ruary 21st, 1884. He had been complaining about a month of aching pain in his feet, especially the left. The pain was in the instep and ankle. He was walking on the inner side of his boot. On examination, it was found that the arch of the foot had yielded, and that the inner ankle was unduly prominent. The lower epiphysis of the fibula, as well as that of the tibia, was enlarged. The ligaments had yielded less on the right side. On treating his urine with nitric acid, a considerable quantity of albumen was precipitated. His complexion was pale, and his forehead prominent. There was considerable beading of his ribs. His throat was congested, and his tonsils large; but of his throat he made no complaint.

The second case came first on March 27th, 1884, when his urine was not examined. H. N., aged 15, a printer's boy, sought advice on account of a weak foot and ankle. The right foot had quite lost its arch, and the ankle-bones were prominent. The left foot was also flat. The wrists were slightly enlarged, but the ribs were not distinctly beaded. When he attended on April 17th, his urine was examined, and found to contain a considerable quantity of albumen.

NOTE ON CHOLECYSTOTOMY.

By LAWSON TAIT, F.R.C.S.

THE patient upon whom I first did this operation, the first successful one of its kind, and the second ever attempted, has remained in perfect health from the date of her operation, August 1879, till now. I have performed the operation thirteen times, and all of the patients have recovered. One old woman died from suffocative catarrh some weeks after the wound was healed, and another case died of cancer of the liver, that being, in all probability, the cause of the distended gall-bladder, for I found no gall-stone which I could remove. Beyond the reach of my finger there was a nodule which, at the time, I believed to be an impacted calculus, but this was not confirmed by any *post mortem* examination, and the subsequent history was that of cancer.

The remaining eleven cases are in perfect health, and the results are perfect with one exception, and that exception has taught me a great deal.

It has, in the first place, satisfied me that my much lamented friend, Dr. Marion Sims, laid down principles from which we are not likely to depart with any advantage, and that he practically perfected this operation, though he did not meet with a successful result in his own case.

Two modifications of the proceedings as advised by him have been suggested and have been put in practice, but they are not based on good reasoning, and have not been successful in practice. The first is a proposal made, I believe, by Sir Spencer Wells, to open the gall-bladder, remove the calculi, and to close it by a continuous suture without attaching it to the abdominal wound. So far as I know, this has been put in practice only once, and the result was fatal. A large quantity of bile was found in the peritoneum; and though this may not have been the cause of death, it is clearly a condition which is unlikely to contribute to success.

But the arguments against this proceeding are much stronger than the mere want of success in a single case. The gall-bladder is an organ subject to periodic filling and emptying, the latter process being accomplished by the contraction of its muscular walls, and this contraction is far more powerful than seems to be believed by any author I have consulted on this point. It also secretes an abundant quantity of clear albuminous fluid from its mucous surface, and this fluid contains—if I may make a conclusion from the few rough experiments I have made on the subject—some kind of ferment. Even if no bile enter the gall-bladder, it speedily fills with this secretion and expels it; so that, if its duct were occupied by a calculus, and a wound in its base were closed by a continuous suture, and not fastened to the abdominal wall, as recommended by Sir Spencer Wells, it is difficult to believe that such wound would remain closed.

It is a matter of extreme difficulty—in fact, I may say it is impossible during the operation of cholecystotomy—to be quite certain that all the stones are removed from the duct. This canal is distended by the passage of a calculus, urged forwards by the pressure of the secretion of mucus by the gall-bladder itself. So long as the stone is in the cystic duct, the contents of the distended gall-bladder consist entirely of this clear mucus. After the stone has passed the mouth of the liver-duct, the bile flows into the gall-bladder, its passage into the duodenum is prevented, it is reabsorbed into the system and jaundice is produced. The cystic duct, in its normal state, is of much smaller diameter than the common duct, and the agonising pain of the pas-

sage of a gall-stone seems to be limited, in great measure, to this part of its journey, for it is rare, after these severe attacks, that jaundice occurs. After mild attacks jaundice occurs sometimes, and this indicates that the stone is passing, or has passed, through the common duct.

This leads me to say that, should cholecystotomy be performed whilst a stone is in the common duct, and the gall-bladder treated as recommended by Sir Spencer Wells, it is clear that the pressure required to force the stone into the duodenum would be much greater than that required to tear open the stitched wound in the gall-bladder; extravasation of bile into the peritoneum ever afterwards would be inevitable.

Exactly the same argument is to be urged with still greater force against Langenbuch's proposal to remove the gall-bladder. The proposal is intrinsically absurd, for there can be no reason for removing any bladder merely because it has some stones in it. In many (five) of my cases the bladder was suppurating and greatly thickened, but the removal of the stones and the drainage of the bladder for a few weeks completely cured this condition. If the gall-bladder were removed at the time that a stone was lodged in the common duct, the bile must all flow, just as in the other case, into the peritoneum. I understand that Langenbuch's proceeding has been fatal in three out of six cases, where it is known to have been tried. It would have been fatal in three of my own cases if I had employed it, for in three of them stones were thus situated. In two I got the stones out, and in the third the stone is still there. Every drop of bile comes through the fistula, and not any appears to go through the intestines. The fistula is a mere pin-hole, and I have tried to close it three times, always with the result of bringing an agonising colic which lasts till the bile forces its way out through the fistula. This takes about fifty hours. It is clear I shall not succeed in this way, and I propose to open the abdomen again, about an inch to the inner side of the gall-bladder, and crush the stone *in situ* by means of padded forceps applied outside the duct. If a better plan should occur to any of my readers I should be glad to have it, and if it should be practicable and successful, its originator shall have full credit for the suggestion.

