A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

ST. BARTHOLOMEW'S HOSPITAL.

*Tumour formed by the Capsule of an Uncut permanent Tooth.
Operation. Recovery.*

(Under the care of Mr. WORMALD.)

TUMOURS of the lower jaw are frequently met with in practice, and their nature is generally pretty easily determined. It seems that the important point is, to distinguish malignant from benign growths; and when the tumour has been found to belong to the second of these classes, it will very frequently come under the head of the various forms of exostosis. Still it may happen that a bony growth presents many of the characters of the exostosis which takes its rise from the cancellated portion of the bone, and yet be subsequently found to have originated in an inflammatory enlargement of a structure imbedded in the bone, but not continuous with it. An expansion of this description was lately noticed in a patient of Mr. Wormald, where a tumour of the lower jaw was discovered to have been formed by the gradual distention of the capsule of a permanent tooth, before its eruption from the gum. A blow upon the jaw had been the cause of this abnormal growth. The history of the case is as follows:—

The patient, a healthy-looking boy, of dark complexion, about fourteen years of age, applied to Mr. Wormald, with a swelling situated in the body of the lower maxilla, extending from near the symphysis to the anterior margin of the masseter muscle on the right side. The external prominence was about the size of a walnut, but somewhat smaller within the mouth. The skin was not discoloured; the tumour, hard to the touch, painless on pressure either within or without the mouth, and immovable; it did not interfere with mastication or phonation.

The boy, being questioned as to the cause of this abnormal growth, gave the following account:—About five months before he applied to the hospital, whilst playing, one of his companions took up a stone, about the size of a small apple, and clenching it in his hand, struck the patient on the right side of the lower jaw with considerable violence. The gum bled profusely, left the skin of a dark colour, and the part considerably swelled. The hæmorrhage continued for some time, but ceased without surgical aid. In a few days the discoloration and pain disappeared, but the tumefaction persisted, and went on slowly increasing until the patient presented himself at the hospital.

Mr. Wormald, and other gentlemen, after carefully examining the tumour, came to the conclusion that the jaw was affected with exostosis, and as removal of the exuberant bony growth was the most advisable course, the boy was admitted, and brought into the operating theatre on the 24th of May, 1850.

Chloroform having been administered, Mr. Wormald made a semilunar incision along the body of the lower maxilla, on the right side, the concavity of which looked upwards; one cornu being situated at the anterior edge of the masseter muscle, and the other dividing the lip a little in front of the commissure. The flap thus designed was carefully raised, and a bony tumour brought into view, which was then removed with a fine narrow saw, kept parallel and close to the jaw. This having been done, the disease was found to consist of an expansion of the substance of the lower maxilla, resulting from the thickened and distended state of the capsule of the second uncut bicuspid tooth, which was seen at the bottom of the cavity. Mr. Wormald therefore divided the capsule around the tooth, and extracted the latter; the operation being completed, the edges of the wound were brought together by adhesive plaster, and the patient was removed to the ward in a very favourable condition, with every likelihood that the divided parts would heal by first intention.

This expectation was not disappointed; cicatrization has proceeded very rapidly; no unpleasant symptoms have arisen; and now, about twenty-six days after the operation, the patient is on the eve of being discharged, the wound being quite closed.

Mr. Stanley, in his work on the "Diseases of Bones," mentions a case analogous in some points to the preceding. Here the abnormal growth, situated in the lower jaw, was cystic in its nature, and attached to the *outside* of the lower maxilla. (Plate 18, fig. 2.) The cyst was lined with a thick soft membrane; and the cuspidatus tooth of the second set was found lying across the cyst, with its fang attached to the lining membrane by a very soft vascular tissue. This cyst, found in a man twenty-three years of age, had been three years in progress when it was removed, and was filled with glairy fluid. One half of the cyst was formed by a thin osseous shell, its other half by the walls of the lower jaw. The latter was sound, and the tumour formed wholly by the cyst attached to the outside of the bone. Mr. Stanley adds: "The cuspidatus tooth, in its unnatural situation, is to be regarded as the source of irritation which had given rise to the production of the osseous cyst inclosing the tooth."

ST. GEORGE'S HOSPITAL.

Retention of Urine.

(Under the care of Mr. TATUM.)

Various means of relief are at the surgeon's command in cases of retention of urine; among these puncturing the bladder where no catheter can be passed must frequently be resorted to; and the nicety of the discrimination seems to consist in determining how long the attempts at passing catheters may be kept up, and how far opium and warm baths may be carried. Among our hospital surgeons, there are some who hold that extreme measures are *never* necessary, and that the judicious administration of opium, rest, and slight depletion, will always succeed in conquering the obstacle. Though we are not aware that Mr. Tatum holds exclusive opinions on this subject, we are happy to bring forward the following case, which will very satisfactorily illustrate what management, patience, opium, and warm baths can effect.

