15. Dr. O. R. Lewis, Perry Barr, Birmingham: 3 patients. In the first the patient, a lady, is in excellent health, and has gained 14 lb. in weight. She says she "feels a new woman." The kidneys are in excellent position. The second patient, a nurse, who had been compelled to give up work, writes: "I am pleased to say that I am very well indeed. With the exception of short holidays I have been on duty the whole time since March, 1911, my operation having been the previous August. I frequently walk six or eight miles after twelve hours on duty." The third case, a lunatic, operated on in 1907, I did not attend after her operation, but I see her sometimes looking very well, and have no reason to think that her operation was anything but a complete success.

16. Dr. Prichard, Banbury: 7 patients. In every case the operation was successful surgically. "One patient died of another condition eight months after his operation, and the kidney was found at the *post mortem* to be so firmly attached to its moorings that I did not disturb it." Three patients are quite well. Two are much better and still improving. One is improved. This is the only patient that has not received sufficient benefit fully to justify the operation.

17. Dr. Knott, Sutton Coldfield: 3 patients. In each case the operation has been a surgical success. One patient is perfectly well; one is better; and the third is no better of her nervous symptoms.

18. Dr. Thompson, Halesowen: 2 patients. Both operations have been surgical successes. In the first the operation was done three years ago. The indigestion, from which she had suffered for years, has ceased since she left the nursing home; she has gained 2 st. in weight, and can do her work better than for years previously. The second patient is improving, but sufficient time has not elapsed to estimate the full benefit received.

19. Dr. Starkie, Moseley: 3 patients. In each case the operation has been a surgical success. Two patients are much better, and the general benefit has fully justified the operation. The third case is no better.

SUMMARY OF REPLIES.

Of the 97 patients, information was obtained concerning 92. With the exception of one lady who has pain in her side, the operation has been surgically successful in every case in the sense that the kidneys are satisfactorily anchored, and there are no after-disabilities.

With regard to the general benefits resulting from the operation, 7 patients only are reported as being no better. A large number of cases are described as being "perfectly well," while others are said to have greatly improved in health and general efficiency.

REFERENCES.

¹ Movable Kidney from a Surgical Standpoint, BRITISH MEDICAL JOURNAL, November 30th, 1907. ² The Indications for Nephropexy, *Ibid.*, May 1st, 1909.

HEART-BLOCK IN A CASE OF PNEUMONIA.

BY

R. R. M. PORTER, I.M.S., M.B. ABERD.,

RAWAL PINDI.

HEART-BLOCK is a condition which in recent years has attracted much attention in chronic heart disease, but comparatively few cases have been reported in acute affections of the heart. This is probably not due to the great rarity of such cases, but rather to the fact that comparatively little attention has been directed to this variety of the affection. Cases have been described more especially in acute rheumatism and in diphtheria, but also in influenza, ulcerative endocarditis, typhoid, and *Bacillus coli* cystitis.

In the great majority of cases examined *post mortem* inflammatory changes have been found in the conducting tissues. In one described by Price and Ivy Mackenzie as a case of complete heart-block with auricular fibrillation, although there was extreme degeneration and cellular infiltration of the cardiac muscle, no definite change was found in the conducting tissue. As the authors point out, the interpretation of the tracings was not quite clear, and it is possible that the block was not complete. In pneumonia one case without necropsy has been recorded by Magnus-Alsleben:

CASE.

A Government mule driver, aged 27, took suddenly ill at Jelum on December 16th, 1913. He was admitted to the Followers' Hospital, Rawal Pindi, three days later. The upper lobe of the right lung was consolidated and the symptoms were those of typical acute croupous pneumonia. The pulse was 120 and the respirations 40. For the next three days his temperature remained between 102° and 104° F., and on December 23rd he had a typical crisis and seemed to be doing quite well. Quite suddenly he showed signs of collapse. He was seen for

me that night by the orderly medical officer, who noted that the pulse-rate was only 40. The medicinal treatment had been the administration by the mouth of ammonium carbonate, with 5 minims of liquor strychninae and 7 of tincture of digitalis every four hours from admission. In addition he had 3 oz. of brandy daily from December 22nd.

On the morning of December 24th the digitalis was stopped and strychnine hypodermically with salines rectally were ordered. Morphine $\frac{1}{4}$ gr. was prescribed for hiccough, which was very distressing and resisted local epigastric counter-irritation. This was continued till December 28th, when the hiccough was less persistent. The patient had a good night and on the 29th was distinctly better. The pulse-rate had fallen to 30 while the respiration-rate was actually faster than the pulse (35 to 40). On auscultation during the slow rhythm there was no evidence of extrasystoles.

From this date onwards the pulse-rate increased, occasional dropped beats being noticed, particularly after slight exertion such as turning in bed.

The chief interest of the case lies in the sudden incidence of heart-block complicating the pneumonia. That we were dealing with a true heart-block is, I think, clear, even in the absence of polygraphic tracings, as a regular pulse of 30 is unknown as the result of a sinus bradycardia. A pseudo-bradycardia resulting from recurring extrasystoles can be excluded by the absence of any auscultatory evidence of extrasystoles during the slow rhythm.

In view of the fact that the patient had taken 5 drachms of tincture of digitalis, it is probable that the block was due partly to the digitalis but chiefly to a functional defect in the conducting tissues the result of the pneumonic infection. That the block can have been solely the result of the digitalis is extremely unlikely, as, although toxic doses of digitalis may produce a mild degree of partial heart-block, the severer grades of heart-block are never observed except in cases in which there has been a previous defect in conductivity. Further, the fact that the pulse slowed steadily for five days after the digitalis was stopped is very much against the view that the block resulted solely from the digitalis.

Whether this defect in conductivity was the result of toxicæmic functional disturbance or of actual inflammatory changes in the bundle it is, in the absence of a necropsy, impossible to say. Judging from the recorded results of necropsies in other infective diseases, the probability would seem to be in favour of an actual inflammatory lesion. There is no evidence that this patient suffered from rheumatic fever or syphilis. The ventricles were perfectly regular so far as stethoscope and finger could judge as soon as the condition was observed, and remained so when the pulse-rate slowed. It was only as the block passed off that dropped beats were observed. These facts raise the presumption either that there was at first a severe partial block with only every third auricular impulse passing (original auricular rate 120), ultimately becoming complete when the pulse-rate fell to 30, or that the block was complete almost from the first, with a high idio-ventricular rate from the pneumonic toxæmia (40), just as one had a high auricular rate (120).

It was at first impossible to make out auricular pulsation in the jugular, and no evidence of auricular activity could be heard on auscultation. At present (January, 1914) the pulse shows occasional dropped beats, and after slight exertion every third beat is missed. During the pause a faint sound is heard, and a wave of pulsation is visible in the right jugular. There is a soft apical systolic bruit. I cannot account for the hiccough on any special grounds. It prevented sleep for three days, and nearly ended the exhausted patient's life.

I am indebted to Lieutenant-Colonel Gee, I.M.S., and to Lieutenant J. D. Wilson, I.M.S., for permission to publish the case, and to the latter for much valuable help in its conduct. Dr. A. W. Falconer, of Aberdeen, kindly looked up some references for me, which were not available here.

REFERENCES.

¹ *Heart*, 1911-12, iii, 233. ² *Zeitschr. f. klin. Med.*, 1910, lxi, 82.

THE Berlin Association of Medical Women and a Committee of the German Lyceum Club, formed to promote the foundation of a hospital for women officered by medical women, have combined under the name Hospital Union (E.V.) attached to the German Lyceum Club. The body of directors is composed of women doctors in the proportion of two-thirds to one-third of lay members.