Medical Matters.

CICATRICIAL STENOSIS OF THE COMMON BILE-DUCT: IMPLANTATION AT ANOTHER POINT IN THE DUODENUM.

The *Lancet*, quoting from the *Boston Medical and Surgical Journal* of July 23rd, reports the following case, which illustrates a new operation in plastic surgery by Dr. Horace Packard. In February, 1907, he saw a man suffering from profound jaundice. Three years previously he had an attack of jaundice from which he recovered. A month previously he again became jaundiced with an attack of influenza. The stools were clayey and the urine very dark. Later the stools became very black and were still so. There had been pain in the epigastrium and right hypochondrium. In the right hypochondrium an elongated oval tumour, extending from the eighth costal cartilage to below the level of the umbilicus, was felt. It was evidently the gall-bladder. Plugging of the common bile-duct by a calculus was diagnosed. The gall-bladder was exposed. It was enormously distended and thinned to the point of rupture, and showed degenerative spots suggesting impending perforation. Cholecystectomy was deemed imperative and performed. No calculi were found in the gall-bladder. The cystic duct was doubly ligatured close to the common duct. The common duct was palpated and found greatly distended, but no stone could be detected. It was slit open and a small drainage-tube was inserted and fastened in with catgut. As the condition of the patient was precarious it was deemed unwise to prolong the operation, although the cause of the obstruction had not been removed. In the next four weeks the jaundice gradually disappeared. The stools became white. Bile poured from the wound day and night. At the same time the patient developed a ravenous appetite. Under these favourable conditions it was hoped that the common duct would become opened, but after eight weeks there was still no bile in the stools. On April 11th the wound was reopened and the biliary sinus was traced down to the common duct. The duodenum was exposed by incising the peritoneum at its reflexion on to the posterior abdominal wall and opened to admit the finger to explore the ampulla of Vater, where a deep ulcer surrounded by inflammatory tissue was found. The difficult problem arose of restoring communication between the common duct and the duodenum. Dr. Packard knew of no precedent, but he further isolated the common duct from its surrounding attachments and cut off its duodenal end. He had a little over an inch of duct free. He punctured the duodenum at a point favourable for implantation, and with the aid of two Pagenstecher threads passing through the duct and serving as leaders, pulled it through the opening until it could be seen well inside the mucous membrane. The threads were used to fasten the duct to the mucous membrane. With a continuous Pagenstecher thread the muscular wall of the gut was folded over the duct. The incision in the duodenum was then closed. In view of the pathological condition in the duodenum it was deemed wise to perform posterior gastro-enterostomy. Drainage was provided for at the point of implantation and the wound was closed. The leakage of bile ceased and the fæces resumed their normal colour in a few days. The wound suppurated, but healed rapidly by granulation. For the first few days the patient was fed per rectum. Convalescence was rapid and he completely recovered his health, though he had some pain in the right hypochondrium after a full meal. Dr. Packard thinks that the presence of the black stools (melæna) should have led him to the diagnosis of ulcer of the ampulla of Vater causing obstruction of the common bile by cicatricial contraction. A curious fact, difficult of explanation, is that the cicatricial contraction of the ulcer of the ampulla did not cause obstruction of the pancreatic duct. Only two similar operations appear to have been recorded in the United States. Dr. W. J. Mayo successfully implanted the hepatic duct in the duodenum. Dr. F. B. White and Dr. F. B. Lund have reported a case of excision of the pylorus and first portion of the duodenum in which the common duct was cut and successfully implanted in the second portion of the duodenum.

RUSSIAN DIRT A DANGER.

During the past week isolated cases of Asiatic cholera have occurred in England and Germany. The *Nieuwe Courant* calls attention to the real danger for the whole civilised world caused by the backward hygienic conditions in Russia, and urges the desirability of joint action by the foreign Governments in order to bring pressure upon Russia, which by remaining a focus of infection partly neutralises the effect of the excellent preventive measures of other countries.

Rotterdam is officially stated to be free from cholera, and the foreign Governments have been informed of the fact.

The political conditions in Russia, which make emigration every year more desirable to certain of its people, and the ever-increasing facilities of railway and steamer transport, make the difficulty of preventing the spread of infectious diseases from Russia into other countries much more difficult to prevent than was formerly the case.

previous page next page