

feeble, 80; temperature 100.2°; ankles cedematous and pitting on pressure; no apparent swelling above the calf of the leg; skin dry and harsh. No specimen of urine could be obtained that day. He was very thirsty, very sick, and his bowels had not been open for three or four days. — March 24th: Rather better; skin moist; has perspired freely; is not so sick, and has passed quite a pint of urine in the twenty-four hours; it was very acid, specific gravity 1015, with one-eighth of albumen. Microscopically there were some beautiful hyaline casts and a few red blood-corpuscles. — 26th: Sleeps much better; has no headache or lumbar pain; has not been sick since the 24th. His bowels have been kept freely open. In the last twenty-four hours he passed two pints of urine, which was acid, specific gravity 1015, with only one-sixteenth of albumen present. No casts could be found. His feet and ankles had not swollen since the 24th. His temperature was normal, and his pulse, which had become much stronger, 68. There was no swelling of his face, and he had a little more colour. — 29th: Pulse 54, strong and steady; he has passed two pints and a half of clear urine, acid, specific gravity 1020, with a trace of albumen. On April 1st he was still going on well; over three pints of urine were passed daily. The results on analysis were similar to those in the last note, only the trace of albumen was very slight. Since then he has continued improving in a very satisfactory manner. A curious point in the case is the family history. His maternal grandmother suffered for years with renal calculus, while his mother passes gravel occasionally, and has done so for a long time. This may serve partly to explain the attack of nephritis after influenza: an hereditary weakness or predisposition.

Treatment.—This consisted chiefly in absolute rest in bed between the blankets (he was wearing also a flannel shirt) in a warm room, milk diet, light puddings, gruel, &c., with some fish and broth as he improved. His bowels were kept well open, and he had half an ounce of the following mixture every four hours at first, and later only twice in the day:—Tincture of digitalis, one drachm; liquor ammoniæ citratis, one ounce; spirit of nitrous ether, half an ounce; water to eight ounces. On April 1st this was changed for a mixture containing liquor ferri magnetico-phosphatis. Regarding influenza as a general poisoning of the system, one might have expected, on the analogy of diphtheria, that some of the stress of the disease would fall on the kidneys. But, as said above, this seems very rare. Graves¹ says that in one case there was much swelling of the legs and feet, but he seems to connect no dropsy in this complaint with any disease of the kidneys. The lad was unfortunate, I think, in two things—his hereditary proclivity to kidney disease, and the long hold the influenza had of him. I shall be much interested to hear of any similar case.

Lincoln.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

THE SEAMEN'S HOSPITAL, GREENWICH.

VENTRAL HERNIA; OPERATION; RECOVERY. FIBROMA OF THE UMBILICUS; OPERATION; CURE.

(Under the care of Mr. JOHNSON SMITH.)

VENTRAL HERNIA is most commonly met with in the middle line, the protrusion taking place between the recti muscles, and is apparently due in the majority of instances to yielding of the linea alba during parturition. It is comparatively uncommon in the male; this case, however, presents an example of the gradual formation of such a hernia in a healthy sailor, probably as the result of strain. It does not appear that omentum formed any portion of the hernia, yet the symptoms were those produced by pro-

trusions in the epigastrium which contain that structure, and were relieved by the operation. Although these herniæ in the male seldom become strangulated, they may cause much local tenderness and discomfort. The second case is interesting as an example of the formation of a tumour in a situation where growths are rare in the adult, also of the difficulty in estimating the extent to which it may be necessary to carry the incisions in the removal of tumours of the abdominal wall. We have recently published cases of tumours in that part of the body in which it was necessary to open the peritoneal cavity and remove the adherent peritoneum.¹ For the notes of these cases we are indebted to Mr. Robert Robson, house-surgeon.

CASE 1. *Hernia of subperitoneal fat in linea alba.*—J. R—, aged forty-two, a seaman, short, broad chested, and healthy looking, was admitted to the Seamen's Hospital in December, 1888. During the past seven years he had been troubled with a small soft swelling below the breast bone. The patient stated that there was much pain in this swelling, especially after walking; radiating pains also over the front of the chest. He suffered much from dyspepsia, and, he asserted, occasionally vomited after a meal. In the middle line of the anterior abdominal wall, just two inches above the umbilicus, there was a soft, irregularly shaped, compressible tumour two inches and a quarter in diameter, which stretched over a little more to the right than to the left side. There was weakness of the abdominal wall for some little distance round this swelling. Pressure of a bandage or plaster on the tumour caused much uneasiness. The patient was very anxious to have some operation performed. On Dec. 18th, chloroform being administered, a vertical incision three inches long was made over the tumour, which at once exposed a circumscribed mass of lobulated fat; this resembled omentum, but was not covered by a sac or any membranous investment at all resembling peritoneum. This mass of fat was continuous by means of a small pedicle with subperitoneal fat; the pedicle passed through a small orifice of the size of a No. 12 catheter in the linea alba, which orifice was oval, and had smooth, rounded margins. After a silk ligature had been applied to the pedicle, the opening in the linea alba was enlarged, and the little finger was passed through. It could be moved freely in all directions in a space between the muscles of the abdominal wall and the peritoneum. The pedicle having been returned into this space, the edges of the enlarged opening in the linea alba were brought together by three sutures, one of wire and two of silk. The wound was dressed antiseptically, dusted with iodoform, and covered with wood wool. For twenty-four hours after the operation there was occasional vomiting of thin fluid, but no tenderness in the abdomen. The wound healed rapidly, and the patient, making a good recovery, was discharged as cured on Jan. 14th, 1889.

