

I have often found very beneficial. In this case, however, we had to apply means to relieve the immediate symptoms; and in consultation with my brother, we determined on relieving the congestion of the head by the application of leeches, whilst we endeavoured to stimulate the body by brandy, ammonia, &c.

March 5th, 1845.

MALFORMATIONS OCCURRING IN A CHILD.

By F. ROBINSON, Esq. Newcastle-on Tyne.

DANIEL C—, aged nine months, a stout, healthy-looking child, was admitted into the infirmary, under the care of Sir John Fife, with a short vascular tube projecting from the umbilicus, about three-quarters of an inch in length, and the same in circumference. It is round, of an oblong shape and deep-red colour, and presents a moist, shining appearance. It emerges from the lower half of the umbilicus, which presents the usual appearance, and the base of the mass is much constricted, so as to give it somewhat the resemblance of a knuckle of intestine, where the strangulation has been recent; on looking at it, however, more closely, it is seen to differ from the latter, in presenting a granular appearance, and on being handled it feels flaccid. The tube is also slight, constricted in the middle, and at the apex there is a small orifice, from which, on a probe being introduced, it passes in a direction, directly downwards and forwards, towards the pubis; and from the limited motion that could be used with the probe laterally, the instrument seems to be contained in a prolongation of the tube.

The latter is constantly covered on its whole surface with an exudation of thin fluid, devoid of odour or colour, and a constant oozing of fluid of the same character proceeds from the orifice at the apex. The mass hangs pendulous towards the right side of the abdomen, when the child is quiet, giving the tube rather the appearance of being slightly twisted; but when the child uses any exertion in which the abdominal wall is contracted, the mass increases slightly in size and becomes of a much darker hue, rendered very apparent each time that the child alternately contracts and relaxes the abdominal muscles in crying; and at such period, instead of hanging pendulous, it projects straight out, in a direction rather upwards.

The boy is stout, has been always healthy since its birth, has never had any cough, diarrhoea, vomiting, or any affection likely to cause relaxation of the abdominal muscles. He appears to suffer no inconvenience from the tumour, and does not cry when it is handled, but slight pressure at its base is sufficient to cause it to bleed round the apex, but not from the orifice itself. Nothing abnormal can be detected by examining the abdomen.

The mother states, that the ligature which was placed round the umbilical cord came off in nine days' time, and that a small round tumour, of the same appearance as at the present time, remained projecting from the abdomen, and evidently forming the divided extremity of the cord itself. This tumour could be readily reduced into the abdominal cavity by using slight pressure with the finger, but it soon became so constricted at the point of exit from the abdomen, as to render its reduction at first difficult, and afterwards wholly impracticable. No bleeding or discharge ensued when the ligature dropped off, but about three days after a small quantity of thin faecal matter was discharged from the orifice at the extremity of the tube, which was then first noticed. This continued, at first, every day, then every two or three days, and finally ceased altogether at the end of three months from the birth of the child.

The period when the faecal matter escaped was invariably the same as when the child had an evacuation per anum. When the discharge of faeces from the tube ceased, the exudation of the colourless fluid from its surface and orifice commenced, and has continued ever since, becoming, however, rather less in quantity latterly. The fluid never resembled urine either in colour or odour, and the child never had any symptoms of suppression of urine, or any affection of the bladder. Ever since its existence, the tumour has shown a disposition to bleed when handled roughly, but not otherwise. It has gradually increased in size up to the present time. Bowels generally opened regularly, and motions of natural appearance and consistence; has had various emollient applications to the part, and has latterly been poulticing it, without, however, causing any diminution in size.

On the morning of the 25th, Sir John Fife determined to remove the mass, and commenced the operation by passing a ligature tightly round the base of the tumour, close to the abdomen; this immediately caused it to turn to a purple hue, and to exude blood at the apex. It was then excised close below the ligature, and the latter not having exerted sufficient pressure, a strong jet of arterial blood proceeded from the inside of the extremity of the divided tube. This was immediately suppressed by the application of a second ligature, after a very small quantity

of blood had escaped. A piece of wet lint, compress, and bandage, were then applied, and the child sent to bed. It did not appear to be at all affected by the operation.

