

that, given no direct guide, the chances are greatly in favour of finding the lesion in the right abdomen. And as to the systematic search for obstruction by passing the gut through one's fingers, my experience dictates that this can be (when serious coat permits) as effectively done through a right semilunar as through any other incision. As to making a separate suitable opening in the right iliac fossa for caecal drainage, I am all in favour of it, for it appreciably diminishes the risk of subsequent virulent infection and its consequences in the large primary wound.

#### *Peritoneal Seclusion of Stumps.*

In 1903 I received my first object-lesson as to the danger of leaving raw endothelial stumps in the peritoneal cavity, in the case of a young lady on whom I performed double oöphorectomy for cystic disease, and as the appendix was very much in evidence I thought it expedient to remove it. This was done by a method in vogue at that period—namely, ligation and touching the stump with a disinfectant. As there were no adhesions, the whole operation was simplicity itself. Ten days later she suddenly developed acute intestinal obstruction; the wound, under anaesthesia, was opened up, and to my intense disgust I found the stump of the appendix glued to that of the right ovary with a coil of congested ileum clutched in the adhesion. An uneventful convalescence ensued. Since then appendical stumps have, when possible, been buried in the caecal wall or covered with an omental plaster.

The most recent reminder occurred in a married lady on whom I performed right oöphorectomy in October, 1920. As customary, the appendix, for "insurance" reasons, was also removed, and the stump interred. On June 3rd, 1921, she was suddenly seized with violent abdominal pain and vomiting, which her doctor attributed to "acute gastritis"; various enemas and purgatives were ineffectually administered during the following four days. She was brought into hospital on the morning of the fifth day: the abdomen was distended and porraceous vomiting incessant. There were no general symptoms beyond a distressed facial expression. A test enema was at once given, but without result, and as soon as the stomach was delivered of a basinful of dark green foul liquid she was transferred to the operating table. As parietal vaginal and rectal examinations gave no indication, I made the usual right semilunar incision. Immediately some coils of distended congested ileum bobbed up in the wound, which were returned by bibule pressure; the left hand was then introduced into the right pelvis, where it found a loop of ileum bound down, after the manner of a Christmas cracker, by a tense band about 1 cm. in breadth and 10 cm. in length, passing from below the caecum to the base of the right broad ligament. The left index finger was gently insinuated beneath the band and the strictured gut, and the former elevated (without rupture) for inspection. Then we found the silk ligature, which had been placed nine months previously on the meso-appendix, snugly encircling the band about half an inch from its upper point of fixation, affording a direct and positive proof that the band had originated in and included the stump of the meso-appendix. A small caecal scar indicated the tomb of the appendix; the right ovarian stump was free and had contracted to the size of a pea. The band was excised and the gut drawn up into the wound; a belt of gangrene, corresponding to the width of the band, involved the greater part of the free zone of bowel. Stays were inserted, and as peristalsis had visibly resumed its function the necrotic segment was infolded (without incision) by stays and a continuous Lembert catgut suture. Prompt recovery followed.

Some months previous to this, while pondering over the matter of how to reduce contact to a minimum when dealing with the stump of an infected appendix, I stumbled into a very simple method of secluding the stump of the appendix and that of the meso-appendix by one ligature in one peritoneal pocket, and, in passing, I may add that my colleague (Dr. Felilly) and I have employed it in many cases and find it as useful as it is practicable.

1. The meso-appendix is ligated and the appendix isolated in the usual manner; the ends of the ligature are not cut away.

2. A curved intestinal needle is then attached to one end of this ligature and a three-insertion (two lateral and one anterior) purse-string suture is passed, at a distance of about one-third of an inch, around the base of the appendix; the anterior point of suture is purposely inserted beneath the anterior longitudinal band.

3. The needle is then removed and the ends as well as the loops of the purse-string suture are left loose and kept out of the way while the appendix is clamped at the level of the caecum, separately ligated, and cut away.

