

The blood pressure did not exceed 106/78 mm. Hg, and the patient did not suffer from breathlessness. She ate her food normally. In fact, her sole complaint was of the rapid beating of her heart and of drowsiness. The medicinal measures adopted during the attack consisted in the administration of different preparations of digitalis, but mainly the tincture: the importance of the part played by the drug is difficult to assess. Venous thrombosis (without pyrexia) developed in the right leg, necessitating a prolongation of the period of her confinement to bed, but this cleared up satisfactorily. During the interval November 11th to December 11th there was no further tachycardia, the pulse being regular in rhythm, and varying in rate between 80 and 90 per minute. The thyroid appeared to be slightly enlarged. On dismissal exactly six weeks after delivery the pulse rate was running at about 60 per minute, the cardiac dullness was within normal limits, and the heart sounds were pure and of good quality. The pallor of the patient's skin still remained a noticeable feature, although the mucous membranes were fairly well coloured.

The following history was elicited from the patient. The first bout of "palpitation" occurred when she was six years of age, a few months after an attack of measles. Every two or three months thereafter there was a recurrence of these bouts, during which she was sick, and vomited; while the attack lasted, she would neither eat nor drink, and was very drowsy. Menstruation commenced when she was 10½ years old; the periods have never been regular, occurring as a rule every two to six weeks, and the flow lasting seven to ten days. Quite frequently, but not invariably, a bout of palpitation was associated with the period—often on the third or fourth day of the period.

There has never been any warning of an impending attack; at no time has she suffered from breathlessness or oedema, and she has never fainted. She has had an occasional frontal headache.

On December 24th, 1931, the fourth day of the first period which occurred after delivery, the patient had a paroxysm which lasted about ten hours. Again she felt drowsy, and, after vomiting, the heart suddenly began beating at its normal rate. When seen on January 10th, 1932, the thyroid was definitely enlarged, the pallor of the skin was striking, but otherwise physical examination proved negative.

Meyer, Lackner, and Schochet² report two cases of paroxysmal tachycardia in pregnancy. In one, the paroxysm commenced two days after a normal delivery and lasted for six days, with a remission of eight hours. These authors, in a critical review of the literature, discovered only four or five case reports of true paroxysmal tachycardia associated with pregnancy.

COMMENTARY

The outstanding feature of this case of paroxysmal tachycardia is that throughout the entire period of gestation not a single attack occurred. Apart from some sickness after meals, especially at night, she was perfectly well during pregnancy. The last menstrual period and the first after delivery were each associated with a paroxysm. The attack described, lasting over five and a half days, and the worst from which the patient has suffered, far surpassed in duration her previous record, which was thirty-six hours. One cannot fail to be impressed with the absence of tachycardia during the period of pregnancy, when many organs are over-taxed. One naturally wonders to what extent endocrine activity (known to be so pronounced in pregnancy) was concerned. This, however, is but a simple record of a case, and no generalizations are offered.

I am indebted to Professor Munro Kerr, to whose unit the patient was admitted, for permission to publish the notes of this case.

REFERENCES

- ¹ James, A. K.: *British Medical Journal*, 1931, ii, 1164.
- ² Meyer, J., Lackner, J. E., and Schochet, S. S.: *Journ. Amer. Med. Assoc.*, 1930, xciv, 1901.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

HAEMOSTASIS AND THE RADICAL OPERATION FOR HYDROCELE

In the radical operation for hydrocele of the tunica vaginalis difficulty in obtaining complete haemostasis is, I think, a common experience. This may be true of the operation, whether complete dissection of the sac is carried out or if the testis is merely evaginated. In hospital practice I have been struck by the number of troublesome scrotal haematomas which result from either type of operation in old-standing cases. This experience is due partly no doubt to the difficulty of applying proper compression to the operation area, but is also associated with the structure of the sac wall. In old-standing hydroceles this consists of firm fibrous tissue, which holds open and opposes the retraction and clotting of the small arteries after section. The tendency to bleed is particularly in evidence in old-standing cases in which both the vascularity of a part and fibrosis of the tunica are increased.

