A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

Medullary Cancer occupying a great portion of the Chest, without Morbid Symptoms until a few days before the patient's death.

(Under the care of Dr. ROUPPELL.)

THERE has been a tendency of late years to give morbid anatomy more importance than it actually deserves. It is not sufficient for the practitioner to obtain with the scalpel the solution of the pathological problem which during his patient's life he has had before him, but his attention should be also directed both to the original cause of the disturbance which has led to the morbid manifestations, and to the gradations and development of pathological changes, so that in other cases the disease may, if possible, be nipped in the bud.

Too little stress is put on this portion of pathology, and illustrations of the fact might be found in almost every disease. Without alluding to individual affections, we need but remind practical men that the most severe symptoms, even death, may occur by mere alterations in the functions of organs, without any material change in their structure; whilst the most extensive degenerations may go on for years without any palpable derangement in the functions. We noticed a short time ago, in Dr. Roupell's wards, a patient whose case affords an excellent illustration of the latter circumstance, and we hasten to lay it before our readers, as obtained from the notes of Mr. Croft, one of Dr. Roupell's clinical clerks.

John C—, aged fifty-six, a brush-maker by trade, was admitted September 25, 1852, under the care of Dr. Roupell. Countenance pale and anxious; skin cool; tongue moist, covered with a creamy white fur on the dorsum, and clean at the tip; pulse 84, small, and rather sharp; bowels moved two days before admission by means of medicine; urine passed with pain, and reported thick; no appetite; rather thirsty.

The patient complains of uneasiness in the lumbar region and course of the sciatic nerve; he has also had some pain in the epigastrium, for which a mustard poultice was applied; but in consequence of having left the latter on for two hours, the integument is somewhat tender on pressure, slightly œdematous, and red.

The history is as follows:—The patient is married, of temperate habits, and has not had a day's illness for the last *forty years, until a month ago*, when he caught cold whilst hawking his goods. Since that time he has had pain in the loins, and down the posterior aspect of the thighs. He states that when at work, he is in the habit of pressing very much upon the epigastrium, in the act of shaping out his brushes; that he seldom or ever eats vegetables, and never any fruit, his food consisting principally of bread and meat. The patient has had medical attendance, and says that he has lately expectorated a small quantity of blood.

The bowels were freely moved by a purgative, and on the second day after admission, blood was again brought up; it was now of dark colour, and a few purpurous spots were noticed on the legs. (His usual diet in some degree explains this latter symptom.) Dr. Roupell ordered one drachm of sulphate of magnesia to be taken three times a day in infusion of roses; beef-tea, and strong lemonade.

On the fifth day the patient complained of pain in the epigastrium, and tenderness on pressure at the same spot. There was also dulness on percussion, and hardness extending to about three inches below the ensiform process, and towards the cartilages of the ribs on either side. The margin of the liver is felt about two fingers' breadth below the ribs. Disulphate of quinine was now prescribed.

On October the 1st, seventh day after admission, the patient's countenance became anxious and bedewed with clammy perspiration; the eyes were protruded; the skin very moist; the tongue fissured, brown, and dry. The pulse was

intermittent, irregular, feeble, and could hardly be counted; the bowels were very relaxed; the urine scanty, and the patient *now* complained of severe pain in the epigastrium. There had been incessant vomiting during the night, which had continued during the day. The induration above mentioned was becoming very distinct, and gave much pain on being pressed. A strong pulsation is noticed in the swelling, but no bruit is detected on auscultation.

Two ounces of wine, which were given immediately, revived the poor man considerably. He was also prescribed æther and opium, with large doses of brandy. On the next day the pain in the epigastrium became lancinating; some blood was brought up, but the symptoms were alleviated by ice allowed to melt in the mouth, brandy, &c. On the third day, however, of the severe attack, the patient died suddenly, after asking for some stimulant.

