A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

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.

KING'S COLLEGE HOSPITAL.

FRAGMENTS OF A GUTTA-PERCHA BOUGIE REMOVED FROM THE BLADDER BY THE LATERAL OPERATION.

(Under the care of Sir WM. FERGUSSON.)

ALL sorts of odd things are now and then found in the human bladder. Portions of tobacco-pipe, of slate pencil, pen-holders, hair-pins, and pieces of French chalk, represent—the last, perhaps, most aptly—the “foreign bodies” occasionally removed from this viscus. The two cases which are subjoined occurred, remarkably enough, on succeeding days. The object removed by Mr. Henry Smith was, so far as we know, unexampled, the glass flower-tube which had been inserted being quite a recent invention. There are several instances on record of portions of bougie or catheter being found in this situation, and it has happened occasionally that, after having been broken into pieces by a lithotrite, they have been voided with the urine. In Sir William Fergusson's case it was somewhat remarkable that although the fragments of gutta-percha bougie had been in the bladder for six months, they were not covered with any concretion.

The notes of the following case were taken by Mr. R. H. Robinson, dresser.

The patient was a modeller of gutta-percha, forty-one years of age. One day about the middle of last December, he was withdrawing a gutta-percha bougie which he had introduced upon himself for the relief of stricture, when the instrument broke, leaving, as he supposed, about three inches of its length in the bladder. He applied immediately at an hospital, where the bougie was detected by the surgeon, and an effort made to extract it by the urethra. This did not succeed. On the third day after the accident, whilst straining at stool, he felt something slip along the urethra, but could not say whether it was the fragment of bougie or not. After this, the surgeon's efforts to detect the bougie by the sound were not successful. He left the hospital and returned to his work. In March last, feeling great irritation about the neck of the bladder, and observing that his urine deposited great quantities of matter, he applied at another hospital. Here the surgeon failed to detect, by the use of the sound, the presence of any foreign body.

In June he was sent to Sir William Fergusson, who, on sounding him, struck some foreign substance in the bladder. When the urine was examined it was found to deposit phosphates when heated, and pus in considerable quantities was mixed with it.

June 16th.—Sir William performed the usual operation for lateral lithotomy. Instead, however, of employing the stone-forceps, he introduced a strong sequester-forceps, and with this succeeded in removing the fragments, which are represented of their natural size in the accompanying woodcut. Owing to the lightness of the objects some delicate manœuvring was required to catch them. The fragments were not encrusted with any calcareous matter. There was rather free hæmorrhage, which stopped on his removal to bed.

He went on well for two or three days; then some vomiting and abdominal tenderness came on.

27th.—Penis is swollen and tender. He complains of pain in the perineum and tenderness in the lower part of the hypogastric region. His urine deposits a thick cloud of mucus, carrying down with it large quantities of the triple phosphates. Pulse 88. He is very low spirited.

28th.—The urine has a very offensive and ammoniacal odour. Bladder washed out with warm water.

GLASS TUBE OF NEARLY THREE INCHES IN LENGTH REMOVED FROM THE BLADDER BY THE MEDIAN OPERATION.

(Under the care of Mr. HENRY SMITH.)

A young man, aged nineteen, was admitted into the hospital on the evening of June 14th. He stated that on the previous night before going to bed he suffered from retention of urine, and that in order to relieve himself he had introduced a glass flower-tube down the urethra, to which he had attached a piece of string. He went to bed, and next morning found that the tube and half of the string had disappeared. He was able to pass urine, but with much pain.

Mr. Henry Smith saw him late at night on his admission to the hospital, and, finding that there was not any retention of urine, directed that the end of the string should be secured to the thigh by means of plaster, and that any operation should be deferred until daylight.

