Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF SUPRA-PUBIC PROSTATECTOMY (MCGILL'S OPERATION), ILLUSTRATING A METHOD OF ARREST OF HÆMORRHAGE BY PACKING THE BLADDER WITH A ROLL OF GAUZE.

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A MAN aged sixty-nine was admitted to the Leeds General Infirmary on Aug. 19th, 1895, with retention of urine due to prostatic enlargement. He was a pale, feeble old man, suffering from a good deal of pain in the vesical region and perinæum. This was somewhat relieved by a catheter but the passage of the instrument caused great pain. The urine drawn off was foul, alkaline, and contained some pus and blood. On rectal examination there was found to be marked enlargement of the prostate. During the past two years he had been troubled with frequency of micturition and occasional attacks of retention. A catheter had relieved the retention, and at times he had passed one for himself, whenever he felt that he required it. The present attack commenced on Aug. 16th, when he had to micturate every ten or fifteen minutes, only passing small quantities of urine. On the 17th a catheter was passed with some difficulty, and the bladder was relieved in this way until his admission to the Leeds General Infirmary. On the 21st his condition was only slightly improving, the retention being absolute. The urine had slightly improved. On the 22nd the patient was put under chloroform. The bladder was opened in the supra-pubic region and fixed to the abdominal walls with some silk sutures. On introducing the finger there was found to be a large intra-vesical projection of the prostate, chiefly in the situation of the so-called middle lobe. The mucous membrane to one side of the middle line was divided with a long pair of pointed scissors in the vertical direction for about an inch, then with the forefinger three masses of prostate were enucleated; these collectively weighed nine drachms. There was a good deal of bleeding. The bladder was well washed out with some hot boracic acid solution, but this did not stop the bleeding, so one end of a long roll of cyanide gauze well sprinkled with iodoform was packed down to the prostate; the other end of this protruded through the vesical opening for about one inch and a half. The gauze practically filled the bladder and at once arrested the hæmorrhage; it also acted as a drain for the urine. The upper and lower parts of the wound were now sutured with silkworm gut. The patient had a good night after the operation, and a fair quantity of urine drained away by the gauze. This latter was removed at the end of thirty-six hours and was found to be thoroughly soaked with urine; there were some clots in the part which had been in contact with the torn prostate. No bleeding occurred after the removal of the gauze, and it was found to have soaked up all the urine in the bladder. A large drainage-tube was inserted, which was removed on the 25th. On the 26th he got up for one hour. On the 30th the stitches were removed from the bladder. He now got up every day, and on Sept. 3rd was up for six hours. All the urine was coming by the wound; this was granulating well, and the urine was quite clear. On the night of Sept. 8th he passed some urine per urethram. On the 10th he passed nearly all the urine the right way, and on the morning of the 11th the supra-pubic wound appeared to be quite healed. He went home on the 14th. On Nov. 8th the patient was quite comfortable, had gained weight, and was passing urine every three or four hours during the day and getting up once and sometimes twice at night.

Remarks.—After removing large pieces of prostate the rapid arrest of hæmorrhage becomes an important question in a certain number of cases. I cannot help thinking that the method adopted in this case may prove of equal value in those of a similar nature. In addition to the arrest of

hæmorrhage the roll of gauze acted as an admirable drain, leaving no urine in the bladder for decomposition, and in this way must have been a factor in clearing up the cystitis. I have to thank Mr. W. E. Maw, the dresser in charge of the case, for the above notes.

Leeds.

HYDATIDS OF THE HEART.

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THE following case seems to me to be of considerable interest. A man on board a South African liner was sitting in his cabin on the evening of Oct. 20th, smoking and talking to some of his companions, when he suddenly fell over on his back. I was called and saw him almost immediately. I found him in a state of profound syncope, from which I was unable to rouse him. He died within a minute of the seizure. I was unable to get any clue as to the cause of death, so I made a post-mortem examination. The abdominal and thoracic organs were found to be all healthy, with the exception of the heart, which was greatly enlarged and had a mass of hydatid cysts embedded in the wall of the left ventricle; the typical hooklets were found in the fluid from the cysts. There was no communication with the ventricular cavity. The brain was not examined. In spite of careful inquiries I was unable to discover that the deceased had complained of any symptoms referable to impaired heart's action. He had always enjoyed excellent health. I may mention that he had never been in Australia or New Zealand.

MODIFICATION OF HÆMORRHAGIC SMALL-POX.

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I BELIEVE it is a well-established fact that an attack of small-pox, whether discrete or confluent, may be arrested at any stage, chiefly, though not exclusively, in the vaccinated. I can find no reference, however, to this modification occurring in hæmorrhagic cases, but the possibility has been suggested to me by a case under my care in the Bradford Small-pox Hospital in January, 1894. The patient was a woman aged thirty-four years, with two very faint marks of primary vaccination one-third of a square inch in total area. She was six months pregnant. She said that on Jan. 2nd she caught cold and had pain in the back, but had quite recovered by Jan. 8th, when her gums began to bleed and she also noticed a rash. When admitted on Jan. 10th the patient was very prostrate; the face was dusky, with black rings round the eyes; the pulse was 108, though the temperature was but slightly elevated. A scanty variola eruption was present on the face, limbs, and back, partly papular and partly showing the crusts of dried vesicles; into some spots there were hæmorrhages. On the legs, especially the shins, were numerous petechiæ, and on the abdomen was a smaller number of petechiæ with a few small ecchymoses. There was also constant oozing from the gums round the teeth. For several days free stimulation was required; after this improvement was rapid. In two weeks the hæmorrhage from the mouth had ceased, and a week later the subcutaneous hæmorrhages had disappeared. The pregnancy was uninterrupted, and I learned that the patient was confined without post-partum hæmorrhage. Her menstrual history and that of previous labours are normal, and she never suffered from any form of hæmorrhage before the attack of small-pox. The diagnosis of small pox was readily made from the nature and distribution of the eruption together with the extreme prostration, and was strengthened by the fact of a badly-vaccinated pregnant woman remaining for a month in a small-pox ward without harm resulting. That the subcutaneous hæmorrhages were not prodromal is certain, I think, judging from their dark-blue colour and their long duration, and certainly the hæmorrhage from the gums cannot be assigned to that class. Subcutaneous hæmorrhages are not unfrequently observed in the course of a normal case, but they occur later, and I think are not seen quite apart from the eruption. From the degree of prostration, the nature and duration of the hæmorrhages, and the