

## A MODIFICATION OF THE OPERATION OF CHOLECYSTENTEROSTOMY.

BY

ANDREW FULLERTON, C.B., C.M.G., F.R.C.S.,  
SURGEON, ROYAL VICTORIA HOSPITAL, BELFAST.

WHEN a gall bladder is packed with gall stones, when its walls have lost their elasticity and contractility, are thick, leathery, opaque, and infiltrated with micro-organisms, there is very little doubt that the best procedure is to remove it. In recent years, however, the tendency has been to remove the gall bladder even when the signs of disease in its contents or walls are so slight as to require more than moderate experience in this branch of surgery for their diagnosis.

The removal of the gall bladder is now so frequent that this organ almost rivals the appendix as an object of attack. Its retention in the body may, however, be of great service to the surgeon in facilitating the drainage of the common bile duct when for any reason the flow of bile from the common duct to the duodenum is partially or completely obstructed. The most usual cause is chronic pancreatitis. To relieve the obstruction in such a case the gall bladder has been anastomosed to the stomach, the duodenum, or even to the colon. Although success has attended some of these operations there are certain objections which may be urged against them.

1. The gall bladder and its contents are infected and may remain so. This constitutes a grave danger to the health of the patient.
2. Gall stones may form, or, if they have been removed, may recur.
3. The contents of the stomach, duodenum, or colon may regurgitate into the gall bladder.

These disadvantages may be met, to a large extent, by the following procedure: The gall bladder is opened and cleared of its contents. A light clamp is placed near the neck, and the greater part of the viscus is removed. The small remaining portion is anastomosed to the duodenum, so that when the operation is completed the cystic duct opens into the duodenum without the intervention of any sac which might harbour gall stones or regurgitated intestinal contents. Just enough of the gall bladder is left to enable the anastomosis to be satisfactorily accomplished.

The following case was dealt with on these lines.

Mrs. R., aged 55, seen with Dr. William Monypeny, had suffered for ten years from attacks of pain radiating to the back. These attacks recurred at intervals of a few months. She had lost about 2st. in weight during the last five years. The last attack occurred a few days before her admission to the Royal Victoria Hospital on April 4th, 1922. On this occasion she was jaundiced for the first time.

The patient was spare but not wasted. She complained of pain and tenderness in the epigastrium; the sclerotics were yellow, the urine was bile-stained, and the stools clay-coloured. The temperature rose in the evenings to 99.2° F., and the pulse ranged from 78 to 84. Morphine was required to ease the pain.

Operation, April 10th, 1922. Right rectus incision. The gall bladder was distended and adherent to the colon, its walls were thick and opaque, and gall stones could be felt in its interior. The pancreas from head to tail was firm and hard, almost suggesting growth, but the gland was not fixed to its surroundings. Chronic pancreatitis was diagnosed. The gall bladder was opened and seventy-six gall stones were removed. The common and hepatic ducts were clear. The main part of the gall bladder was removed and the stump was anastomosed to the anterior surface of the first part of the duodenum, using fine catgut for the sutures. Light clamps were used to prevent extravasation and bring the parts into apposition. The abdomen was closed without drainage.

*Result.*—Jaundice disappeared in a few days, the wound healed by first intention, and the patient left hospital eighteen days after operation quite well. After leaving the hospital she had a bismuth meal, and there is no evidence in the skiagram of any pouch connected with the duodenum.

In this case I was afraid to remove the gall bladder completely on account of the state of the pancreas, and the presence of jaundice, possibly due to the latter. The operation I have described solved the difficulty. Even if further thickening of the pancreas takes place the patient has a safety valve in the cystic duct, and she is, in addition, relieved of the greater part of a much diseased gall bladder.

The patient reported herself on May 29th. She is steadily regaining weight.

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### ERYTHEMA NODOSUM ASSOCIATED WITH ACUTE RHEUMATISM.

THE following case seems to me of interest, especially in view of a correspondence which occurred in issues of the BRITISH MEDICAL JOURNAL during November, 1921. The case shows so close an association between erythema nodosum and rheumatism as to suggest that these two conditions are manifestations of one and the same infection.

