CASE OF LONG-STANDING SEVERE ABDOMINAL COLIC CURED BY OPERATION.

By CHARLES E. HOAR, M.D.,
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Mrs. W., aged 50, a lady of good position, and the mother of a large family ranging from 29 to 6 years of age, suffered for twenty-five years from occasional attacks of "pains in her side." These attacks had become more frequent and more severe of late, precluding her from taking part in her social duties. It was quite impossible to assign any immediate cause to each attack, though fatigue seemed to predispose. She was strictly dieted, but seemed better with a generous allowance of varied food. Tonics, aperients, and sedatives were prescribed alone and in various conjunction without influence on her "pains."

The attack commenced with pain in the left side, underneath the ribs; this increased in intensity for an hour or two, sometimes going through to the back, at other times "scraping down the spine," then sickness and distressing retching supervened for the space of three or four hours, and the patient was left after six or eight hours—sometimes even twelve hours—in a state of collapse, with small, quick, thready pulse, perspiring skin and much tenderness over the slightly distended left hypochondrium.

On physical examination nothing definite could be discovered; there was no dulness, no hard swelling, but some sense of resistance and tenderness over the region affected. Rest in bed with dorsal decubitus, hot external applications to the side, and the administration of $\frac{1}{150}$ grain atropine appeared to give some relief.

Morphine and opium were at first given, but their administration caused such distressing sickness on the following day that they could not be continued. There was no evidence of disease of the kidneys, ureter, bladder, uterus, or any other abdominal organ.

In the interval between the attacks the patient enjoyed good health, though she was weakened for a time, and unfit for much exertion. She suffered from frequent and profuse menstruation, which tended still more to undermine her strength.

After a more than usually severe attack on December 1st, 1893, aggravated by her travelling home from London too soon, and other less severe attacks about Christmas, 1893, I consulted Dr. J. Kingston Fowler, who saw Mrs. W. on January 18th, 1894. He then found an entire absence of any abnormal symptoms, so we decided to wait.

A severe attack on January 21st and another on February 3rd determined me, with Dr. Fowler's entire concurrence, to seek surgical aid. Mr. Frederick Treves came down on February 14th prepared to perform an operation for the further elucidation of the symptoms, with the hope of removing their cause and freeing the patient from the "pains" which she had dreaded more and more. I quote his own words:

"Memorandum of an operation performed upon Mrs. W. on February 14th, 1894, by Mr. Treves, assisted by Dr. Hoar and Dr. Ground.—The abdomen was flat and the wall flaccid. An examination made under an anæsthetic before the operation revealed nothing. The abdomen was opened by a median incision immediately below the umbilicus. The peritoneum on the anterior abdominal wall was thickened and opaque in places; it was otherwise normal. The uterus was large and retroflexed; it appeared to press upon the rectum. There were no adhesions of any kind in the pelvis. The cæcum and appendix were perfectly normal. There was no rent in any part of the mesentery, no internal hernia, and the fossa duodeno-jejunalis was quite free. In the left hypochondriac region immediately under the spot at which pain had always been complained of were found two rigid and cord-like bands. They occupied the position of the sustentaculum lienis, and as no other adhesions were found in the district there is no doubt that these bands were due to changes in the sustentaculum itself due to pressure and stretching. One band was the size of a No. 5 catheter, the other of a No. 7 catheter. They were a thumb's breadth

apart, and were well placed to snare a loop of the small intestine. Both bands were divided, and all trace of resistance in the region removed. The pancreas was large, very hard, and nodular. It was impossible to say if it were the seat of any disease, but its large size arrested the attention immediately. There were no enlarged glands in the district, and no adhesions. The other viscera were inspected, and appeared to be in every respect perfectly sound. The kidneys were not movable, and there were no gall stones in the gall bladder. The abdominal wound was closed in the usual way. From the extreme thinness and laxity of the abdominal wall it is possible that a ventral hernia may follow."

Mrs. W. bore the operation well, and her convalescence proceeded satisfactorily in spite of a slight attack of pain on March 5th, lasting from 7 P.M. till 1.30 A.M., since which time she has had no return whatever. She was kept in bed for a month, and has worn an abdominal belt since. There is now no ventral hernia. She went to the seaside after Easter, and has quietly regained her health and strength.

A CASE OF NEPHRECTOMY: RECOVERY.

By JOHN MCNICOLL, L.R.C.P. AND L.R.C.S. EDIN.,
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W. C., aged 26, a labourer, was admitted to this hospital on October 15th, 1894. He had ceased work at the end of March, 1894, describing his symptoms as "feeling cold and sleepy, with pain in the bladder and difficulty in making water, which was like milk." He was then for six months under treatment. He suffered from hæmaturia occasionally, and was losing flesh and getting weaker daily.