For the past few years I have overcome this difficulty by employing some form of cautery to the cut margin of the tunica vaginalis. No doubt similar procedures are adopted by other surgeons, but the practice is by no means general. In my experience the most satisfactory haemostatic agent to use is the diathermy current. The testicle is exposed by the inguinal route and the sac stripped of its outer coverings. The hydrocele is opened and evacuated, the sac is split in the long axis of the testicle, and then cut away with a diathermy needle to within about 1/8 inch of the testis. The current employed should be of the type usually classified as "cutting." If this does not produce complete haemostasis on the line of section more coagulation is produced by altering the character of the current. An absolutely dry wound can be produced in this way.

If the diathermy cautery is not available a Paquelin or electric cautery can be employed in a similar way for the same purpose, though they are not so easily controlled. After the operation there is a little reactionary swelling of the testicle, but not greater than is common in the operation by the older method; I have in no case seen any serious haematoma or observed any other complication. For those cases in which the radical operation is considered advisable I think this slight modification in technique ensures a certain and uncomplicated convalescence.

London, W.1.

C. MAX PAGE.

UNUSUAL BONE INJURY IN A CHILD

(With Special Plate)

It may be of interest to record a rather curious case which came under my care a short time ago.

A child, aged 2 years and 9 months, spending a holiday on the coast at Sunderland, was swinging his left arm with a spade in his hand. He suddenly began to cry, and was noticed to be holding his left arm away from his side. The mother picked up the child by the elbows, and was rather alarmed when the arm "gave a click," after which the child was able to approximate the elbow to the chest wall.

When I saw him some hours later the arm was held rigidly to the side in full pronation, and showed a slight puffiness from the root of the neck to the wrist, but no discoloration. At first the child resented any movement at the affected shoulder-joint, but allowed free movement of the opposite arm. With coaxing, the full range of passive movements, with the exception of abduction beyond about 60 degrees, were obtained at the shoulder-joint, but the child would not attempt active abduction. Full flexion could be obtained at

the elbow with little resistance on the part of the patient, and he voluntarily flexed the forearm nearly to a right angle. Attempts to supinate the forearm passively were strongly resisted, and appeared to be causing considerable pain. On supinating, and also on returning the arm to the prone position, a soft crepitus was felt both by the hand at the wrist and also, more obviously, through the head of the radius. The latter rotated with its shaft, and there was no gross deformity at the elbow-joint.

The impression I obtained from my examination was that the child had probably sustained a subglenoid dislocation or subluxation of the shoulder-joint, inadvertently reduced by the mother on lifting the child, and a partial separation of the upper radial epiphysis without displacement.

The arm was put up by Chiene's method in full flexion, and was later examined under the fluorescent screen, radiograms being taken by Dr. J. B. Waters. No bony injury was detected in the region of the shoulder-joint, and there was no evidence of separation of the radial epiphysis. The upper third of the shaft of the ulna, however, was found to be bowed, with the convexity directed laterally. This was considered to be in the nature of a greenstick bending of the bone. (The opposite ulna was normal.) On pronation the convex lateral border of the ulna apparently passed over the radial tubercle, giving rise to the crepitus which I had felt, and also being the cause of the pain. On considering the age of the patient, and the difficulties which could be expected on attempting to straighten the bone owing to its nearness to the radial epiphysis and the elbow-joint, it was decided not to attempt the correction of this deformity, which would almost certainly disappear spontaneously within a comparatively short time. During the first five days the arm was supported by a Chiene's bandage, and moved only once daily under supervision, and after that period free active movement was allowed, the bandage being dispensed with. The child presented no gross evidences of rickets, but a course of calcium, iron, and cod-liver oil was deemed advisable, and was commenced immediately. On the fifth day the boy actively carried out all movements of the shoulder and elbow-joints, with the exception of abduction of the arm beyond about 75 degrees, and supination of the forearm. On passively supinating the forearm there appeared to be little pain, but some resistance was experienced at a point almost midway between the prone and supine positions. No actual crepitus was felt at this period. Dr. M. Bell of Humshaugh writes, just over three weeks after the accident: "The boy is quite well again, has no pain, and perfect function."