Whilst watching these interesting cases of biliary fistula, I have read much of the literature of investigations concerning the function of the bile, and I have been greatly amused to see how utterly futile experiments on animals have been in settling even the most elementary facts of the influence and the uses of the human bile. Thus I have not seen the slightest evidence to believe that either quantity or quality of food, or any drugs which were used for the legitimate treatment of these cases, as morphia, calomel, podophyllin, and rhubarb, have the slightest effect on the quantity or character of the secretion. None of the patients have suffered in any way when even the whole secretion has come through the fistula, in one case for months, save from the inconvenience of the dribbling. Indeed, in a case still under observation, the patient has positively gained in weight, and has greatly improved in health. The stools are almost milk-white, and there is not the slightest evidence of the flatulence and decomposition which is said in the text-books to be the result of biliary fistula.

The conclusion of the surgical experience in these cases is, that the entire possibilities of the treatment of gall-stone and distended gall-bladder are exhausted in Dr. Marion Sims' original paper published in this JOURNAL, that no further extension of it seems possible, and that no further experimentation, such as that of Wells and Langenbuch, seems desirable.

UNUSUAL SYMPTOMS FOLLOWING THE USE OF UNGUENTUM HYDRARGYRI AMMONIATI.¹

By W. E. GREEN, M.R.C.S.

THE following case came under my notice a few months since, and, as it was altogether unusual, I thought a few notes might be interesting to this meeting.

On July 7th, I was asked to see a German lady staying in our town, and, on arriving, was told that she was suffering from inflammation of the head. I found the patient in bed, with considerable redness and swelling about the left temple, forehead, ear, and scalp. There was no feeling of heat, and no itching or pricking sensations, but only a feeling of fullness.

The left eye was partly closed by œdema of the lids. There was a dirty white tongue, and constipation; no pain; and the pulse and temperature were normal. When questioned, the patient said that, as

¹ Read at a meeting of the Isle of Wight District of the Southern Branch of the British Medical Association.

her scalp had been scurfy after bathing, she had bought a pot of dandruff-cream, and used it the day before. The symptoms had commenced very soon after the application, and were continually on the increase. She then showed me some small patches of swelling, on which appeared a few vesicles, between the clefts of each finger. Knowing that these preparations often contain white precipitate, I at once asked the patient as to whether she knew that she was peculiarly susceptible to the influence of mercury. She said "Yes;" that some years since, in Germany, her medical man had prescribed an ointment for a small sore behind the ear, and one slight application of it had produced an exactly similar condition to her present one; that he had ascribed it to the use of a mercurial ointment, and cautioned her never to make use of any preparation containing it. A saline aperient was given, and an effervescent medicine to allay the irritable condition of the stomach.

In the evening, the oedema had much increased, but was principally upon the left side; both eyes were closed; a larger quantity of cream had been used upon the left side.

The next day, all the symptoms were increased, and the chin hung down upon the left side like a great pendulous bag.

The following day, the patient was much better, and in a few days quite well again. In fact, it disappeared as quickly as it came, and there was no loss of strength.

The skin desquamated between the fingers and over the whole scalp. Throughout, the pulse was natural; there was no rise in temperature, no pain, and no prickings or local heat. Had these been present, I should at once have considered the case to be erysipelas, but the whole thing so apparently came as the result of the local application of the cream, as instanced by it also affecting the skin between the clefts of the fingers, presumably because it was more tender in those parts, or else had not been thoroughly washed off, that I could only look upon it as cause and effect, and not as a constitutional affection. I wrote and asked the opinion of Dr. Robert Livinge thereon, which he very kindly gave, as follows.

"I should call the eruption one of acute local dermatitis, produced by unguentum hydrargyri ammoniati (I assume you are right as to its origin). Of course, you are quite right as to its not being erysipelas. It comes much nearer to acute eczema, with much infiltration. I have often seen the eyes closed—in fact, all you describe—from an acute eczema of the head; but in your case—and that is the point of interest—you seem sure of an artificial production from the ointment. I have never met with a case of the kind produced by unguentum hydrargyri ammoniati, which is not usually an irritating application, but I have from a very strong ammonia lotion."

I should add that I found, upon inquiry, that the preparation used did contain about 40 grains of white precipitate to each ounce of the cream.

FIRST AID TO THE WOUNDED IN CIVIL LIFE.

By A. W. MAYO ROBSON, F.R.C.S.,

Surgeon to the Leeds General Infirmary.

Those who have had experience in the casualty-department of a hospital in a manufacturing town cannot have failed to notice the very dirty, and consequently septic, condition of wounds when first brought under the notice of the surgeon, rendering it often impossible to give the patients a chance of being treated antiseptically, and thus often leading to the loss of digits, of limbs, or even of life.