On admission he was greatly emaciated and sallow. The urine contained a large quantity of pus, which varied in amount from time to time in inverse ratio to the height of the temperature, the latter always running up as the quantity of pus diminished. Pain was referred to the left lumbar region and to the penis. There was an increased area of dulness over the left kidney, and an abnormal fullness of this region, with considerable tenderness. The amount of urine passed varied from 18 to 35 ounces a day, its reaction ranging from slightly acid to alkaline.

After keeping him under observation for a short time, and a consultation with my colleagues, I decided to cut down on the kidney to examine its condition, and if necessary to perform either nephrotomy or nephrectomy. On November 30th, 1894, under ether, an incision was made 4 inches long, and extending from the end of last rib slightly forwards and downwards to the crest of the ileum. There was no difficulty in getting down to the kidney speedily. A slight incision into the exposed kidney was followed by a flow of pus. Introducing my finger into this small opening I soon discovered that what had once been the kidney was now only a bag of pus. In order to reduce the size sufficiently to enable us to pull the kidney through the external incision, we drew off as much pus as we could, but even then we found we had to deal with a viscus much too large for the original opening. I therefore made another incision from the top of the first and at an obtuse angle to it for about 2 inches backwards and upwards between the eleventh and twelfth ribs, thus getting an inverted V-shaped opening with its apex opposite the end of the last rib, which moved sufficiently freely to allow considerable space for the exit of the kidney. I was now able to sweep my hand all round the kidney and draw it out. We had no difficulty with hæmorrhage; pus gave the main trouble, and great care was necessary in washing the cavity out and keeping it aseptic.

The pedicle was tied with stout silk, the kidney removed, and the pedicle allowed to fall back into the cavity, the ends of the silk being allowed to protrude from the lower angle of the wound to serve as a guide in case of hæmorrhage, the pedicle being so short and friable that it was impossible to stitch it to the edge of the incision. The cavity was well washed out with boracic lotion, and dusted with iodoform, a drainage tube 8 inches long introduced, and the wound sutured.

The case made excellent progress; the stitches were removed on the tenth day, and the drainage tube was

¹ Read at the meeting of the West Kent District of the South-Eastern Branch at Maidstone March 15th, 1895.

gradually shortened, until it was dispensed with on the twentieth day.

For a few days after the operation pus was found in diminishing quantities in the urine, until it finally disappeared. The amount of urine gradually increased in quantity, reaching to as much as 64 ounces a day. The temperature, which previous to the operation had been hectic, fell to normal within twenty-four hours of the operation, and has never since reached more than 100.4° , and that only once, namely, on the third day. We found no stone nor sign of tuberculous disease. The man is now fat and well.

I have to thank my colleagues, Mr. McNiell and Mr. Stewart, for valuable assistance in this case.

A CASE OF HEPATIC COLIC CURED BY THE INGESTION OF OLIVE OIL.

By ALFRED S. GUBB, M.D. PARIS, ETC.

A GREAT deal of scepticism has been felt and expressed in regard to the benefit alleged to have been derived from the ingestion of tolerably large quantities of olive oil in the treatment of hepatic colic. The fact that the oil during its passage through the intestines undergoes changes therein, and is voided in masses which bear a striking superficial resemblance to gall stones, has on various occasions been used as an argument against the oil having had any share in procuring the expulsion of genuine gall stones. A case which recently came under my observation seems, however, to show that benefit can be and is derived from this treatment whatever may be its *modus operandi*.

The patient was a gentleman, aged 46, who had a first attack of trouble in the region of the gall bladder, in June, 1890. It began with sharp pain associated with sickness, relieved only by repeated hypodermic injections of morphine. The pain recurred in paroxysms for a week, during which period he remained in bed. There was no jaundice but the motions were markedly light in colour. No search was made for a gall stone. A week later the symptoms recurred along with the vomiting, and this time he was systematically purged by means of mineral waters, turpentine stupes and poultices being applied freely to the painful region, and the diet carefully regulated. No relief to the pain resulting except by the aid of morphine. He was ordered hot baths every night for a quarter of an hour, and told to wear a piece of spongiopiline over the liver. The symptoms having partially subsided he was sent to the Engadine with directions to take plenty of exercise, and in six weeks he returned free from trouble. He remained free from pain until November, 1893, when the old symptoms returned, associated with intense jaundice. This condition persisted, at first with intervals of three weeks, until February, 1894. The intervals gradually became shorter until at last he was never free from pain for more than thirty or forty hours at a stretch. Needless to say that during this period the diet was carefully regulated, but without any effect either on the pain or the jaundice. On one occasion he tried the experiment of abstaining from food altogether for three days, but he felt worse after than before. The patient's condition was rapidly becoming one of some gravity, for he had lost nearly 3 stone in weight and was practically incapacitated from attending to business. The gall bladder was greatly distended and tender, and hard bodies could be felt on palpation. He was gradually becoming reconciled to the prospect of surgical interference as the only means of overcoming his trouble when I suggested to him to give the olive-oil treatment a trial, though I must confess I did so without any belief in its efficacy—a scepticism which I did not, moreover, hide from my patient. He gladly agreed to try it as a last resort before having recourse to a surgeon, and towards the end of February he began the treatment, taking 5 grains of calomel at night followed by 8 fluid ounces of pure olive oil in the morning. He experienced no difficulty in swallowing the oil, which never provoked nausea, still less actual sickness. After the very first dose the pain ceased, and the motions became darker, evidently containing bile. In the course of two or three days they resumed their natural appearance. At the