Miss T., aged 38, was first seen on April 27th, 1922, when she complained of severe pains in the legs, arms, and back, and of sore throat. Typical erythema nodosum was present on both legs and on the right arm around the elbow. The throat was very injected; the heart, except that the first sound was of very poor quality, was normal; the joints, apart from pain on movement, showed nothing abnormal. The temperature was 100.4°.

On the following day both wrists, the right knee, and right ankle were red, swollen, and acutely tender. The temperature had risen to 101°. After thirty-six hours the joints mentioned started to clear up, and the temperature to come down to 99.2°. On May 1st, however, the right elbow became acutely inflamed, and the temperature again rose to 100.4°. By May 5th the active process in the joints was at an end, and the temperature varied between 98° and 99°. At the sites of the original eruption a dull purple stain remained; the throat was normal, and the heart up to May 19th has remained free.

Large doses of salicylates were given from the onset of the illness on April 27th.

A point of some interest is that a brother of the patient suffered with chorea as a child.

Hampstead, N.W.

HUGH WETHERBEE.

### RECURRENT VESICULAR ERUPTION AFTER INFLUENZA.

W. E. B., an omnibus ticket inspector, a married man of very abstemious habits, was taken ill on January 10th with intense frontal headache, aches and pains in all his limbs and joints, cold "shivers," and a high temperature. His condition was diagnosed as influenza, and a mixture containing sodium salicylate and diaphoretics was prescribed. In the ensuing week he developed a slight degree of tonsillitis, which cleared up in a few days. Otherwise he felt quite well, the influenza having lasted three days only.

From January 14th to 18th he had been having skate for his daily dinner. Other members of the family also partook of the fish, but remained quite well. He had partaken of skate on several occasions previously, but no rash ever developed subsequently. On January 19th there appeared on the anterior aspect of the left wrist a small reddish, itchy patch. This consisted of small red, raised papules about the size of a pin's head. Two days later the patch extended to the palm and fingers, and the right hand was now similarly affected, the wrist, palm, and fingers being involved. Calamine ointment was prescribed. The following day severe pains were felt on the top of the head, and the patient was of the opinion that "something was gathering under the scalp." Next morning, the hands, front and back, were very swollen and red. Intense burning and itchy sensations were felt in the affected areas, and in the course of the day small vesicles formed on the anterior aspects of the palms and wrists of both hands. A day later the vesicles ruptured and there exuded for two days a yellowish-green fluid. At the same time the skin over the inner aspects of both thighs, from the groins to the knees, was very itchy and slightly inflamed. Calamine lotion was freely applied, and the parts were covered with cotton-wool. Mist. alba, 3ss morning and evening, was prescribed.

On January 27th the patient had chicken for dinner, and three hours later an acute vesicular eruption broke out over the entire scalp, the back of the neck, and both ears. The vesicles soon broke down and discharged a yellowish-green fluid. The next day the back, the chest, and the entire abdomen were covered with reddish papules, and the itching was very considerable. The discharge from the affected areas ceased a day later, though the parts remained swollen, burning, and intensely itching. In the ensuing week good progress was made to recovery till February 5th, seven days after the previous attack. The vesicular eruption again

appeared over the same areas. Strict attention had been paid to the diet—two eggs, tapioca pudding, bread-and-butter, and tea, the fare on Sundays being the same as on week-days. On February 12th very severe neuralgia of the right side of the face and head developed. This lasted for eighteen hours, and during this period the vesicular eruption recurred as before on the head, neck, ears, and hands. The next recurrence was on February 19th, the same areas being involved. The fluid discharged on this occasion from the head and neck was roughly estimated at half a pint. On February 27th the headache and eruption returned. The neuralgia was very intense and lasted sixteen hours. Potassium bromide, grains 40, failed to give any relief. The eruption on this occasion was not so severe. The fingers were fissured and discharged a watery fluid. On March 5th the neuralgia recurred, but there was no accompanying eruption. However, the face and body assumed a peculiar yellowish colour. A mixture of arsenic and iron was prescribed and the condition cleared up in two days. The hands are still slightly swollen, and the skin on all the areas which had been affected is exfoliating.

An examination of the white blood cells gives the following percentage: Basophils 3.5, eosinophils 6.0, polymorph leucocytes 54.5, lymphocytes 36.0.

