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.

NORWOOD COTTAGE HOSPITAL.

CASE OF OVARIOTOMY, WITH HIGH ADHESIONS; RECOVERY.

(Under the care of Dr. JOHN H. GALTON.)

A. C—, aged fifty-eight. The maternal grandmother died of dropsy of the abdomen and legs at the age of sixty. In 1879 the patient first noticed a swelling of the abdomen; she did not observe whether it was one-sided. In May, 1882, she first came under observation, with uniform enlargement of the abdomen to forty-one inches and a half in circumference; no solid tumour to be felt anywhere, universally dull on percussion. The uterus was small, freely movable, and no swelling could be detected on the roof of the vagina. She had at intervals severe attacks of pain in the hypochondria.

On August 11th, 1884, there was great distress from the swelling; the abdomen measured forty-eight inches. To relieve this she was tapped, two pailfuls and a half of coffee-ground-coloured tenacious fluid being drawn off. After tapping, one small solid lump, four inches by two, could be felt in the epigastrium; the rest of the tumour, lobulated and solid to the feel, had shrunk into the lower iliac regions on both sides, and was freely movable.

On Oct. 14th she was admitted into the hospital, greatly emaciated, with an anxious ovarian look. Pulse 92, tongue clean; the abdomen universally distended and dull all over, measuring forty-five inches and a half.

16th.—At 1 P.M. operation was performed, with the assistance of Drs. Miller and Hetley, and Messrs. Sidney, Turner, and Plimmer. Chloroform was administered by Junker's inhaler by Dr. Brockwell, four drachms being used during the operation, which lasted an hour and ten minutes. The slight bleeding in the surface incision of five inches was arrested by torsion of two vessels. There were recent adhesions all round the upper segment of the cyst, very firm to the abdominal wall and intestine, in the right hypochondrium. In detaching these with the finger nail the cyst burst. It was already partially emptied by a Spencer Wells' trocar, but a quantity of shreddy lymph was discharged from the broken cyst, most escaping externally. One omental vessel was secured by torsion. The whole surface of the intestine, uterus, and cyst wall was deeply injected from recent peritonitis. The cysts were drawn forward, and the pedicle ligatured in two portions half an inch from the uterus. The pelvis was well sponged out, and the wound brought together by five thick silver sutures, including the peritoneum. Two superficial sutures were passed at the ends, green protective and eucalyptus gauze dressing, fastened with broad strips of plaster, and a four-tailed flannel bandage were applied. Twenty pints of fluid and three pounds seven ounces of solid were removed. Half a grain of morphia suppository was given. Pulse after operation 82. 7 P.M.: Pulse 106; temperature 103°; perspiring freely; tongue moist; slight twinges of pain in abdomen. Ordered twenty minims of tincture of opium every three hours; only ice to suck. 12 P.M.: Pulse 94; temperature 99°; no pain. Drew off four ounces of urine, much flatus passing per anum.

17th.—11 A.M.: Pulse 94; temperature 102°; respiration 19. Sleeping quietly. No pain or vomiting. To repeat opium every four hours, and to have an ounce of milk and lime water alternately with half an ounce of beef-tea every two hours. 8 P.M.: Pulse 84; temperature 101°; respiration 27.

18th.—Pulse 94; temperature 100.8°; respiration 11; voice strong; says she could take more food. To repeat opium every six hours. No distension or tenderness of abdomen. 5 P.M.: Temperature 98.2°. 8 P.M.: Pulse 84; temperature 99.4°. Has had twinges of pain in lower part of abdomen. Beef-tea slightly returns. To go on with milk

and lime-water. Has feeling of faintness. To have half a teaspoonful of whisky every two hours.

19th.—Pulse 82; temperature 98.6°; no pain; slept well; hungry; had half a pint of beef-tea during last twelve hours; wound dressed, perfectly healthy; only slight oozing between two lower sutures; free from smell; abdominal walls flaccid with abdominal respiration and free peristalsis; had three tablespoonfuls of soft boiled rice with beef-tea. 9 P.M.: Pulse 88; temperature 100.6°.