Post-mortem Examination twenty-four hours after death.—Skin and eyes jaundiced. On opening the chest a cancerous mass is observed, which, by being followed, is found to occupy the whole central space between sternum and spine, pushing the thoracic organs, especially the heart with its pericardium, from their normal situation. The tumour is pressing the pericardial membrane before it, the former being covered by the latter at all points, except at the base of the heart, where the pulmonary artery conceals a portion of the mass. Here it protrudes, is of soft consistence, of a blackish-red colour, and appears *almost* to have perforated the pericardium, and as though a short time longer only would have been necessary to have caused its complete admission into the pericardial sac. Heart: The aortic valves are a little thickened; the others are healthy. The right pleura is free, but the left obliterated by adhesions. Both lungs are emphysematous anteriorly, congested and œdematous posteriorly. A mass of medullary cancer occupies the whole central space in the mesial line from the sternum to the spine. This tumour is in some parts hard and firm in texture, and ecchymosed from hæmorrhage into its substance. It sends a prolongation between the arteria innominata and left carotid, without compressing either of these vessels. At the upper part of the left lung it has pushed the pulmonary substance before it, so as to form a thin capsule of lung tissue; posteriorly it is enveloped by the left lung, and extends into its substance. The left bronchus leads directly into the cancerous mass, and on a section of the latter being made, it is found gorged with blood. In other parts the cancerous tumour is nearly white, and here and there in its substance are the remains of pulmonary tissue. The liver is twice its natural size, and scattered throughout the thickness and surface of the organ are numerous round masses of medullary cancer. A few of those are as large as a walnut, most of them smaller, and slightly projecting from the surface. Some of these tumours are softened centrally to a pulp, but the proper liver tissue seems healthy. The gall-bladder contains much dark bile, and numerous dark gritty calculi. The lumbar glands, and those about the pancreas, are enlarged and infiltrated with medullary cancer, in which hæmorrhage has in parts occurred. The stomach and intestines were healthy, as well as the other abdominal viscera.

That the cancerous masses here found must have taken a considerable time to reach their complete development can hardly be doubted, even making allowance for the rapidity with which medullary cancer sometimes grows. The malignant tumours pervading the substance of the liver were doubtless of still longer duration, and all these heterogeneous productions were deposited among and in most important organs, without their functions being materially interfered with; no cancerous cachexia becomes established, and the patient dies principally from mechanical impediment produced by the morbid masses lodged in the chest.

Our means of investigation enable us to discover the extent of the pathological changes which have taken place in a case like the present; but we remain in darkness as to the original cause of cancerous growths, and we fail in diagnosing them during life, though the same morbid products have again and again been found after death. Nor have we as yet succeeded in discovering any agent which would effectually counteract the tendency to cancerous manifestations, or remove them when they have appeared.

Contrast such a case with one of those in which no morbid change in the texture of organs can be found, as tetanus, epilepsy, some of the fevers, some kinds of paralysis, &c.; and it will become apparent that semeiology, and especially the early detection of symptoms, should obtain a great share of our attention. How important for the practitioner to recognise the first signs of a lithic diathesis, which may lead to the formation of calculi! how interesting to forestall an

apoplectic clot or a fatty degeneration in any organ! how useful to counteract the tendency to granular kidney! in fact, how necessary to study, watch, and describe the very earliest manifestations of the diseases which afflict humanity! Had the patient's habit of pressing much on the epigastrium in carrying on his business anything to do with the development of the cancerous mass? This is not very likely; and yet it might be supposed that the constant pressure would, in a subject already under the influence of a cancerous diathesis, produce such effects as were revealed by the post-mortem examination. That this diathesis really existed, is proved by the numerous organs in which cancerous tumours sprung up; the present case will, at all events, serve as a striking example of the insidiousness with which malignant disease may arise and gradually become developed in the human organism. This insidious disease is, however, far from being confined to adult, middle, or old age; it has been known to attack very young children; and we shall just adduce, from the notes of Mr. Trotter, medical officer to St. Mary's Hospital, a case of this kind lately treated by Dr. Alderson, which is full worthy of record.

ST. MARY'S HOSPITAL.

Encephaloid Cancer developed in the Abdomen of a Child five years old; Death; Autopsy.

(Under the care of Dr. ALDERSON.)

JAMES C—, aged five years, was admitted, June 25, 1852, under the care of Dr. Alderson. On his admission, his mother stated that the patient had lived in a healthy situation, and always enjoyed good health; he never had any illness but hooping-cough, from which affection he had a speedy recovery. There had always been abundance of food, the child seemed to enjoy what food he took, and he had continued to do so up to the time of his reception into the hospital.

Five weeks before admission, the mother first perceived that the child's abdomen was swollen; she observed, at the same time, that the lower part of his legs were becoming covered with blotches, which would fill with yellow fluid, afterwards bursting, and then drying up. Since that period, the abdomen has gradually gone on increasing in size; still, on the day before admission, there was no projection forwards below the ribs; but when examined in the house, a ridge or elevation was observed marking the division from the thorax and the abdomen. The penis and scrotum had become cedematous the day before admission.

Present state.—The boy lies on his back, the nostrils being dilated at each inspiration; he remains otherwise quiet. The dyspnoea has been increasing for the last week, and he has occasionally complained of pain at either side of the abdomen, but mostly on the right, and so severe as to prevent sleep. The abdomen is large, extremely tense and distended, projecting forwards, and the veins, which are hard and full, feel as if they were placed in a furrow just large enough to receive them. These vessels become tortuous and varicose on the chest, and gradually lose that character over the upper part of the sternum. Below the umbilicus, the skin is tense and shining, and there is slight oedema of the legs and thighs. No decided fluctuation over the abdomen can be made out, but there is a tremulous, elastic, and slightly fluctuating sensation, especially on the left side. The patient's brothers are healthy. The child is not known to have been struck on the abdomen, and had walked to the hospital. Pulse 142; respiration 32, with numerous rhonchi.