same time the urine, from a dark brown, became quite light in colour.

It is now a year since he began the treatment and eleven months since he discontinued it, and he has never had the slightest return of the symptoms in spite of the fact that he has long since abandoned all restrictions as to diet, though on my advice he has become an enthusiastic cyclist, and weather permitting takes daily exercise. No stone was ever detected in the faeces, though, for a time at any rate, the patient made diligent search, which was rendered very tedious by the presence in the motions of numerous concretions of cheesy consistency, evidently due to the partial saponification of the oil. Nothing can at present be felt in the region of the gall bladder, and the patient is in every respect in the best of health.

INJECTION OF OLIVE OIL FOR REMOVAL OF IMPACTED BILIARY CALCULI.

By EDWARD M. BROCKBANK, M.D. VICT., M.R.C.P. LOND.,
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IN the interesting series of papers on the surgery of the gall bladder and ducts which have appeared in recent numbers of the BRITISH MEDICAL JOURNAL, a good deal of attention has been paid to the treatment of those cases in which calculi are lodged in the hepatic, cystic, or common bile ducts, and cannot be removed at the time of operation. Such cases are very difficult to treat. The ducts are deeply situated, and the operator experiences considerable difficulty in localising the stone and in examining it with the finger. Various mechanical methods have been suggested, and are actually in use for removing such impacted stones. The chief of these are crushing with padded forceps or breaking up with a strong needle. There is a source of danger in both these methods, for rupture of the duct may easily result from either, and peritonitis is likely to supervene.

Another method suggested by myself in the *Manchester Medical Chronicle* for January, 1894, is well worth a good trial. It has the merit of being very simple, free from any source of danger, and very likely to remove the obstruction fairly rapidly. The method is that of injecting olive oil or oleic acid, warmed up to about the body heat, into the gall bladder and ducts through the fistulous opening. I was led to suggest this method from observations made in 1892 on the solvent action of olive oil and oleic acid on gall stones. Both substances are ready solvents of cholesterolin and gall stones, as the following results will show:

A calculus placed in olive oil (temperature kept constantly at 98° F.) lost in four days 50 per cent. of its weight (1.6 g. to 0.8 g.). A similar calculus placed in oleic acid under the same conditions lost 63 per cent. of its weight in two days (1.21 g. to 0.44 g.).

An idea of this rapid solution of biliary calculi can easily be obtained by placing one in olive oil or oleic acid and keeping it about the body heat for twenty-four hours. I have only been able to try the treatment in one case referred to below. For obvious reasons the result was unsatisfactory, and it is with the idea of getting others to try the treatment that I give a short description of the apparatus itself and the method suggested for its use:

G. E., a labouring man, aged 54, admitted to the Manchester Royal Infirmary on March 1st, 1894, complained of having suffered for some months previously from intermittent colicky pains in the right hypochondriac region accompanied by jaundice. On admission he was markedly jaundiced, the urine contained much bile pigment, and the stools were clay coloured. He complained of pain in the region of the gall bladder, and on examination a pyriform tumour was found to extend from the ninth right costal cartilage towards the umbilicus. It moved down with inspiration. Dr. Dreschfeld, under whose care the case was, diagnosed an impacted gall stone, and Mr. Jones, who was called in in consultation, being of the same opinion, it was decided to perform cholecystotomy. This was done about two weeks after admission, and the pyriform mass found to be the gall bladder distended with blackish-green thickened bile. No calculi were found, but Mr. Jones felt with his finger a vague swelling deep down about the junction of the common duct and the duodenum. No attempt was made to crush the (?) stone. After the operation bile flowed freely through the fistulous opening. Following upon the operation the jaundice disappeared and the urine lost its bile pigments, but the stools remained clay-coloured; the pain disappeared. As this condition of affairs persisted for two or three weeks I tried the effect of injections of olive oil, using the apparatus and method described below. The patient experienced no discomfort whatever, but was much interested with and helped in the proceedings. When the pressure was raised by elevating the funnel above 12 inches, the patient experienced a sense of fullness, and once or twice said he felt