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.

ROYAL FREE HOSPITAL.

A CASE OF CHRONIC PYÆMIA; RECOVERY.

(Under the care of Mr. BOYCE BARROW.)

THROUGHOUT the course of the disease from which this patient suffered there was an absence of the more characteristic symptoms: there was no marked sweating, there were no rigors, gastro-intestinal symptoms were absent, and the temperature was at no period of his long stay in hospital remarkable for its irregularity or unusual height. Yet the abscesses in the chest and neck were without doubt pyæmic; this was shown by their number, the rapidity of their appearance, and the slight local disturbance. The point of interest in the case is whether they were secondary to the disease in the thigh, or whether (this being also pyæmic) they were in any way connected with the thrombosis resulting from the typhoid fever. The abscesses appeared over the sternum ten weeks before any pain was felt in the right thigh, and the fact that the œdema and pain reappeared in the left leg very shortly after the abscesses would suggest that the thrombus may have commenced to extend or break down. The chief point against any causal connexion between the thrombosis and the pyæmia is the great interval which elapsed (more than eighteen months) between the convalescence from the thrombosis and the commencement of the pyæmia. For the notes of the case we are indebted to Mr. Wilmott H. Evans, B.Sc., surgical registrar.

A wheelwright aged twenty-five was admitted into the Royal Free Hospital on April 27th, 1892. In June, 1890, he was in the hospital under Dr. Sainsbury for typhoid fever, during the course of which the left popliteal and the lower part of the femoral vein became thrombosed, causing pain in the calf and œdema of the leg. Since then he has been quite well until about six weeks before admission (March 10th), when he noticed two small, rounded swellings, one over the upper border of the sternum, a little to the right of the middle line, and the other immediately above the left clavicle at the outer border of the sterno-mastoid. These both increased in size, especially the one over the sternum, and a fortnight later the larger swelling was incised and a quantity of thin, yellow matter escaped. About the same time his left foot began to swell, especially after walking, but the swelling disappeared to a great extent when he lay down. Ten days before admission a third swelling appeared over the left side of the upper part of the sternum, and on the morning of the day on which he entered the hospital a fourth swelling, smaller than the others, appeared in the posterior triangle of the right side. From none of the swellings has he suffered any pain or inconvenience.

On admission the patient was found to be a strong, healthy-looking man. Nothing abnormal could be discovered in the thoracic or abdominal organs. Over the upper border of the sternum was a sinus from which sanious pus was oozing. A probe was passed backwards for nearly an inch, but no bare bone could be felt. Over the upper piece of the sternum, a little to the left, was a rounded swelling about an inch in diameter. The skin over it remained unaltered in appearance. Somewhat doubtful fluctuation could be obtained. A similar smaller swelling was found at the lower part of the posterior triangle of both sides. The left leg below the knee was somewhat swollen and slightly painful, and the hard cord caused by the thrombosed popliteal vein could still be felt. The superficial veins of the thigh were dilated. The family history was unimportant, and up to the attack of typhoid fever in 1890 the patient had always had good health. After admission he continued in the same condition, except that the sinus continued to discharge and the swelling increased in size. The temperature varied from 98° to 102° F.

On May 5th the swelling to the left of the sternum was aspirated and about a drachm of pus removed. On May 7th

the patient was anæsthetised, and Mr. Barrow made an incision over the swelling in the front of the sternum and evacuated thin pus; the cavity was found to extend backwards between the second and third ribs, but no bare bone was to be felt; the cavity was scraped out with a Volkmann's spoon. The swelling in the left posterior triangle was treated similarly, and the sinus remaining from the former incision was also scraped. The three cavities were then filled with gauze soaked in an emulsion of iodoform and glycerine, and a dressing of carbolie gauze was applied. The cavities were syringed out daily with solution of perchloride of mercury and filled with iodoform and glycerine gauze. After the operation the temperature somewhat improved, but still occasionally went up to 101°. By May 26th he had so much improved—the discharge from the sinuses being very little and the left leg less swollen—that he was allowed to get up. He had slight stiffness over the right thigh. By June 10th the two smaller cavities had healed up and only a little pus still escaped from the sinus to the left of the sternum. The small swelling in the right posterior triangle had steadily increased in size and another swelling had appeared superficially to the right sterno-mastoid.

June 23rd.—The stiffness in the right thigh, mentioned on May 26th, has steadily increased, and he feels an aching there on walking, so he has been kept in bed. On examination a swelling was found, beginning a little above the level of the great trochanter and extending downwards for five inches; fluctuation can be obtained over it, but there is no redness. The sinus to the left of the sternum has almost healed.

25th.—The patient being under an anæsthetic, an incision four inches long was made over the swelling on the thigh and about three ounces of creamy pus escaped. On introducing the finger a hole one-third of an inch in diameter was felt in the bone just below the anterior superior iliac crest; a small sequestrum was removed and the softened bone around it was scraped with a Volkmann's spoon and a gouge. The whole abscess cavity was well scraped and dressed with a paste of iodoform, boracic acid and glycerine, and plugged with iodoform glycerine gauze. The wound was dressed daily in a similar manner and diminished in depth.

July 18th.—The wound on the thigh has partly healed, but still has some discharge; the sinus over the sternum is almost healed, but a little pus escapes; the swellings on the right side of the neck are slowly enlarging, and fluctuation can be obtained in each of them.

Aug. 10th.—The swellings on the right side of the neck were still increasing in size, so under an anæsthetic they were both incised, the pus evacuated and the cavities scraped; the sinus over the sternum was also scraped, and they were all plugged with iodoform and glycerine gauze. The wounds in the neck and on the thigh slowly diminished in depth, and by Sept. 27th they were quite healed, and on Oct. 1st the patient was discharged well.

ROYAL PORTSMOUTH HOSPITAL.

A CASE OF HYDATIDS OF THE LIVER; RECOVERY.

(Under the care of Dr. JAMES WATSON.)

THE following case of multiple hydatids of the liver shows the advantage of paracentesis as a means both of diagnosis and cure when suppuration has not occurred in the cyst. It is evident from the description of the case that some of the cysts disappeared after the withdrawal of a quantity of fluid, and there is a general feeling in the profession that this method should be tried before incision is attempted. "Incision should be made use of when tapping fails, where scolices instead of fluid form the greater part of the contents of the cyst, where suppuration is present or imminent, and where chest complications are set up by the hydatid, showing perhaps a risk of perforation."¹ Although this disease is more frequently met with at a late period of life, its occurrence in children is not very rare, and it has been met with at three and a half and four years of age. The following report is drawn up from notes made by Mr. T. H. Bishop, house surgeon.

A poor, delicate female child aged twelve was admitted to hospital on Aug. 23rd, 1891, suffering from abdominal enlargement, with occasional attacks of griping pain and constipation. On examination the liver was found to occupy

¹ Jackson: *The Operations of Surgery*, THE LANCET, vol. ii. 1881, p. 747.