the stem hollow. One stud was inserted so that it made a communication between the abdominal cavity and the space underneath the anterior sheath of the left rectus; the other, between the abdominal cavity through the right rectus into the subcutaneous tissues. The studs were inserted at the level of the lower end of the incision and about two inches to either side of it, in order to keep them as far away from omentum as possible. The wound was then sutured in layers.

The after-results have been surprisingly good. From the date of the operation Mr. X has not ceased to improve. It was thought advisable to tap him once more, ten days after the operation, owing to a reaccumulation of fluid; 70 oz. were withdrawn, but since then there has been no more accumulation of fluid, and on examining him, on October 10th, I failed to detect any free fluid in the abdominal cavity. His weight had increased rapidly, sometimes 4 lb. in a week, until on the date mentioned it had reached 11 st. 8 lb. He then felt exceedingly well, and had an excellent appetite. His complexion was fresh and healthy, and his mental outlook bright and alert. In other words, the operation had "made a new man" of him.

I feel sure that an operation capable of producing such results in a condition commonly considered almost hopeless by general practitioners should be given wider publicity and further trial.

DERMATITIS ARTEFACTA DUE TO CANTHARIDES PLASTER.

BY

FREDERICK GARDINER, M.D., F.R.C.S.ED.,
PHYSICIAN, SKIN DEPARTMENT, ROYAL INFIRMARY, EDINBURGH.

CASES of artificially produced dermatitis are always interesting, and this one is especially so, because of the agent used and the psychology of the patient and friends. The details of the case are as follows.

An unmarried woman, aged 26, had suffered from a bullous eruption on the front of the neck and the chin down to the sternum; there were also some lesions on the backs of the hands. The lesions were markedly angular and showed definite blisters in places, and I thought that heat would be a likely cause. They were reported to have persisted off and on for nine months. She had an operation for appendicitis in February, 1928, the wound remaining open until October, and the eruptions date from about that period. Menstruation had been absent for about eighteen months.

Her first doctor stated that the condition was artefact, and then he admitted that he was mistaken—at least, so the sister avers. The other doctor consulted later maintained that, in his opinion, it was artefact. She was admitted to the ward and lesions still developed, until a nurse found that she carried a handkerchief to the bathroom. In the handkerchief there were subsequently found several fly blisters; she had even put them on under starch poultices while in the ward. Later the matter was further cleared up by her sister finding fly blisters in her bed in the bedroom she had vacated at home.

When admitted to the ward she was sleepless and had a furtive expression. After the discovery of the blisters, and after the evil of her ways was pointed out to her, she was very quiet for a day or two. Thereafter she became one of the most obliging and cheerful patients in the ward.

The communications with the friends form another point of interest. When first seen, the sister, who, the doctor states, is a good housewife and mother, asked me if I thought the condition was artificially produced, and on my answering in the affirmative, she said that it was a lie. I naturally suggested that such a statement was not tolerated in the infirmary, and she was dismissed with an admonition and assurance that her sister would be well looked after. Two days later, over the 'phone, she asked me if I had found out the cause, and on my replying that blisters were ascertained to be the cause, she retorted that she would report the matter to the managers of the infirmary, and banged down the telephone. The next day, instead of carrying out her threat, she sent a letter, from which the following is extracted:

"How did you diagnose the case so quickly? My husband and I watched the blisters for six months and have not discovered their origin. Of course, you are a professional, we are not, only we have eyes. Did you personally observe blisters being put on or who observed blisters being put on? If you have found what blisters are put on with please keep same as I wish to see personally that specific article a thing. I know now that you have not seen them personally, starting and finishing, as it takes

a considerable time for them to appear. Of course, if a nurse told you that she observed blisters being put on naturally you would believe her, whereas I would say she was hypnotized into believing so by some *Higher Force*, so be very careful how you treat her. I demand that my sister should be observed carefully for a considerable time. The whole trouble now is that she is aware of your suspicions. She is very sensitive, and does worry so about these silly suspicions; first one doctor says blisters are caused by boiling water, another says a poker, another suggests acids, a truly interesting case with a final suggestion of fly blisters (Cantharides). Please give her a chance before you come to conclusions.

"Pardon me if I seem impertinent, I am merely determined that my sister will have attention. I know you will be the first to do your best *when disillusioned*."

Finally, when the blisters were found not only in the ward but in her home, the sister wrote a very complete apologetic letter.

The humour of the situation will doubtless strike some readers. Evidently there are also marked psychic abnormalities in both the patient and her married sister. In the circumstances it would not have mattered if we had not been able to clinch the diagnosis so satisfactorily, but in dealing with a private patient there might have been more serious trouble and loss of kudos.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

A GENERAL METHOD FOR MALLORY'S TRIPLE STAIN.

It is generally stated in textbooks of histology and microscopy that Mallory's connective tissue stain can only be employed successfully with material that has been fixed in Zenker's fluid or, at a pinch, with other sublimate solutions. This does not seem to be invariably the case, judging by the reports of workers with whom I have come in contact. For my own part I have found the following method to give uniformly good results with ordinary fixatives, especially as regards the fuchsin and orange-G components of the stain. Since most pathological material is sent up in formol or alcohol there is no need to stress the advantages of having a routine method of rendering such amenable to the Mallory technique.

The modification consists in the use of a mordanting bath prior to immersing the sections in acid fuchsin. To make the bath prepare the following solutions:

(a) Potassium bichromate	...	...	...	3 grams
Distilled water...	...	...	...	100 c.cm.
(b) Hydrochloric acid (conc.)	...	...	...	10 c.cm.
Spirit	...	...	...	to 100 c.cm.

One part of (b) is mixed with three parts of (a) when required. The mixture should be used while fresh—within four hours; after that time the greater part of the alcohol will have been oxidized by the bichromate. Sections which have been fixed in alcohol, formol, or picro-formol (Bouin) are brought from xylol through absolute alcohol to spirit in the usual way; they are then transferred to the mordant prepared as above and left in it for five to seven minutes. If desired they can now be rinsed (not washed) in water, although this is unnecessary. They are then placed in the acid fuchsin solution, and the subsequent procedure is as in the standard Mallory technique. Five to seven minutes in each of the stains is ample time with this method. The finished sections show the same colours and differentiation as do those made from Zenker material.

In the course of "controls" on the method given it was found that acidulated bichromate (without alcohol) was unsatisfactory. The fuchsin overstained in practically every case and the orange-G scarcely showed up at all. Probably the good results from the use of acid alcohol and bichromate, freshly mixed, are due to some "nascent" condition of the chromium element as a result of the interaction of the constituents of the mixture. Further, it was found that the best results were obtained by transferring the sections directly from spirit to mordant without intervening grades of alcohol.