Next day, at two P.M., the patient was brought into the operating theatre, and placed under the influence of chloroform. A careful examination was made through the rectum, and subsequently with a sound, when the foreign body was found to be quite within the cavity of the bladder. A staff grooved in the middle was passed down into the bladder, and there held by Mr. John Wood. Mr. Smith then introduced the left forefinger into the rectum, and using a sharp straight-backed bistoury, made an incision about half an inch above the anus in the median line down upon the staff. The forefinger was now introduced into the opening thus made in the urethra, and which was thereby dilated; the staff was withdrawn, and

the string, being felt as it lay in the back part of the urethra, was seized with a blunt hook and pulled out through this perineal wound. This was now rendered taut by traction with the right hand, and the left forefinger, being carried into the bladder, came in contact with the foreign body, lying quite within the viscus and right across it, the bladder being empty and contracted. The operator was, of course, unwilling to use anything in the shape of forceps to seize the substance, as this would break the glass in pieces. Under these circumstances, then, the only thing to do was to manipulate cautiously with the fingers, and endeavour to change the position of the tube. The right forefinger was introduced into the rectum at the same time that the left was passed into the bladder, but this manœuvre did not succeed. Mr. Smith then withdrew the finger from the bowel, and by pulling upon the string at the same time that he passed the left forefinger as far into the bladder as possible, the glass tube was gradually turned

round, and the whole brought away. There was no bleed-

ing. The wound was left to itself as after ordinary lithotomy, and on the fourth day it had nearly healed, and the patient was passing his urine by the natural passage.

The glass tube, with the string attached, is depicted in the accompanying illustration, after a photograph by Messrs. Wilson and Beadell, of New Bond-street.

ST. MARY'S HOSPITAL.

CASES OF EPILEPSY.

(Under the care of Dr. BROADBENT.)

IN the "Mirror" of January 26th we recorded a series of cases of epilepsy occurring in the practice of Dr. Broadbent in which the effects of bromide of potassium and of belladonna, the two specifics at present in greatest repute, had been observed. We give now some cases under the care of the same physician, in which the treatment was suggested by indications of some existing cause. These, though few in number, must be considered as more valuable. The tendency of modern research is to bring epilepsy into the position of a symptom attending affections, probably very various, of certain regions of the cranial nervous centres; and, incontestable as are the benefits of specifics in many cases, we have only a vague idea of their mode of operation, and necessarily thus employ them somewhat at random, whereas by making out the apparent cause some precision is given to the treatment and some slight advance is made in our knowledge of the disease.

The first case is interesting as exemplifying the causation of convulsive affections by eccentric irritation.

CASE 1.—E. W.—, a strong, healthy-looking girl, aged nineteen, came as an out-patient to St. Mary's Hospital on Sept. 6th, 1865. She had had fits of an epileptoid character, and, according to her mother, who accompanied her, of great severity, every night for a fortnight. The frequency of the attacks and the sudden access of the affection seemed to indicate the existence of some exciting cause, which it was endeavoured to trace, but without success at this visit. The catamenia were regular, but scanty; a pain was complained of over the left eye, and there was pain in the epigastrium. No other signs of disordered function were present. She was ordered mercury pill with colocynth, and the quinine mixture of the Hospital Pharmacopœia.

On the 13th the fits had been even more numerous, but she felt better. It was now discovered that she had been for three weeks suffering from a severe whitlow in the thumb, and on examination the bone was found to be necrosed. She was sent to the surgeon in order to have it removed, but left the hospital without this being done. The bone, however, came away two days afterwards, and from that time the fits altogether ceased, and the patient was quite well.

CASE 2.—F. F.—, a robust boatman, aged fifty-three, came under Dr. Broadbent's observation as out-patient on June 12th, 1865. He had suffered from rheumatism repeatedly, and two years before had received a severe injury on the frontal region, the scalp having been lacerated. Within the last ten weeks he had had three severe epileptic fits, which came on without warning. He cried out, fell down much convulsed, and the face became dark. The attacks lasted three quarters of an hour. He had a peculiar sensation in the head, and felt, as he expressed it, "mooney," whatever that may mean. He associated his fits with the injury to the head, and the persistent sensation complained of countenanced the supposition that slow inflammatory mischief might be going on. Under this idea, he took the twelfth of a grain of bichloride of mercury in decoction of cinchona, and the bowels were regulated by a compound rhubarb pill.

The reports from week to week were that he was better and stronger, and the last note was that he was better than he had been for a long time. He had no fits while under observation, but as he disappeared in a month, considering himself cured, it cannot be said that the benefit was permanent.

