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.

GUY'S HOSPITAL.

CASE OF EMPYEMA TREATED BY FREE EVACUATION OF THE FLUID.

(Under the care of Dr. WILKS.)

IN the Mirror of the 14th December, 1872, we referred to some cases of empyema treated by Dr. Wilks by means of free evacuation of the collected fluids and by subsequent drainage. At a recent visit to Guy's Hospital we saw a case which illustrated in a marked manner the great benefit that is often derived from freely opening the chest in these cases. A thin delicate woman, aged twenty-one, but looking much older, was admitted on the 13th inst., apparently moribund. It was ascertained that the patient was quite well until eleven months ago, never having had any illness, except small-pox when a child. The father died of hæmoptysis at the age of forty-five, but the mother and the brothers and sisters are living and healthy. Eleven months ago the patient caught cold, and suffered from cough accompanied by pain down the sternum. This pain was always much increased by coughing. There were never any rigors, but there was some delirium at the commencement of the illness. For a month she attended the Southport Infirmary as an out-patient, but, becoming worse, she was taken into the infirmary, where she remained for six months, under the care of Dr. Seager. During that time she suffered great pain in the right side of the chest, together with cough and shortness of breath; and she stated that on one occasion she spat up about two quarts of blood. She was, however, better when she left the infirmary, but was unable to do any work. She remained at home four months, but, becoming much worse, was admitted into Guy's Hospital.

On admission she was thin and delicate-looking, and had very flushed cheeks, the expression of the face being pinched and almost peevish. The skin was hot and dry. The voice was feeble and husky, and there was a constant hacking cough. The nails were filbert-shaped, and the ends of the fingers clubbed. The ocular conjunctivæ had a pearly appearance. The tongue was white and moist; the gums were pale, and presented a red line at the base of the teeth. Just below the right mamma was a red, hot, tender swelling, and there was extreme tenderness over the whole of the lower part of the thorax from the spine forwards, and also over the liver, and, on deep pressure, throughout the whole of the abdominal region. There was dulness of the whole of the right side of the chest in front; below the third rib the dulness was absolute, and in this part there was entire absence of vesicular murmur. Above the third rib there was increased vocal resonance and tubular breathing. The left front was resonant throughout, the vocal resonance increased, and the breath-sound tubular. At the back on the right side there was absolute dulness, and absence of breath-sounds below the spine of the scapula. About this there were tubular breathing and increased vocal resonance. The left back was resonant, and the respiration sounds were exaggerated. The apex beat of the heart was diffused, and one inch below and half an inch outside the nipple. There was a cardiac bruit of a churning sound most audible at the apex. The patient suffered greatly from thirst. The temperature on the morning of admission was 103.5° F., in the evening 100°, respiration 36; bowels regular; urine sp. gr. 1012, no albumen or sugar. The patient had not menstruated for eleven months.

On the evening of the 14th an incision was made into the front of the chest, where the pus was pointing. A catheter was then introduced into the pleural cavity and made to point behind, where another incision was made. About sixteen ounces of fluid escaped. A drainage-tube was then put in, and the cavity washed out with a solu-

tion of carbolic acid (1 to 40). Next day the patient was decidedly better and looked brighter, and the temperature was normal. On the 16th both sides of the chest expanded fairly well below the clavicles. The right side was hyper-resonant in front but rather dull behind, with marked ægophony and very slight vesicular breathing. There was good resonance on the left side of the chest, both in front and behind. The breath-sounds were harsh, but vesicular just below the right clavicle; in the left front they were puerile. At the back the breath-sounds were bad on both sides. On the 19th the patient was still better, felt stronger, slept well, and the appetite was good. The cough also had ceased. On the 20th all signs of the inflammation had subsided from the surface of the thorax, and the tenderness was much less. The right chest was tympanitic on percussion, but very little air entered the lung. On the 21st the drainage-tube was withdrawn from the opening in front of the chest, and the washings, which had hitherto been performed daily, were now ordered to be done every other day. On the 25th (the day of our visit) the patient, although evidently still weak, was sitting up in bed unsupported, and stated that she felt stronger. The right subclavian region was resonant, and below this the chest was hyper-resonant. There was, however, no tactile vibration, although vesicular murmur could be heard at the inner half of the right subclavian region. At the back the right supra-scapular region was normal, but below this there was dulness with distant and feeble breath-sounds. There was fairly good tactile vibration. The temperature was normal, as indeed it had been since the tapping, but the respirations were still very frequent, being, at the time we saw the case, 38 per minute.

