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.

SEAMEN'S HOSPITAL, GREENWICH.

MEDICAL CASES OF INTEREST.

(Under the care of Dr. H. T. GRIFFITHS.)

THE first of the cases which are recorded by Dr. Griffiths is interesting, not only from a pathological but also from a medico-legal aspect. Cases have been known of rupture of tropical abscess of the liver during a wrestling bout, but we do not recollect any of rupture of gumma in this situation from external violence. The second is another proof of the infectiousness of typhoid fever. We refer our readers to the account of the case, and to the remarks upon it.

CASE 1.—Rupture of gumma in the liver; necropsy.—S. B—, a sailor, aged twenty, had been ashore at Patras nineteen days before admission. He had partaken freely of the raw spirit sold along the coast, and fell into a state of drunken insensibility, in which he was hauled on board by a rope passed round his waist. On recovering from the effects of drink, he had acute abdominal pain, with much swelling and some vomiting. Since that time he had been unable to do any work, and had suffered from abdominal pain, with occasional vomiting, constipation, and slight jaundice. On admission, he presented a distended abdomen, with evidence of fluid, a light tint of jaundice, coated tongue, feeble pulse of 92, and a subnormal temperature of 97°; he had an anxious expression, was emaciated and somewhat collapsed, his urine being lithatic and bile-stained, but non-albuminous. He was injected with one-third of a grain of morphia, given some brandy, with hot fomentations to the abdomen and feet. He became less depressed, and was able to sleep, and next day, when seen by the house physician, his condition was that of comparative ease. When seen by me, the abdominal cavity was aspirated, and 6 pts. 16 oz. of a dark-brown, alkaline, non-offensive, bile-stained fluid was drawn off. He was relieved for a time, but sank shortly afterwards, the temperature remaining always subnormal, no vomiting or pain being noticed in the last twenty-four hours.

Necropsy.—Emaciation marked; a light shade of jaundice apparent throughout. Heart thin-walled, valves healthy; and, with the exception of congestion at the bases of the lungs, nothing abnormal was seen in the thorax. The abdominal cavity contained a few ounces of a dark, bile-stained fluid, the intestines were covered with recent lymph, and there was general and extensive peritonitis. The liver was large and congested, and presented on the upper surface of the right lobe a large superficial gumma, the size of a walnut, being situated one inch from the anterior margin of the organ; the capsular covering had given way over the gumma, which showed deep bile-staining, with partial disintegration of its surface. The spleen was enlarged and soft, the kidneys deeply congested, but there was no evidence of syphilitic deposit in any viscus, or on any part of the body.

Remarks.—Ruptures of gummata are but rarely met with, few being placed so favourably as in the liver, and then, though nearly always in the right lobe, are generally found towards its posterior aspect. Had the gumma been in the posterior position the patient might have escaped injury, but the haul rope in this case pressed directly on the edge of the enlarged organ. Had the injury also occurred on land, and near a hospital the issue might have been different. As it was he survived the injury and consequent shock twenty-four days.

CASE 2. Infective case of enteric fever.—W. D—, a young sailor, was admitted on the fifteenth day with well-marked symptoms of enteric fever which he had contracted when on shore at Maiori in Italy. He had had much diarrhoea, and presented on admission three or four dozen spots on the abdomen, nearly all of the typical appearance. He did well,

his temperature falling to the normal on the twenty-ninth day, but, a slight relapse occurring, convalescence dated from the thirty-sixth day. He was delirious at first, and his disease, of the asthenic type, required fairly free stimulation. No complications occurred; ankle clonus was obtained on the thirty-sixth day, and lasted eight days.

Remarks.—This was an ordinary instance of a severe attack occurring in a young man, ending in recovery, as it should—our average mortality being under 3 per cent. But during the period of the acme of his disease he was nursed by a small, rather frail-looking young nurse, who presented (at the period of his convalescence) well-marked symptoms, and died. She had been assisted, though only once, by a stranger—a niece of one of the nursing sisters; and this young girl expressed her dismay at the case, going only once into the ward, but having assisted when the linen was changed. She developed enteric fever at Newmarket within twelve days, and for two days her life was in grave danger. Another case occurred in the person of a sailor, about thirty-five years of age, a convalescent from rheumatism; he was employed in bringing cups &c. into the ward, and had in that way been brought in contact with the first patient. He developed rheumatic pains, followed by much fever, and though there was no diarrhoea there was no possibility of its being anything else than enteric. There was no drain trouble at the time; no patients had diarrhoea; and though it is possible that the three later cases may have contracted the disease from independent causes, yet they group together in my mind as cases of enteric derived from the first patient.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

IMPASSABLE STRICTURE OF THE URETHRA; SUPRA-PUBIC ASPIRATION, FOLLOWED BY TAPPING PER RECTUM OF THE BLADDER; AFTERWARDS PASSAGE INTO BLADDER OF A FILIFORM BOUGIE; FINALLY, COMPLETE DILATATION OF STRICTURE.

(Under the care of Mr. VINCENT JACKSON.)

T. W—, aged forty-seven, was admitted on Dec. 9th, 1887, suffering from partial retention, accompanied by dribbling, of urine. He had had urinary difficulty for at least seven years, and on more than one occasion his very tight stricture, situated four inches and a half from the meatus urinarius, had been dilated. He had been taught how to maintain it so by the frequent use of a soft catheter of large size. Apparently the stricture dated back to a gonorrhœal inflammation of the urethra never completely cured.

Each day after admission attempts were made, without success, to enter the stricture. On Dec. 19th, complete retention having occurred, relief was attained by aspirating the bladder above the pubes. On the 20th the operation of aspiration was repeated. On the 21st, the bladder having again filled and the stricture being still impassable, relief to the very urgent symptoms was obtained by puncturing per rectum; the cannula, having been fixed in its position by the use of Mr. Cock's instrument, was left in the bladder. On the 28th a very fine soft bougie was with difficulty insinuated into the stricture, through it, and on into the bladder, being retained there by tying in. On the 30th, after the small soft bougie had been removed, a No. ½ English elastic catheter was passed into the bladder and there kept by the usual method. The soft catheter was removed on the 31st, and a No. 3 English (old scale) substituted. The cannula, one end of which had been retained within the bladder for a period of ten days, was removed. From this date gradual dilatation of the stricture was continued until a No. 2½ French catheter was easily passed by Mr. Gough, the house surgeon, and the patient himself. On Jan. 14th the patient was discharged.

Remarks by Mr. VINCENT JACKSON.—This case is recorded as an illustration of a series of troubles which until they are combated are perilous to the patient and teasing to the most adept surgeon. Instrumentally, without doubt the stricture was from the period of the patient's admission completely impassable, although urine was squeezed through it up to the period of the first aspiration. Personally, I am not an advocate for the employment of aspiration for the relief of retention under the conditions in which we are at present considering its