20th.—Pulse 84; temperature 98.6°. 9 P.M.: Pulse 86; temperature 98.2°. To repeat opium at night only. Had rice with beef-tea; bread-and-butter and tea.

21st.—Pulse 84; temperature 98.2°. 6.30 A.M.: Passed urine naturally. 7.50 A.M.: Has slight shivering; temperature 101.2°; wound dressed, healthy; no discharge; surface union firm throughout; abdominal respiration; no tension of abdominal muscles anywhere; bowels acted naturally with solid motion at 7 P.M. 6 P.M.: Pulse 84; temperature 97.8°.

23rd.—Pulse 84; temperature 97.8°; wound dressed; entirely healed; removed all sutures; dressed with dry lint and strapping, and four-tailed bandage; bladder distended; drew off a pint and a half of urine; during the day thirty ounces of urine were, in all, passed. 8 P.M.: Pulse 84; temperature 99.4°. An enema of warm water brought away a quantity of solid motion.

25th.—Pulse 94; temperature 97.8°. Urine contains mucus and pus. Ordered four ounces of port wine.

26th.—Pulse 84; temperature 97.8°. Two natural motions. Two small bedsores formed from the pressure of the bandage folds. Ordinary diet.

29th.—Pulse and temperature normal. Urine still loaded with mucus. Ordered the following mixture, a drachm and a half of dilute nitro-hydrochloric acid, three drachms of glycerine, and eight ounces of the decoction of pareira; an ounce to be taken three times a day.

30th.—Applied abdominal belt, with pad, over wound.

Nov. 3rd.—Out walking. The urine improved; bedsores were healthily healing, and on Nov. 11th she was discharged cured.

Remarks—The existence of the solid mass above, the history of frequent severe pains in the upper abdomen, and the great emaciation and weakness, constitute an apparently unfavourable case. The difficulty of separating the high adhesions on the right side, and the bursting of the cysts during the operation, made success unexpected; but the patient recovered without a bad symptom. Again, we notice the free discharge of fluid by perspiration and urine after the operation, as if when the cyst is removed, the drain of fluid to which the circulation is accustomed must be kept up by other channels.

PUBLIC HOSPITAL AND DISPENSARY, SHEFFIELD.

PNEUMONIA; CONVALESCENCE; GANGRENE OF BOTH FEET; PARALYSIS OF LEFT ARM AND LEG, AND OF RIGHT SIDE OF FACE; CHEYNE-STOKES' RESPIRATION; DEATH; NECROPSY; CLOTS IN RIGHT MIDDLE MENINGEAL, RIGHT POPLITEAL, AND LEFT ANTERIOR AND POSTERIOR TIBIAL ARTERIES; HÆMORRHAGIC INFARCT IN UPPER LOBE OF RIGHT LUNG.

(Under the care of Mr. PYE-SMITH and Dr. PORTER.)

FOR the following interesting notes we are indebted to Dr. Sinclair White, F.R.C.S. Eng., house-surgeon:—

William W—, a cooper, and addicted to drinking beer to excess, but fairly healthy and of robust appearance, was attacked with pneumonia about two months prior to his admission to the Sheffield Public Hospital. He convalesced from the attack, and went to the seaside to recruit his strength; while there he lost his cough, and was restored almost to his usual health. On August 18th, 1884, while walking across the room he suddenly felt pain and numbness in the legs and feet, and went at once to bed. In the course of a few hours the feet became cold and lost sensation; next day there was complete loss of motor power in the feet, and the tissues were œdematous. On Aug. 20th the œdema had extended half way up the legs, and the toes, which were previously white and bloodless, assumed a purplish hue.