4. The ends of the "ligature suture" are then sought for, and as they are tied together (the assistant with a dissecting forceps

pushing the appendical stump backwards) both stumps instantly and definitely disappear from view; only two things touch the raw surface of the stump of appendix—the knife and the dissecting forceps.

The above is the first instance in which I found the stump of the meso-appendix *in flagrante delicto*, but I have often suspected its complicity in pelvic adhesion jungles; however, knowing the tendency that peritoneum has to adhere to any raw surface, I think I may safely advocate burial of this stump, particularly as both it and its mate (of the appendix) can be readily interred together with the same bit of string.

#### *Peritonization of Stump after Salpingo-oöphorectomy.*

After periodic attempts at rotating the ovarian or salpingo-ovarian stump downwards and suturing it face backwards on the anterior shelf of its broad ligament I have definitely abandoned the procedure, as I found it almost impossible to avoid, even with blunt instruments, the occasional formation of a troublesome intraligamentous haematoma; and, moreover, the manipulation necessary for such adjustment endangered the security of the pedicle ligature. Instead, I have adopted a much more simple and more readily applicable method, which can be always resorted to without "asking for trouble": a web about one or two inches square is excised from the omentum and plastered over the surface of the stump, and a piece of fine silk (or the ends of the ligature) is made to secure it, in bonnet fashion, around the neck of the same. In infected cases I always employ catgut instead of silk for ligation of the pedicle and for fixation of this omental "patch."

I beg leave to make a digression in stating that, irrespective of the result of any previous examination, and regardless of the "authority" who made it, whenever the abdomen of a female is opened for removal of the vermiform appendix, the opportunity should never be lost of making an internal digital examination of her uterus and ovaries, and I guarantee anyone who follows this advice that he will be astonished at the frequency with which he will strike a coincidental lesion in these organs. For this reason it is imperative to adopt a right vertical incision when performing appendicectomy in womankind.

In conclusion, I must crave indulgence for occupying so much space with practical details, yet, acting on "the faith that is in me," it is the close study of minutiae and their application in workmanlike order which makes for operative efficiency.<sup>5</sup>

#### REFERENCES.

<sup>1</sup> Operating to the Clock, BRITISH MEDICAL JOURNAL, January 31st, 1914. <sup>2</sup> Appendicitis, *Lancet*, February 3rd, 1900. <sup>3</sup> Immediate Operation in Appendicitis, *Lancet*, September 5th, 1914. <sup>4</sup> Gastro-enterostomy, *Lancet*, October 26th, 1912. <sup>5</sup> Operating to the Clock, BRITISH MEDICAL JOURNAL, December 21st, 1918.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CHOLECYSTOGASTROSTOMY.

On July 4th, 1922, I was asked by Dr. Dykes to see a lady, aged 60, who was suffering from deep jaundice and severe abdominal pain. In December, 1921, I had removed ninety-five stones from her gall bladder. She remained well until a month ago.

On opening her abdomen I found that her symptoms were due to stricture of the common bile duct; no stones were found. It has been my practice in these cases to make an anastomosis between the gall bladder and the duodenum, or, if more convenient, between the gall bladder and the transverse colon. In the present case there were so many adhesions that neither of these situations was favourable. Bearing in mind the recommendation brought forward by Mr. C. A. Moore in the BRITISH MEDICAL JOURNAL of November 19th, 1921 (p. 826), I made an anastomosis between the gall bladder and the stomach on its anterior wall about an inch inside the pylorus. The result has been entirely satisfactory. The jaundice has disappeared and the pain has not recurred.

I feel it is right to add my testimony to the value of this operation because there must be many cases which would be benefited by it.

J. LIONEL STRETTON,  
Consulting Surgeon, Kidderminster Infirmary and  
Children's Hospital.

## HYDROA AESTIVALE IN IDENTICAL TWINS.

IF we required to prove to demonstration that a rather rare affection of the skin—known to be excited by the sun's rays—was nevertheless mainly due to congenital vulnerability of the skin, we could not wish for surer proof than to meet with the affection in identical twins, living under identical conditions, displaying identical lesions (symmetrically distributed) at the same time of year.