CASE 2. *Fibroma of the umbilicus.*—M. K—, aged thirty-five, a fireman, was admitted into the Seamen's Hospital, Greenwich, with a small tumour of the umbilicus, observed for the first time about three months previously and shortly after he had received a violent blow in the umbilical region. This tumour, up to the time of admission, had increased in size steadily, but slowly, and latterly had caused much uneasiness and at times a dull, throbbing pain. The patient, who was a tall, thin man, stated that he had not lost flesh since the above-mentioned injury. He had no recollection of any instance of tumour or cancer in his family. The umbilical cavity was completely obliterated by a prominent firm growth, the margin of which was continuous with the skin of the abdominal wall. The visible portion of the growth was circular, and had a diameter of one inch and a half. Its surface presented a warty appearance, and was covered by elongated papillary growths, varying in size, and flattened laterally by mutual compression. Notwithstanding the depth of the interspaces between these growths and the prominence of the tumour, which must have rendered it liable to the friction of clothes, the surface of the tumour, which was of a light pink colour, was quite unbroken and free from discharge of any kind. This prominent and warty growth was seated on and continuous with a very hard thick growth, extending all round into the thickness of the abdominal wall and forming a subjacent swelling about three inches in diameter; this was

¹ Graves' Clinical Medicine. New Sydenham Society's Series, vol. i., p. 491.

¹ THE LANCET, 1889, vol. i. p. 651; ib., vol. ii. p. 852, "Mirror of Hospital Practice."

freely movable in every direction, and did not seem to be connected with any intra-abdominal structure.

On Aug. 3rd the tumour was removed. The superficial and warty portion was enclosed between two semilunar incisions made through the skin, and then, together with the deep portion, was dissected out. It was found necessary to cut through the peritoneum, and towards the end of the operation small intestine and omentum were freely exposed. The patient made a speedy recovery without any rise of temperature or other bad sign. The tumour measured one inch and three-quarters in thickness. On section it presented a dull white colour, and its substance, which was of almost cartilaginous hardness, was directly continuous, without any well-defined margin, with the surrounding fat and other tissues. The excised portion of peritoneum, though intact at all points, was very closely adherent to the growth and drawn up into its structure near the middle of its posterior surface, from which point a well-marked band of fibrous tissue, probably the cicatricial remains of the cord, extended through the tumour to its anterior warty surface. The tumour on section presented to the naked eye an appearance very similar to that of a recent specimen of cancer of the mamma.

The following report, together with drawings of sections, on the microscopical appearances of this growth, have been kindly supplied by Dr. Otto Kauffmann. "The tumour on microscopic examination was found to consist of fibrous tissue, very fully developed and free from all embryonic characters. At one spot only some large cells were found aggregated in a manner somewhat suggestive of malignant epithelial growth, but the extent of this formation was so limited as to lead to the conclusion that a papilla had here been cut across. Even an extremely hard scirrhous could not have shown such an absence of epithelial elements. The growth may therefore be called a fibro-papilloma."

RADCLIFFE INFIRMARY, OXFORD.

THREE CASES OF ABDOMINAL SECTION; REMARKS.

(Under the care of Mr. H. P. SYMONDS.)

THE recent discussion at the Medical Society¹ on the present position of abdominal surgery has attracted much attention in the profession, and it is a cause for congratulation that the advance in this department of surgery has been so marked during the last few years. According to Dr. Meredith, who introduced the discussion, it was not until 1877 that the pedicle after ovariectomy was treated by the intra-peritoneal method as a matter of routine, and it is since then that the use of antiseptics has aided in improving the results obtained. Although some of those who took part in the discussion do not employ the antiseptic plan of treatment, all agreed in the necessity of thorough cleanliness during the operation. Before 1887 few country hospitals could show a succession of three cases cured by operation without any complications during the after treatment, whereas it is not uncommon at the present time to find that such success is frequently attained, as in the cases under Mr. Symonds recorded below.

