

I submit the following comments on the case :—

The advantage and necessity of an early operation were justified by the pathology of the appendix. It would have perforated in a very few hours.

The exemplification of the success of the very simple antiseptic technique which I was taught and saw continually practised by my teachers, the surgeons of the Royal Victoria Infirmary, Newcastle-on-Tyne.

Having to operate single handed is not a bar to *emergency* surgery.

The comparative safety of open ether, even in untrained hands. I had no anxiety while *this* anæsthetic was being administered, never looked at the patient's face, being constantly reassured by the loud, steady, and regular breathing.

The patient's rectum was loaded with inspissated fæces, and he suffered from oral sepsis. May not these factors conduce to the determination of an appendicular attack?

A CASE OF GOUT.

By J. EASON, M.D., F.R.C.P.,
Physician, Leith Hospital.

AMONGST the working classes in Scotland it is uncommon to meet with indications of frank gout. A case of this kind is at present under observation at Leith Hospital, and the facts regarding it seem worth putting on record.

J. T., male, aged 70, a widower, was born in Orkney and has always lived in Scotland. He is in poor circumstances, and during a previous illness he was an inmate of the Parish Hospital of South Leith. Since coming to Edinburgh at the age of 28 he has been employed as a railway porter. He had previously worked on a farm in Westray, where he was allowed home-brewed ale and "plenty of it." At a later period he worked for five years in a hotel, and he was in the habit of drinking beer to dinner and at odd times. After coming to Edinburgh he continued to indulge freely in beer drinking, but "never took much whisky." It has been impossible to gather more precise information as to the daily consumption of beer, but that he indulged somewhat freely his fondness for it is tolerably certain. Of his antecedents he knows very little, and he does not know if there has been gout in his family. His father was an Englishman, and by occupation a butler.

Twenty years ago J. T. had smallpox, and he has had bronchitis on several occasions. About 14 years ago he began to have attacks characterised by swelling, redness, and pain in the joints of his toes.

About a year later his hands became similarly affected. Ten years ago, after a paroxysm which involved the first interphalangeal joint of the middle finger of the left hand, he observed that the swelling remained, and there were "two white knobs in it." From that time to the present day he has been subject to attacks, some of which are very painful and others practically painless. Many of these have been accompanied or followed by the appearance of more white "knobs."

Present Condition.—He is a spare man. His complexion is sallow. His nose is typical of chronic alcoholism, and the conjunctivæ are slightly jaundiced. There is some œdema of the legs.

About the elbows, wrists, finger and toe joints, and in many of the tendon sheaths of the hands and feet, there are numerous rounded protuberances which in a striking manner resemble the lesions of xanthoma. These are covered by attenuated and very transparent skin, and are of semi-solid or solid consistence. Their colour is creamy white. The deposits vary greatly in size. The majority in the tendon sheaths are small and flattened. Around the joints they are larger, and one situated over the right olecranon is the size of a golf ball.

The first interphalangeal joint of one of the fingers is at present greatly enlarged, inflamed, and tense, and deposits show through the attenuated skin at many points.

Since he entered hospital the contents of two of the swellings have ulcerated through the skin. On examination the extruded matter was found to have the consistence, colour, and general appearance of putty, but was slightly more glistening. Dr. Cramer kindly made for me a chemical examination of the deposits. He has reported that they chiefly consist of sodium biurate and organic matter.

When admitted to hospital it was observed that the patient had considerable ascites, and the abdomen was tapped on several occasions. After tapping it was found that both liver and spleen were much enlarged. The vertical measurement of the liver was 8 ins. and the spleen measured $11\frac{1}{2}$ ins. in its long axis. Palpation of the spleen proved it to be exceedingly firm in consistence.

Blood.—R.B.C. 2,350,000; H. 40 per cent.; W.B.C. 8500 to 10,000 by various counts. The differential count gave fairly normal proportions.

There was usually some albumin in the urine, varying in amount from a mere trace to 12 grs. No casts have been found. The urea has always been subnormal, the highest amount being 200 grs., and the lowest 115. The uric acid excretion has been estimated on nine occasions by the Folin-Schaffer method, and the amount excreted per diem has varied from .01 to .7 grms. Six of the nine estimations have given subnormal amounts, while on one occasion the excretion was more than double the normal average .3 grms. On one occasion there was a

"cayenne-pepper" sediment in the urine. There is no pus, blood, sugar, or bile in the urine. At no time has he suffered from pain in the kidney region or bladder.

The tongue is slightly furred, and the bowel movements are frequent and the stools watery.

The heart sounds are normal, and the peripheral vessels are thickened and tortuous. The systolic manometric reading is 130 mm. Hg.

The chief points of interest in this case are (1) the history of the patient's almost life-long predilection for beer; and (2) the unusual severity of the symptoms in the case of a working man living in this part of the country; (3) the coincident nephritic symptoms which Sir William Roberts regarded as the special feature of hospital cases in England.

A CASE OF PARAFFIN EPITHELIOMA OCCURRING ON THE NECK.

By ALEXANDER MILES, F.R.C.S.,
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THE clinical appearances in the case here reported so closely resembled those of paraffin epithelioma as it occurs on the hands and forearms of paraffin workers that this possibility was at once suggested. On inquiry it was found that the patient in the course of his occupation carried on his shoulders railway sleepers which had been soaked in tar. It seems highly probable that the development of the cancerous growth was associated with irritation of the skin by tar from the sleepers.

The patient was a man of 70, who, until a year before, had been employed as a plate-layer on the railway. He was sent to the Royal Infirmary by Dr. Watson of East Wemyss with a view to having an ulcer removed from the side of his neck, as it presented characters suggestive of malignant disease. On the right side of the neck, a little below the level of the angle of the jaw, was an irregular ulcerated area about three inches long by two broad. The surface, which projected about half an inch beyond the level of the surrounding skin, was nodular, and exuded a quantity of serous fluid mixed with blood. The edges, which were densely indurated, rose abruptly from the surrounding skin and rolled outwards so that they overlapped the surrounding skin. The ulcer lay over the sterno-mastoid but was not attached in any way to the muscle, and it could be picked up from the deep fascia and moved in all directions. Scattered over the side of the neck were numerous scaly patches, which at once suggested a resemblance to the form of paraffin eczema frequently seen on the hands and forearms of paraffin workers. On the left side of the neck