I have recently met with such a remarkable coincidence, and as I am not aware of any such occurrence having been published I wish to record the chief facts. The patients were twin girls, aged 11, remarkably alike in every way. They have had two outbreaks this year, each outbreak of hydroa occurring, of course, with the change of weather from dull and cool to bright and hot. They each had simultaneous and similar outbreaks last year and the year before.

Their faces are deeply freckled. There are a few vesicles on their faces and on the backs of their hands. Scars of former lesions can be found on their faces, but are more numerous and conspicuous on the backs of the hands. The lesions heal up and do not tend to recur as the girls become accustomed to summer heat and sunshine. The other children of the family do not suffer in this way, and there is no family history of the complaint. The freckles on the faces are so numerous and some of them so large and so black as to amount to serious disfigurement. At first glance the freckles reminded me of xeroderma pigmentosum, but a further inspection easily excluded such a serious diagnosis. Unna described the affection as "hydroa puerorum," doubtless because it occurred chiefly in boys in Germany. Girls now, in England at least, live more outdoor lives, and in my experience are quite as liable as boys.

As to prognosis and treatment: I could promise the cessation of outbreaks in three or four years' time and great improvement at once by treatment. Gloves were to be worn and wide-brimmed hats, and the seaside holidays taken where the aspect was east or north instead of south, as was their habit. With a southern aspect a double dose of sunlight is experienced—direct sun rays and those reflected from the sea surface.

As in the case of all bullous and vesicular eruptions care should be taken that antiseptics are applied sufficiently often to prevent infection and its resulting (preventable) scarring. At night the skin can be gently mopped with solution of carbolic acid, say 1 in 60. Then a cold cream containing boric acid for the night only. During the day a calamine lotion can be painted on. It incidentally excludes some amount of light, hides freckles, and is not itself unsightly.

London.

ALFRED EDDOWES, M.D., M.R.C.P.

## THE FOETAL HEART.

IT has been stated that crepitation of the foetal head bones constitutes practically the only positive diagnostic sign hitherto reported of intruterine death. The hearing of the foetal heart, on the other hand, is a very reliable sign of life, but one about which apparently even the wisest may be misled. Some years ago, on this evidence of life, two able gynaecologists roused in a hitherto childless and fibroid patient indescribable feelings of joy. I was present at the Caesarean hysterectomy next day, and shall never forget the chagrin of the surgeon as he removed a long dead and macerated foetus.

With the above as my apology, I beg to mention an expedient which has seldom if ever failed me. The chestpiece of an ordinary binaural stethoscope, as it hangs from the ears, is allowed to rest on the desired portions of the abdomen untouched by the fingers, any tendency of the chestpiece to slip being corrected by the position of the patient, complete contact being of course necessary. In this way, the otherwise unavoidable and misleading vibrations set up by the muscular tension of the hand being absent, one can say with certainty whether one hears the foetal heart or not. Doubtless to many this method is no novelty, but as a student I was left to find it out.

Reading.

DONALD E. MORLEY.

SURGEON LIEUT.-COLONEL DONALD ELCUM, I.M.S. (ret.), who died on August 8th, left £17,580 net personality. Subject to certain legacies he leaves the residue of his estate in trust for his brother and sister, and on the death of the survivor of them to Guy's Hospital for beds to be called the Charles Frederick Elcum Beds, in memory of his father, formerly a student there.