It is to be noted that there have been at intervals of six to eight days six recurrent attacks of a herpetiform character, each lasting about two days. No article in the food taken can be blamed definitely as having been the cause of the undue sensitization. Fish had been cut out of the diet from the time the first eruption occurred, as it was thought that the skate was the causative factor. The fact that the eruption was symmetrical is not in favour of herpes zoster. Therefore the only conclusion, in my opinion, is that the case is probably a toxæmia of influenzal origin.

London, N.W.

A. W. PANTON, M.B.

#### CANCER OF TONGUE: EXCISION OF TONGUE:

#### CANCER OF STOMACH 34 YEARS LATER.

The following facts are of interest as a minor contribution to the study of malignant disease:

H. T., aged 72, was under my care for several months suffering from vomiting, pain in the epigastric region on swallowing food, and loss of weight. Malignant disease of the lower end of the oesophagus or cardiac end of the stomach was diagnosed, and he was admitted to the Warrington Infirmary on May 2nd, 1922, for the operation of gastrectomy. The operation was performed next day and he died on May 11th.

A post-mortem examination was made on May 12th, and the stomach was removed. A cauliflower-like growth, about the size of a Tangerine orange, was found at the lesser curvature, near the opening of the oesophagus. There were no metastatic deposits on the liver. One small white nodule—the only one present—was excised for examination. The report of microscopic examination made by Dr. H. A. Mitchell, of the Runcorn Research Laboratory, was as follows: "Tumour, stomach.—Sections made from this specimen show the structure of an adeno-carcinoma. Nodule, liver.—Sections made from this specimen show the structure of a tuberculoma."

The interesting point about this case is that the patient's tongue was completely excised for epithelioma thirty-four years ago at the Skin and Cancer Hospital, Myrtle Street, Liverpool, by the late Dr. Stopford Taylor. Unfortunately there is no written record available at the hospital, but the secretary, Mr. W. R. Driver, informs me that the present dispenser distinctly remembers the case to be one of epithelioma, and that he was present at the operation. This statement is corroborated by the patient's relatives, who remember clearly that a piece of the tongue was first excised (presumably for microscopic examination) before the major operation was undertaken.

There was no recurrence after the first operation, and the patient lived an active and healthy life for thirty-four years until attacked by the carcinomatous growth of the stomach which ended his life. This growth had no connexion with the growth of the tongue, and was evidently of independent origin.

While epithelioma of the tongue is rare at the age of 38, yet the evidence is fairly conclusive that it was present in this case. This being so, the case goes to show that an attack of cancer cured by operation does not render a patient immune to a new and independent attack in another region of the body later on in life.

Warrington.

J. S. MANSON, M.D., D.P.H.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### ULSTER BRANCH.

A CLINICAL meeting of the Ulster Branch of the British Medical Association was held in the King Edward Memorial Hall, adjoining the hospital laboratories, of the Royal Victoria Hospital, Belfast, on June 1st, when the President, Dr. ROBERT REID, occupied the chair.

Dr. CALWELL showed the case of a young man with a vague history of *petit mal*, who had been admitted to hospital suffering from symptoms of brain pressure without localizing signs. A decompressing operation was performed with much general relief and improvement of sight; he then suddenly relapsed and became blind and developed some mental symptoms, depression, great dullness of cerebration, etc. A cystic tumour formed close to the site of operation under the scalp; this was tapped and clear cerebro-spinal fluid was obtained, and he improved—was able to get up and walk about. The cyst had formed several times, and on one occasion 177 c.cm. of fluid was obtained; his sight was fair, but there was some optic atrophy in both eyes, and a slight paresis of opposite side was less marked than before operation.

Dr. McAFEE showed two charts in Dr. Calwell's wards, one of a fatal case of small white kidney in which the blood urea gradually rose from 160 mg. of urea per 100 c.cm. of blood, to 500 mg., when the patient became comatose and died in a few days; her blood pressure also rose, but not in proportion. Although she had most extensive retinal changes and toward the end was completely blind, she remained perfectly clear in mind till shortly before onset of coma. The urea-concentration test was obtained only once as she vomited the urea; it was only 0.8 per cent. The other chart was that of a man who was admitted for Bright's disease; under treatment the albumin disappeared, the blood pressure, the urea-concentration test, and the blood urea all improved, but never quite to normal. He was retained in hospital for several weeks, and finally discharged as a case probably of incipient cirrhosis, with injunctions to report any illness.