CASE 3.—J. R.—, aged sixty-five, admitted June 26th, 1865. He had suffered from epilepsy for four or five years, the attacks being always preceded by pyrosis. His appetite was poor, and the digestion habitually imperfect. The fits generally came on at night, and were followed by loss of memory for some time. The treatment adopted was careful regulation of the diet, and half an hour before meals the following: ten grains of trisnitrate of bismuth, three drachms of dilute

hydrocyanic acid, a drachm of acacia mixture, and half an ounce of infusion of calumba. He suffered less from pyrosis, was better in general health, and had had no fits when last seen on Aug. 3rd, which was much beyond the usual time.

CASE 4.—W. B.— was first seen at the Western General Dispensary on the 12th of October, 1864; and as he is now attending as an out-patient at St. Mary's Hospital, he has been under observation more than eighteen months. His case is remarkable as an example of brain-affection of syphilitic origin, associated with keloid disease of the skin due to the same cause, and starting in what were probably rupial scars. Syphilitic keloid is rare; syphilitic disease of the brain more common, perhaps, than is generally supposed. And on this account the case is the more worthy of record. A combination of the two affections is very rarely met with. The pathological process in the skin and in the membranes of the brain was no doubt similar, if not identical, in character; and the cerebral symptoms and keloid tumours yielded together to the remedy employed—the iodide of potassium.

When this patient first applied he complained only of the skin affection; and, on examination, numerous tumours were found on the left side of the chest and on the upper arm, having all the characters of keloid—smooth, shining, vascular elevations, irregular in form, with red and pale streaks, resembling the raised cicatrix of a severe burn. There were seven of these of considerable size on the chest, as well as some smaller ones; and about ten on the arm and upper part of the forearm. In the left side of the tongue was a tumour, which had just begun to ulcerate, at once recognised as syphilitic; and on the dorsum at the base, just behind the papillæ valvulæ, on each side near the margin, was a mass about the size of a small cherry, apparently formed by a group of enlarged follicular glands. He made no other complaint at this time, but seemed extremely stupid and childish, and no history at all could be got out of him. The syphilitic tumour in the tongue gave the key to the affection, and he said that twenty years before he had had a sore on the penis. He was ordered six grains of iodide of potassium, with compound spirit of ammonia and infusion of calumba.

At his next visit on Oct. 19th, he mentioned that he was subject to fits; that he had three or four every day, falling down insensible without warning, and struggling; and that he also very frequently "lost himself"—i.e., while walking along the street he would become unconscious without falling, and when he came to himself would find himself staring into a shop window or at a blank wall, and would not know where he was for a short time. His mind was feeble, his manner and speech childish, and his memory weak. He could not tell how long he had had the fits; could give no account of the cutaneous affection; and did not mention that he had not long left the workhouse infirmary where he had been for ten months.

The history, as it was gathered in fragments at his numerous subsequent visits and from his wife, is as follows:—The first fit occurred seven years before, and he had four or five within a month. No further attack occurred for twelve months, and then he had three or four, after which there was a further interval of nine months. Subsequently the fits became more severe and frequent, and twelve months before he came under the care of Dr. Broadbent he had six or seven a day and was "quite out of his mind"—"raving mad;" on which account he was taken to the infirmary, where he remained more than ten months. As to the skin affection no definite account could be obtained. He said he had it before he went into the workhouse, and that at one time he was "all over running sores." It was concluded that he had had rupia, and that the keloid tumours had been developed in the cicatrices, as Mr. Jonathan Hutchinson has shown to be commonly the case.

His wife had at one time sore-throat for eighteen months. She miscarried three times, and of four children born alive two are dead. Those living are weakly, but do not exhibit signs of inherited syphilis.

Further notes of the patient's condition at this date are: Sight good; pupils equal; irides acting well. Hearing perfect. No paralysis of any cranial nerve; no great pain in head. Memory and intelligence greatly impaired. Articulation good, but talk and ways childish. He was of course quite unable to work, and it was afterwards ascertained that he was often excited and unmanageable, rising in the night and walking about, threatening his wife with violence, &c.

The tumour in the tongue had already diminished in size. He continued to take the iodide of potassium, and the improvement was remarkably rapid. The epileptic attacks diminished in frequency and severity, the *petit mal* speedily ceased to trouble him, and at the end of November he was