of entrance of the cystic duct. The fundus of the gall-bladder was mobilized; a long loop of the proximal jejunum was drawn upward in front of the transverse colon; and the apex of the loop was anastomosed to the full length of the gall-bladder by the side-to-side method, using two rows of interrupted sutures of the finest silk, mounted on eyeless needles. Portions of the jejunum proximal and distal to the stoma were anchored to the capsule of the liver to relieve any tension on the suture line. The operation was completed by performing a side-to-side jejunojejunostomy well below the previous anastomosis, with the object of diverting gastric and intestinal contents from the biliary tree. The individual layers of the abdominal incision were approximated with interrupted sutures of silk, and a small dressing was strapped over the wound.

Post-operative Progress.—Bile was noticed in the vomitus the night after the operation and in the stools three days later. During the next week the jaundice began to fade and the urine became lighter in colour. The liver was not palpable three weeks after operation. The wound healed soundly, jaundice entirely disappeared, no further haemorrhages occurred, the appetite rapidly improved, and the infant made an uninterrupted recovery. He was discharged from hospital six weeks after operation, weighing 9 lb. 2 oz. (4.1 kg.). The patient has been examined periodically during the last three years. When last seen he looked the picture of health and was developing normally.

Conclusions and Summary

A newborn child who has jaundice should be subjected to an exploratory operation shortly after a diagnosis of *obstructive* jaundice is made.

A search then must be made for any evidence of extrahepatic biliary passages which might be used to establish a free flow of bile into the intestinal tract.

Fully 20% of cases of atresia of the bile ducts can be cured by the performance of choledochenterostomy or cholecystoenterostomy.

The techniques of these operations are briefly discussed.

A case of congenital atresia of the common bile duct, which was successfully treated by cholecystojejunostomy combined with entero-anastomosis, is described.

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Ambulance, a professional journal for ambulance and industrial first-aid personnel, has had its first issue. A development of the quarterly review published by the Institute of Certified Ambulance Personnel for their members, *Ambulance* is expected, while continuing to be the official organ of the Institute, to interest readers outside it. It will be on sale to the public (price 1s.) and be produced four times a year. Its aim is to encourage free expression of ideas, even if these do not represent the official views of the Institute, and its columns are open to any reader for discussion on any topic which concerns ambulance men and women. The theme of the first issue is industrial safety. An editorial suggests that "the first-aid arrangements made by industrial firms under the Factory Acts are capable of improvement if they are to safeguard workers under present-day conditions." Another article discusses the prospect of an industrial medical service being set up.

ATTEMPTED SUICIDE WITH METHYLPENTYNOL AND PERSOMNIA

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Methylpentynol ("oblivon") is an unsaturated tertiary carbinol described by Margolin *et al.* in 1951. "Persomnia" is a synergistic combination of the open-chain ureides, carbromal and bromvaletone. Both these drugs have sedative and hypnotic powers, and, as well as being prescribed widely, are freely obtainable without prescription. The following case is described because there are still relatively few reports of overdosage with methylpentynol, and because this is the first reported case of attempted suicide with this combination of drugs.

Case Report

A soldier aged 38, weight 140 lb. (63.5 kg.), attempted suicide on February 6, 1955, by swallowing 25 capsules of oblivon (6.25 g. of methylpentynol) and about 75 tablets of persomnia (225 gr. (15 g.) of carbromal and 75 gr. (5 g.) of bromvaletone). These drugs were purchased from chemists' shops without prescription. The man was suffering from a severe reactive depression of two weeks' duration.

At 11.30 p.m. he began his attempt by taking oblivon, and continued with persomnia until he fell asleep. At 7.30 a.m. the following morning he was discovered unconscious on his bed, and tablets were found on the floor and in the bed. He was unresponsive to any stimuli. When seen by a medical officer at 8 a.m. he was in coma, and was at once transferred to hospital.

On admission at 9 a.m. he was found to be still comatose, but his colour, breathing, and pulse volume were satisfactory. Gastric lavage with sodium bicarbonate solution was performed and 20 mg. of amphetamine sulphate was left in the stomach. General supportive therapy was begun and he was started on intramuscular amphetamine. By 1.30 p.m. his coma had lightened, and by the following morning he was fully conscious. He was unable to recall anything from the time he took the drugs until he awoke in hospital on February 8. He was quite rational and was able to give a coherent account of himself. His only complaint was of headache. There was slight pyrexia, which was accounted for by bronchitis due to secondary respiratory infection. On February 11 he complained of pain in the left popliteal fossa, and this was found to be due to early thrombophlebitis.

The next day he was transferred to the psychiatric division of the Royal Victoria Hospital. The thrombophlebitis and residual bronchitis cleared up with penicillin. There was no apathy or ataxia, and he was left with only some depression relevant to his problems. During the next month he improved with sedation and psychotherapy.

Comment

Bourne (1954) and Lemere (1952) have reported cases of overdosage by methylpentynol, with recovery, in patients who had ingested respectively 6.25 g. and 8.75 g. The largest recorded overdose followed by recovery was 10 g. (Brown and Ellis, 1955). The only reported fatality appears to have followed a dose of 4.5 to 6 g. (Cares *et al.*, 1953).

