ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF TYPHOID FEVER COMPLICATED BY HÆMATURIA AND PROSTATIC ABSCESS, LEADING TO EXTRAVASATION OF URINE.

(Under the care of Dr. ANDREW.)

FOR the following notes we are indebted to Mr. P. Butler Stoney, house-physician.

A sailor, thirty-five years of age, a man of intemperate habits, who had had a slight attack of dysentery twenty years previously in India, was admitted with the following symptoms. He had a confused, stupid appearance; the tongue was tremulous, glazed at the tip, and elsewhere furred; the hands also were tremulous; the abdomen was distended, tympanitic, marbled with enlarged superficial veins, and presented special tenderness in the left iliac region. The patient was made aware of something being wrong with him when, a week before admission, while carrying a load, he was suddenly seized with a sharp pain, which darted from the left iliac region to the shoulder. This pain had not left him on the day of admission, and, from the day when he first felt it his health and strength had rapidly declined. He was placed upon two and a half grains of the soap-and-opium pill every six hours; and, for the first two days, the temperature ranged between 100° and 101° F., the pulse from 80 to 84. On the third night he manifested violent delirium, but his temperature and pulse on the following morning were 98.8° F. and 68 respectively. He was ordered half a drachm of sal volatile in decoction of bark four times daily, and ten ounces of wine. On the fifth day the delirium remained unabated, the pulse was 100, the temperature 104.2° F., and the character of the evacuations left no question as to the nature of the disease. Ten drops of dilute hydrochloric acid were ordered to be given in water every six hours. In the night the temperature rose to 106° F., the pulse to 108. After an hour and a half of wet-sheet packing, the former had fallen to 103.6°, the latter had risen to 120. On the following day both the urine and evacuations were darkened by the presence of blood. It was some days before the blood entirely disappeared from the urine, which presented the characters usual in renal hæmorrhage. On the twentieth day, the pulse and temperature having fallen four days previously, a swollen, red, and tenderspot was found over the pubes, and the scrotum and perineum were observed to be similarly affected. Suitable incisions were made by Mr. Langton, and the patient expressed much relief. He, however, died twenty-eight hours later.

At the post-mortem examination, cheesy nodules were found at the apices of the lungs. The convolutions of rather more than the last foot of small intestine were adherent to each other and to the pelvis, and the last three feet of its inner surface were studded with numerous ulcers. The remainder of the small, and the whole of the large, intestine were healthy. In the kidneys, and confined almost entirely to the cortical portion, were found numerous small white nodules, none of which were wedge-shaped, but some of which were elongated, and arranged perpendicularly to the cortex, and others were irregularly formed. An abscess cavity, through which the urine had escaped, was found in the prostate gland.

PROVINCIAL HOSPITAL REPORTS.

NATIONAL HOSPITAL FOR SCROFULA, MARGATE.

CASES OF JOINT DISEASE, THE RESULT OF NEIGHBOURING NECROSIS, IN WHICH A SEQUESTRUM WAS REMOVED FROM THE AFFECTED JOINT, OR FROM A COMMUNICATING CAVITY.

(Under the care of Mr. KNIGHT TREVES.)

IN reference to the following cases, Mr. Treves observes that they serve to illustrate the value of time and patience in the conservative treatment of cases in which disease of the bones entering into the formation of a joint leads to involvement of the joint itself; and show that where the natural process of repair has so far advanced as to separate the sequestrum, it only remains for that to be removed in

order that the recovery may be spontaneously completed. On account of the youth of the patients, details could not be ascertained with much exactness, but the average period required for the separation of the sequestrum appeared to be eighteen months.