Dr. HOUSTON gave a demonstration in his laboratory of Dreyer and Ward's technique in the Wassermann test for syphilis, showing its reliability, greater sensitiveness, facility of manipulation, and the great advantage of being quantitative, giving a degree of infection from 0 upwards instead of the simple "positive" or "negative."

Dr. RANKIN showed charts illustrating the effect of treatment by salvarsan and by mercury on the Dreyer-Ward and Wassermann reactions. When the Dreyer-Ward method is graphed out, the effect of treatment is very clearly shown as a rapid reduction to normal, instead of the simple "plus" or "negative," with corresponding improvement of symptoms: some cases show a preliminary rise, giving a curve; this rise of curve is apparently not associated with increase of the symptoms.

Dr. TURKINGTON showed some fine examples of the growth of the *Bacillus tuberculosis*, and some microscopic slides; where antiformin had been used few or no bacilli were found, but where simple saline solution had been used bacilli were found in abundance.

Dr. ALFREDA BAKER gave a demonstration of Bloch's method of estimating the coagulability and retractility of the blood (vide *Lancet*, August 7th, 1920). Professor JOHNSTONE showed numerous gynaecological specimens, and Mr. MALCOLM showed several cases of spinal caries in course of treatment. Dr. J. A. SMYTH gave a demonstration of van den Bergh's test for bilirubin in serum; his results had supported the claims of the test. Dr. ROBERT MARSHALL showed a case of syringomyelia of the "Morvan's disease" type, and gave a demonstration of the various points. Dr. BOYD CAMPBELL showed different forms of the malarial parasite. Dr. J. C. ROBB showed ova of *Bilharzia haematobia*.

Mr. FULLERTON showed: (1) A series of cases of cleft palate in children successfully operated on. (2) Two cases of undescended testicle in which the testicle had been replaced in the scrotum. (3) A series of cases of tendon transplantation for deformities due to infantile paralysis. (4) A series of cases illustrating the results of operation for knock-knee, curved tibiae, and curved femora. (5) A series of cases of fracture treated by Thomas's splint. (6) A series of cases illustrating the results of excision of gunshot wounds. (7) A series of pyelograms illustrating the causes of renal pain. (8) A case

and basis in life, some glimpse of the "Roman Road" and Arnold's "sweet city with her dreaming spires."—I am, etc.,  
London, N.W., June 11th.  
RICHARD GILLBARD.

\*\* We are reminded of Sydenham's reply to Sir Richard Blackmore, who, when a student, asked what books he should read for the study of medicine: "Read *Don Quixote*; it is a very good book; I read it myself still."

## The Services.

### INDIAN MEDICAL SERVICE.

THE annual dinner in London of officers of the Indian Medical Service was held at the Trocadero Restaurant on June 14th. Lieutenant-Colonel John Anderson, C.I.E., was in the chair, and the only guests were representatives of the *British Medical Journal* and the *Lancet*. The officers present numbered 78, as follows:

Major-Generals: Sir R. H. Charles, G.C.V.O., T. Grainger, C.B., G. F. A. Harris, C.S.I., Sir P. Behir, K.C.I.E., C.B., C.M.G., H. Hendley, C.S.I.

Air Commodore: D. Munro, C.I.E.

Colonels: C. W. Carr-Calthrop, C.B.E., J. K. Close, J. Crimmin, V.C., C.B., C.I.E., C. R. M. Green, A. J. Macnab, C.B., C.M.G., J. J. Pratt, C. N. C. Wimberley, C.M.G., W. A. Quayle.