Dr. Alderson diagnosed malignant disease, and ordered palliatives, with enemata to relieve the bowels. The little patient improved for a few days, but the scrotum soon swelled considerably, and sloughed after punctures had been made. The breathing became more and more laboured, the child was restless in the night, and required constant change of position, sometimes in a reclining posture, at others on his side, or on his hands and knees, which latter position seemed to give him great relief. He was always quiet, and never complained much until three days before his decease, when he frequently cried out with pain. The appetite remained good to the last day, and the boy died three weeks after admission.

It was noticed that two days before death the oedema of the legs disappeared. The measurement, five days after admission, was, round the body, just below the nipples, twenty-six inches; above the umbilicus, thirty-two; above the pubes, twenty-seven.

Post-mortem examination, made seventeen hours after death, by Mr. TROTTER.—Features sunken, giving the body the appearance of old age; abdomen distended and pale; the formerly distended veins now empty; the abdomen retaining the

peculiar elastic feel which was so characteristic during life; and the oedema of the legs quite gone. The anterior part of the scrotum has sloughed away, and the distended penis lies in the exposed sloughy surface. The only examination of the body which the mother would allow was by making an incision five inches long to the right of the umbilicus. On doing this, the two surfaces of the peritonæum were found healthy; and as far as could be seen, the abdominal cavity was free from fluid. On carrying the incision deeper, the knife passed into a firm, pale, brain-like mass, somewhat harder than cerebral matter; it was free from bloodvessels on its anterior surface, and no difference was found in the structure by passing the scalpel through it as far as was practicable. From this slight examination, it could not be ascertained from what part the disease proceeded, though it is strongly suspected it was from the liver. Under the microscope, a quantity of fat and nucleated cells were clearly visible, the specimen examined having been taken from the interior of the tumour.

ST. GEORGE'S HOSPITAL.

Strangulated Femoral Hernia; Mortification and Rupture of the Intestine; Operation; Death; Autopsy.

(Under the care of Mr. CUTLER.)

It has often been remarked, that persons affected either with inguinal or femoral hernia are quite unaware of the fact, and that the most distressing symptoms of strangulation may occur without any suspicion on the part of the patient of the real nature of the case. As soon as the surgeon is called in, and is made aware of the obstinate constipation, vomiting, &c., he at once suspects an arrest in the intestinal tract, caused by strangulation at one of the rings, and makes all necessary investigation.

But it unfortunately happens that patients are sometimes left without medical assistance for several days, the constipation and vomiting being vigorously combated by purgatives, the dose and activity of which are gradually increased. These are the very cases when gangrene and rupture of intestine are to be apprehended; and the following case, lately under the care of Mr. Cutler, shows very forcibly how rapidly this fatal complication may occur.

From the notes of Mr. Holmes, surgical registrar to the hospital, we gather the following facts.

Mary M—, aged thirty-eight years, was admitted April 21st, under the care of Mr. Cutler. She was brought from the country by a medical man, who had been consulted on the morning of admission, under the following circumstances:—In the afternoon of the 19th (two days before admission) she had begun to vomit, and had continued to do so up to the time she was first seen; the bowels not having acted in the interval. The matters vomited were decidedly stercoraceous; there had been great pain in the abdomen soon after the attack, but it had ceased on the previous afternoon. The patient was quite unaware of the nature of her complaint, not even knowing that she had a swelling in the groin, though when a tumour was discovered in the right femoral region she remembered having noticed a swelling there some time before, which, however, had disappeared without giving her any trouble. She had been endeavouring to procure an evacuation of the bowels by large doses of purgative medicines. Some efforts were gently made to return the gut, but without success; and as the operation seemed inevitable, she was brought to the hospital.

On admission, the tumour was found to be small and the stricture apparently tight; the countenance was very sallow, and the expression much distressed. Chloroform was given, and the operation at once proceeded with, about fifty hours after strangulation.

The sac was exposed, and on an incision being made into it, some purulent fluid escaped; the knuckle of intestine contained in the sac was adherent to the latter, in almost its whole extent, and of a black colour. On slight pressure being made on the bowel, (after division of its adhesions and passing a director under the stricture,) for the purpose of introducing the bistoury, the gut gave way, and a large quantity of thin fluid, containing at first some pus and then faecal matter in abundance, gushed through the wound, and continued flowing in large quantities, while she remained on the table. Most of the protruded bowel now returned into the abdomen, the ruptured portion was fixed with a stitch to the wound, and the patient sent to bed.

She seemed very low after the operation, and the discharge was very profuse; Mr. Cutler ordered twenty minims,