muscularly, intravenously, or by both routes, and the immediate institution of intratracheal insufflation with oxygen.

No anaesthetist should approach a young and febrile patient unless he has the means and the ability to adopt these measures at a moment's notice.

Bournemouth. S. F. DURRANS, M.R.C.S., L.R.C.P., D.A.

Complete Stenosis of Common Bile Duct: Operative Cure

This case is an example of the successful treatment of a condition which is otherwise invariably fatal. It is presented in the hope that it will help to draw attention to the possibility of cure in such cases.

CASE HISTORY

A woman aged 53 was operated on by Mr. Clark at the North Riding Infirmary, Middlesbrough, on May 8, 1939, for gallstones. An ordinary cholecystectomy was done, but it was noted that the gall-bladder was very adherent to the liver. The common bile duct contained no stones and was not opened. There was no unusual difficulty about the operation, convalescence was normal, and the patient was discharged on July 6, 1939.

Four months later, on November 7, she was readmitted with progressive jaundice and severe pruritus, and on December 5 a second operation was done. The region of the common bile duct was seen to be a mass of dense scar tissue; the duct itself could not be found in spite of careful dissection. As there seemed no prospect of successful treatment the abdomen was closed. The patient's condition became steadily worse, the itching driving her almost mad, and it was obvious that unless something could be done, and that quickly, she would shortly die. In the meantime Wakeley (1939) had described the successful treatment of such a case by incising the liver and duodenum and stitching a rubber tube in place between them, covering the anastomosis with omentum. It was decided to carry out this procedure.

On February 27, 1940, her abdomen was opened for the third time and the operation described by Wakeley performed. The incision into the lower surface of the liver was deepened by blunt dissection to a depth of 2½ inches, using a pair of artery forceps. The patient recovered well from the operation, but for a week there was no improvement in her jaundice or pruritus. Then quite suddenly she began to pass normal-coloured stools and the itching disappeared. Her jaundice began to improve about the same time, but more slowly. She was discharged on April 23, 1940, with only an icteric tinge, feeling very well. A radiograph at that time showed the tube to be still in position. She occasionally passes clay-coloured stools and has some slight skin irritation, but when last seen at the out-patient department on February 10, 1941, her stools were normal, although she still had an icteric tinge. A radiograph taken on August 12, 1940, showed that the tube had disappeared, presumably having been passed per rectum.

DISCUSSION

One interesting point which arose was whether the incision into the liver should be deepened by sharp or blunt dissection. In this case it was done by the blunt method. I have since been informed by Surgeon Rear-Admiral Wakeley that in his case he dissected down through the liver substance with a scalpel until he found a distended bile duct; he opened this and inserted the tube. This is not made quite clear in his description of the case. In the present case it seems likely that after a week the rubber tube eroded a distended bile duct in the liver substance, and thus allowed drainage. It is not surprising that this should happen, as in a similar case, not operated on, a bile duct has actually been known to rupture through the diaphragm and open into a bronchus (Miller, 1939). With this in mind blunt dissection would seem to carry less risk of serious haemorrhage.

I am indebted to Mr. J. C. Clark, the surgeon in charge, for permission to publish the case, and also wish to thank Surgeon Rear-Admiral Wakeley for his encouragement to do so.

FRASER SINCLAIR, M.D.,
Surgeon Lieut., R.N.V.R.

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Wakeley, C. P. G. (1939). *Ibid.*, **27**, 414.

Reviews

HISTORY OF PHARMACY

History of Pharmacy. A Guide and a Survey. By Edward Kremers, Ph.D., Sc.D., and George Urdang, D.Sc. (Pp. 466; 30 illustrations. 25s. net.) Philadelphia, London, Montreal: J. B. Lippincott Company. 1941.

This typically encyclopaedic German-American work is stated by the authors to be compiled with particular reference to the needs of students. We can hardly believe that, however useful it may be as a book of reference, students can or ought to try to assimilate such a mass of detail. The opening chapters on early backgrounds and medical theories are, however, of real general interest. They are followed by sections dealing with the rise of professional pharmacy in different European countries, and here we detect a mildly patronizing attitude towards England. Nearly half the book is devoted to a minutely documented account of pharmacy in the United States in all its bearings. A bibliography, chronology, and glossary complete this monument of laborious industry.

Certain general conclusions emerge. The authors believe that from the very beginning attempts at rational therapeutics went hand in hand with purely magical procedures. Secondly, it appears that the repeated attempts of the physician to control the pharmacist have not always favoured the scientific advance of pharmacy. It is interesting to learn that the Emperor Frederick II, that extraordinarily modern-minded man, issued an edict in 1240 separating the pharmaceutical from the medical profession. In this country the Society of Apothecaries had in 1617 to emancipate themselves from the physicians on the one hand and the grocers on the other. Then the apothecaries claimed to be practitioners of medicine, and to protect the interests of pharmacy the Pharmaceutical Society was founded just a century ago. Even so the struggle continues between the doctor who dispenses and the chemist who prescribes. Fortunately, a *modus vivendi* between the two professions concerning the *British Pharmacopoeia* and many other matters has been achieved.

The third point is that, although an increasingly high standard of education is demanded of the pharmacist, his privileges stand in danger of serious curtailment through the increasing power of the co-operative societies and patent medicine vendors, on both of whom the legislature casts a curiously protective eye, not to mention the wholesale chemist who sends out remedies all ready to be handed over the counter by a highly trained dispenser. The moral of the history of pharmacy is that if its professional status is not safeguarded the whole technique of healing suffers.

ENCYCLOPAEDIA OF MEDICAL PRACTICE

The British Encyclopaedia of Medical Practice, including Medicine, Surgery, Obstetrics, Gynaecology, and Other Special Subjects. Under the general editorship of Sir Humphry Rolleston, Bt., G.C.V.O., M.D. Publishing Editor, Adam Clark, L.M.S.S.A.; Sub-editor, G. Faulkner, D.Sc. *Surveys and Abstracts and Cumulative Supplement, 1940.* (Pp. 956, and pp. 283. No price given.) London: Butterworth and Co. (Publishers) Ltd.

Continuing to fulfil the plan originally adopted for the *British Encyclopaedia of Medical Practice*, the editors have brought out the 1940 volumes of *Surveys and Abstracts* and of the *Cumulative Supplement* in spite of wartime conditions. These keep the high standard previously remarked on. Though naturally influenced by both war problems and war needs, the contributors take a broad-minded view of the subjects under comment and again set out an up-to-date review of the matter. In the past few years two