Periscope

The change in the aspect of the children occurs surprisingly quickly. No more with this method than with that of softening by plaster of Paris has there been found any persistent softening in other parts of the skeleton or any relapse.

CARL R. H. RABL, *Zeitschr. f. Chir.*, 1924, No. 4.

J. ELSNER, *Zeitschr. f. Chir.*, 1924, No. 49.

J. N. J. H.

PRIMARY CARCINOMA OF THE GALL-BLADDER AND BILE DUCTS.

This condition is shown to be more common than is generally supposed. In 10,648 gall-stone cases in literature, cancer occurred in 4.1 per cent. In the great majority of cases, stones are present prior to the development of the new growth and there is much evidence to show that these stones constitute a pre-cancerous condition, though the same is not necessarily true where the growth is primarily in the bile ducts. More important is the fact that there are cases which develop gall-bladder cancer some years after stones have been removed, or it may develop at the old cholecystostomy site.

Three main forms of tumour are described: (1) villous, papillomatous or fungating; (2) gelatinous; and (3) diffuse, flat, infiltrating carcinoma. The first type forms a mass of papillary adeno-carcinoma which tends to invade the liver only late in the disease, whereas the other two early involve the liver lymph nodes and peritoneum.

Carcinoma of the bile ducts is of importance, because a relatively small growth will early cause obstruction and intense jaundice and progress rapidly to a fatal termination. Unlike gall-bladder carcinoma, stones are notably absent in disease of the ducts and the condition is more common in males than in females.

In the past thirty years there have been at the Massachusetts General Hospital 263 gall-bladder operations. Of this number 63, or 2.4 per cent., have been cases of primary cancer of the gall-bladder or bile ducts. Only 38 of these cases were definitely proved by microscopical examination, and the findings show that adeno-carcinoma of the gall-bladder is that most commonly met with, 14 of the cases being of that nature. The bile ducts were involved in 5 cases, and sarcoma of the gall-bladder was present once.

It is impossible to lay down any characteristic history of the condition. The one suggestive finding is that in nearly one-third of the patients loss of weight was noted, but as regards the other objective findings, a palpable mass, jaundice and enlarged liver, it can only be said that they are all perhaps more common in carcinoma than in the absence of it.

Periscope

The most interesting observation in these cases is that of the total of 63, in 7 cases the gall-bladder was removed simply for acute or chronic cholecystitis and early cancer was found by microscopical examination. This indicates that cholecystectomy is the operation of choice rather than cholecystostomy.

(R. H. MILLER, *Boston Med. and Surg. Jour.*, 4th December, 1924.)

J. N. J. H.

MEGACOLON WITHOUT CONSTIPATION

A case of megacolon with absence of constipation is indeed a rarity. Yet such is recorded by M. Bonniot, when at the Soc. de Chirurg. de Lyon, 27th November 1924, he showed a megasigmoid resected from a man aged 48. The condition was not a congenital one, but perhaps had some obscure relation to a bilateral suppurative (tuberculous?) cervical adenitis from which the man had suffered seven years previously, the sinuses remaining unhealed during two years.

Five months previous to his admission to hospital he developed diarrhoea, the bowels moving ten to fifteen times daily without any bleeding. The desire to stool was imperious and was accompanied by colicky pains. The abdomen became swollen and he lost flesh and strength. At no time during his life had he ever had constipation. The bowels had been quite regular previous to his diarrhoea and there had never been any sign of obstruction.

On coeliotomy there was found an enormous thick-walled sigmoid with great dilatation of the mesosigmoid vessels. The sigmoid had undergone torsion through three quarters of a circle from right to left. The hypertrophied sigmoid was exteriorised and after four days excised, the artificial anus being closed by a third operation a month later.

M. Bonniot was convinced that the dilatation had preceded the torsion and remarked that he had never seen constipation absent from any case of megacolon or volvulus.

(*Lyon Chirurg.*, 1925, xxii., 204.)

D. M. G.

IMPLANTATION FIBRO-ADENOMA.

Female, aged 37, operated on eighteen years previously for an ovarian tumour. A year later had a miscarriage and since then no pregnancy. Pain in cicatrix seven to eight years, worse at menstrual periods. At the same time a small tumour appeared in the middle of the scar, and increased to size of a tangerine orange. It was painful on palpation, and uterus appeared to be fixed to anterior abdominal wall. The tumour was excised and macroscopically was rounded and irregular, and on section was seen to be composed of