On examining the tumour after its removal, it was found to be a tube capable of containing a quill in its cavity, and formed of a strong fibrous coat internally, lined by a thin membrane, and covered over by skin externally, a good deal of loose cellular tissue separating the two tissues. The fibres were all arranged longitudinally, with the exception of a few scattered ones that passed transversely across. Numerous small vessels were observed, running up to the apex of the tube, among the cellular tissue. A few minutes' maceration in tepid water rendered it quite colourless.

The mother took the child away after the operation, but returned in five days' time with it, when it was found that the part was almost well. The ligature had dropped off, and the portion of tube behind it had retracted to a level with the umbilicus, and had quite cicatrized, except a very minute space. The child was in good health, and had been so since the operation.

Much difference of opinion existed regarding the nature of the malformation. It would seem to be a portion of the umbilical cord, which, instead of withering and dropping off, became organized, but whether it communicated with any of the viscera, or terminated in a cul de sac, of course could not be determined satisfactorily.

Setting aside the latter hypothesis, the principal doubt existing was, whether the tube communicated with the intestine, formed a portion of it, or was continued down in the cavity of the abdomen to the bladder, forming an abnormal connexion with the latter, and possibly communicating with the intestinal canal, at the time of birth, and for a period after. The latter appeared the more probable of the two hypotheses, as, first, its direction was in favour of that opinion; secondly, as the bladder of a child in the healthy state is known never to contain a large quantity of urine at a time, that viscus being instinctively emptied of its contents when but a small quantity is contained in it; this fact, together with the opposition afforded by gravity, would account for little or no urine being discharged by the tube, and if any, it would probably be evacuated when the child was in the horizontal posture, and perhaps asleep, and therefore it would be liable to escape the notice of the mother, especially as such applications as ointments or poultices were pretty constantly applied. Lastly, the exudation of fluid, which kept the part constantly moistened, might be accounted for by effusion of serum of the blood arising from the obstruction to the circulation in the extremity of the tube, which manifestly existed.

With regard to the supposition of the tube forming a portion of and terminating in the intestine, this, though at first consideration the most probable, is yet unlikely, from the straight direction of the tube; while the composition of its coats seem at least to prove that it did not form any part of the intestinal canal. Certainly, the force of gravity and the consistence of faeces might hinder the escape of any, but purgation, when used, had no effect in causing this.

Perhaps the most probable theory is, that the tube may be a continuation of the hypogastric artery, terminating in a cul de sac, and differing from the general rule in course or origin, or both. In support of this opinion the history seems to prove—if what the mother says can be relied on—that the tube was evidently a portion of the umbilical cord, and if so, the former is most likely the remains of the artery only, partially obliterated, and instead of dropping off, continuing organized, and covered with a prolongation of skin, from the margins of the umbilicus. The little disturbance of the general health, and the perfect performance of the functions of the digestive and urinary apparatus, seem to be also in favour of the latter opinion, as well as the rapid cure effected by the operation.

March 2nd, 1845.

CASE OF ACUTE LARYNGITIS.

By WALTER CHAPMAN, Esq. Surgeon, Norwood, Middlesex.

TRACHEOTOMY.—RECOVERY.

ON Wednesday, the 19th of last February, at ten o'clock P.M., I was summoned to attend Mrs. M—, residing in this neighbourhood. My patient was thirty-one years of age, the mother of five children, and was attended by me in her last confinement, about ten months since. Mrs. M— was an extremely thin, spare person, possessing but little physical power, and addicted (as I have been informed) to gin-drinking, which, however, she denied. She has generally enjoyed good health, and was suckling her infant when she became the subject of the present attack. The following is the substance of her own account of it:—She was in her usual state of health when she retired to rest on Tuesday, the

18th of February, with the exception of having suffered from slight dysphagia and cough for the two previous days, but to these she paid no attention. At four o'clock the following morning she was awoke by sudden and great difficulty of breathing, which compelled her to assume the erect posture; there was a short hacking cough, with rigors and thirst.