## Reviews.

## CARDIOLOGY.

THIS monograph by Dr. Louis Gross, entitled *The Blood Supply to the Heart*,<sup>1</sup> is a valuable contribution to the literature of the subject. It contains a full and detailed description of the arterial and venous blood supply to the normal heart, with special reference to the common variations; and an account of the blood supply to the two nodes (S.A. and A.V.) and to the bundle and its branches. The author is of opinion that a distinct and specific blood supply exists for both sino-auricular and auriculo-ventricular nodes, the main bundle, the first portion of the left limb, and a large part of the right limb of the neuro-muscular system. This opinion is based on a study of one hundred hearts. A valuable chapter deals with the blood supply to the valves of the heart in its relation to the incidence of inflammation of the valves, and a most interesting description of the changes in the coronary arteries accompanying the advance of years. As the heart grows older the coronaries become more tortuous, and there is an ever-increasing left-sided vascular preponderance. Coincidentally there is an increase in the number of the rami telae adiposae. Dr. Gross looks on this as a most important functional and compensating unit. Relative poverty in the blood supply to the right heart is characteristic of senility and one of the dangers of advancing years. In fact, as Dr. Gross says, "a man is as old as his right coronary artery." The method used for making the anatomical investigations is described in the first chapter. Dr. Gross employed an injection of barium sulphate suspended in gelatin; from the hearts thus injected roentgenograms were obtained; they were then dehydrated in alcohol, cleared in oil of wintergreen, and finally dissected and sectioned. Coloured gelatins were also used for injection, so that the ramifications of one coronary artery could be distinguished from those of the other. A full and detailed description of the processes is given. The illustrations are exceptionally good, but their value would have been increased had some method been employed by which the various subdivisions of the coronaries and other points of interest could have been indicated. The whole subject is presented in clear and readable style, and the book is probably the best of its kind yet published.

THE heart exists for the purpose of maintaining an efficient circulation. It is essentially an apparatus designed to circulate its contents, and Dr. Sainsbury in his book, *The Heart as a Power Chamber*,<sup>2</sup> views the phenomena of the circulation from the essential dynamic standpoint and advances certain views for which he asks the consideration of his readers. He describes the aorta as a transformer interposed between the heart and the capillaries, and he discusses the mode of functioning of the aortic valve, maintaining that the structure is such as to bring about and maintain a central flow during systole, the valve never being fully opened. He claims that this is of material importance in preserving the integrity of the aorta. His detailed and reasoned criticism of the interpretations of records from the jugular vein is vitiated by the fact that he does not recognize that these tracings are records not of pressure but of volume. On page 202 the author describes an extension of fibrillation below the auriculo-ventricular sulcus into the substance of the ventricle, and regards this change as "a much more serious condition." It is evident, however, that he does not appreciate the lethal nature of fibrillation when it involves the ventricle. After carefully reading this book the question presents itself: What is the aim of the author? His answer, found on page 239, will perhaps help in appraising the work. Dr. Sainsbury says that his real objective will have been attained if "the anatomist and pathologist may be led, in the presence of the statics of death, to endeavour to reconstruct the dynamics of life; and the physician belied in like manner, in the presence of the disturbed dynamics of disease, to recall the teachings of physics and chemistry and physiology, and to endeavour to enlist them on behalf of the healing art." To quote again from the same chapter in which reference has

<sup>1</sup> *The Blood Supply to the Heart in its Anatomical and Clinical Aspects.* By Louis Gross, M.D., C.M. New York: Paul B. Hoeber. (Sup. roy. 8vo, pp. xvi+171; 34 figures. 5 dollars net.)

<sup>2</sup> *The Heart as a Power Chamber: A Contribution to Cardiodynamics.* By H. Sainsbury, M.D., F.R.C.P. Oxford Medical Publications. London: H. F. Rowde, and Hodder and Stoughton. (Demy 8vo, pp. xii+248; 23 figures. 12s. 6d. net.)

## Medical News.

DR. B. H. SPILSBURY, whose lectureship in morbid anatomy and histology at St. Bartholomew's Hospital has recently been altered to a full-time appointment, and who in consequence is relinquishing the pathological work done by him on behalf of London coroners, has been appointed Honorary Pathologist to the Home Office in order that his services may still be available for criminal cases of special difficulty.

