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.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

A CASE OF RIGHT OVARIAN HERNIA WITH TWISTED PEDICLE; OPERATION; RECOVERY.

(Under the care of Mr. JOHN H. MORGAN.)

THE persistence of the canal of Nuck, the great mobility of the ovary, and its comparatively high position in young children, sufficiently account for the fact that the presence of an ovary in a hernia is decidedly more frequent during the first twelve months than in the whole of the rest of life. The following case, however, is chiefly noteworthy from the partial strangulation from torsion which the herniated ovary had undergone. The condition is very rare and undoubtedly difficult to diagnose. We are indebted for the notes of the case to Mr. G. Templeton, surgical registrar.

An infant, aged eight months, was admitted to the hospital on March 9th, 1897, with a lump in the right groin. There was no history of hereditary disease, but it was of interest to note that a brother had died from strangulated hernia. The infant had always been delicate, and ever since she was four days old a small swelling had been observed in the right groin. Four days before admission this swelling underwent great increase in size, the skin over it became red, and the parts appeared to be very painful, the child screaming constantly and drawing up the right leg. She was convulsed on two occasions, but had not vomited, and the bowels were quite regular. A medical man was consulted, who advised removal to the hospital. On admission the child appeared to be very happy and peculiarly free from symptoms. The temperature was normal. On the right side of the upper part of the mons Veneris, extending over the right external abdominal ring, there was a rounded semi-elastic, non-fluctuating swelling, which was not altered in size when the child cried. On attempting to elicit fluctuation pain was produced, and very faint pitting of the skin could be made out on pressure. The child was very fat, but on further manipulation an indistinct, rounded, irreducible body, about the size of a cherry, could be felt and could be freely moved about, having, as it seemed, no connexion with the interior of the abdomen. The bowels had acted naturally and there was no sickness. She remained in the same condition until the 12th, when Mr. Morgan decided to operate, and having made an oblique incision over the swelling, he exposed a thin-walled sac in which some dark fluid was seen to be contained. A small incision through this membrane allowed the escape of about one drachm of blood-stained fluid, leaving exposed a smooth, rounded, plum-coloured body about the size and shape of a small damson. Attached to the upper end of this, which on closer inspection proved to be the ovary, was a slender pedicle twisted upon itself to the extent of two and a half turns. This stalk was found to consist of the right Fallopian tube and the broad ligament, and upon pulling them further outwards the fundus of the uterus entered the wound. The portion of the twisted pedicle, almost to its attachment to the uterus, was in a congested condition similar to that of the ovary. A fine silk ligature was passed round the pedicle beyond the congested part and tied, and the ovary and pedicle were cut off, and the uterus was dropped back into the abdomen. A suture was passed through the external abdominal ring and tied, and the surface wound was closed with a continuous hor-chair suture. The child recovered without a bad symptom and was discharged with the wound perfectly healed on March 24th.

Remarks by Mr. MORGAN.—Two cases almost identical

with the above have been recorded during the past twelve months, with the variation that in both instances the condition had produced vomiting, thus giving rise to a closer analogy to a strangulated hernia of the intestine. In both cases the onset and symptoms, with the addition of vomiting, were similar to those in the case above described. The first was related by Mr. Lockwood as occurring in a child aged six months, and the second by Mr. Owen¹ in a child aged eleven weeks. Both children recovered. A further resemblance is found to cases of testis retained in the inguinal canal where the spermatic cord is found to be twisted.

NORTH DEVON INFIRMARY, BARNSTAPLE.

A CASE OF MALIGNANT PUSTULE TREATED BY INCISION AND APPLICATION OF CARBOLIC ACID.

(Under the care of Dr. MARK JACKSON.)

THE following case demonstrates well the liability of contracting anthrax to which all are subject who have to do with hides even if only occasionally. A case resembling in some respects Dr. Jackson's was brought before the Brighton and Sussex Medico-Chirurgical Society by Dr. Black;² the disease attacked a man a few days after he had been employed in carting hay from railway trucks in which some hides had been carried a short time previously. Anthrax is decidedly less rare than was thought at first, and excision is not so necessary as it was formerly considered to be, local anti-septic treatment having in part replaced it; but excision is still the most certain method of removing the materies morbi and should be adopted whenever the position of the pustule permits. Should, however, excision be impossible from any cause the careful and thorough application of suitable antiseptics locally after incision offers the best chance of effecting a cure. For the notes of this case we are indebted to Mr. F. Penny, house surgeon.