He was admitted into the hospital on Aug. 22nd; his condition was then as follows. Both legs and feet were quite

cold, destitute of feeling, and slightly swollen; the right foot, in its anterior half, was of a dark purplish colour, and the skin presented several bullæ; the toes of the left foot were of a similar colour. The femoral arteries could be felt pulsating in the groins, but no pulsation lower down could be made out. He complained of considerable pain in the legs. The lungs were everywhere resonant and the breath sounds natural; there was no cough and no dyspnoea. The action of the heart was tumultuous, the heart sounds normal, and the pulse 75 per minute and regular. The evening temperature was 101°, that of the morning 100°. The urine was somewhat scanty, but presented nothing abnormal. The tongue was clean and the appetite good. He denied having had syphilis. He was ordered a liberal diet, a moderate amount of stimulants, and half a grain of opium three times a day. The feet and legs were swathed in cotton-wool. The progress of the case is related in the following notes, which were taken from time to time.

August 26th.—Little alteration, the œdema of the legs has subsided slightly.

28th.—Sensation and warmth extend as low as the lower third of the legs. The gangrene is stationary. Sleeps badly at night.

September 1st.—Condition of legs unchanged. Was slightly delirious during the night.

3rd.—Was very delirious during the night and got out of bed. The pulse is irregular. There is dyspnoea. Numerous mucous râles are audible over both lungs.

4th.—Patient is much worse, the night delirium persists. There is complete paralysis of the left arm and leg and slight paralysis of the right side of the face. The pulse is irregular and intermittent. Cheyne-Stokes' respiration is present. Consciousness is impaired.

6th.—Has been semi-conscious for the last three days; the paralysis persists, so does the Cheyne-Stokes' respiration, the latter is very marked, the abnormal cycle occupies a space of 67 seconds, the ascent is made up of 33 respirations, which become deeper and quicker until the climax is attained, the time occupied by the ascent is 40 seconds; the descent is made up of 10 respirations and occupies a period of 15 seconds, the last few respirations being very shallow; the pause occupies a period of 12 seconds. The various phases of the cycle succeed one another with great regularity, almost always in the middle of the ascent the patient utters two or three groans. 8 P.M.: Pulse very weak, there is much dyspnoea. The respirations have ceased to be of the Cheyne-Stokes type. There is complete loss of consciousness. The sphincters have ceased to act.

Death occurred on the morning of September 7th.

A post-mortem examination made ten hours after death revealed the following condition. The brain was unusually soft, especially on the right side; there was a firm clot in the right middle cerebral artery. The mucous membrane of the bronchial tubes was much congested and covered with mucus; there was a large hæmorrhagic infarct in the upper lobe of the right lung. The heart weighed eighteen ounces; its lining membrane was smooth and glistening, nothing resembling ante-mortem clot or vegetation was anywhere visible; valves healthy; there were two yellowish elevations—commencing atheroma—on the lining membrane of the aorta near its commencement, the rest of the aorta and its primary branches were normal. Liver large and slightly fatty. Spleen normal. Kidneys intensely congested, evidence of commencing cirrhosis, shown by adherent capsule and puckered exterior. Femoral arteries healthy. On tracing their continuity downwards a firm clot was found in the right popliteal artery, and similar clots in the left anterior and posterior tibial arteries. The clots were of considerable length, they completely obstructed the arteries, and were adherent to the lining membrane. The arteries above the clots were empty, below the clots they were full of dark fluid blood. The veins down to the seats of obstruction were normal. No difference could be made out between the centre and the periphery of the clots.

THE man who, being an inmate of the County Asylum at Mickleover, stabbed Dr. Murray Lindsay, the medical superintendent, in three places, has been committed for trial. Dr. Lindsay was, we are glad to say, sufficiently recovered to be able to give evidence at the examination.

VACCINATION GRANT.—Mr. George Lowther has been awarded the Government grant for efficient vaccination in the east district, Kingston-upon-Hull (fourth award).

Medical Societies.