In my opinion the most interesting features in this case were the unusual bony deformity, giving rise to a rather confusing series of symptoms and signs, and the fact that there was no direct violence, the injury being sustained during the simple act of circumduction of the arm.

I am indebted to Dr. J. B. Waters for permission to reproduce one of the radiograms.

Sunderland.

WM. HUNTER, M.B., B.S.

EXOPHTHALMIC GOITRE IN A CHILD

(With Special Plate)

The following case merits record on account of the rarity of this condition in childhood.

A girl of 6 years was brought to the Belfast Hospital for Sick Children in November, 1930, with a history of a progressive swelling in the front of the neck, first noticed about seven months previously. She was bitten on the cheek by a dog a few weeks after the thyroid swelling appeared, and immediately afterwards she became nervous and emotional, was subject to night terrors, and ceased to thrive. Her health had formerly been excellent. The home conditions were good, and she was the only child of devoted and intelligent parents. The family history was entirely negative as regards goitre. On examination she presented a generalized soft thyroid enlargement, over which a systolic bruit was audible on auscultation. There was marked exophthalmos and widening of the palpebral fissures. Joffroy's sign was present, and that of Moebius absent. She had a fine tremor of both hands, and a flushed, moist skin.

There was slight enlargement of the heart, with an apical systolic bruit. The resting pulse rate was 108, but mild exertion or excitement produced an increment of twenty to thirty beats per minute. Electrocardiographic examination revealed no abnormality.

She was admitted under the care of Dr. Bryce Smith, and ran a slight irregular pyrexia during her stay of ten weeks in hospital. Her basal metabolic rate was +25. Treatment with Lugol's iodine produced little improvement beyond allaying her apprehensiveness and lessening tremor. Her mildly septic tonsils were removed, without much effect on the pyrexia. She received a course of deep x-radiations at the Royal Victoria Hospital, which produced appreciable diminution in the size of the thyroid, but the basal metabolic rate remained unaltered and the exophthalmos persisted. She has since been treated with tonics, vitamins, and ultra-violet light. Her thyroid is still definitely enlarged and the ocular signs remain, but the cardio-vascular and nervous phenomena are less obvious, and she is able to pursue a modified school curriculum. Growth has continued at a normal rate, but she has not shown a proportionate gain in weight.

The photograph (see Plate), taken on discharge from hospital, shows the classical "bulging" eyes and startled expression, also the scar of the dog-bite on the right cheek.

The association of fright and sepsis as possible aetiological factors in this case is interesting. There is a consensus of opinion that the ultimate outlook in such cases is good, most of them apparently recovering spontaneously. On this account, and because of the important role assigned to the thyroid during pubescence, one hesitates to consider operative measures. Nevertheless, the methods of treatment adopted in this instance have yielded rather disappointing results. Polar ligation might possibly provide a satisfactory compromise between medical treatment and subtotal thyroidectomy, although Pemberton (*Arch. Surg.*, 1929, xviii, 735) states that if treatment with iodine fails to influence the course of the disease, ligation will be equally ineffective.

Belfast.

T. H. CROZIER, M.D., M.R.C.P.

THYROID EXTRACT AND PULMONARY EMBOLUS

Fatal pulmonary embolus following operation is not, unfortunately, infrequent enough in occurrence to warrant mentioning a case in the *Journal*; but when two cases occur on consecutive days, and when all precautionary measures have been employed, one feels that perhaps a note on the cases may draw forth help or suggestions.

CASE I

Miss C., aged 65. Scirrhus right breast, without axillary involvement. Radical operation, with removal of both pectoral muscles and complete clearance of the axilla, was performed. There were no post-operative complications, and patient was allowed out of bed on the tenth day. She had been allowed out to the commode from the fifth day. Her stitches were taken out on the fourteenth day, and she died on the seventeenth day whilst preparing to go home. She was kept moving from the beginning. Milk was not permitted, and 2 grains of thyroid extract were given thrice daily from admission.