On the evening of Oct. 30th, 1895, a railway porter, aged thirty-two years, was admitted into the infirmary. The patient was then suffering from extensive swelling of the left side of the neck, he was very feverish, the temperature was 103° F., the pulse was 86, and he was otherwise ill. He was sent to bed and a purge of calomel and jalap was administered. During the week previously the patient had been loading some skins, some of which were "high," and also some wool and sheep. Of the skins, one came from the neighbouring kennels and others from Ilfracombe. On Oct. 26th the patient felt a pimple on the left side of the neck, and in the evening, while being shaved by a barber, the top was taken off. He felt no inconvenience on the day following, but on rising about 7.30 A.M. on the 28th his neck seemed to be somewhat stiff and was swollen, and a scab had formed at the site of the pimple. During the day he became worse and he consulted a local practitioner, and on the next day there being no improvement, he was advised to go to the infirmary. Dr. Jackson first saw the patient on the afternoon of the 30th, at about 4 P.M. There was then a hard œdematous swelling of the left side of the neck, extending above over the left ramus of the jaw, downwards to the clavicle, and anteriorly beyond the middle line of the neck. In the centre of the swelling was a small purple spot about three lines in diameter surrounded by three large bullæ of a yellowish-brown colour. The patient complained of some difficulty in swallowing, apparently due to the extensive œdema. The axillary glands were slightly enlarged. On palpating the swelling, it was found to be somewhat elastic, and fluctuation was thought to be felt. It was determined to make an incision, which was done under chloroform. A director was used, as the line of incision lay parallel to the course of the carotid vessels, but was introduced only by considerable force, so great was the induration of the tissues. An incision from one and three-quarters to two inches long was made, and as no pus was discovered a pair of forceps was introduced into the deep tissues to make sure there was no accumulation of pus beneath the deep fascia. Only serum and a little blood came through the incision. During the same evening Mr. F. Penny examined microscopically the fluid taken from the bullæ, and well-marked specimens of the anthrax bacillus were easily seen. On the 31st, on Dr. Jackson's advice, in consequence of

¹ THE LANCET, March 21st, 1896, p. 765.

² THE LANCET, Nov. 10th, 1894, p. 1098.

finding the bacilli, Mr. Penny swabbed out the incised tissue thoroughly with pure carbolic acid, and dressed the wound with carbolic oil and poultices. On the previous night the patient had been restless; he had had little sleep, and was sick after a draught of chloral and bromide. There was a scarlet, erythematous rash on the neck and chest. The temperature was 105° and the pulse was 96. On Nov. 1st the patient had passed a very restless night; there was much pain at the back of the head; the tongue was dry in the centre; the erythema on the chest extended to the level of both nipples. Albumin was abundant in the urine. The pulse was steady and regular. More bullæ were present near to the site of the inoculation, but no bacilli were found in their contents. The swelling of the neck was not so extensive. Four ounces of brandy were given. The patient had a bad night, was restless and delirious—for which a draught of chloral and bromide was given—and he vomited and perspired freely. On the following day (the 2nd) the erythema was not so vivid, but extended three inches below the level of both nipples. The patient wandered at times, but could easily be roused to talk sense. On the 3rd the sore was drying up; there was a gangrenous black edge, three-sixteenths of an inch in width around the upper part of the incision; the swelling was less, more moveable, and less indurated. The albumin in the urine was less and he had a more comfortable night, although he wandered a little at times and perspired freely. On the 4th the tongue was moist. The pulse was steady, regular, and of good volume. There was only a trace of albumin in the urine. The patient slept a good deal, but appeared to be all right when awake. On and after the 6th the temperature did not exceed 99°, having gradually fallen since the last observation. Up to the 20th progress was continuous. The swelling at that time was about the size of a duck's egg; the incision looked healthy, but there was a black slough in the centre. This was dressed with iodoform and wool dressing. The albumin had cleared from the urine. Although the patient had lost about 7 lb. in weight and looked pallid he was still growing in strength daily, and had been up about a week. He ate and slept well.

Remarks by Dr. JACKSON.—Perhaps I may be allowed to call attention to one or two points of interest in this case. As regards the diagnosis I think there can scarcely be a doubt in anyone's mind after seeing the case or examining the slide showing the bacilli. It is true that specimens of blood and of serum from some of the vesicles were sent to the Local Government Board, and their officers reported that they did not find any anthrax bacilli in the specimens. I may state that these specimens were taken after the application of pure carbolic acid to the tissues as mentioned above. According to Erichsen, "the anthrax bacillus shows a marked predilection for the most superficial parts of the papillary layer of the cutis immediately beneath the rete Malpighii," and it is possible that to the early destruction of these organisms at the site of inoculation by the carbolic acid may be due the favourable termination of this case. Another point of interest is the patient's occupation. Most cases of malignant pustule have occurred amongst those trades dealing either in hides or skins of cattle, in certain classes of foreign wools, in manure stores, or amongst slaughterers of animals or constables having to dispose of the carcasses of animals dead from anthrax, or, again, amongst those having to nurse cases of malignant pustule, as nurses and medical men, where they have been inoculated through the surgical dressings, &c. I find from an annotation in THE LANCET of July 28th, 1894, p. 207, that of 118 cases treated in London since 1873 the occupations were thus classified: Of 118 cases, 90 were engaged in skin and hide trades; 5 in slaughtering animals; 7 in persons engaged in the manipulation of horsehair or in the manufacture of brushes; and in 15 instances the source of contagion was unknown. I have not been able to find at present any case before mine of malignant pustule in a railway porter. Now it happens that on Oct. 25th and 26th certain hides passed through the Torrington Station, one of which came from the neighbouring kennels, where the flesh had been given to the hounds, and presumably was diseased, and others came from Ilfracombe. Locally it is well known that a very serious outbreak of anthrax occurred in the latter district early in the spring, and that a herd of cattle was practically destroyed in a few days. At the present time I have not been able to trace any direct connexion between these events, excepting that the patient was on duty and helped to load these skins when

