

Once the aetiology of an outbreak in a unit has been determined it seems more valuable to be able to pass back to that unit personnel proven negative bacteriologically than it is to go on using the limited amount of media and time at our disposal for further primary cultures.

SUMMARY.

Dysentery bacilli in North Africa have been found viable in faeces eleven days after specimen has been passed and with the specimen being allowed to dry as under natural conditions.

Carriers of dysentery bacilli have been found in the native population of North Africa and these people may play an important part in the outbreaks of this disease. Flies have been found capable of transmitting dysentery bacilli from specimens of faeces to culture plates for the long period of eleven and twelve days. Nothing was found in the experiment which could not be explained by direct mechanical transmission of these bacilli.

I wish to express my indebtedness to Colonel L. Handy, late R.A.M.C., the Commanding Officer of the base hospital where this work was done, for his encouragement and for permission to forward these findings and to Serjeant F. Hearn, R.A.M.C., for his co-operation throughout this investigation.

This work was not quite completed owing to circumstances beyond the writer's control; perhaps in the future, in other fly-infested areas, it will be possible to carry on to the further stages.

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- [2] *Lancet*, September 12, 1942, p. 322.
- [3] *Jl. Immunology*, 1943, **46**, No. 1, 13-46.
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CONGENITAL CYSTIC DISEASE OF THE LIVER.

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BELOW are recorded the details of a case of a West African negro child from whose liver was removed a tumour the size of a coconut which weighed 2 lb. in the fresh state and which is considered to be of congenital cystic origin.

References to the literature are given.

The patient was a three-year old female child of the Yoruba race (Southern Nigeria).

The parents had noticed an unusually swollen abdomen two months before bringing the case to hospital. No other details are available concerning the child's symptoms.

On admission the child was found to be feeble, wasted and anæmic.

The abdomen was grossly distended and a smooth circumscribed mass could be palpated arising from the right upper quadrant, apparently attached far back. There were no other objective signs and no abnormality was found in the urine.

Limited hospital facilities precluded further pre-operative investigation.

The mass increased rapidly in size and the general condition of the child deteriorated further but there was no jaundice or vomiting and the child continued to take her food.

The case was given a short course of N.A.B. as a prophylactic against latent yaws and some intramuscular liver extract as a preliminary to operation.

Operation.—Anæsthetic—ether.

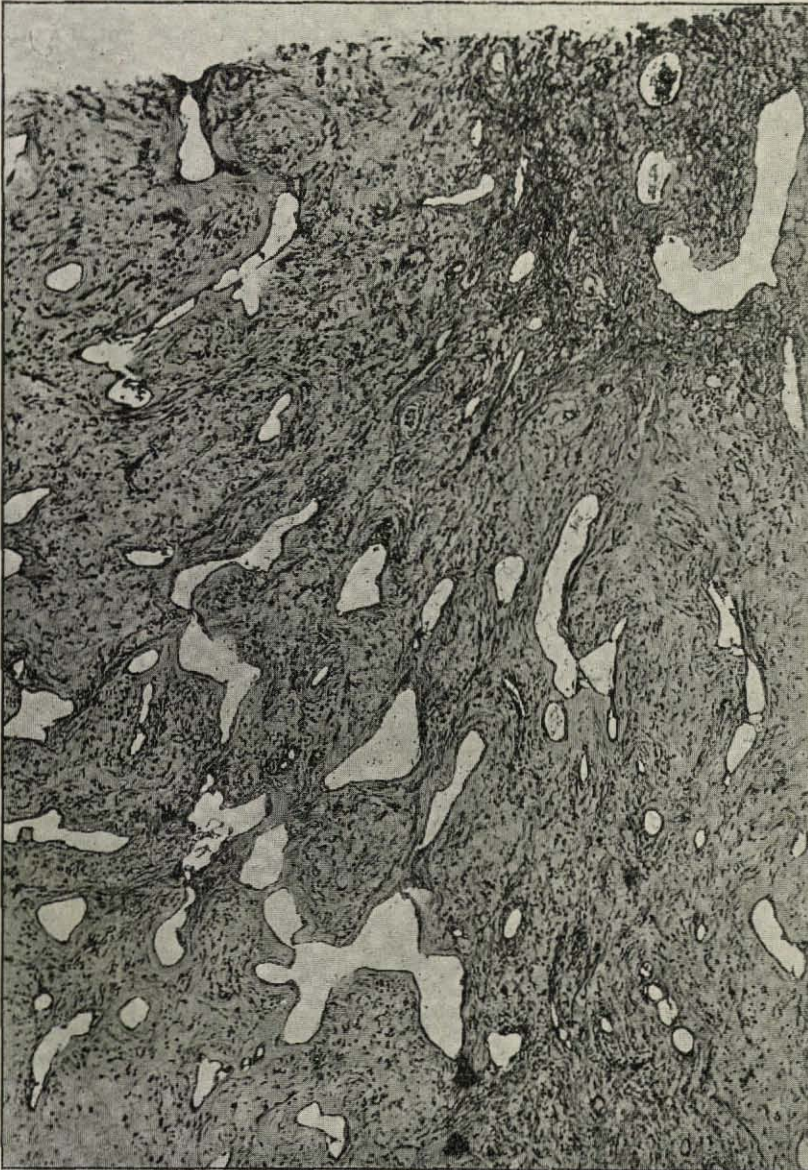
The abdomen was opened through a long right paramedian incision. There was some free fluid.

A solid tumour, filling the abdominal cavity and resting on the pelvic brim, was delivered

outside the abdomen without difficulty and was found to be attached only to the lower surface of the right lobe of the liver.

There was no sign of metastases or of any other intra-abdominal disease.

