

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GALL STONES IN ADOLESCENTS.

THE accounts of cases recently published in the *BRITISH MEDICAL JOURNAL* describing the occurrence of gall stones in adolescents have elicited the fact that, at all events until fifteen years ago, no operation for this trouble had been performed on anyone under 21 years of age, and therefore the publication of another instance would appear to be justified.

S. E., a well built French girl, aged 15 years, was seized with abdominal pain, referred chiefly, but not solely, to the epigastrium, and of varying but gradually increasing severity. On the second day, at my request, Mr. C. P. Childe saw her with me, and forty-eight hours later the condition sufficiently resembled an "acute abdomen" to call for immediate operation. An appendix in a high position was the most natural conclusion, but a tentative diagnosis of gall-bladder trouble was made, with, however, less confidence than would have been the case had the patient been older.

Mr. Childe operated through an incision in the right semi-lunar line, which revealed acute cholecystitis without peritonitis. On opening the gall bladder, thickened bile with 150 small faceted stones and two larger ones, measuring 1/4 and 1/2 inch respectively, were found. On account of the infected condition of the gall bladder, cholecystectomy was performed, and recovery was uneventful. The only other point worthy of note is that the patient had been an inordinate eater of sweets from babyhood.

Southsea.

M. ASTON KEY, O.B.E., M.D.

THE note by Mr. C. M. Kennedy (May 9th, p. 882), relating a case of gall stones in a girl of 13, prompts me to send a few details of a somewhat similar case.

M. R., a girl aged 14½ years, was sent to me by Dr. E. Gimson, D.S.O., of Witham, with a diagnosis, which he had made, of gall stones. The symptoms dated from two years previously, and there had been five attacks of severe colic in the preceding nine months and minor attacks of pain dating back to 1921. During one attack she was definitely jaundiced. When I saw her on March 24th, 1923, there was distinct tenderness on deep pressure in the right hypochondrium. I performed cholecystectomy for her a few days after, the gall bladder containing a large number of small stones.

Although this is the earliest age at which I have performed this operation for gall stones, I have had one or two others under the age of 20.

London, W.1.

CECIL A. JOLL.

CASES like that recorded below are of interest apart from their rarity. The patient was a Tamil boy, aged 12, with obstructive jaundice caused by gall stones and *Ascaris lumbricoides*. The case demonstrates the importance of this parasite as a cause of surgical conditions.

The patient was admitted to hospital on December 12th, 1923, under the care of Dr. P. H. Hennessy. He was in poor physical condition; both thighs were flexed on the abdomen; there was general abdominal tenderness, but no visible tumour. The temperature was normal; pulse 80. The tongue was coated and the bowels constipated.

His past history was as follows: At the age of 7 he suffered from sudden abdominal pain followed by vomiting. The pain increased in severity and lasted for about a week. He was at this time constipated and retention of food was difficult. He was taken to a dispensary and given "worm powders" and a dose of castor oil, and subsequently passed several ascaris worms. The pain subsided temporarily, only to return at monthly intervals. No swelling or distension of the abdomen had been noticed. During the three months previous to admission the attacks of pain had increased in severity; they were not constant in character, but were accompanied by fever and general weakness.

Examination of the blood for malarial parasites was negative. A blood count showed: Polymorphs 69 per cent., small mononuclears 20 per cent., large mononuclears 5 per cent., eosinophils 6 per cent. No ova were found in the faeces, and the urine was normal.

On the day following admission the temperature rose to 100° F. and the patient had a rigor; severe pain was present in the umbilical region. A well marked globular swelling could now be felt protruding from beneath the under surface of the liver. The urine contained bile, and the patient was slightly jaundiced. Dr. Hennessy diagnosed obstructive jaundice caused by gall stones in the common duct, complicated by ascaris worm in the biliary tract.

The patient was transferred to the surgical ward under my care on December 20th. Examination confirmed the diagnosis, and operation was decided upon.

