

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.

ST. MARY'S HOSPITAL.

A CASE OF GALL-STONES IN THE CYSTIC DUCT; CHOLECYSTOTOMY; RECOVERY.

(Under the care of Dr. BROADBENT and Mr. PAGE.)

THE operation of cholecystotomy has not yet been performed in so many cases as to deprive of considerable interest the record of a successful case. The following is an example of the operation in which, after previous tapping of the gall-bladder, with only temporary relief and with no ill effect to the patient, stones were removed from the cystic duct which without surgical aid could not have been passed. The after progress of the case was all that could be desired. For the notes we are indebted to Mr. P. A. Lloyd, house-physician.

S. W—, aged thirty-three, was admitted under Dr. Broadbent on Jan. 24th, 1887, complaining of a tumour in the region of the gall-bladder. In April of last year she had an attack of what appears to have been biliary colic, though she had no jaundice, and did not pass a gall-stone per rectum. Shortly after this attack the swelling was first noticed, though it caused no inconvenience till Christmas, when the patient began to feel a dragging pain in the right side, especially after exertion. No further history of colic, nor any history of jaundice, could be obtained, but the patient said she was subject to "bilious attacks" from time to time.

On admission, there was a swelling in the region of the gall-bladder, about the size of an orange, which was smooth, hard, and freely movable. No enlargement of the liver could be discovered.

On Feb. 13th six ounces of slightly opaque fluid were drawn off by aspirator. The fluid was faintly alkaline, sp. gr. 1008, and contained about one-tenth albumen. No hooklets or echinococci could be discovered on microscopic examination. After the tapping the tumour could no longer be felt, and the patient left the hospital ten days later, free from all symptoms. On March 17th she was readmitted, as the cyst had again filled; she had felt the pain in her side during the previous week. On March 31st the tumour was again aspirated, and eight ounces of fluid were drawn off, of a pale green colour, faintly alkaline (sp. gr. 1010), and containing mucin and about one-sixth albumen. Microscopic examination showed only a few blood-corpuscles, small masses of yellow pigment, and a few epithelial cells. On April 3rd the cyst had once more refilled to its former size. Dr. Broadbent now considered that the tumour was a distended gall-bladder, and not a hydatid, as had at first been suspected. Mr. Page was therefore asked to perform cholecystotomy.

On April 9th, chloroform having been administered, Mr. Page made a vertical incision two inches long, commencing half an inch below the ninth costal cartilage on the right side and extending down to the level of the umbilicus. The abdominal walls having been divided immediately external to the rectus, and the peritoneum opened, the gall-bladder and the edge of the liver were seen. There were some slight recent adhesions between the gall-bladder and the parietal peritoneum. The cyst, having been carefully examined, was then aspirated, and ten ounces of purulent fluid drawn off. The empty gall-bladder was now seized with forceps and incised; its cavity was wiped dry with sponges and then explored by the finger. A stone about the size of a walnut was felt in the cystic duct, and removed with a pair of small lithotomy forceps. Two minute calculi were afterwards detected, and were removed on a sponge. There was no discharge of bile-stained fluid after the removal of the calculus. The walls of the suppurating cyst (i.e., the distended gall-bladder) were now fixed by catgut sutures to the abdominal wall, and a large drainage tube was passed as far as possible towards

the cystic duct. Wood-wool pads formed the dressing, and perchloride of mercury was the antiseptic used. The fluid removed had a specific gravity of 1012, was alkaline, and contained a large quantity of pus. When the pus had settled the supernatant clear fluid contained about half albumen, and gave Gmelin's and Pettenkofer's tests for bile-pigments and acids.

The wound in the gall-bladder healed in five days, and that in the abdominal walls in about five weeks. There was neither pain nor rise of temperature after the operation, and no bile was discharged through the wound. The patient left the hospital on May 17th, with no trace of tumour, and quite free from abdominal discomfort, and there has been no reappearance of the swelling up to the present time.

HAMPSTEAD HOME HOSPITAL.

CHRONIC RENAL ABSCESS; ABDOMINAL NEPHRECTOMY; RECOVERY.

(Under the care of Dr. HEATH STRANGE and Mr. EDMUND OWEN.)

E. M—, widow, aged thirty-seven years, a domestic servant, was admitted Feb. 15th, 1886. Her father and two of her brothers had died of phthisis. As a young woman she had been the subject of hæmaturia, and during married life her urine had contained blood from time to time, but from 1877 to 1886 the urine had been, so far as she knew, quite normal. Twelve months before admission she found that she got easily tired after exertion; although the urine was normal, she had frequent desire to pass it. The chief cause of her coming into the hospital was the pain which she had in her legs (which were much wasted). She complained also of great debility—indeed, she was unable to stand. Dr. Strange observed a tumour in the left side of the abdomen, which, the patient said, had increased rapidly in size. It appeared to be about the size of a cocoa nut, and was evidently renal in origin. She bore physical examination well, but fomentations had to be occasionally applied over the region of the tumour for the relief of pain. She lay prostrate in bed. She passed her urine but twice in the twenty-four hours; it averaged twenty-eight ounces, specific gravity varying from 1010 to 1028; it contained neither pus, blood, nor albumen; in fact, during her stay in hospital it was normal, but scanty.