There was some difficulty in finding the correct tissue plane but, on approaching it from



Section of tumour showing epithelium-lined spaces.

behind, the mass shelled out quite well leaving a raw liver surface which was oversewn with interrupted mattress sutures.

A soft rubber drain was left in for twenty-four hours.

The child became very ill for three days and then rallied. The skin incision broke down on removing the sutures but the deeper layers remained healed.

The general condition again deteriorated and the child died eleven days after operation. There was no post-mortem examination.

Pathological Report.—Macroscopic appearances: The tumour is pyriform and the external surface is irregularly nodular.

The circumference at the widest part is thirty centimetres and the weight of the fixed specimen is six hundred and fifty grammes.

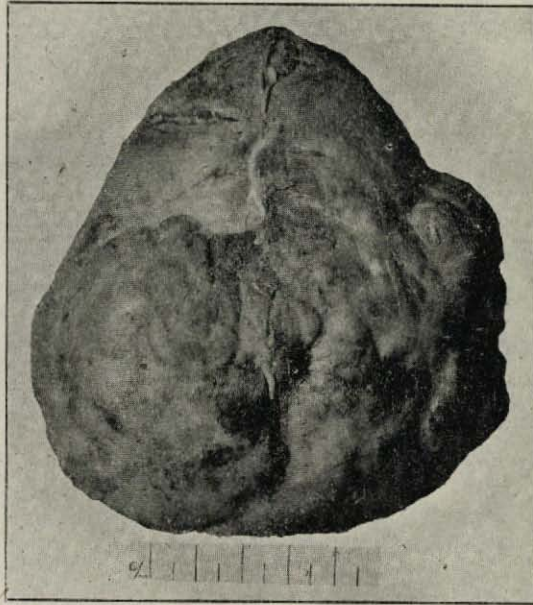
The cut surface is a mottled greyish white due, probably, to poor initial fixation.

The general appearance and consistency suggest a fibroma.

Histological Report.—Description: The basis appears to be adenomatous, with varying surrounding stroma, but the epithelial-lined spaces are so dilated as almost to resemble capillaries.

But one can make out all transitions from what resemble small bile duct-like structures to those resembling capillaries.

It is unfortunate that the edge of the tumour and the liver and other tissues were not available as that might have given some clue to its origin.



The tumour (macroscopic)

There is an area at the very edge with a few ? metaplastic liver cells.

There is some infiltration of mononuclears, plasma cells and eosinophils which I do not think significant.

Interpretation: This recalls congenital cystic liver. The adenomatous elements resemble bile ducts, from abnormalities of which "cystic liver" is believed to arise.

Discussion.—As a result of a careful microscopic examination, Major Niven has put forward the tentative opinion that this tumour is of congenital cystic origin.

The association of this abnormality with similar changes in the kidneys has been reported many times and, in rare instances, cysts have also been found in the pancreas, spleen, ovary and lung.

The subject has been extensively discussed in recent years by various authors among whom, in this country, may be mentioned Sears, Wakeley and MacMyn, and, in America, Montgomery, Stoesser and Wangenstein, Vanderveer and Moolten.

It is not possible to state whether any parasitic infection of the liver may have played its part in producing the tumour in this case.

Unfortunately it has not been possible to present all the data relating to it owing to the many difficulties occasioned by the war. I regret that I am unable to give an autopsy report but, at operation, I did not feel any abnormality in the kidneys.

I wish to thank Dr. Northrop of the American Baptist Mission Hospital, Ogbomosh, Nigeria, for his kind permission to operate on his case, for his assistance during and after operation and for his clinical report.

I also wish to thank Dr. B. G. T. Elms and Mr. J. E. Knight, of the Medical Research Institute, Yaba, Lagos, for their valued assistance and for the care with which the specimens have been prepared and photographed, and Major Janet S. F. Niven, R.A.M.C., for her report and opinion on the microscopic sections and my Commanding Officer for permission to forward this case for publication.

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Reviews.

ILLUSTRATIONS OF REGIONAL ANATOMY. Fifth Edition. By E. B. Jamieson, M.D. Edinburgh: E. & S. Livingstone. 1944. Seven Sections. Price 75s.

Jamieson's "Illustrations of Regional Anatomy" have justly earned the reputation of being the best collection available and the appearance of the fifth edition so soon after the fourth enhances their claim to pre-eminence. The format is unchanged but colours have been added lavishly to many plates and fine art paper has been employed to show off the colours to best advantage. As a result already fine plates have been improved, many details stand out more clearly and it is noteworthy how by skilful draughtsmanship and the use of colours the impression of depth is conveyed. Certain minor inaccuracies in legends have been corrected, an admirable new figure showing a dissection of the female perineum has been added and the plates are now numbered consecutively from 1 to 319 for the convenience of those who wish to have the seven parts bound in a single volume.

The arrangement in relatively small sections is an advantage from the viewpoint of the Army surgeon. The standard anatomical textbooks are too heavy for easy carriage and, besides, many specialist surgeons are mainly concerned with the anatomy of certain regions. They can make their selection with confidence from this series and will find the beautifully accurate illustrations an invaluable method for rapid revision of their anatomical knowledge when confronted with some clinical or operative problem.

THE PREVENTION AND TREATMENT OF DISEASE IN WARM CLIMATES. By Dr. Gerald Garry, M.B.E., M.D., M.Ch., M.A.O., R.U.I. London: Medical Publications, Ltd. Pp. 94. Price 8s. 6d.

In 94 pages Dr. Garry has produced what J. B. Christopherson has aptly described in his foreword as the shrine containing the practical experience and the views of a doctor who has been working for years in the sub-tropical town of Cairo.