John G—, aged eleven, suffered from diseased knee-joint with necrosis of the lower end of the femur of the left leg, and necrosis of the lower end of the right tibia. According to his account, he was seized eleven months previously with rheumatic fever, which was followed by abscess about the knee-joint, and since then he suffered great pain and was unable to leave his bed. On admission he was in a very anæmic and exhausted state. There was considerable bony enlargement of the lower half of the left femur. The knee-joint on that side was swollen and inflamed, the skin red and traversed by enlarged veins, and there was great pain on every attempt to move it. A sinus on either side led to exposed bone in the lower end of the femur, and gave exit to a plentiful discharge of pus. The left leg was firmly contracted at the knee to less than a right angle. There was necrosis of the lower end of the right tibia, with openings leading to exposed bone. After five months' residence a great improvement had been effected in the condition of the patient. The limb had been gradually straightened by means of a back splint modified by Mr. Clouting, the resident surgeon, in such a manner as to prevent the tibia from becoming dislocated. Sequestra also had been removed from the right tibia, and the inflammatory condition of the knee had subsided. Mr. Treves then made an incision about two inches in length, somewhat below and on the inner side of the joint, and without much difficulty removed in three fragments a large sequestrum, which had become separated from the lower end of the shaft of the femur. It was between two and three inches long, and about one inch in diameter, and corresponded to the lower third of the shaft of the femur; passing downwards, it had been discharged through the condyles and the knee-joint. The limb was placed on a M'Intyre splint. In thirteen days the knee had recovered from the effects of the operation. In a fortnight more the deposit and enlargement about the joint had, to a great extent, been absorbed; the wound had nearly healed, and movement could be made without pain. The limb was placed in a leather splint, and the boy was allowed to get about on crutches. Three months later a small sinus remained open on the inner side of the joint, but there was no exposed bone in the femur, though a little could still be felt in the right tibia. The patient could bear weight on the limb, and the knee was reduced to nearly the natural size. The patient's health was quite re-established.

Charles S—, aged seven, was admitted with disease of the right knee-joint with a sinus in the popliteal space. Nothing more definite could be ascertained than that the limb had ailed something for twelve months. The boy was somewhat anæmic, the knee enlarged and painful on firm pressure, and the limb contracted to an acute angle. There was a sinus at the back of the joint leading to exposed bone. After rather less than nine months' residence, Mr. Treves removed, through an incision along the inner side of the tendon of the biceps, a sequestrum from the back of the outer condyle of the femur, at which point the cavity of the bone had been in communication with the joint. The leg was placed on a M'Intyre splint. In twenty-eight days the wound had entirely healed, a leather splint was applied, and the boy went about on crutches. Three months later the knee-joint had become very much smaller. It was entirely free from pain, and the boy was enabled to walk on it with comfort. He was then discharged.

Henry F—, aged ten, was admitted with disease of the left hip-joint. No history could be elicited. He was found to present considerable swelling of the joint, with pain on movement. There was a sinus on the front and outer side of the thigh leading to exposed bone in the joint. He was weak and ill. In eight months and a half he had so far improved that the joint would bear some amount of movement. The exposed bone could be felt to have become separated; and a sinus, which commenced on the outer side of the femoral artery, passed beneath that vessel to the inner side of the joint. This sinus was enlarged by an incision, and, with the aid of a pair of long narrow forceps, a small irregular sequestrum, about the size of a die, was re-

moved from the inner side of the joint. The wound healed shortly after the operation; and in about four months the boy was able to use the limb, and, being very greatly benefited in health, he was accordingly discharged.

Henry H—, aged seven, was admitted with disease of the left ankle-joint. No history could be obtained. He was pale and weak. The ankle was much swollen and very painful on movement, and sinuses on each side led to exposed bone. A metal back splint was applied. The ankle-joint, having been kept at perfect rest for more than seven months, became much quieter, and the general health improved. A piece of necrosed bone was found to have become detached; the opening on the outer side was enlarged, and through the joint a small sequestrum, which had separated from the lower end of the tibia towards its fibular side and which lay in contact with the joint, was removed. The wound had perfectly healed five weeks after the operation, and the child commenced gradually to use the foot. He was in good health and able to walk with ease rather more than four months after the operation.

WORCESTER GENERAL INFIRMARY.

TWO CASES OF OVARIOTOMY.

(Under the care of Mr. SHEPPARD.)

FOR the following notes we are indebted to Mr. Charles E. Hardyman, house-surgeon:—

Eliza D—, a stout, florid woman, aged fifty-four, married, was admitted for the thirteenth time suffering from ovarian disease. She first began to undergo abdominal enlargement four years ago, and, after an interval, four and a half gallons of fluid were drawn off. Afterwards she was tapped twelve times at irregular intervals, but latterly the reaccumulations had taken place very rapidly. The average quantity of fluid taken away on the last six occasions was sixty pints. She had had eight children. The catamenia appeared regularly; and, as she was in good general health, Mr. Sheppard decided to perform ovariectomy. There were considerable adhesions to the anterior abdominal wall and to the great omentum, but none to the intestines. The tumour consisted mainly of one large cyst, with several smaller ones. After it had been tapped, it readily turned out, and the pedicle, which was rather broad, was secured by two silk ligatures, which were cut short and left in the abdominal cavity. No hæmorrhage followed. The wound was brought together by deep and superficial silk sutures, and dressed with carbolie oiled lint. One grain of opium was passed into the rectum. The patient rallied well from the operation, and had no sickness. She required a suppository of opium for three nights, and the catheter at intervals for six days. After being fed with nourishing enemata for three days, she began to take food by the mouth. The sutures were all removed on the sixth day, and the wound rapidly healed, suppurating a little superficially. She made a rapid recovery without a bad symptom, and left the infirmary quite well at the end of two months.