Operation.—Under C.E., ether, and oxygen (Shipway) anaesthesia, the abdomen was opened by a right paramedian incision and the right rectus drawn outwards. The gall bladder was found greatly distended, the liver enlarged and of a bright red colour, with the lower border much thickened. There were no adhesions either in conjunction with the gall bladder or liver. The upper surface of the liver showed some scarring. The common bile duct was enormously dilated. Palpation of the gall bladder failed to detect any stones, but palpation of the common duct disclosed a number. The abdomen was thoroughly packed off. The gall bladder was opened, emptied, and examined. The mucous membrane appeared to be healthy and the wall was not appreciably thickened; no stones were found. The bile evacuated appeared normal. A drainage tube was fixed into the gall bladder and brought well outside the abdomen. The common duct was then opened over a stone, sufficiently to admit the index finger. The left index finger was then easily passed upwards to the hilum of the liver and several stones were located. These were manipulated downwards and extracted. The finger was then passed downwards towards the ampulla of Vater and a large stone found; this was also manoeuvred upwards to the incision and extracted. A curious cylindrical body was at once noticed in the centre of this stone, which on subsequent examination proved to be a portion of an ascaris worm. As the common duct now appeared clear of stones, mud, etc., a rubber drainage tube was passed upwards and the incision in the duct sutured over it. Both tubes were now brought out through the posterior sheath of the rectus—through a specially made incision. The rectus was replaced and a small split made in it; through this the tubes emerged. The gauze packs had already been removed and the peritoneal toilet attended to. The abdomen was then closed.

The boy stood the operation admirably. The drains were removed on the fifth day. The fistula was completely closed on January 5th, 1924, and the boy was convalescent.

Examination of the urine showed bile to be present each day from December 23rd to 28th, 1923, but absent on December 30th. There were no ascaris ova in the stools. The specimens were forwarded to Dr. Fletcher, Government pathologist, Kuala Lumpur, who reported as follows:

"I could find no eggs, but the fragment of worm was surrounded by a definite article, and there is no doubt that you are right and that it is a piece of round-worm."

In a subsequent report Dr. Fletcher said:

"I should think it probable that the ascaris was the cause of the gall stones, by acting as a contaminated irritating foreign body. The gall stones probably formed in the gall bladder."

C. BURGOYNE PASLEY, F.R.C.S.I.,
Chief Surgeon, Perak, F.M.S.

BILATERAL TWISTED OVARIAN CYSTS.

THIS case seems to be worthy of recording on account of its rarity.

A married woman, aged 45, was in good health until the beginning of March, 1925, when she noticed that she was getting stouter. On March 14th she had an attack of abdominal pain lasting a few hours; there was no vomiting, and the following morning she was well again. She consulted her doctor, and at a subsequent consultation the following facts were noted.

The patient was well nourished and looked well. She had slight exophthalmos with some enlargement of the thyroid and tachycardia (90). Menstruation had been quite regular up to Christmas, but she had seen four periods since then. The abdomen was distended, with bulging of the flanks and a well marked fluid thrill. A solid mass could be felt for 2 to 3 inches above the pelvic brim rather to the right of the middle line. No pain or tenderness was elicited. By vaginal examination it was found that the pouch of Douglas bulged into the posterior fornix and that there were one or two small fibroids in the cervix. Bimanually a rounded swelling could be palpated, which was thought to be separate from the uterus. The uterus itself was enlarged.

A diagnosis of fibroid uterus with an ovarian cyst or solid ovarian tumour and a large ascitic accumulation was made.

The patient came to the nursing home on the following day, and during the forty-eight hours between the consultation and the operation the amount of ascites had markedly increased and the abdomen was tense. The pulse rate had risen to 110, and a systolic bruit was heard at the apex. Just prior to the operation the radial pulse could not be counted, but the patient seemed remarkably comfortable.

