Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

A SUCCESSFUL CASE OF INTRA-PERITONEAL LIGATION OF THE INTERNAL ILIAC ARTERY.

BY GEORGE WHERRY, M.C. CANTAB., F.R.C.S. ENG.

A HEALTHY-LOOKING man aged twenty-one had a large pulsating tumour upon the upper posterior and outer part of the left innominate bone. Nine months before admission into Addenbrooke's Hospital he had suffered dull aching pains in the buttock, aggravated by exertion and especially by stooping or using the left side and arm. The swelling had been twice punctured, and blood flowed out freely and in "spurts." During the past month or more the pain had been worse; he was unable to lie on his back. The patient was anxious that an operation should be tried for his relief, the pain of "sciatica" being very severe. He was sent to me by Dr. King of Sudbury for treatment. The swelling was too large and vascular to be safely removed from its firm connexions by operation; it was decided after consultation to tie the internal iliac artery. The case resembles one recorded by Mr. Treves.¹ At the operation an incision was made from below the umbilicus to the pubes. There were two difficulties. Firstly, the vein, which was very large and much in the way, was swollen by the slightest pressure of sponges or retractors upon the upper part. The external or common iliac artery would have been much easier to tie in this case. There was some venous bleeding, which stopped after the artery was tied, but the vein also was tied by a ligature just below the first one to make it safe. The other difficulty was with the light. There had been many days of bright sunshine until the moment of this operation, when a black thunderstorm came on. Large reflecting retractors were of the greatest use, but an electric light would have been better still. The patient made a good recovery. The swelling at once shrank and ceased to pulsate. There has been no pain and the patient can lie and sleep easily on his back. Though I did not venture to remove the tumour and cannot feel hopeful as to a cure, the relief to the distressing symptoms is very great. In a case of sarcoma not suitable for other operation ligation as above recorded is well worthy of trial.

Cambridge.

RECTAL INJECTION OF SALINE SOLUTION IN A CASE OF SEVERE HÆMORRHAGE DURING ABORTION.

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I WAS lately called to see a woman, aged thirty, who had just aborted, the process being accompanied by very severe hæmorrhage, which had nearly ceased on my arrival. The patient was the mother of three children born alive; all the labours had been accompanied by severe loss. So great had been the hæmorrhage in her last confinement that her medical attendant warned her against the risk of a further increase in her family. I found the patient in a deplorable condition from the acute anæmia. The pulse was 140 to 150, small, running and occasionally irregular; the cardiac sounds were faint and the apex beat imperceptible. She was extremely pallid and restless and could not get enough air. She complained of nausea, with constant retching and vomiting of small quantities of mucus. Every few minutes she became thirsty and then faint, and was unconscious at times. Notwithstanding treatment by raising the foot of the bed, bandaging the legs, hypodermic injection of brandy &c., the faintness, sickness and feeble pulse continued, the patient becoming even more prostrate. I determined after an hour to try the effect of a chloride of sodium enema, one drachm to the pint of water, at the temperature of 100°. The

patient having had severe diarrhoea I was afraid the injection would not be retained, but this was successfully accomplished by holding a pad over the anus for a few minutes. The effect was extremely beneficial, for within twenty minutes the pulse fell to 120, the colour improved and the sickness and faintness almost entirely disappeared and she expressed herself as feeling much better and more comfortable. In half an hour she was able to take and keep down a small quantity of beef extract. Shortly after she had a little sleep. The patient made an excellent recovery and was able to be out and about a month later. I feel confident that the saline enema saved the patient's life.

Colchester.

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.

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A CASE OF HYDRAMNION AND TWIN PREGNANCY.

(Under the care of Dr. GRIGG.)

THE following case is one in which an excess of the liquor amnii (hydramnion, or, as some prefer to call it, "poly-hydramnion") was present and produced a tumour which presented characters resembling those found in cases of cystic tumour of the ovary. That the resemblance may be extremely close is borne out by a case recorded by Dr. Brouardel, who saw a patient under treatment for supposed ovarian cyst when she was really pregnant, but the usual signs of pregnancy were somewhat masked owing to dropsy of the amnion. Owing to the mistake in diagnosis a puncture was made into the cyst, and much fluid drawn off; it was then found that pregnancy was the cause of the tumour. The woman was not delivered until three months afterwards. In this case, where it was evident that the foetus was dead and the patient suffered from dyspnoea, the treatment adopted by Dr. Grigg was clearly indicated. This condition has seldom been observed before the fifth month, and is much more common in twin pregnancies. Dr. Bar considers the cause of this condition to be, in the majority of cases, pressure on the umbilical vein. For the notes of this case we are indebted to Mr. G. Browning, resident obstetric assistant.

A multipara aged thirty-five, having had seven children and two miscarriages, was admitted into the Westminster Hospital on Sept. 14th, 1892, for removal of a so-called ovarian tumour. She had a miscarriage in the February of that year and menstruated once afterwards. Since then she had had amenorrhœa. She thought she was pregnant, but at the end of August, finding she was increasing rapidly in size, she consulted a medical man. She was under his care for three weeks, but at the end of that time, finding the tumour to have increased greatly in size and there being a considerable amount of dyspnoea, he sent her into the hospital. On admission the abdomen was enormously distended, bulging laterally to the right and superiorly to the left. The subcutaneous veins were enlarged and the umbilicus retracted. The measurements were: from the umbilicus to the right anterior superior spine of the ilium, 10½ in.; from the umbilicus to the left anterior superior spine, 10 in.; from the umbilicus to the ensiform cartilage, 10½ in.; from the umbilicus to the pubic arch, 9 in.; the girth at the umbilicus, 42 in.; the girth two and a half inches above the umbilicus, 42½ in.; the girth two and a half inches below the umbilicus, 41½ in. On palpation the tumour was found to consist of an elastic mass fluctuating all over with the exception of a comparatively hard substance which was felt in the right iliac fossa and partly in the right lumbar and umbilical regions. This was felt only on deep pressure. Fluctuation was felt most distinctly and superficially everywhere. The tumour was dull all over. No intermittent contractions were to be felt.

¹ THE LANCET, June 4th, 1892.