A strong-built, healthy-looking policeman, of dark complexion, was admitted, under the care of Mr. Tatum, on the 23rd of April, 1850, with very distressing symptoms of retention of urine. The only particulars that could be gathered from him were, that he had had gonorrhœa twice; two years had elapsed since he was cured of the last attack, and six months after that event he had begun to experience the inconvenience of stricture. These symptoms were, however, removed by the use of bougies, and the urethra regained its former calibre. Since that time, however, (this circumstance showing well how strictured portions of the urethra will again and again retract after dilatation,) he had had two severe attacks of retention, one of which was overcome by opium and the warm bath, and the other by the introduction of an instrument. The day before admission, after being on duty all night, the patient had again obstinate retention; the surgeon to the police force tried to pass a catheter, but failed, both before and after the warm bath.

Under these circumstances, the man was admitted into the hospital complaining of very severe pain; he was covered with profuse perspiration; the countenance was anxious; the pulse small and frequent; the skin hot; the breath and perspired fluid emitted a urinous smell, and the hypogastric region was very tense and rather tender.

The house-surgeon tried to pass a small silver catheter without success, and the urethra bled a little. The patient was immediately put into a warm bath, a soothing enema was soon afterwards administered to him, and the catheter tried again, but to no effect. Forty minims of tincture of opium were next given, and the warm bath repeated.

Mr. Tatum saw the patient about four hours after admission, and now tried to pass a flexible catheter; this having failed, it was replaced by a silver one of the same size, which Mr. Tatum succeeded, after a patient and cautious manipulation, to pass into the bladder. About a pint and a half of urine was drawn off and the catheter left in the bladder, the house-surgeon being desired to complete the evacuation of the bladder in about an hour's time. The catheter was plugged and tied in the usual manner, and appeared to be quite secure, but the patient, now much relieved, having dropped off to sleep, the instrument slipped out of the bladder (or the patient drew it out) and towards night it was found impossible to re-introduce it, though the poor man suffered great pain from retention.

He was now ordered a saline draught, with ten minims of tincture of opium every sixth hour, but in spite of a large dose of laudanum, and a warm bath during the night, no water

had been passed up to seven o'clock A.M., the next day, when the patient presented the following symptoms:—Great pain, testicles violently drawn up; penis semi-erect; profuse perspiration, with a urinous smell; stinging pain about the perinæum, and in the loins. At this time, the spasm partly relaxed, and the urine began to flow guttatim, and by the middle of the day, about a pint and a half was thus voided; the testicles resumed their natural state, but the bladder remained considerably distended; the tongue dry; the skin hot, &c. Mr. Tatum now tried to pass a silver catheter, a little hæmorrhage ensued, but the instrument could not reach the bladder. The patient was then prescribed five grains of calomel, to be followed by a purgative draught, and eight leeches were applied to the perinæum. The leeches abstracted a proper amount of blood, and the patient was then again placed in the warm bath, during which time a few drops of urine came away, but the appearance of the man was anxious and depressed; the pain in the region of the bladder and urethra agonizing; and the moment had come when puncturing the distended receptacle might fairly be proposed. Mr. Tatum gave, however, one more trial to opium and the warm bath; and at ten o'clock, the second day after admission, the urine passed a little more freely in the bath. After this, the symptoms became again as obstinate as before; another forty minims of laudanum and a warm hip-bath were resorted to, and Mr. Tatum at length succeeded in passing a small silver catheter into the bladder. About one pint and a quarter of urine was drawn off, the catheter plugged, and well secured in the urethra by means of tape, and orders left for the remaining portion of urine to be evacuated in about two hours.

The patient felt greatly relieved, and slept very well that night, though a little pain was experienced at the extremity of the glans, whilst the urine was being drawn off. Three days after Mr. Tatum had succeeded in passing a catheter, the patient, who had had several doses of laudanum, and warm baths, during the interval, began, when the instrument was removed, to pass his water in a small stream; and for the next thirteen days the stream became gradually larger, as a rising scale of catheters, up to No. 7, were successively introduced. Twenty-two days after admission the patient was discharged, passing his urine with ease, though the stricture still grasped No. 7, and he was desired to come to the hospital once or twice a week, to have the urethra dilated.