On opening the abdomen 14 pints of clear ascitic fluid was slowly evacuated and the patient's general condition improved. Two large ovarian cysts, each about the size of a grape fruit, were found. The right one was in the right iliac fossa and the left was in the pelvis, with many recent adhesions around it. They were both twisted, purplish in colour, and very tense, and many of the vessels running over them were thrombosed. Both were removed in the usual way. The uterus was enlarged to about two months' pregnancy and fibroid, but the condition of the patient did not warrant removal.

The interior of the cysts was lined by a warty growth which Dr. Walker Hall found to be a proliferating papillary ovarian cystoma, with much degeneration, accompanied by haemorrhage due to strangulation and locally malignant. The patient made an uneventful recovery; the bruit disappeared, and she left the nursing home three weeks after the operation.

Hereford.

J. AUGUSTIN PRICHARD,

PRIMARY FELLOWSHIP.—C. J. O'Kelly, J. Owens, M. A. W. Roberts, J. Scott.

Medical News.

THE half-yearly dinner of the Australian and New Zealand Medical Association in England will be held at the Trocadero Restaurant, Piccadilly, on Friday, June 26th, at 7.45 p.m. All visiting Australians and New Zealanders wishing to be present should communicate with one of the honorary secretaries, Mr. E. T. C. Milligan, Mr. H. Bedford Russell, at 86, Harley Street, W.1.

THE annual summer dinner of the Glasgow University Club, London, is to be at the Trocadero Restaurant, Piccadilly, W., on Friday, July 3rd, at 7.15 for 7.30 p.m. The Right Hon. Augustine Birrell, K.C., LL.D., will preside. Any Glasgow University men who, though not members of the club, desire to attend are requested to communicate with the honorary secretaries, 1, Harley Place, N.W.1.

NOMINATION for the David Lloyd Roberts Lecture is in the hands of the Royal Society of Medicine for this year. Sir Arthur Keith, M.D., F.R.S., has accepted an invitation from the Council of the Society to deliver the lecture on November 16th.

THE annual general meeting of the Royal Society of Tropical Medicine and Hygiene will be held at 11, Chandos Street, W.1, on Thursday, June 18th. A demonstration at 7.45 will precede the meeting. At 8.15 the new President, Dr. Andrew Balfour, C.B., C.M.G., will be inducted. The Chalmers medal will be presented to Professor Warrington Yorke, who will read a paper on "Further observations on malaria made during treatment of general paralysis." Dr. G. C. Low will make an announcement on the use of a drug named "smalarina" in the treatment of malaria.

AT a meeting of the Central Midwives Board for England and Wales, on June 4th, when Sir Francis Champneys was in the chair, it was decided to inform the M.O.H. Gloucestershire that midwives living in District Nursing Association homes are, according to the general practice throughout the country, subject to the same rules as to supervision as midwives in private practice. It was agreed to place before the Royal Commission on Local Government a statement of the Board's views on the question of the transfer of functions under the Midwives Acts from county councils to other local authorities.

THE Fellowship of Medicine announces that Sir Gerald Giffard will lecture at No. 1, Wimpole Street, on June 17th, at 5.30 p.m., on some Madras methods in the teaching and practice of midwifery. A second course for general practitioners will be held at the London Temperance Hospital from June 22nd to July 4th. The special course in urology at St. Peter's Hospital has been postponed to June 29th to July 25th. From July 6th to 17th an intensive course in cardiology (limited to an entry of sixteen) will be held at the National Hospital for Diseases of the Heart. The Queen's Hospital, Hackney Road, will hold a course in diseases of children from July 6th to 18th, and from July 27th to August 15th the West End Hospital (Out-patients' Department, 73, Welbeck Street) will hold a course in the diagnosis and treatment of nervous diseases. Full particulars of these courses may be obtained from the Secretary, at No. 1, Wimpole Street, W.1.