CASE II

A patient in the same nursing home, operated on by Mr. Fullerton, to whom I am indebted for the following details. Mr. M., aged 60. Painless renal haematuria. The left kidney was explored through an anterior incision. Pelvis of kidney opened, and, later, kidney split to find cause of bleeding. Organ resutured. Immediate recovery was uneventful, and patient, on the fourteenth day, suddenly died, with cyanosis, pain in chest, etc., showing the usual syndrome. In this case thyroid had been administered from the beginning also.

The above cases merely show that thyroid has not proved itself to be an infallible preventive, nor has it supported the claims made in its favour.

Belfast.

IAN FRASER, M.Ch., F.R.C.S.

G. M. FINDLAY & J. L. DUNLOP: NECROSIS OF LIVER WITH EPIDEMIC CATARRHAL JAUNDICE

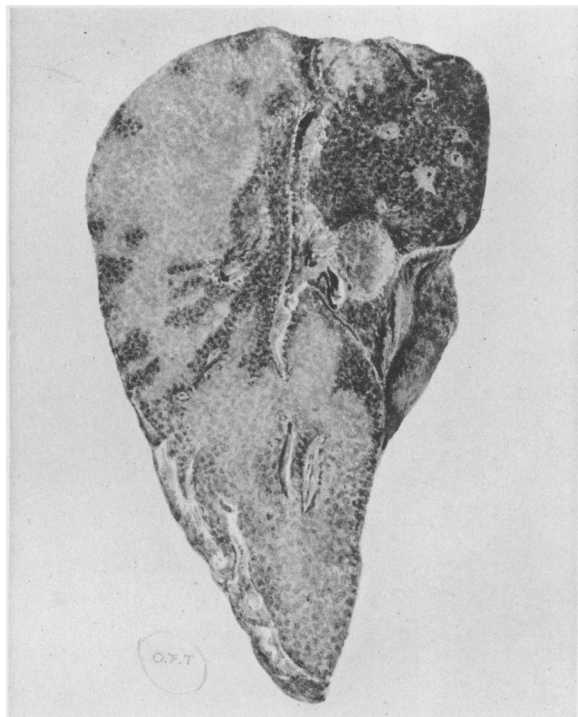


FIG. 1.—Acute necrosis of the liver associated with epidemic catarrhal jaundice in a child.