they passed through the Torrington station. Another point of practical interest is this. How long is it after inoculation of the poison before the symptoms supervene? I have just mentioned that in this case the date of inoculation was either Oct. 25th or 26th and that the patient complained of illness on the morning of the 28th, so that there was an interval of from two to three days. I have looked up other published cases and find in one that the time was indefinitely stated to have been a "few weeks." In another a constable was inoculated through a scratch of the hand on July 24th, 1893, and was dead by July 26th. In another case the man died on the fourth day after a slight abrasion of the arm. Mr. Pagan Lowe of Bath described a case in THE LANCET of Jan. 23rd, 1892, of a woman who had nursed her husband with malignant pustule and was attacked on the fourteenth day afterwards. In another remarkable instance where three men were exposed simultaneously to the same contagium one showed symptoms four days after inoculation, the second six days, and the third ten days. Of these three only the first died. The last point to which I would draw attention is the treatment in this case. Perhaps I ought to say this was not intentionally adopted in the first instance. In almost all published cases the greatest emphasis is laid on the duty of the surgeon to remove without delay the area of diseased skin at the site of inoculation. Erichsen is no less emphatic in the same direction. Of a series of fourteen cases treated by Mr. Davies-Colley at Guy's Hospital all were excised, but in eight cases external application of chloride of zinc was made in addition, of which two died; of the six remaining cases treatment by ipecacuanha, both locally and internally, was added, and of these none died. This latter treatment was advocated by Dr. Muskett in THE LANCET of 1888, p. 269, I have only discovered one case treated in the same manner as my own and this was in Victoria and is said to have been the first in that colony—here the case also recovered, but, it is added, "without constitutional symptoms." I have mentioned the statement by Erichsen and others that the special habitat of the anthrax bacillus in malignant pustule is in the superficial layers of the cutis, and it is perfectly reasonable therefore that the earlier these bacilli are removed by way of incision or destroyed by chemical agents the more probable is it that the disease may be confined to a merely local affection. But I may mention that, according to Dr. Sidney Martin, whose Goulstonian Lectures for 1895 dealt with this and other infective bacilli, the danger in this and other allied affections is the "presence of specific poisons in the system, the products of the primary infective agent." In the case of anthrax these poisons are of two classes—(1) certain albumoses, to which are due largely the fever and its concomitant symptoms, and (2) an alkaloid acting chiefly on the nervous system and responsible for the prostration and coma in fatal cases. It seems to me, therefore, that we have here the *rationale* of successful treatment by incision. The exudation from the tissues through the incised wound practically carries with it the poisons as well as the bacilli which may have accumulated in the tissues, whilst the application of pure carbolic acid or strong tincture of iodine would destroy what other bacilli may still be lurking behind. I may add also that the ipecacuanha treatment has been based on the destructive action of ipecacuanha on the anthrax bacilli as determined by experiments made by Mr. F. C. Evans. I believe it will be admitted that the case here related was one of exceptional severity, as shown by the temperature, by the extent of the oedema, the albumin in the urine, and the delirium present, and I think the result as seen in this patient would encourage me to pursue the same line of treatment should any other case ever come under my care.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND. — The next general meeting of this association will be held at 11, Chandos-street, London, W., on Tuesday, May 18th, at 4 P.M., under the presidency of Dr. Julius Mickle. Dr. F. W. Mott, F.R.S., will read a paper on Some Points concerning the Degeneration of the Neuron, with a lantern demonstration. Dr. E. Goodall will describe an Exact Method for Recording Deformities of the Hard Palate. Dr. T. Seymour Take will contribute a medico-legal note on Stay of Action by application to a Judge of the High Court, under Section 330 of the Lunacy Act, 1890. The members will dine together after the meeting at the Café Royal, Regent-street, at 6.30 P.M.