THE annual meeting of the National Council for the Unmarried Mother and her Child will be held at Carnegie House, 117, Piccadilly, W.1, on Thursday, June 18th, at 2.30 p.m., with Lord Henry Cavendish-Bentinck, M.P., in the chair. The annual report will be presented, and a discussion on the Mental Deficiency Act as it affects unmarried mothers will follow.

AMONG the recent recipients of the degree of M.D. at the University of Lausanne were Dr. Charles A. H. Franklin (Sevenoaks) and Dr. Arthur Shirley (London).

DR. F. G. BUSHNELL, who a short time ago ceased to be assistant medical officer of health for Plymouth in circumstances indicated in the SUPPLEMENT of April 25th (p. 186), has been recommended by the Plymouth Public Health Committee for appointment as assistant consulting tuberculosis officer at a salary of £300 a year.

THE second Franco-Polish Medical Congress was held at the Paris Faculty of Medicine, under the presidency of Professor Roger, on April 28th, when addresses were delivered by Professor Roger, Dr. Krzysztalowicz, rector of Warsaw University, and M. Jules Godard, ex-Minister of Labour and Hygiene.

A COURSE on dermatology and venereal diseases will be held, under the supervision of Professor L. M. Pautrier, in Strasbourg, from September 21st to November 7th. Besides lectures and clinical, bacteriological, and histological demonstrations there will be individual training in the different therapeutic methods, including the use of carbonic snow, radiotherapy, electrolysis, and cauterization. The fee for

the course is 200 francs. A special course in the principal laboratory methods and the general pathological anatomy of skin diseases will be arranged if five applications are received. The fee for the special course is 150 francs. Applications should be made to Professor Pautrier, 2, Quai St. Nicolas, Strasbourg, from whom information may also be obtained with regard to accommodation in *pensions* on reasonable terms.

THE third congress of French-speaking dermatologists and syphiligraphers will be held at Brussels from July 25th to 28th, when the following subjects will be discussed: the nature and treatment of tuberculides; the etiology of herpes febrilis and herpes zoster; syphilitic reinfection, pseudo-infection, and superinfection; endocrine disturbances due to inherited syphilis; modern treatment of lupus. Further information can be obtained from the general secretary, Dr. L. Dekeyser, 9, Rue des Sablons, Brussels.

DR. W. H. MAXWELL TELLING, who has occupied the Chair of Therapeutics in the University of Leeds for the past two years, has been elected by the Council of the University Professor of Medicine and head of the Department of Medicine, as from October 1st next, on the retirement from that office of Dr. T. Wardrop Griffith. Dr. R. A. Veale has been elected to the Chair of Therapeutics in place of Professor Maxwell Telling, and Dr. G. W. Watson has been elected to the Chair of Clinical Medicine, which has been vacant since the retirement of Dr. A. G. Barrs.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS.

RESPIRATORY DISTURBANCE AFTER MEALS.

A CORRESPONDENT asks for information about the significance and treatment of a symptom characterized by a desire to take a deep breath, with difficulty in completing the final stage. This is sometimes accompanied by frequent yawning. It comes on about twenty minutes after meals and is considerably relieved by alkalis. Is it, he asks, a reflex spasm of the diaphragm, and is any special drug or diet advisable?

MANGE.

"B. M." writes: Some patients of mine are very nervous about the possibility of mange in their cats being transferred to them or their children. They are compelled to keep them to prevent the house being overrun with mice, and they say their cats always get mange sooner or later. I told them that I was under the impression that each animal had its own parasite and could not transfer it to another animal. A cat gives mange to a cat, a dog to a dog, and so on, but a cat will not infect a dog. I should be glad to know whether I am correct or not in my ideas on this matter.

* * Several genera of mange mites infect the domestic mammals, but most of these are not transmissible to man. *Sarcoptes scabiei* occurs in all the domestic mammals except the cat, but in each case a special strain is found which, although indistinguishable morphologically from the other strains, yet