Lieutenant-Colonels: H. Ainsworth, A. Alcock, C.I.E., W. G. P. Alpin, O.B.E., Sir W. J. Buchanan, K.C.I.E., W. H. Cadge, O.B.E., J. T. Calvert, C.I.E., D. G. Crawford, L. Hirsch, C.I.E., J. A. Black, R. H. Elliot, S. C. Evans, A. B. Fry, C.I.E., D.S.O., E. V. Hugo, C.M.G., J. G. Hulbert, S. Hunt, H. Kirkpatrick, W. B. Lane, C.I.E., C.B.E., W. H. Leonard, A. E. J. Lister, J. Lloyd-Jones, F. P. Mackie, O.B.E., C. H. L. Meyer, A. Miller, T. R. Mulroney, A. Murphy, O.B.E., S. E. Prall, J. W. F. Rait, Sir L. Rogers, C.I.E., H. Smith, C.I.E., R. Steen, A. Street, T. H. Symons, O.B.E., C. Thomson, M. H. Thornely, W. H. Thornhill, W. Vost, J. H. Tull Walsh, S. P. James, C. Duer, H. J. Walton, D. F. Warliker, H. G. L. Wortabet, A. C. Younan.

Majors: F. A. Barker, O.B.E., J. W. Barnett, B. Gale, W. Gillitt, C.I.E., J. J. Harper-Nelson, O.B.E., M.C., N. H. Hume, H. H. King, A. S. M. Peebles, J. Taylor, D.S.O., W. A. M. Jack, O.B.E.

Captains: B. Fraser Beatson, H. J. M. Cursetjee, D.S.O., S. M. A. Faruki, E. S. Goss, M.C., J. M. R. Hennessy, H. Hingston, J. C. John, O.B.E., P. Savage, F. Verdon, C. A. Wood, M.C.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

AT a congregation held on June 17th the following medical degrees were conferred:

M.B., B.Ch.—T. T. B. Watson.  
B.Ch.—W. J. D. Smyth.

### VICTORIA UNIVERSITY OF MANCHESTER.

MR. E. D. TELFORD, M.A., B.C.Camb., F.R.C.S., at present lecturer in Practical Surgery in the University and a member of the honorary staff of the Manchester Royal Infirmary, has been appointed Professor of Systematic Surgery in succession to Professor J. W. Smith, who will vacate the chair in September next.

Mr. E. J. Sidebotham, M.A., M.B.Camb., is retiring from the post of lecturer in Practical Bacteriology and Microscopy and deputy-director of the Public Health Laboratory. The Council, in accepting with regret the resignation, expressed their gratitude to Dr. Sidebotham for his loyal and devoted services to the University, and for the valuable services rendered to the public health department during nearly a quarter of a century and also for the efficient manner in which he conducted its affairs during the illness and after the death of the late Professor Delépine.

Mr. Albert Haworth, M.Sc., M.B., Ch.B., has been appointed assistant lecturer in Chemical Pathology.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following are the successful candidates at the recent examination for the Primary Fellowship:

D. J. Batterham, R. A. Brews, D. A. Brieg, E. P. Brockman, M. B. S. Button, D. Chamberlain, G. O. Chambers, J. M. Clarke, A. M. Claye, J. J. Coghlan, W. D. Doherty, H. A. Dunlop, W. H. Gervis, C. Gill-Carey, K. H. Gillison, A. Goodwin, J. Gray, E. F. Guy, A. C. Halliwell, A. C. Hampson, H. V. M. Jones, A. C. King, A. J. King, G. King, Marjorie E. Knowles, J. J. Lewinstein, N. L. Lochrane, R. H. Lula, A. C. MacLeod, S. M. Majumdar, S. M. Milner, D. W. C. Northfield, M. A. Paul, V. L. Parmar, E. L. Robert, F. W. Roques, J. S. Rowlands, E. G. Schiefeld, W. G. Sears, A. G. Smith, H. J. Taggart, G. B. W. Walker, R. L. Williams, W. R. Williams, H. G. Wimbush, A. J. Wrigley.

THE following are the officers of the Röntgen Society for the session 1922-23: President, Sir Humphry Rolleston, K.C.B., P.R.C.P.; Vice-Presidents, Sir W. H. Bragg, F.R.S., Sir Ernest Rutherford, F.R.S., and Dr. A. E. Barclay; Honorary Treasurer, Mr. Geoffrey Pearce; Honorary Secretaries, Dr. E. A. Owen and Dr. Russell J. Reynolds; Honorary Editor, Dr. W. G. C. Kaye.