Remarks.—This case (for many of the notes of which we are indebted to Mr. Thomas Duke) is an example, by no means rare, of what may be done by means of tapping in even some of the worst cases of empyema. It is scarcely too much to say that in this instance life was actually saved by the procedure; at all events, it has been prolonged, and the patient put in a fair way for recovery. Nor is the case by any means exceptional. Free opening has been so uniformly successful in these cases that Dr. Wilks alleged that he would always recommend it in empyema, and experience has shown that this advice is in the main thoroughly sound. For, notwithstanding the adverse opinion of many of the older teachers, and even of many of the present day, it must be confessed that the lives of patients have been sometimes unmistakably sacrificed to the efforts made to save the lung. The practice of tapping has been again and again denounced as likely to damage the lung. In former times, even when the operation was sanctioned it was done with a sparing hand. A few ounces of fluid were allowed to escape, and then the puncture was firmly closed. But as the patient did not improve, the operation was repeated in the same niggardly manner several times, at longer or shorter intervals. After all, the patient too commonly died with a chest full of fluid, a large share of which was, not without reason, often attributed to the evil effects of tapping; whereas, if free evacuation had been ensured, the result would in all probability have been vastly different. When there is pus in the pleural cavity Dr. Wilks maintains that the lung is destroyed, and then it is useless to attempt to restore it to its natural state. There is, however, one exception to the universal adoption of tapping in empyema. Often in children large quantities of pus collect in the pleural cavity, but afterwards become entirely absorbed, leaving the lung practically unimpaired. In such instances to establish a communication between the outer air and the pleural cavity would not only be unnecessary, but might be attended with evil results, and lead to irreparable collapse of the lung.

ROYAL HANTS COUNTY HOSPITAL.

CASE OF SEVERE NEURALGIA IN THE TRACT OF THE RIGHT DENTAL NERVE; OPERATION; RECOVERY.

(Under the care of Mr. LANGDON.)

FOR the following notes we are indebted to Mr. William Robert Smith, house-surgeon.

The patient was a nurse, who had for the last three years suffered from intense neuralgic pains in the face, occurring at irregular intervals, but generally caused by eating, drink-

ing, or exposure to cold. The fits of pain were always preceded by a stinging sensation at the side of the mouth, then a feeling as if a number of hot irons were being thrust into the tongue, followed by the most severe pain, from the symphysis to the ramus of the jaw on the right side, and thence to the temple, spreading both backwards and forwards. During the two years that the patient had been a nurse to the hospital every medicine which was likely to give relief had been tried; but as the pain increased in severity, at the patient's entreaties that something more should be done, it was decided to divide the dental nerve. This was done on Sept. 1st. An incision was made along the anterior margin of the masseter muscle, another at right angles to this along the body of the jaw, and the triangular flap of skin raised; the bone was then trephined with an instrument three-quarters of an inch in diameter, and the dental nerve and artery were thus exposed in their canal. About half an inch of the nerve was then removed. Troublesome hæmorrhage took place from the dental artery, but was arrested by the application of a red-hot wire. The edges of the wound were then accurately brought together by means of silver wire, a small opening being left at the apex of the angular incision for the escape of pus. Carbolic oil (1 in 30) was then applied.—8 P.M.: Feels very comfortable. Has had no return of the pain; been slightly sick once. Pulse 120; temperature 102° 3'.

Sept. 2nd.—Slept fairly. No pain, but occasional headache. Complains of thirst. Pulse good; no sickness. The wound not dressed.

3rd.—Progressing favourably. No return of pain, but she complains of slight aching in the face. Bowels moved slightly. The wound was dressed with carbolic oil, and looks well, there being only a little watery discharge from the opening, whilst the ends of the incision are quite healed.

4th.—Slept well; complains of pain and stiffness just below the ear, this part being also red and hard; in other respects she is much improved, takes nourishment well, and feels in every way better. A bread poultice was ordered to be applied to the inflamed surface.

5th.—Last evening had severe twitching and stinging sensations, with pain just beneath the tongue and by the side of the jaw; this, however, did not spread over the face, as it had originally done, nor was the pain so intense.

6th.—Had rather a restless night, the twitching still continuing, but with less severity; wound discharging more; the redness and hardness beneath the ear decreased; general condition still in every way good.

7th.—Is much better; has had but a slight return of the twitching sensation; bowels rather confined; wound doing well.

