrhage into the bowel wall. In regard to the frequency of a tumour being felt in cases of intussusception, Dr. Sutherland thought that Mr. Lett put the incidence of their being observed higher than was generally taught, but the difference was probably due to the methods of examination followed.

#### SECTION FOR THE STUDY OF DISEASE IN CHILDREN.

##### *Exhibition of Cases.—Congenital Obliteration of the Bile-Ducts.—Congenital Dislocation of the Hip-joint.*

A MEETING of this section was held on May 28th, Mr. R. CLEMENT LUCAS being in the chair.

The following resolution, sent up by the Council, was passed by the meeting:—

That in the opinion of this meeting it is desirable that the Board of Education should issue forthwith a complete set of forms for use in the medical inspection of elementary school children, in accordance with circular No. 582 issued by the Board on Jan. 23rd, 1908, and should issue definite instructions to medical officers as to the manner in which the medical inspection shall be carried out.

Dr. F. LANGMEAD showed a case of Facial Irritability of 15 months' duration succeeding tetany in association with dilatation of the large intestine. The girl, aged eight years, was admitted to hospital for tetany in April, 1908. Her facial irritability was pronounced on both sides. No signs of organic nervous disease were found. The colon was dilated. Attacks of laryngismus stridulus occurred. The urine contained indican. The colon was daily washed out, whilst castor oil and salol were given by the mouth. Sauerin, koumiss, and thyroid were also used without effect. The washing out was discontinued and energetic treatment with bismuth and opium applied. Enemata and massage were then used for a week with improvement, and after two months she had gained four pounds in weight and the tetany and laryngismus had subsided. The massage was continued for three months. The signs of dilatation of the colon then disappeared, but the facial irritability had persisted. A month or two ago she had another attack of tetany with vomiting. Dr. Langmead referred to nine cases exhibiting relapsing tetany, dilated large intestine, and unhealthy offensive motions occurring at an age beyond that of the usual infantile tetany. All had died except the patient exhibited. On tapping the cheek of the child an immediate rapid contraction of the muscles on the same side of the face was elicited.—Dr. ROBERT HUTCHISON asked