W. E. COOKE: SILICO-ANTHRACOSIS WITH "CURIOUS BODIES"

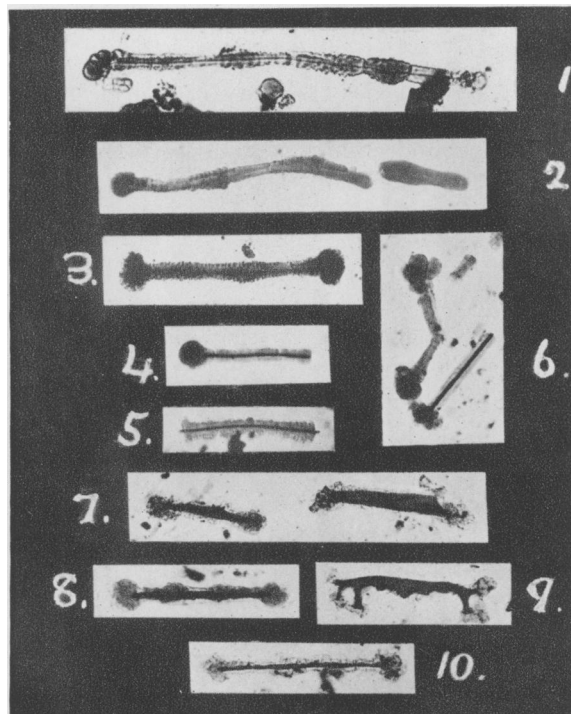


FIG. 1.—Curious body from a case of asbestosis, 137 μ in length. FIG. 2.—Curious body in asbestosis; colloidal coating fractured to show fine asbestos filament forming the core. FIG. 3.—A common form in asbestosis; elongated dumb-bell with annular or discoid appearance of deposit. FIGS. 4, 5, and lower figure in FIG. 6.—Curious bodies from a case of asbestosis showing biotite nuclei. FIGS. 7, 8, 9 and 10.—Curious bodies from the present case of silico-anthracosis. In FIGS. 8 and 10, discoid arrangement of deposit is seen.

WILLIAM HUNTER: UNUSUAL BONE INJURY IN A CHILD



FIG. 1.—Greenstick bowing of ulna.

T. H. CROZIER: EXOPHTHALMIC GOITRE IN A CHILD



FIG. 1.—Shows classical "bulging" eyes and startled expression; also scar of dog-bite on right cheek.

Universities and Colleges

UNIVERSITY OF BIRMINGHAM

A course of five lectures under the William Withering Memorial Lectureship, on some aspects of human biology, will be delivered by Mr. C. J. Bond, C.M.G., honorary consulting surgeon, Leicester Royal Infirmary, on April 20th, 27th, May 4th, 11th, and 25th. Members of the medical profession are invited to attend.

UNIVERSITY OF ABERDEEN

At the spring graduation ceremony on March 30th, presided over by Sir George Adam Smith, Principal and Vice-Chancellor, the honorary degree of LL.D. was conferred on Sir George Buckston Browne, F.R.C.S., and on Mr. Walter A. Reid, founder of the Reid Library in the Rowett Research Institute, Aberdeen.

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE, GALWAY

The following candidates have been approved at the examination indicated:

THIRD MEDICAL EXAMINATION.—*M. Dermody, *||M. G. A. Little, †||E. Walsh.

* First-class honours. † Second-class honours. || Exempt from further examination in pathology.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting of the College, held on April 1st, James Michael O'Donovan was unanimously elected a Fellow, and Mohd Aslam a Member of the College. The College nominated the President, Dr. T. Gillman Moorhead, as its representative to the Centenary Meeting of the British Medical Association, to be held in July next.

Medical News

The Sections of Physical Medicine and Radiology of the Royal Society of Medicine will hold a combined dinner with "Old English Fare" at Claridge's Hotel, Brook Street, W., on Friday, April 15th, at 8.15 p.m. Sir Robert Jones will be the guest of honour.

The sixth annual medical reunion of the North of England and Midlands Alumni Association of University College (late Queen's College), Galway, will be held in the Queen's Hotel, Piccadilly, Manchester, on Saturday, May 7th, at 7.30 p.m. Dinner at 8 p.m. Representatives of University College, Galway, will be present. Graduates wishing to attend should communicate as early as possible with one of the secretaries, Dr. Patrick J. Webb, 127, Rochdale Road, Harpurhey, Manchester, and Dr. Bernard Shea, 15, Manchester Road, Shaw, Lancs.

The Huxley Memorial Lecture, 1932, entitled "Huxley as a literary man," will be delivered by Mr. Aldous Huxley at the Imperial College of Science and Technology, South Kensington, on May 4th, at 5.30 p.m.

Dr. Barrie Lambert, chairman of the Central Public Health Committee of the London County Council, will preside over a discussion on "Hospital libraries and librarianship," at the County Hall, Westminster Bridge, S.E., on Friday, April 29th, at 5.30 p.m. The speakers will include Lord Gorell, Dr. Herbert A. Powell, Dr. W. J. T. Kimber, and Dr. C. Hagberg Wright. Applications for admission may be sent to the organizing secretary, British Red Cross and Order of St. John Hospital Library, 48, Queen's Gardens, Lancaster Gate, W.2.