Now if, as is at present proposed in military surgery, some simple antiseptic dressing were immediately available, with short directions affixed, the injured might at once have their accidents attended to, and be sent to a surgeon, who would have a clean wound to deal with, instead of a foul sore, which must, of necessity, suppurate.

Messrs. Mayer, Meltzer, and Co., have, at my suggestion, put up such a dressing in little space, and at small cost, which can be supplied to firms, and either kept in the office or distributed to the foremen of departments; each packet having simple directions affixed as follows.

"Do not wash the wound, but simply dust over it, by means of the dredger, a thin layer of the yellow powder. Then apply a layer of the cotton, so as to completely cover the wound. Lastly, apply the bandage just tight enough to keep the dressing in place, until the patient sees a surgeon."

The whole is contained in a small tin case, whose contents are a dredger containing half an ounce of iodoform, a small amount of salicylic wool, and a carbolic gauze-bandage.

OBSTETRIC MEMORANDA.

DECIDUA TUBEROSA ET POLYPOSA.

A PATIENT aged 26, a multipara, three months pregnant, called me in a few days ago. On examination, I felt a mass of membranes, and, through them, a peculiar nodose substance. On passing my fingers further into the womb, the whole mass came away, with comparatively slight after-discharge. The membranes were very tough and thick, and were filled with a dark grumous fluid, with no traces of the foetus. The uterine surface of the decidua vera was rough, and covered with coagulated blood; and upon the surface of the decidua directed towards the ovum there were large polypoid excrescences, which had caused the peculiar nodular feeling which had been detected on examination. The length of these polypi was from one-eighth to a quarter of an inch; they were devoid of mucous membrane. On section, they appeared filled with coagulated blood, and connected with each other by narrow bands of decidual tissue. According to Lusk, the cause of this variety of decidual inflammation is very obscure. Virchow states that syphilis is the exciting cause, with pre-existing endometritis as an additional causative agent. Gussierow suggests that conception soon after delivery may excite the recently formed mucous membrane of the uterus to abnormal proliferation. Other writers state that it is idiopathic. This case I can ascribe to neither of the first two causes; but about three months ago, at the time of her supposed conception, the patient suffered from croupous pneumonia with high temperature, from which she recovered very slowly, and since then her periods appear to have been irregular. This form of decidual inflammation seems generally characterised by early miscarriage, as appears in this case. The patient has since made a good recovery.

ALFRED WARD, M.B.,

Austin, near Rotherham, April 19th, 1884.

THERAPEUTIC MEMORANDA.

SUBSTITUTE FOR NITRITE OF AMYL CAPSULES.

It must often happen to medical men, especially to those practising in the country, that, just when they want some nitrite of amyl capsules for administration in an urgent case, they find they are without them, and cannot obtain them without considerable delay. Although it is easy for the medical man himself to administer a few drops from a bottle by dropping, still it would be very dangerous to leave the bottle with the patient for self-administration, and therefore the remedy cannot be employed till the medical man has again been summoned.

To provide for the above contingency, I think the following plan will be found both convenient and economical. Some small wide-mouthed bottles should be obtained with closely fitting corks, and into each bottle a little cotton-wool should be placed. All that is necessary is to drop the required dose into the bottle, cork it tightly, and invert it. In this inverted position, the nitrite of amyl will retain its properties unimpaired for a considerable time, for some months at least, and can be used by simply removing the cork and applying the bottle to the nose of the patient.

R. L. BATTERBURY, M.D. Lond., Berkhamstead.

BEQUESTS AND DONATIONS.—Mr. John Harding, formerly of Manchester, afterwards of Leamington, bequeathed £3,000 to the Manchester Royal Infirmary, £3,000 to the Salford and Pendleton Royal Hospital and Dispensary, £2,000 to the Royal Hospital for Incurables at Putney, £2,000 to the National Hospital for the Paralysed and the Epileptic, £1,000 to the Manchester Royal Eye Hospital, £1,000 to St. Mary's Hospital at Manchester, £1,000 to the Northern Counties Hospital and Home for Chronic and Incurable Diseases at Ardwick Green, £1,000 to the Midland Counties Idiot Asylum at Knowle, Warwickshire, £500 to the Hereford Infirmary, £500 to the Samaritan Free Hospital for Women and Children, and £500 to the Cancer Hospital.—The Salop Infirmary at Shrewsbury has received £518 8s. 8d., under the will of the Rev. T. B. Parkes, Vicar of Atcham.—Mrs. Eliza Hawkins, of Uttoxeter, bequeathed £500 to the Burton-on-Trent Infirmary.—The Chester Infirmary has received £358 under the will of Mr. C. V. Royle, solicitor.—Major and Captain Thurlow has given £250, and Mrs. Fletcher £100, to the London Fever Hospital.—The Mercers' Company have given two hundred guineas, additional, to the National Hospital for Consumption at Ventnor, on account of the Earl of Northampton's Charity in aid of its funds.—The Merchant Taylors' Company have given £105 to the Royal Free Hospital.