CASE 1.—E. P—, aged twenty-eight, was admitted on April 3rd, 1889, with swelling of the abdomen, which she had noticed for two years, and it seemed to be getting larger; she had no pain. On admission the abdomen was enormously distended, absolutely dull on percussion, except quite in the flanks; no alteration in dullness on changing position. Abdominal girth 46 in.; superficial veins enlarged. On vaginal examination the uterus was rather low down, fulness in vaginal roof both in front and behind the uterus. Sound entered in normal direction 2½ ins. On April 10th the abdomen was opened in the middle line below the umbilicus, the patient being under ether. One large ovarian cyst was found with smaller ones at the upper part, which were afterwards drained into the large cyst. No adhesions. The cyst arose from the left ovary. The pedicle was transfixed and tied with stout silk. The other ovary was removed. The abdominal wound was stitched with silk, and dressed with alembroth wool and gauze. Spray used, no drainage-tube. The patient made an uninterrupted recovery. The highest temperature reached was 100.2°. She was discharged cured on May 4th, 1889.

CASE 2.—E. B—, single, aged twenty-nine, was

admitted on June 22nd, 1889. The patient complained that her abdomen had been increasing in size for over two years. She first noticed fulness at the lower part. She began to menstruate at fourteen, and was always regular till pregnancy, five years ago. After this her periods were again regular until two years ago, when they ceased for seven or eight months, again becoming regular, but being very scanty. On admission, the abdomen was considerably distended, more so on the left side than on the right. Skin covered with numerous old striæ; linea alba deeply pigmented. Fluctuation easily obtained across the abdomen. When the patient lay on her back, the whole of the abdomen was dull on percussion, even in the flanks; but when turned on her side, the uppermost flank gave a resonant note posteriorly. The perineum was torn, the cervix lacerated bilaterally, and the uterus lay low down in the pelvis, and was markedly retroflexed and fixed; sound only entered a very short distance.

July 5th.—Ether was given and the abdomen opened by Mr. Symonds in the usual position. Cyst readily exposed; quite free from adhesions; a large trocar was inserted and several pints of fluid removed. The pedicle was found to come from the left side; it was transfixed and ligatured in two parts, and returned into the abdomen. Right ovary, which contained two or three small cysts, was then removed, the pedicle being treated in the same way. After the sutures had been passed through the edges of the abdominal wound, there was found to be a considerable quantity of blood in the peritoneal cavity; uterus pulled forwards into wound and both pedicles brought into view, when the ligature on the left was found to have slipped. A fresh one was applied, and the peritoneum mopped out. The spray was used and sal alembroth dressings. The patient made a good recovery, and was discharged on Aug. 3rd.

CASE 3.—E. J—, aged twenty-five, was admitted on July 3rd, 1889, suffering from an abdominal tumour. The patient stated that she had been married six years, and has had three children, the youngest being now fifteen months old. Her last confinement was easy, the labour lasting only about four hours. A week afterwards she was seized with pains in the right side of the abdomen resembling labour pains, which lasted about three days, but were not sufficiently severe to confine her to bed. At this time she noticed a small lump in the right iliac fossa, which has steadily increased in size. She has had similar attacks of pain since then, and had one a week before admission, which confined her to bed. She menstruated regularly till marriage, but has been very irregular since her first pregnancy. She says that she was "poorly" for two or three days two months after the birth of the last child, and then did not menstruate for eleven or twelve months (i.e., about March last), since which time she has seen nothing. In the lower part of the abdomen, filling up the right iliac fossa, was a firm rounded tumour, somewhat softer and semi-fluctuating over its centre, dull on percussion, and movable, though it seemed to be more or less adherent to the umbilicus. It extended to about two fingers' breadth above the level of the umbilicus, and to about a similar extent to the left of that point. It did not contract when grasped or rubbed by the hand. It appeared to extend down into the pelvis. On vaginal examination the sound passed three inches and a half; the tumour could not be made to move with the uterus. No pedicle could be felt. Urine normal.

July 8th.—Sound again passed; it entered two inches and a half, and when withdrawn was smeared with blood.

9th.—Patient commenced with labour pains about midnight, and was delivered of a foetus (about four months) at 3 A.M. Slight difficulty with placenta; no bleeding.

Aug. 3rd.—The tumour remains about the same size, and does not appear to be in any way connected with the uterus. At this time the patient refused to be operated upon, and was discharged.

Nov. 6th.—Readmitted. Tumour if anything very slightly larger than when discharged.

12th.—The patient being under ether, Mr. Symonds opened the abdomen in the middle line, below the umbilicus, by a four-inch incision. A semi-solid tumour was found just to the left of the middle line, and with the pedicle springing from the left ovary. A small piece of omentum adherent to the anterior surface of the tumour was ligatured and divided. The fluctuating part of the mass was then tapped and about an ounce of oily fluid withdrawn. Pedicle transfixed and tied with stout silk, and then

¹ THE LANCET, vol. i. 1890, pp. 835, 858, 904.