She had never been similarly attacked. These symptoms increased somewhat during the day, when I was requested to see her at ten o'clock P.M. Her symptoms then were, orthopnea; the respiration being very quick and laborious, with a dry cough, and an occasional croup-like inspiration; great anxiety of countenance; heat of skin; intense thirst; and rapid pulse. Pressure over the larynx caused pain; there were also present a feeling of constriction round the throat, and a very distressing sense of suffocation, similar (she said) to that of being partially smothered under hay, of which she could speak from recent experience. An internal examination of the throat assured me that it was healthy, and auscultation and percussion revealed a normal state of the thoracic viscera, with the exception of some harshness of the respiratory murmur, in consequence of the partly obstructed state of the rima glottidis. Twenty-four leeches were immediately applied to the region of the larynx; half a grain of tartarized antimony in solution was given every hour; and three grains of the chloride of mercury, combined with half a grain of opium, every third hour.

On the morning of the 20th, at nine A.M., I found her lying down in bed, and very much relieved in every particular. The leeches had bled very freely: the antimony, for the first two or three doses, caused vomiting, but was afterwards retained, and she had expectorated a small quantity of extremely viscid mucus. I ordered the leeches to be re-applied, the bleeding to be encouraged by hot fomentations, and the medicines continued. In the evening she was going on favourably; gums slightly tender, from the calomel. Remedies as before.

On the morning of the 21st she was much worse; all her previous symptoms had returned during the night. Her difficulty of breathing was very great; there was some vertigo; her extremities were becoming cold; her pulse thready; and she expressed her firm conviction that if not shortly relieved from her distress, she should soon die. I quite coincided in my patient's opinion, and thinking it unjustifiable to spend more time in the trial of remedies, as soon as possible I performed the operation of tracheotomy, by making an incision, of about half an inch in length, down to the trachea, just one inch above the sternum, and then passing in the tracheotomy trocar and canula. There was a little hæmorrhage from the integuments, but it soon ceased, (before the trachea was opened,) and a small quantity of frothy blood, which issued at first from the opening in the trachea, almost instantly stopped. The relief afforded by the operation was most marked; after recovering from its immediate effects, her breathing became perfectly calm and easy; her anxiety and distress of countenance, with the dread of suffocation, vanished; the pulse increased in power and volume, and she expressed herself as feeling "in heaven." From this moment she continued to improve, without an unfavourable symptom.

On the 24th the tube was removed from the trachea; the opening, however, remained pervious for a period of from seven to ten days from the time it was made; it then gradually closed entirely. The gums became affected by the mercury, and were kept tender. If, during three or four days after the operation, the free ingress of air to the lungs was prevented, by my finger being placed unobservedly over the tube or opening, the patient immediately became aware of what was being done, and complained of difficulty of breathing; but day by day the respiration improved when the opening was temporarily closed, until it finally became quite natural. Mrs. M.—— quite recovered.

This, like many other cases of a similar kind, shows how very soon laryngitis subsides when the passage of air over the inflamed surface is obviated, and free breathing is permitted by an opening below; and how desirable it is to afford that relief early, and before the general powers have suffered greatly by the continuance of distress.

April 5th, 1845.

CHANGE OF PRESENTATION DURING LABOUR.

By C. M. MILLER, Esq. Claremont Terrace, Stoke Newington-road.

I LOOK upon the following case as particularly instructive to the student and young practitioner, in teaching them not to place too great a reliance upon the first presenting part of the fœtus. On the 28th of November I was called, at three o'clock P.M., to Mrs. M.——, in labour with her first child: she had been ill during the whole night, but the pains had increased in severity during the last two hours, coming on every ten minutes; no discharge at all.