The diagnosis was made of cystic disease of the kidney, and removal of the tumour by abdominal section was advised; it seemed too large to be brought away entire by the post-peritoneal or lumbar operation. There were two unfavourable elements as regarded prognosis: the woman was in a very feeble state of health, and the other kidney, though not tender, was evidently larger than natural. Sir Spencer Wells—one of the consulting surgeons to the institution—saw the patient with Dr. Strange and Mr. Owen, and agreed that the tumour should be removed by abdominal section; he kindly arranged also to be present at the operation, which was performed on May 18th by Mr. Owen, Dr. Strange and Dr. Percival Cockey assisting, and Dr. Pidcock administering the anæsthetic. The abdominal cavity was opened through the left linea semilunaris, the posterior layer of the peritoneum being opened on the outer side of the descending colon, so that the kidney might be reached without interference with the branches of the inferior mesenteric artery. The renal vessels were so small that it was at once evident that they were supplying an organ unusually poor in vascular tissue. Their size confirmed the diagnosis of cystic disease. Had they been associated with a malignant growth they would have been larger than normal. They were tied with carbolised gut, which was then cut short. The ureter was tied in two places and divided, and as the section showed a drop of pus, the lining of the tube was scraped clean and touched with iodine. The bed from which the tumour was removed was washed out with a warm and weak solution of mercuric chloride, and the laceration in the posterior layer of the peritoneum was closed with sutures of fine gut. No drainage tube was used. The abdominal wound was also sutured with gut, and dressed with thick pads of sublimate wool and a flannel binder.

For eight days after the operation the temperature remained at normal, but after this it was raised for three days, on one occasion reaching 101°F., but it descended immediately after a small collection of blood and serum was dislodged from the wound; and until she left the hospital

on July 3rd, the chart was not marked above the normal line. After leaving the hospital she was so well and strong that she was able to enter domestic service again as a cook.

The tumour consisted of the thickened fibrous tissue of the kidney, in which were a number of large and small cysts which contained ten ounces of creamy pus, of a pale green tint; it was not examined for bacilli. Before operating, the tumour seemed too large to come readily by the loin; but when it was exposed it was evident that the retro-peritoneal operation would have served; the cyst walls, moreover, were so tough that they probably would not have burst during the extraction. It was about the size of a very large fist.

The patient was afterwards admitted into St. Thomas's Hospital under the care of Dr. Harley in May last, and we are indebted for the report of her condition at that time to Mr. H. J. M. Montague, house-physician. She complained of a tumour in the right side, which pained her very much on movement, becoming much more painful after she had been walking about for some time; she also complained of pain in the left lumbar region. On examination, a scar was found in the left linea semilunaris, at the seat of which there was a hernia. In the right lumbar region was a smooth rounded body, quite movable, and slipping under the liver on manipulation; tender to pressure, but not causing nausea when pressed upon. Diagnosis: Healthy movable kidney; urine of high specific gravity, with a large deposit of urates, no albumen. Uric acid crystals were seen under the microscope. The other organs were healthy.

The kidney became less painful, and the patient left the hospital wearing an abdominal belt.

GENERAL HOSPITAL, BIRMINGHAM.

CASES OF OVARIOTOMY.

(Under the care of Dr. MALINS.)

CASE 1.—A. H—, aged thirty-five, married. Admitted on Feb. 4th, 1886. Multiple cyst of left ovary, with fluid of varied consistence. Weight 240 oz. Adhesions to anterior abdominal wall and to right broad ligament and Fallopian tube. Right ovary enlarged to about four times its normal size, with numerous cysts; removed also with corresponding tube. Pedicles transfixed and tied with silk. Keith's drainage tube used. Recovery.

CASE 2.—J. T—, aged forty-four, married. Admitted on March 2nd, 1886. Multiple cyst of right ovary. Large cyst containing porter-like fluid and papillomatous growths inside. Adhesions to anterior wall of abdomen. Pedicle short; transfixed and tied with double silk close to uterus. Use of Keith's drainage tube; removed on the evening of the 4th. Recovery.

CASE 3.—E. P—, aged forty-three, married. Admitted on May 27th, 1886. Multiple cyst of right ovary. One large cyst containing twenty-seven pints of brown viscid fluid; solid. Weight 85 oz. No adhesions. Good pedicle, transfixed and tied with double silk. Quantity of ascitic fluid. Keith's drainage tube employed; removed on the 30th. Subsequently, continued sickness and quick pulse; average temperature 100.4°. Later, some tympanites. Died on June 7th from peritonitis.

CASE 4.—C. G—, aged forty-nine, married. Admitted on Sept. 2nd, 1886. Multiple cyst of left ovary. Very thick walls, undergoing myxomatous degeneration. Weight of liquid contents, 180 oz.; solid, 37 oz. Fair pedicle; transfixed and tied with double silk ligature. Recovery.

