

A LARGE BILIARY CALCULUS.

ON the 3rd Nov., 1888, I was summoned to attend Mrs. M. B. a tall spare woman, age 62, the mother of eleven adult children. The patient had suffered much through life from constipation and "bilious attacks," the latter being usually relieved after the lapse of from twenty-four to forty-eight hours by the occurrence of copious bilious vomiting. She had at various times, and for many years, suffered from pain in the right hypochondrium, sometimes dull and aching, at other times sharp and severe. Previous to my offering any opinion as to the nature of her ailment she said that she had for some time felt a large, "hard lump" in the same locality and that she could feel it with her hand from the outside.

The bowels had latterly inclined to be costive and had not moved at all for the last three or four days. The present attack had commenced about that time ago, with severe abdominal pain nausea and general feverishness, after which free bilious vomiting set in without any mitigation of the other symptoms ensuing. Mustard poultices and hot fomentations applied to the abdomen had given no relief. Patient was in a high state of febrile excitement, pulse 104, full and strong, and slight delirium occurring at intervals. The abdomen was tense and somewhat tympanitic and very painful but the pain was not localized or increased upon pressure.

Diagnosing the case as one of intestinal obstruction, I treated it with warm poultices to the abdomen, a simple warm enema daily, either of starch infusion or of soapsuds with olive oil; and an occasional sedative dose of either opium or belladonna to allay pain and procure sleep. Small pieces of ice were sucked to alleviate the thirst which was intense, and the only nourishment allowed was in a fluid form, (beef tea, milk, peptonoids, &c.) and in small quantities, never more than f. ʒss. or f. ʒj. at a time. The febrile excitement soon subsided, but the bilious and occasionally foeculent vomiting continued free in quantity and recurring at intervals of not less than three or four, or more than seven or eight hours until the 13th inst, when the enema brought away a concretion of about the size and not unlike the shape of an old fashioned ounce musket ball. The pain and nausea then abated and the enemata and poultices were discontinued. On the 17th the patient was relieved without much difficulty of a biliary calculus, roughly cylindrical in shape, with one bluntly rounded and one fractured end, from which latter end the fragment passed on the 13th inst. had evidently been broken off. The second and larger fragment measured 1½ inches in length and ¾ of an inch in diameter and weighed 137 gr. (or ʒii., gr. xvii.) The fragment first passed having unfortunately cracked and fallen to pieces in drying, I am unable to state its weight or give its dimensions otherwise than as above.

After the passage of the second calculus, all bad symptoms disappeared, and in two days time the patient was sitting up and in excellent health.

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A PAINFUL FIBROMA AT END OF RING FINGER, 14 YEARS STANDING.

MRS. W—, age 27, mother of three children, all living and healthy. Family history very good. Previous history, was quite well and strong through infancy and childhood. At 13 years of age began to have slight twinges of pain in right ring finger at about the middle of the third phalanx on its ulnar side. The pain was described as being like a jumping toothache. It was felt only during excitement, exposure to cold, or sudden changes of temperature, and would disappear on applying heat. There was no tenderness on pressure. One year after the onset of pain in finger patient menstruated. This was accompanied by an aggravation of trouble in the finger. During the flow the finger became tender to the touch and very much more painful. This went on for four years, after which the pain and tenderness became continuous. She now sought medical aid. She was prescribed a mixture to take internally. It acted violently, but without any relief to the finger. She then consulted another physician who leached, fomented, blistered, plastered, and bound, but to no effect. After nine months of this treatment she lost faith in the profession and applied to a bone setter, then to a Pad Doctor. At this stage the patient got married. This like menstruation aggravated the pain in the finger. In due time, the patient became a mother. She noticed that during the lying in period and nursing the finger pained her very little. She now, at the advice of her husband, had her finger opened. A careful search, under chloroform, failed to discover anything abnormal, and the nerve leading to the painful spot was severed. This had the desired effect, but as soon as the wound healed the pain returned with greater severity than ever. She noticed soon after the operation that the painful spot was a little raised above the level of the surrounding skin. After this she wandered from one medical man to another, and finally dropped into my hands some eighteen months ago, at which time this history was taken.

Present Condition. Patient looks pale, anaemic and careworn, suffers from violent headaches, otherwise general health fair; Pregnant three months and for the third time.

Physical examination of finger reveals considerable wasting and a scar one inch long on its ulnar side. About the centre of scar is an extremely tender, slight elevation, bluish in colour, as if caused by a dilated vein. Surrounding this spot, which is not larger than a split pea, is an oval area of extreme tenderness, about 4 lines in breadth by 8 in length. The papillae in this space are hypertrophied and seem to be arranged concentrically around the raised spot. The veins of the finger are considerably dilated. The slightest touch caused the patient to shrink, and pressure of any kind is intolerable. The whole course of the ulnar nerve is tender, some points more so than others. Pressure upon these causes the finger to start paining. Owing to the extreme sensitiveness of the painful area in the finger the patient seldom ever uses her arm.

Diagnosis. Three conditions were considered as possible cause. These were, first, local; 2, central; 3, reflected. Of the local conditions which suggested themselves were, 1st. An affection of one of the terminal organs of touch preferably a hypertrophied condition of a Pacinian corpuscle. 2nd. A foreign body pressing upon some part or branch of the ulnar nerve. 3rd. A growth or tumour involving the nerve at the seat of pain, or in some part of its course. Of the central conditions the only one which suggested itself was some minute growth in the brain involving a few of the cells from which the fibres distributed to the painful area took their origin. Of the reflected causes the ovaries came in for serious consideration. The patient was fully convinced that her trouble arose from some uterine disease, because a certain medical man had told her so, and that the treatment which he addressed to the womb was more successful than any other she had received. The fact that the patient was worse during her menstrual periods gave colour to this assumption, also the fact that during her lying in and nursing the finger gave little or no trouble. But her third confinement was an exception in this respect, and the ovaries as a possible cause were no longer considered. All centric causes were also discarded. The elevation at the seat of pain