## Medical News.

MR. H. J. WARING, Dean of the Faculty of Medicine of the University of London, has been elected Vice-Chancellor of the University for 1922-23, in succession to Sir Sydney Russell-Wells.

DR. J. W. MCLEOD, O.B.E., M.B., Ch.B.Glasg., Lecturer in Bacteriology at the University of Leeds, has been appointed the first occupant of the Sir Edward Brotherton Chair of Bacteriology in that university.

AT the annual general meeting of the Royal Society of Medicine, which will be held at 5 p.m. on July 6th, the election of Sir William Hale-White to be president in the room of Sir John Bland-Sutton will be proposed. The annual dinner will be held on the same evening, at 8 p.m., at the Victoria Hotel. Fellows are entitled to bring guests. The charge is 12s. 6d. each, exclusive of wine; the necessary amount, together with the name of any guest, should be sent to the Secretary of the Society, 1, Wimpole Street, W.1, as soon as possible.

WE are informed that Dr. Eric Pritchard has been appointed Medical Director of the Infants Hospital, Vincent Square, Westminster, and that the medical staff of the hospital is to be reorganized and the work widely developed, in order to fulfil the Committee's intention of making the hospital a centre for research and teaching in connexion with infant welfare.

COMMEMORATION DAY at Livingstone College, Leyton, Essex, was held on June 9th, when the Secretary of State for Scotland, the Right Hon. Robert Munro, presided. In summarizing the year's work Dr. Tom Jays, the Principal, said that fifty-one students of eight nationalities, representing twenty-six missionary societies, had attended the college during the vacation course in July and the present session. News from old students, of whom over 600 had gone to the mission field, showed how necessary and valuable the college training was to missionaries in their isolated stations. Mr. Robert Munro said that such a training in medical knowledge as was received at the college was not only proper but essential for men and women who would be situated at distant outposts of the empire, far removed from medical advice and skill. He made an appeal for funds for the college, for it was a tragedy that an institution like that should be crippled and cramped for want of funds. Old students of the college testified to the value of the medical training to missionaries abroad.

THE National Academy of Medicine at Buenos Aires celebrated the centenary of its foundation on April 18th. The rector of the university, Dr. José Arce, presided, and an historical address was delivered by the president of the academy, Dr. E. Canton. Among the announcements made was that an institute of experimental medicine, the first of its kind in South America, had been founded. A prize of a gold medal and 5,000 dollars was awarded to Dr. P. Belou for his stereoscopic atlas of the anatomy of the ear.

A BEAUTIFUL tablet to the members of the 1st Welsh Field Ambulance (R.A.M.C.T.) who fell in the late war was unveiled at Christ Church, Ebbw Vale, on June 10th by Major-General Lord Treowen, C.B., C.M.G. The A.D.M.S. Welsh Division and a number of the old officers and men were present. This unit is now disbanded.

THE annual meeting of the School Medical Group of the Society of Medical Officers of Health will be held on Saturday, June 24th, at 3 p.m., at the society's offices, 1, Upper Montague Street, Russell Square, W.C.

IN a note in last week's JOURNAL (p. 981) on the "Voyage d'Études Médicales" to Bordeaux and the Pyrenees, starting on August 26th, it was stated that applications should be sent to the secretary, Dr. Gerst of Paris. We are now informed that applications should be made to Mademoiselle Blaise, Chef du bureau des stations thermales, Office Français du Tourisme, 56, Haymarket, London, S.W.1.

THE first International Congress of Open-Air Schools, organized by the League for Open-Air Education, will be held at Paris, under the presidency of M. Merlin, Senator for the Loire, from June 24th to 28th. The subscription of 20 francs should be sent to the treasurer, M. H. G. Richter, 72, Rue de Rome, Paris.

DR. P. CHALMERS MITCHELL, F.R.S., has been elected a vice-president of the Cremation Society of England. We are informed also that the Society has been asked to convene a conference of cremation authorities which will probably take place in London early in November next.

THE twelfth edition of Taylor's *Practice of Medicine*, edited by Dr. E. P. Poulton, with the assistance of Dr. C. P. Symonds and Dr. H. W. Barber, physicians to Guy's Hospital, is nearly ready for publication.