THE first of the new series of post-graduate lectures for the autumn session will be given in the West Lecture Hall, Royal Society of Medicine, 1, Wimpole Street, W.1, on Wednesday, October 11th, at 5 o'clock, by Sir James Galloway, on "The symptoms and treatment of certain unexplained granulomatous diseases." Further lectures have been arranged as follows: Dr. Eric Pritchard, "The feeding of infants from birth to the end of the second year"; Dr. Lakin, "Indigestion"; Mr. Zachary Cope, "Some important but ignored symptoms in acute abdominal disease"; Dr. S. A. Kinnier Wilson, "The old motor system and the new"; Mr. J. D. Mortimer, "The medico-legal position of the anaesthetist." Copies of the detailed programme can be obtained from the Secretary to the Fellowship at the above address.

IT is announced that the opening of the new biological department of McGill University, Montreal, next month will be attended by Sir Charles Sherrington, G.B.E., M.D., President of the Royal Society.

THE programme of lectures and discussions arranged by the Child-Study Society, London, has been issued. The meetings are held on Thursdays at 6 p.m., at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1. The session begins on October 5th with a lecture by Dr. C. W. Kimmins on "Visual humour." The three following meetings—October 19th and 26th and November 16th—will be devoted to the discussion of mental tests and the measurement of intelligence in children. On November 30th Dr. A. F. Tredgold will lecture on "Some problems relating to mental deficiency."

THE Scottish Board of Health has issued a report on the administration of the Sale of Food and Drugs Acts for the year 1922. This contains an abstract of the reports of public analysts for the previous year, and it is intended that a separate document of this kind should be published each year. The price of the report is 3s., and it is stated that unless there is a sufficient sale the publication in future years will not be permitted owing to the need for economy.

THE post-graduate lectures which have been given at the Manchester Royal Infirmary during the past few years will be continued this year, commencing on October 3rd. Besides the weekly lectures on general subjects given by the members of the honorary staff, a special course of six lectures on nervous disease will be given by Dr. Reynolds. This course will take place on Fridays, beginning October 6th.

As already announced, a national conference on the milk supply will be held in the Council Chamber of the Guildhall on Monday, Tuesday, and Wednesday, October 16th, 17th, and 18th. All who are interested in the milk question and who desire to attend this conference should write for the necessary application form to Miss H. M. Willans, Honorary Secretary, 3, Bedford Square, London, W.C.1, as admission is only by ticket obtainable on or before Thursday, October 12th; no tickets will be issued during the conference itself either at the Guildhall or at 3, Bedford Square. Accommodation is limited and early application is desirable; this applies both to members of the conference and non-members, to whom tickets will be issued in order of application, though members' tickets will be given out first.

THE next meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, October 10th, 1922, at 4 p.m., when Colonel L. W. Harrison, D.S.O., M.B., will open a discussion on "The relation of alcoholism to venereal disease." Each member and associate is at liberty to introduce visitors.

THE annual conference of the Guild of Health opens to-day (September 30th) at Girton College, Cambridge. The papers set down for discussion include one on "Auto-suggestion—its benefits and dangers," by Dr. William Brown, Wilde Reader in Mental Philosophy in the University of Oxford.

A FIFTH course of lectures for the diploma of Psychological Medicine will be held at the Maudsley Hospital, Denmark Hill, S.E.5. Part I of the course will commence on Tuesday, October 10th, at 2.30 p.m., when Sir Frederick Mott, K.B.E., F.R.S., will give the first of eight lectures on the anatomy of the nervous system; the other seven lectures will be delivered on succeeding Tuesdays at the same hour. Dr. F. Golla will deliver eight lectures on the physiology of the nervous system

on Fridays at 2.30 p.m., commencing on October 13th. Eight lectures on psychology will be delivered by Dr. Henry Devine on Thursdays at 2.30 p.m., commencing on October 12th. Practical instruction and demonstrations will be given at each lecture. Part II of the course will follow in January, 1923.

DR. H. CRICHTON MILLER will give a course of ten lectures on elementary psychotherapy at the Tavistock Clinic for Functional Nervous Cases, 51, Tavistock Square, W.C.1, on Mondays, at 5.15 p.m., beginning on October 16th. Dr. J. A. M. Alcock will also give a course of six lectures on symbolism on Wednesdays, at 5.30 p.m., commencing on October 18th. The fee for the former course is £2s. for medical practitioners and £1 ls. for medical students, and for the latter course £1 ls. Tickets can be obtained in advance from the Honorary Secretary at the clinic.