Only one case of death from persomnia has been recorded (Coroner's Court, Bedford, 1952). This occurred in a woman

who swallowed over 200 tablets—800 gr. (52 g.). Hobart (1951) states that detoxication of the open-chain ureide sedatives is fairly rapid, and that 60–600 gr. (4–40 g.) have been taken in suicidal cases without harm.

Synergism between methylpentynol and barbiturates resulted in death in a man who took 9 oblivon capsules and 20 pentobarbitone sodium ("nembutal") tablets (*British Medical Journal*, 1955). Although it appears from our case that methylpentynol and persomnia do not potentiate each other, the possibility of an additive effect might be considered.

Finally, we would agree with Glatt (1955), who said with reference to methylpentynol, "It is regrettable that members of the public should still be able to purchase large quantities of this drug so easily without a prescription, in spite of the advice of the Pharmaceutical Society; it should be supplied only on a prescription." On the other hand, there are no indications for placing special restrictions on the sale of persomnia, but note should be taken of a recent report in the English literature of a purpuric eruption caused by carbromal (Borrie, 1955).

Summary

A soldier aged 38 attempted suicide by swallowing 25 capsules of oblivon and 75 tablets of persomnia. He was suffering from reactive depression. He recovered on routine treatment. This is the first reported case of attempted suicide with this combination of drugs.

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Medical Memoranda

Recurrent Abortion Associated with a Bicornuate Uterus

A successful outcome to a pregnancy in one horn of a bicornuate uterus is by no means a rarity, but the problem of how best to advise a patient with such a developmental abnormality of the uterus after four successive abortions may be difficult to solve. This is illustrated by the following case.

CASE REPORT

When first seen by me at Farnborough Hospital in 1949 the patient was a healthy woman aged 28. Her general medical and family history contained no features of relevance. Menstruation had begun at 15, and periods of six days' duration were occurring regularly at 26-day intervals. Her first four pregnancies all terminated in abortion, and the details may be summarized as follows.

The first pregnancy, in 1943, ended in abortion at two months and was followed by evacuation of the uterus under general anaesthesia. A diagnosis of "subseptate uterus" was made, but a hystrogram some six months later was reported as "indefinite," as the dye was not retained.

The second pregnancy, in 1946, terminated in abortion at 10 weeks. The patient was receiving weekly injections thought to have been of progesterone, and it was on the day after the third of these that the abortion occurred.

The third pregnancy, in 1949, lasted nearly 14 weeks, and it was at this time that the patient first came under my care. When the second period was due there had been three small painless vaginal blood losses on consecutive days. She allowed a week to elapse before reporting to the clinic, and a pregnanediol estimation at the time revealed no evidence of progesterone deficiency. When the third period would have been due vaginal loss recommenced. She was admitted to hospital, and, in spite of complete bed rest, abortion occurred two weeks later. Evacuation of the uterus followed, and on examination under anaesthesia an indentation could be clearly felt in the position of the fundus. A finger passed through the open cervical canal identified a projection into the uterine cavity, the retained products of conception being found in the left horn.

The fourth pregnancy occurred in 1951, and the patient was seen after she had had seven weeks' amenorrhoea. She stated that one week previously a small red blood loss per vaginam had been noted, and this had been followed by a slight pinkish discharge every morning. Some days later, at the time when the second period was due, a further small fresh blood loss occurred, but with complete rest in bed and 2 gr. (0.13 g.) of phenobarbitone daily for seven days this symptom was not repeated. The time when the next period would have occurred was estimated and complete bed rest was again the regime adopted. Nothing untoward occurred. Progress appeared to be satisfactory until the 22nd week of pregnancy, when backache and a watery vaginal loss were followed by complete abortion. A male foetus was passed which was normal on inspection. Macroscopically the placenta showed no abnormality.

Eight months later a hystrogram was undertaken. One and a quarter hours after $\frac{1}{2}$ gr. (22 mg.) of "omnupon" had been administered hypodermically, an intrauterine injection of "viskiosol six" was given. The x-ray picture obtained is reproduced. The patient was naturally anxious about the outcome of any future pregnancies, and I advised that a further attempt might be made.

Three months later she began her fifth pregnancy. As had been previously arranged, she was admitted to hospital for complete rest in bed at the times when her periods would normally have been due. Progress was uneventful until the 26th week, when she was readmitted to hospital complaining of backache and watery discharge. These symptoms, however, were not apparent after admission, and three days later she returned home.

At 36 weeks the foetal position was left sacro-anterior. Maturity and the presentation of breech with extended legs were confirmed radiologically. No attempt at external cephalic version was made, and elective caesarean section was decided upon. The operation was performed three weeks later. Foetus and placenta were found to be occupying the left horn of the uterus and were delivered through a longitudinal incision in this horn, breech extraction of a female infant being achieved with no difficulty. The right horn of the uterus was hypertrophied and about the size of a 10-weeks pregnancy. A thick muscular projection extended from the indent in the fundus down to the level

Radiograph showing uterus bicornis unicollis.