from a consideration of those factors which we here discuss. At the same time it may be wise to utter a word of warning against the indiscriminate and uncontrolled use of this powerful remedy. It is a remedy of which we still have much too little knowledge; it is one which, unless it is strictly controlled by frequent records of the auricular and ventricular action, is not without serious risk. The time will no doubt come when its use in general practice may be advocated; but it has not yet come.

A phenomenon which not uncommonly disturbs treatment is a rise of ventricular rate; this rise of ventricular rate is almost invariable as the heart comes under the influence of quinidine. Experimental work goes to show that this rise may be due to two causes, acting probably together. A fall of auricular rate is itself sufficient to produce a lesser grade of block and a resulting rise of ventricular rate. But we find that quinidine has a paralysing action on the vagi, an action not altogether unlike, though less powerful than that of atropine; by reducing vagal tone the drug will increase the power of the junctional tissues to conduct, and lift the ventricular rate, as does atropine. Opposed to these actions is a direct action of the drug upon the junctional tissues; this has been shown by several workers,^{3,4} and we can fully confirm it. This opposed action probably moderates in some measure the rise of ventricular rate which occurs during the clinical use of quinidine in cases of auricular fibrillation.

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ENLARGEMENT OF A SPLENCULUS TO THE SIZE OF A NORMAL SPLEEN

AFTER REMOVAL OF A RUPTURED SPLEEN
TEN YEARS PREVIOUSLY.

BY

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ON May 24th, 1910, Mr. R., aged 21, while playing football in Kuala Lumpur, Federated Malay States, collided with another player, and in doing so received a violent blow over the splenic region. He felt somewhat faint, but continued playing for about twenty minutes. He then began to feel much worse, complaining of pain in the abdomen, particularly in the left upper area. Faintness increased and he vomited once. The accident occurred about 6 p.m., and he was admitted to the European Hospital at 8 p.m. On admission, he was very pale but without an anxious expression; pupils widely dilated; pulse very weak and thready, 95 per minute. On examination of the abdomen there was dullness over the splenic region and for about a handbreadth below the left costal margin and in the left loin. Tenderness was observed over the epigastric and splenic regions. Liver dullness present. At 10 p.m. the patient was somewhat restless. The dullness over the spleen and liver had given way to a tympanitic note. The pulse was still feeble, and had increased to 100 per minute. He was then operated on by Dr. G. D. Freer, with the assistance of Dr. John Gray.

The abdomen was opened in the middle line over the epigastrium. The peritoneal cavity was found to contain blood, and on the spleen being examined it was seen that it was torn on the inner side in the region of the hilum. The incision was enlarged, and a transverse cut made towards the left, dividing the left rectus muscle. The whole spleen was then removed after the pedicle had been secured with a double ligature, a number of forceps having been applied for safety before the pedicle was severed.

That the actual spleen was removed is proved by the following evidence. It was weighed by Dr. J. P. Masters and found to be 13 oz., a normal spleen weighing in the adult about 7 oz. The patient had apparently contracted malaria previously to the accident, and the enlargement of his spleen may have contributed to the ease with which it was ruptured. Dr. John Gray, who helped at the operation, says in a letter to one of us (W. McA. E.), "the spleen was

completely removed." Miss A. McBride, who was sister in the theatre at the time of the operation, writes: "I saw the operation . . . the spleen was removed," and Miss H. M. Shaw, a nurse who was assisting in the theatre, writes: "I was busy during the operation with keeping a supply of hot water and saline ready, so I cannot say that I actually saw the spleen removed, but I heard the remarks made when it was out, and I went to the laboratory the next day and saw it."

The patient made a somewhat complicated recovery, having what was thought to be mild malaria, and some trouble at the base of the left lung. He was discharged from hospital on July 5th, 1910. On that date an examination of the blood showed—red cells, 4,800,000; haemoglobin, 75 per cent.; leucocytes 9,000, with polymorphonuclears 51 per cent., lymphocytes 8 per cent., large mononuclear 31 per cent., and eosinophiles 10 per cent. It was stated by Dr. A. T. Stanton, of the Institute for Medical Research, Kuala Lumpur, who made the examination, that the somewhat low colour index, slight leucocytosis, with relative increase of large mononuclear forms (? a souvenir of malaria) and of eosinophiles, are the only features worthy of remark.

A further blood examination was made by Dr. Stanton on August 10th, 1910, five weeks later, and the red cells numbered 5,600,000; haemoglobin, 90 per cent.; leucocytes 7,000, with polymorphonuclears 44 per cent., lymphocytes 26 per cent., large mononuclear 15 per cent., and eosinophiles 15 per cent.

On full recovery the patient was able to carry out his duties in the Malay States without any untoward symptoms, and states that he was assured that he would not suffer again from malaria as he was minus his spleen! He continued in good health for eight years, after which he began to have some attacks of weariness, and was found to have an evening temperature. It was considered by his medical advisers that this might be due to some obscure form of tubercle.

Early in 1920 his general condition was in no way improved, and he was losing weight. With this the ventral hernia, which had been gradually developing at the site where the left rectus had been cut through, became much increased in size, and caused considerable inconvenience. It was decided that he should come to England for advice. He came via the Cape of Good Hope, and on arrival, after a journey of four months, was considerably improved, having lost his temperature and gained flesh.

He was sent to one of us (W. McA. E.) by Dr. Marcus Johnson with a view to the cure of his traumatic hernia. On examination it was found that in general health he appeared well, was not anaemic, and had no temperature. There was a wide gap in the upper third of the left rectus, and on coughing a marked protuberance of abdominal contents took place. It was decided to attempt a cure by operation.

On September 4th, 1920, ether was administered by Dr. C. F. Hadfield, Mr. W. Girling Ball acting as Mr. Eccles's assistant, the matron of the nursing home and the theatre sister also being present. On opening the abdomen some adhesions of omentum were found and separated. Then, to the astonishment of all present—and each one of five persons confirms the fact—a well-formed, normal-looking spleen was seen in the usual position.

Knowing the previous history, the organ now found was fully examined. It was taken in the hand of Mr. Eccles, drawn forward, found to have a definite pedicle in which could be felt pulsating vessels. The shape, size, notch, colour, and consistency all appeared to be that of a normal spleen. Each person present was requested to look well at the organ, and all agreed that it appeared to them to be a normal spleen. The left kidney region was then examined and a normal left kidney palpated. A radical reparative operation was performed upon the gap in the left rectus and the abdomen closed. The patient made an uninterrupted recovery, the hernia remaining cured up to the time of this record.

That a splenculus may enlarge, after the removal of an ordinary spleen, is well known, but the rarity with which such an enlarged organ is actually seen during life makes it desirable to place this case on record.

THE next French Congress of Psychiatry will commemorate the tercentenary of François Bayle, born in 1622.