THE annual service in connexion with the Guild of St. Luke will take place at St. Paul's Cathedral on Wednesday, October 18th, at 7 p.m., when the Rev. Lord Victor Seymour will preach. The offerings, after defraying the cost of the service, will be devoted to the Cathedral Repair Fund. Tickets may be obtained from the Guild Secretary, the Rev. H. Kirkland-Whittaker, M.D., Chaplain's House, Banstead Downs, Sutton, on sending stamped addressed square envelope.

THE Minister of Health has issued an Order (No. 1026 of 1922) rescinding the Health Visitors (London) Order, 1909, under which the Local Government Board made regulations for the qualification, appointment, duties, salary, and tenure of office of health visitors in London.

AT the Congress of Nursing and Social Medicine held at Bruges on August 7th an International Midwives Association was formed with the following members of council: Professor Frans Daels of Ghent, Dr. Putto of The Hague, Miss Emily Ford of London, and Mrs. van der Else of Haarlem.

AT a meeting of medical women held recently in Toronto preliminary steps were taken to form a Canadian Medical Women's Association. Dr. Sproule-Mason was appointed acting president and Dr. Isabel Ayre of Toronto was appointed acting secretary. Dr. Jennie Smillie attended the recent International Conference of Medical Women at Geneva (reported in the SUPPLEMENT of September 16th, p. 111) as a delegate from this Canadian association.

THE Medical Golf Cup Tournament at Llandrindod Wells was brought to a successful conclusion on Thursday, September 21st. The weather was delightful throughout the competition. Dr. Hunot (Pennard) and Dr. Baird (St. Leonards) were the finalists, the former winning on the last green. The cup (value 50 guineas) was presented by Lieut.-General Sir Herbert Watts, K.C.B., K.C.M.G. The competitors were entertained to dinner at the Hotel Metropole by the local committee on Thursday evening.

THE annual conference of the Chartered Society of Massage and Medical Gymnastics will be held in London on October 5th, 6th, and 7th. Lectures will be given at the Steinway Hall, Lower Seymour Street, Portman Square, by Sir W. Arbuthnot Lane, Mr. R. C. Elmslie, Sir Maurice Craig, and others. A demonstration will be given in the physio-therapeutic department of St. Thomas's Hospital, and a demonstration of gymnastic class work for curative purposes at the Chelsea College of Physical Education. The secretary of the society is Miss E. M. Templeton, 157, Great Portland Street, London, W.1.

THE inaugural meeting of the Guy's Hospital Pupils' Physical Society will be held on October 12th at 5 p.m., when Sir Charters Symonds will give an address on "Some Guy's surgeons and their writings," with portraits and other illustrations. Sir William Hale-White will be in the chair. We note with interest that a joint clinical and pathological meeting with the Physical Society of St. Thomas's Hospital is to be held on November 30th.

DURING 1921 596 cases of small-pox occurred in Switzerland, with 8 deaths. Of the patients 23 were vaccinated, 16 had been revaccinated, 359 were unvaccinated, and in 198 no information could be obtained. Of the 8 fatal cases 7 were unvaccinated and 1 revaccinated.

THE St. Louis Emergency Relief Committee for German and Austrian universities has made a donation of 30,000 marks to the University of Halle.

THE will of the late Sir Edward Malins, M.D., Emeritus Professor of Midwifery in the University of Birmingham, who died in July last, has been proved; he left net personalty of £30,458.

THE annual dinner for past students of the London Hospital will be held on Thursday, October 12th, at 7.30 p.m., at the Trocadero Restaurant, with Sir Arthur Keith, M.D., F.R.S., in the chair. The honorary secretaries for the dinner are Messrs. H. S. Souttar and E. C. Lindsay, from whom tickets can be obtained.