Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

UNUSUAL ENDING OF A CASE OF EMPYEMA.

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THE following case is interesting from its rarity. On Oct. 20th, 1898, an Arab boy, three years of age, living in Acre, was brought to me by Dr. Doukakis of that place with a history of illness of 19 days' duration, the symptoms pointing to empyema of the right side of the chest. On examination I found amongst other symptoms some bulging of the right side of the chest, together with absolute dullness of the lung below the level of the fifth rib, and the diagnosis was at once confirmed by exploration in the eighth intercostal space, where pus was found. I therefore decided to open the chest next day and the parents consented to return with the child. On bringing him to the hospital, however, the mother volunteered the statement that during the night a large quantity of pus had been passed by the bowel, and the truth of this was shown by the fact that the most prominent symptoms of empyema had disappeared, the right chest being resonant in its whole extent. However, having confirmed the diagnosis the day previously, I held a consultation with Mr. W. H. Anderson of Safed and decided to open the chest, the patient being in fairly good condition. With the help of Mr. Anderson, therefore, who administered chloroform, the chest was opened and one inch of the seventh rib was excised a little behind the mid-axillary line. The point of exit of the pus could not be found with the probe and no long search was made. A drainage-tube with flange was inserted after a small amount of pus had been evacuated and the patient was sent back to bed. At the first dressing we found a little food on the gauze used and subsequently, though the pus decreased in amount, there was an abundance of clear, colourless, watery fluid, evidently gastric juice, with a few clots of milk on the dressings. On Oct. 24th, on illuminating the pleural cavity, watery fluid could be seen to be slowly oozing from the direction of the stomach, and from this time all food continued to come through to the dressings, and as it was found impossible to prevent this the patient got gradually worse. He was taken home by his parents and died two days later. It was of no use to ask for a post-mortem examination, this being invariably refused, for the moment death has occurred the house is always filled by relatives and friends who come to shriek over the body.

Though empyemata are stated to burst in various directions internally I have not been able to find an account of one opening into the stomach (or duodenum), which evidently took place in this case. Probably the operation made no difference to the result of the case, but doubtless it was put down as the cause of death by the parents, who were Moslems. Nutrient enemata were suggested and tried, but without effect, as they were not retained. Seeing that the child had had food on the day that he was brought to me there seemed no great reason for haste in opening the chest.

Chepstow.

A LOOSE FOREIGN BODY IN A HYDROCELE SAC.

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A BOY, 14 years of age, was brought to me on Feb. 1st, 1900, complaining of a lump in the left scrotum. He was a healthy boy, but had hitherto been unable to join in ordinary games on account of the swelling, the sense of weight, and the fear of further injury to the left testicle. The swelling had never been larger than it then was nor had the patient observed any variation in size. He had consulted several medical men in London and Plymouth and had had fluid drawn out on three occasions. Although this operation gave him relief his condition soon became as bad

as ever. Upon examination a hydrocele of about the size of a golf ball could be detected. It affected the cord only and was quite free of the coverings of the testicle. The testicle felt normal. Owing to the flaccidity of the tumour and the rapidity of its return after operation I concluded that there was some communication with the general peritoneal cavity, although no impulse could be felt on coughing, nor did prolonged pressure bring about any reduction in its size or decrease in tension. I advised complete removal of the sac and took the patient into my house for the performance of the operation. A curved incision was made over the external ring and the cord and the testicle were drawn out of this incision. The coverings of the sac were stripped off and the sac itself was freed from connexion with the cord. The small fibrous band connecting it with the testicle was ligatured and tied. The funicular process was not completely obliterated above, so I ligatured this neck in two places and cut between them and so removed the cyst unbroken. The upper part of the funicular process communicated with the abdominal cavity by a long and very small canal, through which a fine probe could with difficulty be passed. This process was treated as an ordinary hernial sac. A stitch was passed so as to reduce the size of the opening in the abdominal parietes and the skin wound was closed. The patient made an uninterrupted recovery, the dressings being left off on the eighth day.

On examining the removed cyst a body of about the size and shape of an almond could be seen by transmitted light moving about freely within it. The sac was opened and about an ounce or more of quite clear fluid escaped. The foreign body proved to be a small mass of hard fatty tissue. The outer part was somewhat looser in texture, very uneven, and somewhat nodular. The central part was more dense and fibrous—in some places almost cartilaginous. There was no sign anywhere of its having been recently attached. How did it get there? It may probably have been a detached piece of an appendix epiploica, but if so it must have been very small when it got through the minute canal leading to the sac. I could not find any history of the hydrocele having at any time been freely connected with the abdomen—in fact, it came very gradually and was first noticed below and only attained its present size within the last year or eighteen months. Of course, it may have arisen from a little clot of fibrin after one of the previous tapping operations. I have never seen a case before, though I find that Rose and Carless in their recent work make some mention of similar bodies in the hernial sacs. The specimen, which was a very perfect one, was, I am sorry to say, thrown away by accident after I had completed my examination.

Bath.

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.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF TRAUMATIC ENOPHTHALMOS.

(Under the care of Mr. PERCY FLEMMING.)

A GIRL, aged 12 years, attended at the eye department of University College Hospital on Dec. 13th, 1899, with the history that two months previously she had been knocked down by a cart. She was carried home, though she thinks she could have walked. There was a wound on the left eyebrow and the eyelid and face were much swollen on that side. The wound was stitched and the eye was bandaged. There was also some bleeding from the nose. When the eye was uncovered, three days later, the child at once complained that she saw double, and the mother noticed that the eye was sunken. Dr. W. W. Hodgins, who treated the case at that time, states that the wound healed by first intention and that at no time was there any sign of orbital cellulitis.