

after operation, weight extension will be necessary. Prognosis is usually very good.

REFERENCES

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SURGERY OF THE SYMPATHETIC

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THERE are few diseases requiring operations on the sympathetic nervous system and, even in the presence of indications, very few operations are being performed in this country, partly owing to the fact that some of these are rather difficult, and partly to the uncertainty of the results. The following notes will, it is hoped, interest readers :

T. R., a Hindu female, about thirty-five years of age, was admitted into the Sassoon hospital, Poona, on the 29th March, 1932, for an ulcer on the right foot (under the care of another surgeon). She used to smoke much and lived on a mixed diet. Since the age of eleven she had felt alternate coldness and burning in her hands and feet. This was also accompanied by pain. The right foot later on showed signs of gangrene and was amputated at the site of election on the 1st November. The pain and other symptoms were becoming worse day by day and she had to be given morphia. She was kept in the infirmary as an invalid.

I was asked to see her in September 1933: I found her to be extremely emaciated and unable to leave her bed. She had gangrene of the left foot and had already lost four toes; there were deep ulcerations on the dorsum of the foot and black patches of necrosis on the leg up to the knee. The ulcers were very painful and she could not tolerate the weight of a blanket on the foot. The pulse in the dorsalis pedis artery could be felt only at intervals. The radial pulse on the right side could not be felt. The hands were cold. I diagnosed the condition as Raynaud's disease and decided to perform the operation of lumbar sympathectomy on both sides. She consented to this and was accordingly operated on; recovery was uneventful. The ulcers were dressed with zinc and boric ointment containing some percaïn and the legs covered with plenty of wool and flannel bandages. In about two months time I was surprised to find that all the ulcers had completely healed, the necrosed skin had fallen off and was replaced by new skin and her symptoms in the legs were ameliorated. Her general condition improved considerably by not being troubled with pain and sleepless nights. Encouraged by the result, I proposed to her that she underwent 'cervical sympathectomy' on the right side as the symptoms in the arm on that side were worse. The patient, satisfied with the improvement, readily consented to the operation. Under local anæsthesia, I exposed the cervical sympathetic chain by the anterior route and removed the inferior cervical ganglion and its communication with the first thoracic. I was extremely astonished to note that the pulse in the right radius became perceptible and got this fact confirmed by my colleagues. The symptoms in that arm abated. Although at first unable to bear the weight of clothes on her foot she is now able to move about on crutches resting the left leg on the ground.

If this case had been treated as above in the beginning, I think she would have obtained greater relief.

The surgeon who had amputated her right leg thought it to be a case of thrombo-angiitis obliterans, on this point however I do not agree with him.

A CASE OF HYDATID CYST OF THE LUNG*

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and

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ON the 26th April of this year a Hindu boy, fourteen years of age, was brought by his parents for consultation to the civil hospital, Giddarbaha, district Ferozepore, from Bhuchu, a market in the same district. His general ill health was attributed chiefly to short bouts of coughing, a feeling of heaviness in the left chest and a long irregular fever for the previous six months. The boy was examined in routine and it was found that the left side of the chest had restricted movements, gave a dull, solid note on percussion, was airless with complete loss of vesicular murmur and vocal resonance but without any obliteration or bulging of the interspaces, right up to the middle of the scapula behind.

A provisional diagnosis of effusion in the chest was made, and the relatives were informed about the boy's condition and advised to have the chest aspirated before any other line of treatment was adopted. Having obtained their consent we made preparations to aspirate in the ninth interspace at the scapular line. We succeeded with a good deal of difficulty in inserting the trocar and, contrary to expectation, the fluid that came away was unusually clear. The fluid actually began to trickle through the cannula before the trocar was removed.

As soon as the fluid began to collect in the bottle, the boy started coughing, developed dyspnoea and expectorated a clear, viscid, frothy mucus. When about four ounces of fluid had collected in the bottle, the flow suddenly stopped in spite of our efforts to move the cannula in various directions. The cough increased, became incessant and the boy seemed to be in a condition of anaphylactic shock.

It suddenly struck us at this point that it was a case of hydatid cyst of the lung and the question of an immediate radical operation had to be considered. The guardians, on being informed of his grave condition, would not however consent to an operation in spite of our advice.

The child, therefore, was made comfortable in the bed, as nothing could be done except to watch and wait.

The fluid collected was subjected to laboratory tests, both chemical and microscopical. It was of very low specific gravity, non-albuminous and contained traces of sugar. A film from the deposit was prepared and examined under the high power of the microscope. Numerous hooklets were observed which confirmed the case to be one of hydatid cyst of the lung.

The child although in bed was now in agony because of severe cough, dyspnoea, laboured breathing and continually increasing surgical emphysema which had reached from the thorax to the neck and cheeks in about three hours.

The relatives were again made to realize the great necessity for immediate operation to save the child and fortunately gave their consent.

The child was once again put on the table for operation. General anæsthesia was out of the question as the respiratory system was already sufficiently embarrassed. Spinal anæsthesia could not be resorted

* Rearranged by Editor.