From this time patient went on uninterruptedly getting well, until Sept. 14th, when she had a slight return of the pain. On Sept. 18th she left the hospital for change of air, the wound having nearly healed.

25th.—Patient feels quite well, much better than she has done for some time; has had no return of pain.

27th.—Patient discharged to duty.

The only treatment found necessary in this case was an occasional dose of castor oil; no anodyne was required. The wound was dressed with carbolic oil, with the addition, after a time, of a bread-and-water poultice; the nourishment consisted of milk, soup, beef-tea, pudding, and minced meat.

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.

SACCULAR DILATATION OF THE URETHRA; REMOVAL;
CURE.

(Under the care of Mr. LAWSON TAIT.)

MRS. B—, mother of a large family, had suffered for many years from a protrusion about the size of an egg from the vulva, which was excessively painful. She passed large quantities of fetid pus from the bladder. The protrusion looked like an ordinary cystocele, save that it was quite irreducible, was very hard, and when firmly pressed a large quantity of fetid ammoniacal pus escaped from the orifice of the urethra. If this pus got on the fingers it made them smart. The sound readily passed into the cavity of the protrusion from the urethra. It was clearly, therefore, not an

ordinary cystocele, but probably a sacculation of the urethra, and the only benefit likely to be obtained was by its removal. She was placed under ether, and the lower half of the protrusion was removed by a cut of the scissors, and this opened into a large cavity lined with thickened corrugated mucous membrane. It had an opening into the urethra large enough to admit a No. 9 or 10 catheter, the opening being situated in the lower wall of the urethra, and about half way between its orifice and the entrance to the bladder. The whole of the mucous lining of the sac was removed, and the vaginal mucous membrane was closed over the cavity by deep sutures. The wound healed rapidly and the cure is now complete.

Mr. Tait remarked that he had never met with a case like this, and he supposed that the sac must have been of congenital origin.

REMOVAL OF A LARGE SOFT FIBRO-MYOMA BY ABDOMINAL SECTION; DEATH.

(Under the care of Mr. LAWSON TAIT.)

Mrs. W—, aged forty-five (sent by Dr. Eshelby, of Stroud), had been aware of an increase in size for about four years, but chiefly within the last few months. Mr. Tait saw her first at the end of July, and found a large semi-fluctuating tumour reaching up to the xyphoid cartilage, lying chiefly to the left side, but with a well-defined secondary mass lying under the liver. There was a good deal of ascites. The tumour moved very freely. The uterus was high, and moved with the tumour, but not closely enough to make it certain that it was not ovarian. Mr. Tait expressed a doubtful opinion about the nature of the tumour, but advised an exploratory incision, and the removal of the tumour if it were possible. The incision was accordingly made on Sept. 11th, and, even when the tumour was bared, it was not till a needle had been passed into it that its non-cystic nature could be definitely ascertained. The tumour was free from adhesions, and had a fair pedicle. Mr. Tait therefore removed it and placed a clamp on the pedicle. The tumour was found to be a collection of extremely soft fibroids growing in the fundus uteri, which was of course removed with them. The patient went on well for thirty-six hours, but died of general peritonitis on the fourth day.

This is the second case of the kind that Mr. Tait has operated on, the first having recovered.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE ordinary meeting of this Society was held on the 26th inst., Sir James Paget, F.R.S., in the chair. A paper by Dr. Greenhalgh, advocating the use of the actual cautery for the enucleation and removal of certain uterine fibroids was read. The difficulties in the selection of suitable cases, and the subsequent risks arising out of the disintegration of the growths were the points chiefly dwelt upon by Drs. Meadows and Barnes, who spoke on the subject. This paper was followed by one by Mr. Spitta, late Demonstrator of Anatomy at St. George's Hospital, explanatory of a new working model of the larynx, and containing a confutation of current opinions as to the actions of the respective laryngeal muscles.

Dr. GREENHALGH, at the commencement of his paper "On the Use of the Actual Cautery in the Enucleation of Fibroid Tumours of the Uterus," alluded to the infrequent use of the actual cautery as compared with its application on the Continent, and passed on to enumerate the cases in which, for the last twelve years, he had used it with more or less success. These cases include chronic enlargements, with induration of the cervix uteri, due to inflammatory or fibroid diseases; epithelioma and cancer of the neck of the uterus where the organ is movable; some cases of vascular tumour of the meatus urinarius; slight cases of recto- and vesico-vaginal fistula; in incontinence of urine due to di-