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Minute Examination of Affected Parts.—Height, 5 feet 2 inches; weight, 10 stone; chest, 36½ inches, and 38½ inches (expanded). Hands: span, 9 inches; circumference of palm, 10 inches; circumference of closed fist, 13 inches; circumference of wrist, 8 inches; circumference of ball of thumb, 3½ inches. Feet: circumference of foot impression, 26 inches; circumference of foot at instep, 12½ inches; circumference above ankle, 6 inches; circumference of ball of great toe, 4¾ inches; greatest length of foot, 11 inches; greatest width of foot, 4½ inches. Head: circumference in occipito-mental plane, 28 inches; circumference in occipito-frontal, 23 inches. Nose: length, 3 inches; depth (tip of nose to naso-malar groove), 1½ inches. Ear: longest axis, 3 inches; widest axis, 1½ inches; uppermost margin of ear to chin, 8 inches; lobule of ear to chin, 6 inches.

Considering the relative proportion of weight to height in this patient, the abnormality in growth in the above-mentioned parts is very striking, as may be seen from the above photographs.

I am indebted to Major Mearns, I.M.S., O.C. Troops, H.M.A.T. "Varela," for permission to publish this interesting case and to Mr. Witchell, the Chief Officer of the Ship, for the above excellent photographs.

REMOVAL OF A RIFLE BULLET FROM THE BRONCHUS.

By Major A. G. WELLS, D.S.O.

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The following case seems worthy of record:

A. B., aged 6, was admitted to the Cambridge Hospital, Aldershot, one evening with a history of having "swallowed" a bullet which he had found while playing on the rifle range. With the exception of being somewhat frightened he displayed no symptoms and was accordingly ordered to bed by the orderly officer for observation.

I saw him the following morning, when he complained of pain in the upper part of the left chest, with some spasmodic cough, which became worse when he lay down. There was no respiratory distress; on percussion there was marked dullness over the left lung back and front; and auscultation elicited very marked diminution of air entry on that side. He was taken to the X-ray room where I screened him. A rifle bullet could be seen lying almost vertically, nose downwards at about the level of the second intercostal space on the left side. I judged it to be in the left bronchus and this conclusion was practically confirmed by examination of the X-ray plates which were taken.

The question of the use of the bronchoscope was discussed and abandoned and at 2 p.m. that afternoon, assisted by Captain Law, R.A.M.C., I operated under general anaesthesia. The trachea was opened by the low tracheotomy route and a probe passed down into the left bronchus. About one inch from the bronchus metal was encountered. Long sinus forceps, curved laterally, were passed down but I was unable to secure a hold of the bullet with them. Eventually a pair of aural forceps curved in two directions was passed, and after a little difficulty I managed to grasp the bullet and extract it. A fair amount of bleeding occurred.
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after withdrawal, doubtless due to the unavoidable injury I had occasioned to the lining of the bronchus. A tracheotomy tube was tied in position and the wound sutured above and below the tube.

The boy's condition was critical for a day or two owing to the collapse of the lung, but no bronchopneumonia ensued and when I last saw him, the lung was gradually expanding and he was well on the way to convalescence, the tube having been removed on the third day.

I think the case is of considerable interest, especially when one considers the relative size of the modern rifle bullet and the calibre of the bronchus of a child of this age.

I am indebted to Captain Foster, R.A.M.C., for the skilful way the difficult anaesthetic was administered, and also to Lieutenant-Colonel H. C. R. Hime, D.S.O., for permission to publish the case.

THE MECHANISM OF PASSAGE OF OVA THROUGH THE TISSUES IN SCHISTOSOMIASIS.

BY MAJOR H. MARRIAN PERRY.

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There have been many opportunities for the study of the different aspects of Schistosomiasis during the last few years, and a large number of papers have been published dealing with the results of infestation by these worms. One of the most recent, by Hamilton Fairley, has appeared in the Journal of Pathology and Bacteriology for June of the present year.

This interesting communication, a comparative study of Schistosomiasis in monkeys, is concerned with the morbid anatomy and pathological histology of the lesions resulting from experimental infestations studied at varying periods. The mode of deposition of the ova in the venules and the method of their passage into, and through the tissues, are described in detail.

According to Fairley the process of the deposition of ova is briefly as follows: When impregnation has been effected the gravid female worm leaving the larger portal veins migrates to the smaller venules, and forces her way into a vessel of a diameter less than her own. This causes complete blocking of the vessel with consequent cessation of the venous flow. An ovum is then ejected from the genital pore which is at the anterior end of the body of the worm just behind the ventral sucker. The end of the ovum bearing the spine is directed backward in the direction of the venous current. The female withdraws slightly, leaving the ovum in position, and the venule contracts again to its normal calibre. This process is repeated so that a series of ova is distributed at intervals along the vein causing a line of sacculations in the course of the vessel. The blood current, when the female has finally withdrawn from the venule, tends to resume its normal course, and, impinging on the ova, forces the spines into the vessel wall. The continued pressure of the blood stream enlarges the openings in the venule and forces the ova into the perivenous tissue. Regarding the further process, Fairley makes the following statement: "The spines, hereafter, take no part in