endocarditis with an embolism of the gastric artery. Appropriate treatment secured the re-establishment of cardiac compensation, while the tumour disappeared.

He sums up by stating that pyrexia in the aged, who are the subjects of chronic valvular disease of the heart, should always be regarded with great suspicion.—*Internat. Med. Mag.*, Sept. 1896.

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**Surgery.**

**UNDER THE CHARGE OF**

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The Surgery of the Pancreas.

Senn's paper on the “Surgery of the Pancreas,” published in 1886, and Kötte's communications on the same subject to the Society of German Surgeons in 1894 and in 1895, cannot be said to have excited an interest at all comparable to that which has followed the publication of similar pioneer work in other departments of surgery. The reason of this is not far to seek. Diseases of the pancreas, if we except cysts and malignant disease, are not met with, or are not recognised, with that comparative certainty and frequency which obtain in the case of other abdominal viscera. This year, for the first time, there is indeed a record in the *Edinburgh Hospital Reports* (*Edin. Hosp. Reports*, vol. iv. Report of Cases by Drs. William Russell and Robert Muir) of two cases of pancreatic inflammation, attended with necrosis and hemorrhage, but in neither was it possible to diagnose the condition during life. At the September meeting of the Society of German Naturalists and Physicians, Körte of Berlin (*Versammlung der Gesellschaft deutscher Naturforscher und Ärzte*, Frankfort, 1896) presented a third contribution to the “Surgery of the Pancreas,” and as his experience in this department of practice is probably unique, we take the opportunity of submitting the following extracts from his paper and from other recent communications on the same subject:

**Cysts of the pancreas.**—These are referred to as being met with by surgeons with tolerable frequency; Redner is quoted as having collected 104 cases up to the beginning of the year 1896. Gussenbauer has the credit of having first laid down rules for their diagnosis, and for their treatment by drainage, in 1882. An improvement in the operative procedure was suggested by Mr. Cotterill of Edinburgh (*Trans. Med.-Chir. Soc. Edin.*, vol. xv. pp. 95–96), and employed in a girl, æt. 15, under his care for pancreatic cyst. He made use of a posterior incision, along the outer edge of the erector spinae, just below the twelfth rib, and pointed out the following advantages: that the cyst is reached extra-peritoneally, that drainage is more satisfactory, and that there is
less risk of the subsequent formation of a hernia. Another feature in Mr. Cotterill's case is worthy of notice: liquor pancreaticus was given with her meals, which seemed to have supplied a want, for she put on nearly 3 st. in weight during the six months she was under observation.

The inflammations of the pancreas which lend themselves to surgical treatment are described as being met with under the following aspects: the suppurative and the necrotic, between which there are intermediate types and certain forms of chronic inflammation of the head of the pancreas, resulting in compression of the common bile duct.

The suppurative form rarely originates by metastasis; it is usually the result of the extension of inflammation along, and the migration of bacteria into, the pancreatic duct from the duodenum or from the bile ducts. The suppuration may assume the form of multiple small abscesses scattered throughout the entire gland, or of a single large collection of pus; along with either of these there may co-exist suppuration in the tissues outside the pancreas. In isolated cases, the course of the disease may be acute, more often it is chronic. The collection of pus, whether in the gland itself or in the surrounding tissues, may be diagnosed as a retroperitoneal or omental phlegmon, and is to be treated accordingly on general principles, although unfortunately surgical treatment is only possible in the minority of cases. Danger to life in pancreatic suppuration lies in the possible rupture of the pus into adjacent organs (purulent peritonitis), or in septic thrombo-phlebitis. Of seven cases which have been subjected to operative treatment by Körte, three died and four recovered.

Necrosis of the pancreas is described as being usually a sequel to hæmorrhage into the organ, which may originate spontaneously, or may follow upon acute inflammation (hæmorrhagic pancreatitis). The hæmorrhage is usually rapidly fatal, with symptoms of gastro-intestinal distress and collapse, or the clinical features may resemble more closely those of obstruction. If the patient survives the hæmorrhage, the areas of pancreatic tissue, which have become infiltrated with blood, undergo necrosis and become sequestrated by reactive inflammation. There thus result large peri-pancreatic cavities, which contain the necrosed portions of the gland. These cavities may be diagnosed and opened, either from the front in the middle line, or by a left lateral lumbar incision; in the latter case, the operation is extra-peritoneal.

Körte has observed five cases belonging to this group, and has operated upon four; one of the latter developed diabetes after recovering from the operation.

Disseminated necrosis of adipose tissue may be associated with hæmorrhagic and necrotic pancreatitis, but opinions are divided as to the etiological relationship of the two conditions. Some regard the fat necrosis as primary, others regard it as the result of the disease in the pancreas. It is interesting to know that fat necrosis has been produced experimentally by the introduction of portions of pancreas into the retroperitoneal fat and into the belly cavity, or by artificially inducing inflammation in the pancreas (by injection of infective agents into the parenchyma of the gland or into the main duct). Five cases are recorded of fat necrosis in the human subject, following upon injuries of the pancreas attended with hæmorrhage and inflammation;
in these cases the fat necrosis specially involved the adipose tissue of the belly. On the other hand, fat necrosis has been met with apart from organic disease in the pancreas, so it is to be admitted as possible that the fat necrosis may precede any disease in the gland itself.