WEST LONDON MEDICAL AND CHIRURGICAL SOCIETY.

A MEETING of this Society was held on Nov. 7th, Mr. F. Lawrence, President, in the chair.

Mr. BERNARD PITTS read a paper on Foreign Body in the Air-passage, followed by abscess in the lung, with recovery. A boy, aged nine years, was brought to St. Thomas's Hospital on Dec. 29th, 1880, in an insensible and asphyxiated condition. He had been seized with difficulty in breathing fifteen minutes before while eating chestnuts. Tracheotomy was performed in the casualty room the moment he was seen by Mr. Pitts. Hæmorrhage was free, and no relief was afforded until a catheter was passed down the trachea, a foreign body was then suddenly coughed beyond the tracheal opening into the larynx, and the bleeding at once ceased, and air began to enter the chest freely. The foreign body, consisting of a portion of a chestnut about the size of a dice, was easily extracted from the larynx by forceps introduced through the wound. The next day there were evident signs of the presence of a further piece of chestnut in one of the divisions of the right bronchus, and an attempt, under chloroform, was made to dislodge it by inversion of the patient, but failed. The edges of the trachea were fastened by sutures to the margin of the skin wound. In a few days there were signs of the consolidation of the upper part of the right lung, and a condition resembling acute phthisis became established—high temperature, sweating, emaciation, copious expectoration of a very offensive muco-purulent character—with the physical signs of a larger cavity opposite the second intercostal space. The boy, however, made a good recovery, and, after nearly three months' acute illness, left the hospital for a convalescent home. He was examined six months later, when the cavity was found to have contracted, and the boy to have regained his usual health, there being now no evidence of former mischief, except a slight flattening at the second and third intercostal spaces on the right side of the chest. Mr. Pitts referred to other cases to show how soon abscess of lung may follow the obstruction of a bronchial tube by foreign body; and, in conclusion, made some general remarks on opening the air-passage in cases of sudden emergency.—Dr. THUDICHUM referred to impaction of a tooth giving rise to consumption, ending in death, and Dr. CHAPMAN to a case where a shot was impacted, giving rise to phthisical symptoms.—Mr. PICK referred to some remarkable cases, one especially where a piece of tobacco-pipe became impacted in the bronchus, the child breathing through it.—Dr. BECKINGSALE and Mr. WEISS mentioned cases, and Dr. TRAVERS strongly recommended exploration of the upper part of the larynx by the finger before operating.—In reply to Mr. PICK, Mr. PITTS stated that no portion of the impacted piece of chestnut had been found in the sputum, but that it had probably slowly disintegrated.

Mr. M. THOMPSON read a case of Retention of Urine, with fever, followed by death. On Sept. 11th E. E—, aged twenty-two, came to the West London Hospital with twenty hours' retention. His doctor had tried to draw off his urine. The patient had had a stricture three years, several occurrences of retention, and practised self-catheterism. He was a healthy-looking man, seemed in great pain, bleeding from the urethra, and bladder distended. No. 15 French catheter was arrested 5 inches down the urethra, and felt rough, and discharge of blood followed. Patient was sent to bed, a hot bath (100° F.) was given; quinine, opium and hyoscyamus were ordered, after which three pints of urine (free from blood) were drawn off through a railroad catheter passed over a long piece of catgut. On the 12th he did well, excepting that he appeared exhausted, passed water fairly until the following evening (twenty-four hours from admission), when rigors set in, with temperature 105.6°. Ice was applied to the head and bladder region, sulphate of quinine, twenty grains, were given in three doses at intervals of an hour, and in three hours the temperature was 101°. At midnight, on account of feebleness of pulse and coldness of extremities, ice was discontinued, and two ounces of brandy were given in hot water every two hours. On the 13th vomiting set in, with increasing collapse and cessation of urinary secretion. Lumbar poultices and hot air baths with stimulant enemata were used; but on the 14th,