At the meeting of the Paddington Medical Society on Tuesday, April 12th, at 9 p.m., at the Great Western Royal Hotel, Paddington, a debate on "A State medical service" will be opened by Mr. Somerville Hastings and Sir E. Graham-Little, M.P., followed by Dr. G. C. Anderson, Dr. C. L. Batteson, and Dr. A. Welply. Non-members are invited to attend.

At a sessional meeting of the Royal Sanitary Institute, on Tuesday, April 12th, at 6 p.m., at 90, Buckingham Palace Road, S.W.1, Dr. T. S. Keith will open a discussion on the bacteriology of milk and methods of sampling.

At the meeting of the Society of Medical Officers of Health on Friday, April 15th, at 5 p.m., at 1, Upper Montague Street, W.C., Dr. R. Fortescue Fox and Dr. G. R. Bruce will discuss the provision of medical baths by local authorities.

The Cantor Lectures, on "Recent researches on the nature and function of vitamins," will be given by Professor J. C. Drummond on Mondays, April 18th, 25th, and May 2nd, at 8 p.m., in the house of the Royal Society of Arts, John Street, Adelphi, W.C.

The Fellowship of Medicine and Post-Graduate Medical Association announces that on April 16th, at 10.30 a.m., Dr. B. Schlesinger will give a demonstration on rheumatic infections and heart disease in children at the Children's Heart Hospital, West Wickham, Kent. Application must be made to the Fellowship by April 12th. Forthcoming courses include oto-rhino-laryngology at the Central London Throat, Nose, and Ear Hospital, April 18th to May 14th, consisting of a clinical class, operative surgery, peroral endoscopy, and pathology classes. The clinical class may be taken separately or with one or more of the others (which are strictly limited). A course in paediatrics will be held at the Hospital for Sick Children, Great Ormond Street, in the mornings, and at the Infants Hospital in the afternoons, from April 25th to May 7th. An afternoon course in psychological medicine will be given at the Maudsley Hospital, from April 25th to May 21st. All the above courses are restricted to members of the Fellowship. Application should be made to the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

The Seamen's Hospital Society has made arrangements for a new post-graduate course for ship surgeons, divided into three parts, held at dates convenient to the normal "slack" times of certain trade routes of shipping, and designed to give instruction in general medicine, tropical and ship's hygiene duties. The section of the course at the Dreadnought Hospital will enable students to take advantage of the Devonport Pathological Laboratory immediately opposite. Part 2, comprising tropical medicine and hygiene, will be held from April 11th to May 6th at the Hospital for Tropical Diseases, Gordon Street, and at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C. Part 3 will take place in July, and Part 1 in the autumn.

A special two weeks' post-graduate course in cardiology will be held at the Liverpool and District Hospital for Diseases of the Heart from Wednesday, April 27th, to Tuesday, May 10th, inclusive. The fee for the course, which is limited to twenty, is one guinea.

A course of three post-graduate lectures, arranged by the Derby Medical Society, will be given at the Derbyshire Royal Infirmary by Dr. J. A. Ryle, physician to Guy's Hospital, on Tuesdays, at 8 p.m., commencing on April 12th. The fee for the course will be one guinea.

The annual meeting of the German Dermatological Society, which was to have been held in Vienna at Whitsuntide, has been postponed in view of the present economic conditions.

The German Tuberculosis Congress will be held at Bad Harzburg from April 18th to 20th.

At the meeting to be held at Evian-les-Bains in September, 1933, which will be devoted to the study of renal insufficiency, the Société Anonyme des Eaux Minérales d'Evian-les-Bains will award a prize of 10,000 fr. for the best original essay written in French on the clinical value of experiments in provoked diuresis. Full information concerning both the meeting and the competition may be obtained from the offices of the society, 21, Rue de Londres, Paris IXe.

The first issue of a quarterly journal devoted to the study of vitamins, and entitled *Zeitschrift für Vitaminforschung*, was published at Bern in January.

An international society for nutrition and vitamin research has been founded at Bern. Further information can be obtained from A. Juhasz-Schäffer, Universitäts-Augenklinik, Bern, Switzerland.