As I was obliged to see a patient at a distance, I thought it advisable to institute an examination, and found the os uteri about the size of a shilling, and dilatable; head presenting, and distinctly felt also through the parietes of the cervix; membranes entire. It being a first labour, and viewed by me as perfectly natural, I was under no apprehension, but visited my distant patient, and returned to Mrs. M.—— at five o'clock; hoping now to find her considerably advanced. I made another examination, but found the os very little more dilated. The pains recurred every quarter of an hour; head still presenting. Such being the case, I again left her, with the promise to return at twelve, which I did, but found very little improvement in the size of the os. The pains had ceased entirely for the last hour; I could still feel the head.

I now left her for the night, giving orders to the nurse to send for me in case of the pains returning with any degree of force or frequency, or the liquor amnii escaping. I was not, however, sent for until nine o'clock on the morning of the 29th, the pains having come on at eight, and considerably increased in severity during the last half hour. I instituted another examination, and found, to my astonishment, not the head presenting, but the right elbow protruding nearly to the vulva, the head bent to the right side of the mother, and the child's ribs easily felt.

Of course my future proceedings were clear enough; I introduced my hand, and with some little difficulty turned the child, and safely delivered the mother. The child was dead. With the exception of exhaustion, the mother has gone on very favourably hitherto. Now had this been the hand instead of the elbow, I should not have been surprised, as cases of this member coming down by the side of or before the head are not unfrequent; but here was a positive change of position taking place during the hours of cessation of pain.

Having thus described the case, I leave it to your numerous readers, some of whom may have met with a similar instance.

January, 1845.

DEATH FROM HEPATIC ABSCESS BURSTING INTO THE PERICARDIUM.

By R. ALLAN, Esq. Staff Surgeon, Port Louis, Mauritius.

CUMIA, aged thirty-five, native of Bombay, had been in Mauritius one year, working as a field-labourer, when he came into the Immigration Dépôt, on the 21st of December, 1844, for the purpose of entering into a new engagement, having walked seven or eight miles on that day. He remained in apparent good health until six o'clock on the morning of the 26th, when he began to complain of pain at the pit of the stomach, and died at half-past ten A.M.

Section cadaveris twenty-one hours after death.—About two pints of reddish pus and serum within the pericardium, the entire of which membrane was slightly inflamed. On laying the pericardium freely open, thick yellowish-green pus was seen oozing from an aperture large enough to admit the finger, which led through the diaphragm into an abscess in the smaller lobe of the liver, capable of containing a pint of fluid.

It is probable that the pus of the hepatic abscess had been oozing into the sac of the pericardium during some hours before death, causing inflammation, and then annihilating the heart's action by pressure.

Messrs. Rogers and Powell, surgeons, were present with me at the dissection, and we have forwarded the parts to the Military Museum at Chatham.

Port Louis, Mauritius, Feb. 4th, 1845.

PARTIAL ADHESION OF PLACENTA OVER OS UTERI, WITH FOOT AND UMBILICAL CORD PRESENTING.

By JAMES FRENCH, Esq. Surgeon, Nantwich.

ON Wednesday, April 16th, 1845, I was summoned to attend Mrs. P.——, aged thirty-six, strong and healthy. She had previously given birth to three children, and had always natural and quick labour. She considered herself to be between the eighth and ninth month of pregnancy. When I saw her, at three P.M., she had slight pains, accompanied with hæmorrhage, which she told me she had occasionally had for six weeks previously. I at once considered it to be a case of placental presentation. On examination, I found the os uteri dilated to the size of a crown-piece, with a portion of the placenta projecting over about one-third of it, and adhering to the left side. From the continued hæmorrhage I ruptured the membranes, and found the umbilical cord and left foot presenting. The hæmorrhage ceased, as did the pains, and she fell asleep.

At seven P.M. she had several stronger pains, and on a second examination I found the left foot, with the umbilical cord twisted