CASE 5.—M. W—, aged fifty, married. Admitted on Sept. 30th, 1886. Dermoid cyst of left ovary, containing hair, bone, and two teeth. Pedicle sessile; transfixed and tied with silk. Weight of cyst, 10½ oz.; of contents, 36 oz. Opposite ovary enlarged; also removed. A fibroid tumour at right angle of uterus; transfixed and tied with double silk ligature and removed. Weight 6½ oz. Keith's drainage tube employed; removed on the morning of Oct. 2nd. Recovery.

CASE 6.—C. H—, aged thirty-six, single. Admitted on October 21st, 1886. Multiple cyst of left ovary. Weight: fluid, 120 oz.; solid, 42 oz. Papillomatous growths inside. Right ovary irregularly shaped, enlarged about three times the normal size; filled with pellucid cysts; removed. Some pelvic adhesions. Pedicle of first sessile; transfixed and tied with silk. Pedicle of second longer; transfixed and tied. Peritoneum velvety and vascular; some ascitic fluid. Keith's drainage tube used; removed on the 28th. Recovery.

CASE 7.—E. P—, aged forty-four, married. Admitted on November 4th, 1886. Large multiple cyst of left ovary, undergoing interior degeneration. Some adhesions to small intestine. Good pedicle; transfixed and tied. Drainage tube used. Recovery.

CASE 8.—J. H—, aged thirty-three, married. Admitted on November 13th, 1886. Large unilocular cyst, containing 206 oz. of clear, slightly viscid fluid. Some solid matter at base. No adhesions; short pedicle; transfixed and tied with silk. Recovery.

CASE 9.—J. P—, aged twenty, single. Admitted on December 30th, 1886. Dermoid cyst of left ovary; globular; containing a quantity of hair and about 12 oz. of oily liquid at temperature of body, solidifying in open air. Weight of cyst, 4½ oz.; thick walls; base tied in two parts with silk below cyst. Recovery.

Remarks.—The above cases represent the number of ovariectomies performed in the year 1886 at the General Hospital as they were admitted, without selection. The one death was in a feeble emaciated woman, who made a good struggle for life, but succumbed to peritonitis twelve days afterwards. The tumour was very large, and the health much impaired before admission. Keith's drainage tube was used in the majority of cases, being removed when the fluid drawn through it became clear and free from blood. The operations were done singly in an isolated ward with special nurses, no precautions beyond stringent cleanliness being observed. The peritoneum was washed out when there had been fluid in it with a solution of boracic acid in warm water, with a glass tube, and glass funnel connected by a piece of indiarubber tubing, as little handling or sponging as possible being always observed.

Medical Societies.

OPHTHALMOLOGICAL SOCIETY.

Unilateral Optic Atrophy and Temporal Hemianopsia.—Permeability of the Suspensory Ligament by Organised Substances.—Choroido-retinitis.—Cyclotomy in Glaucoma.

AN ordinary meeting of this Society took place on the 9th inst., Mr. J. W. Hulke, F.R.S., President, in the chair.

Mr. STORRY read a case of Optic Atrophy in one eye, with Temporal Hemianopsia in the other, occurring in a young woman, a dressmaker, who gradually lost her sight in one eye, and partially in the other. The menses were irregular. As had been observed in similar cases of tumour of the pituitary body, the patient grew much stouter. Headache and giddiness were complained of, but the sight improved, and though the optic atrophy remained, she was enabled to follow her occupation.—Mr. NETTLESHIP remarked that a very similar case had been recorded in the Society's Transactions, and in that instance, after death, a tumour was found in the pituitary fossa. Other similar cases had been published, and he had lately seen a case at St. Thomas's Hospital where the same train of symptoms had been produced in the same way.—Dr. HILL GRIFFITH said that he had placed on record a case identical with that of Mr. Story. Cessation of menstruation and sleepiness had been present in his case; and in several cases that he had seen the patients had complained of getting stout.—Dr. JAMES ANDERSON briefly described the case he had published, which closely agreed with that of Mr. Story. He said that it was the rule in pituitary tumours that the patient should get very stout.—Dr. COUPLAND mentioned also the concurrence of an increased development of tissue in conjunction with disease or enlargement of the pituitary body—a condition known as "acromegaly" (*vide THE LANCET*, p. 1195).

Dr. HILL GRIFFITH read a communication on the Permeability of the Suspensory Ligament by Organised Substances. He mentioned several cases of keratitis punctata without any iritis, but with recent patches of choroido-retinitis, and also two cases of retinal gliomata, with separate nodules free in the anterior chamber, and showed naked-eye and microscopical specimens. He endeavoured to show from these two groups of cases that solid particles were carried by the nutrient currents through the zonule at the circumferential space.—Mr. JESSOP mentioned a case of an old opaque lens in which, on opening the eye, a gush of cholesterine