Sarah H— was a small, delicate-looking girl of nineteen. She first noticed a swelling of the abdomen twelve months prior to admission. It first appeared on the right side, and latterly had increased rapidly. She was unable to lie down in bed on account of her breathing, but, though very thin, was in fair health. The catamenia appeared every fortnight. Not more than two pints of fluid could be withdrawn by paracentesis, and, after an interval of a few days, Mr. Sheppard decided to remove the tumour. This was found to consist of a considerable number of small cysts, and could not be turned out until a number of these had been tapped and the abdominal incision enlarged. There were no adhesions except to the omentum. The pedicle was secured by two silk sutures, which were cut short and left in the abdomen. No hæmorrhage followed the operation. The wound was dressed as in the foregoing case, and the same quantity of opium was introduced into the rectum. No vomiting ensued; suppositories were employed for two nights, and the catheter was passed from time to time for three days. Nourishing enemata were administered for two days, and then food was given by the mouth. The wound was dressed on the fourth day, and some of the sutures were removed; the remainder were

taken away on the seventh day. The wound was suppurating a little at the time. The patient suffered no pain from the first, and having made a rapid recovery, in the course of which she gained flesh, she left the hospital a month after the operation.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 6TH, 1871.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

Dr. LICHTENBERG communicated two cases of Rhinoplastic operations. Mrs. K—, the first of the two patients, had been for some time under the treatment of Mr. Bäumlér, at the German Hospital, as an out-patient for tertiary ulceration of the nose, and, being discharged cured, was sent to him for surgical improvement. On examination he found that the septum, the entire left ala, and also almost the entire right ala were destroyed. She was admitted into the Tottenham Training Hospital, and operated upon on 23rd March, 1871. He took two flaps from the forehead, but unfortunately he was under the impression that he could not obtain a sufficiently large flap without encroaching considerably on the scalp, and he merely formed the two alæ with the intention of providing the septum from the upper lip at a future time; but he found that the nostrils, or rather the nostril, contracted to such a degree that he did not consider it warrantable to produce a new deformity with the doubtful prospect of a tolerably good septum. The second case came under his treatment in the Tottenham Hospital, and was useful in showing what large doses of iodide of potassium could do when given in these particular cases. The patient had been at different hospitals without deriving any benefit, but directly this remedy in large doses was given the improvement was well marked, and the ulceration rapidly healed. He waited some months to see whether the disease was thoroughly subdued, and operated on the 6th April, 1871. The whole nose, with the exception of some rudiments of nasal bones, was destroyed, as was shown by a drawing made before the operation. He therefore had to form a very large flap from the forehead, but the skin contracted more than he anticipated, and he thought that in these cases the flap can scarcely ever be too large provided it can be made with safety to the patient, and without creating a larger deformity in order to improve a smaller.

Mr. FRANCIS MASON remarked upon the interest of the cases; none could help admiring them. When the pedicle was taken from the centre of the nose, the supply of vessels was scanty. Was the flap applied to a raw surface or to an ulcerating one? In a case at the Westminster Hospital he had made three small flaps, one above the aperture and the others from each side of the aperture, turned these over the opening, and laid the flap forming the nose, and taken from the forehead, over them. After his discharge some slight ulceration had taken place at the tip of the nose. Now the nose was broader, and not so symmetrical as those shown.

Mr. W. Adams, Mr. Davy, and Mr. de Méric also joined in the discussion.

Dr. LICHTENBERG, in reply, said that he had made this as a casual communication, and not as a paper, and therefore it was as short as possible.

The PRESIDENT, in thanking Dr. Lichtenberg, said his was a model communication, being short, practical, and well illustrated, both by the drawing and, above all, by such excellent living specimens.

Mr. THOMAS BOND then read a paper "On Urethral Rheumatism," a full abstract of which will appear in our columns. His deduction was that urethral rheumatism is a slow form of pyæmic poisoning, due to the local disease of the urethra, and that when the discharge is thoroughly and permanently stopped, the rheumatism may soon be cured, and has no tendency to return, except by access of a fresh urethral discharge.

An animated discussion took place, in which Mr. Adams, Mr. Brudenell Carter, Mr. de Méric, Mr. Davy, and Dr. Carpenter took part.