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.

MANCHESTER ROYAL INFIRMARY.

CASE OF EPITHELIOMA OF THE SCROTUM IN A YOUTH. (Under the care of Mr. HEATH.)

FOR the following notes we are indebted to Mr. John Sheldon Withers, M.R.C.S., late house-surgeon.

W. L.—, aged eighteen, a block cutter, was admitted to hospital. No tendency to malignant disease discoverable in his family. Patient had always had robust health. No history of injury or irritation. About a year before admission the patient noticed a small hard swelling as large as a marble in the right and lower part of his scrotum. It grew rapidly, reaching the size of a hen's egg in less than three months. Four months later (it had spread far in the meantime) the right inguinal glands began to enlarge and soon afterwards the left. It did not cause him pain till nine months after its commencement, when a nightly aching began from which he has not since been free. His parents discovered it only when far advanced by noticing a peculiarity in his gait.

Condition on admission:—Pain has now made his expression careworn, but for this he might be taken as the type of a healthy country lad. He is of fair complexion, rosy cheeked, and well nourished. The growth involves the whole of the scrotum; its surface is irregular and nodulated. The nodules are of very variable size, some being no larger than a marble, whilst others are as big as a small orange. At its underpart is the mouth of a sinus, which leads to a cavity in the centre of the mass. Here, whilst growth is going on actively outside, a process of destruction is at work, evidenced by the constant discharge of a thin, yellowish, opaque fluid, and occasionally of blood in large quantities. On either side, the inguinal glands form two large tuberculous masses adherent to the deep structures. In the neighbourhood of the right of these, one testicle can be felt, the position of the other cannot be made out. The growth is nowhere tender to the touch, and is of uniform, moderate hardness. Owing to frequent hæmorrhages, he became rapidly worse, and died, wasted to the last degree, four months after admission. After death, the testicles were found to be quite healthy. A microscopical examination, made by several pathologists, among whom were Drs. Dreschfeld and Young of Owens College, proved the tumour to be an epithelioma. A necropsy was not allowed.

GENERAL DISPENSARY, NOTTINGHAM.

ANEURISM OF THE INTRA-PERICARDIAL PORTION OF THE AORTA; SUDDEN DEATH FROM RUPTURE; NECROPSY.

FOR the following interesting notes we are indebted to Dr. M. Collins.

On the morning of May 5th, Mrs. B— was suddenly seized with præcordial distress whilst talking to some of her friends. She expired in a few minutes and before the arrival of the medical attendant, though her house was not two hundred yards distant from the hospital. The history of any previous illness was very indefinite. A week before her decease she quarreled with her husband, and had charged him before the magistrates with assault. Sudden death under such circumstances assumed an interesting nature, pathologically as well as medico-legally.

Necropsy forty eight hours after death—Apparent age fifty-five; body well nourished; no marks of violence. When the thorax was opened the pericardium was found distended with blood. Further examination revealed a very small sacculated aneurism immediately above the right coronary valve. This had ruptured into the pericardium. The opening was small, only sufficient to admit a medium-sized probe. There was no regurgitation through the valves. The aorta was atheromatous, as evidenced by "patchy thickenings and unevenness on the inner surface."

Dr. Hayden has pointed out that aortic aneurisms never attain a large size when they are exposed to the maximum of reflux from the aorta. The symptoms and acoustic signs are very indefinite during life. Death was very sudden, and without any warning, as it usually is in such cases.

A coroner's inquest was held, and the question naturally asked was, Did ill-treatment tend to accelerate her death? There was no evidence that it did. She had not lived with her husband the previous week. The grief and anxiety consequent on her domestic infelicity may have contributed materially as a predisposing cause to the untoward event.

WORCESTER GENERAL INFIRMARY.

CASE OF COMPLETE SUPPRESSION OF URINE LASTING FIFTY-THREE HOURS, FOLLOWED BY CYSTITIS; RECOVERY.

(Under the care of Mr. HYDE.)

FOR the following notes we are indebted to Mr. M. B. Shirley, house-surgeon.

John —, aged fifty-eight, came to the casualty-room, at 10 A.M., on May 18th, suffering from stricture of the urethra. He had suffered from stricture for the last twenty years, and had had it frequently dilated surgically. Lister's sounds, from No. 9 to No. 12, were passed, and the patient refusing to stay in the infirmary was allowed to go home. About 3 P.M. he was brought back, having had a rigor in the street.

On admission he complained of great pain in the lumbar region: temperature 102°; pulse quick and full. He was put to bed; brandy was given, and warm bottles applied.

May 19th, 8 P.M.: He has passed no urine since his admission.—20th, 10 A.M.: He has passed no urine, and is drowsy. Pulse slow and full; temperature 97°. His tongue brown and furred. The catheter drew off two ounces of almost pure blood. The bladder was washed out with a solution of carbolic acid, one in 100. He was ordered quarter-grain doses of pilocarpine with half a drachm of sulphate of magnesias every three hours. Loins dry cupped. 8 P.M.: The patient perspired freely during the day; still no urine passed. The catheter drew off two ounces of urine, which deposited pus. The bladder was washed out. The patient is better. To continue the medicine.—21st, 10 A.M.: Passed a little urine; still perspiring profusely. Medicine to be continued.—22nd, 10 A.M.: Has passed twenty ounces of urine during the last twenty-four hours, which deposited pus. The bladder was washed out with a weak solution of salicylic acid. The medicine stopped.—23rd: Sixty ounces of urine passed. One ounce of infusion of buchu ordered three times a day.—27th: The bladder has been washed out twice daily since the last note with a solution of salicylic acid. The urine is now passed in large quantities naturally. The cystitis is quite disappeared. The patient expresses himself as quite well.

CITY OF DUBLIN HOSPITAL.

MR. HENRY GRAY CROLY'S CLINIQUE.

THE following cases were recently under Mr. Croly's care, and present many points of interest:—

Cellulitis of the Neck.—A man, about thirty-seven, applied on July 3rd with a large tumour of the right side of the neck, which had been growing for the past six months. The posterior part of the tumour was extremely hard, and a question arose as to whether it might not be a case of medullary sarcoma. Mr. Croly used an exploring needle, which permitted a mucopurulent fluid to escape, and the man was taken into the theatre and there etherised for further operative measures. A free incision was made in the lower and anterior part of the neck, and the cervical fascia divided on a director, thereby allowing a free discharge of blood and pus. In making the necessary incisions in the neck to divide the cervical fascia, and thus to relieve tension and give exit to the infiltrated fluids, Mr. Croly sketched on the patient's neck before operating what he called "lines of safety" and "lines of danger," and which were described by him in an excellent monograph on Cellulitis, published in 1873. The lines of danger are those in the direction of the external jugular vein, which passes from the angle of the jaw downwards and outwards across the sterno-mastoid; and another line corresponding with the carotids in their course upwards and backwards.

Burns of the Head and Face from a Gas Explosion, caused by Flint and Steel.—This patient, a labouring man, received