In concluding his valuable paper, Kötte draws attention to the importance, in operations upon the pancreas, of preventing the gland secretion from escaping into the peritoneal cavity.

At the same meeting of German physicians, Kümmell of Hamburg reported an interesting case, in which the phenomena of biliary colic were followed by jaundice and marked gastro-intestinal symptoms. An operation was undertaken, but no gall stones were found. At the post-mortem examination, there were evidences of pancreatitis; the pancreatic duct was dilated and contained a number of rice grain-like particles, to the presence of which he ascribed the phenomena of colic observed during life.

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**THE TREATMENT OF CONGENITAL DISLOCATION OF THE HIP.**

There can be no doubt of the rarity of congenital dislocation of the hip in this country as compared with the continent of Europe; it is certainly a rare event for a case to present itself at a general Hospital such as the Edinburgh Royal Infirmary; we read, on the other hand, of Schede, the present occupant of the chair of surgery at Bonn, having treated ninety-nine cases within the last eighteen months. Leaving on one side any consideration of the causes of this disparity in frequency in different countries, as beyond the scope of the present article, we find an explanation of the fact, that British surgeons, for the most part, have allowed their continental colleagues to evolve the best methods whereby the affection is to be treated, and those familiar with the German literature of the subject must have found the evolution an interesting object-lesson in surgical practice.

Until recently, the congenital dislocation of the hip was reduced by the great majority of continental authorities (Lorenz, Hoffa, Schede, etc.) by means of an operation, which may be described as one of considerable difficulty. [Lorenz himself has operated in no less than 230 cases.] Since, however, the possibility of reducing the dislocation by external manipulation was shown by the Italian surgeon Paci, and more especially since Paci's method was modified and improved by Lorenz, a new stage has been reached in the treatment of the affection, of which the practical results were demonstrated in the most conclusive manner, at the annual meeting of naturalists and doctors which took place at Frankfort in September 1896.

Schede, who initiated the discussion, stated that, out of a total of ninety-nine cases, he had in ninety-eight successfully reduced the dislocation by external manipulation. The age of the patients ranged from that of infants up to fifteen years.

In children who had not learned to walk, the reduction was easily accomplished under chloroform by simple traction on the limb with the thigh abducted. Redisplacement was prevented by a plaster of Paris bandage, which maintained the abducted position of the limb, and at the same time exercised pressure upon the trochanter.

In older children, where this simple procedure failed, it was necessary
to make repeated attempts, and especially to overcome in the first instance, by means of extension, the resistance offered to reduction by the contracted soft parts.

After reduction, in unilateral cases, if the child has learned to walk, it is allowed to go about in the plaster bandage, as it pleases, but inasmuch as the abducted position results in apparent lengthening of the affected limb, the sole of the sound foot must be heightened to a corresponding degree.

In bilateral cases, it is strongly urged that both dislocations be reduced at the one sitting; the thighs are maintained in the abducted position by a plaster bandage like a pair of bathing-drawers, i.e. it stops short of the knees. In this abducted attitude of both thighs it is, of course, impossible for the child to walk, but after six to eight to twelve weeks the joints will have become sufficiently stable to allow of the legs being brought parallel with one another, without risk of redisplacement. A fresh plaster bandage is then applied, and although one would not think it possible for the child to walk with both hips held rigid by plaster of Paris, in reality it soon learns to walk with ease and even to run and go up stairs.

Lorenz, who was formerly a champion of the operative treatment, continued the discussion, and stated he had been successful in securing reduction by external manipulation in eighty-three cases. He drew attention to the value of first employing some method of extension whereby the displaced head of the femur can be drawn down to the level of the acetabulum. The joint is then fixed in the abducted position until the shortened adductor muscles are sufficiently stretched to allow of the surgeon proceeding to the actual reduction. This latter is accomplished by flexing the thigh to a right angle, and, while traction is made in the long axis of the thigh, the latter is abducted until the head of the bone enters the socket with the characteristic noise. The head may then be felt in its normal position in the inguinal fold midway between the anterior spine and the symphysis pubis, while at the same time the thigh becomes visibly longer.

The advantages of securing reduction by manipulation instead of by operation are obvious—apart from the avoidance of the risks appertaining to all major operations. There is no scar, there is no possibility of later contracture or of osseous ankylosis, and the after-treatment is so simple that the children may be treated as out-patients. The operation is, therefore, to be restricted in the future to cases in which the manipulative procedure has failed after repeated attempts.

Hofa of Wurzburg, Wolff of Berlin, and Kümmell of Hamburg, corroborated the opinions expressed by Schede and by Lorenz.

The hope may be expressed that practitioners in this country will profit by the experience of their German colleagues, and that by recognising the affection in the earlier years of life it will be possible to secure reduction by manipulation in an increasing proportion of cases.—Versammlung der Gesellschaft deutscher Naturforscher und Aerzte, in Frankfort, September 1896.