Now from what occurs commonly in these cases, it is but too apparent, that in spite of the skill and patience with which the treatment was here conducted, a recurrence of the same symptoms, upon the slightest irregularity, is extremely likely to happen; and such cases show, in a remarkable manner, how temporary is the benefit which is obtained by dilatation; the contractile nature of the stricture always tends to re-establish the coarctation of the canal, and we are thus involuntarily driven to look for means of permanent cure. It should likewise be noticed, that the men employed in the police force, by being very often exposed to cold and wet during the night, are more obnoxious than any other class of individuals to attacks of this nature; and it would almost seem proper to adopt a peculiar line of therapeutics with those very useful members of the community. They should be warned by their medical attendants, and prophylactic measures enforced among them.

GUY'S HOSPITAL.

Stone in the Bladder in a little Girl.

(Under the care of Mr. HILTON.)

Calculi in the female bladder are very easily voided per urethram, so that surgeons are but seldom called upon to perform lithotomy upon female patients. Still stone in the bladder may occasion so much pain and distress, that even with females it may be proper to devise means of getting rid of the foreign body, and the large size and dilatibility of the urethra offer a ready means for the introduction of instruments, and the final removal of the stone. Those who were much struck by the large-sized calculi, which, according to authentic record, have been spontaneously expelled from the female bladder, were of course inclined to advise that these concretions should never be meddled with, and that they would in time find their way outwards through the urethra. But this rule cannot strictly be adhered to, as the symptoms are sometimes so distressing, that the remedial means are imperatively called for.

Such an instance has lately been afforded by a patient of Mr. Hilton, where it was found necessary to have recourse to the removal of the stone. We proceed to give a sketch of

the case, based upon the indications furnished by Mr. Morgan, the dresser.

The patient, admitted February 6, 1850, is a little girl, only three years of age, of light complexion, and her mother states that her child always enjoyed excellent health till within the last eighteen months, when she first complained of pain, had evident difficulty in passing urine, and occasionally voided a little blood. Her general health, however, did not materially suffer till within the last two months, when she was attacked by fever; she then lost flesh and strength, which she has not since regained. The symptoms of stone meanwhile increased, and the child now began to suffer from occasional prolapse of the rectum.

On admission, the little patient looked very delicate and emaciated, and presented the usual symptoms of stone—viz., irritability of the bladder, inability to hold the water, &c. The general health is much impaired, the appetite bad, tongue foul, pulse feeble, and bowels irregular. The urine yielded an alkaline reaction, and, on being exposed to heat, deposited phosphatic salts.

Mr. Hilton now proceeded to sound the child, and a stone, apparently of some size, was felt without the least difficulty. A powder, composed of small doses of calomel and rhubarb, was ordered, to be followed by five minims of tincture of henbane, with ten drops of liquor potassæ, in linseed infusion, three times a day. Mr. Hilton likewise desired the dresser to begin dilating the child's urethra, and to continue to do so by very slow gradations.

In about a fortnight, the urethra was capacious enough to admit No. 12 sound, this slow dilatation having been effected by means of the dressing forceps. About five days after this, Mr. Hilton, anxious to crush the calculus, introduced the lithotrite into the bladder, which had previously been injected with about three ounces of tepid water. Mr. Hilton's endeavours to get the stone between the teeth of the instrument were, however, fruitless, and as the urine was escaping by the side of the lithotrite, he thought it prudent not to persist, in order to avoid inflammation and irritation of the bladder. The child was then put into a warm bath, fomentations were applied over the pubis, and a drachm of syrup of poppies was administered. The dilatation was meanwhile ordered to be continued by means of the dressing forceps and sponge tent.

About thirteen days after this trial, the urethra was found sufficiently dilated to allow the passage of the little finger into the bladder; Mr. Hilton then endeavoured to crush the stone with an instrument, which he had had constructed for the purpose by Mr. Bigg. It consists of a steel tube, about a quarter of an inch in diameter, which may be partially drawn within a handle by means of a pinion. When this lithotrite is introduced in the bladder, the act of withdrawal opens the serrated blades at the opposite extremity, and these may easily be made to seize the stone, and by means of the pinion crush it. The amount of approximation of the blades is read on the handle, and the instrument may be adjusted even to the tenth of an inch. Mr. Hilton did not, however, succeed in seizing the stone, and finding that lithotrity must now no longer be thought of, he secured the calculus with small lithotomy forceps, and removed it through the urethra. Mr. Hilton, at the same time, enlarged that canal by means of a straight, probe-pointed bistoury, which was made to cut first directly upwards, and secondly downwards, slightly towards the patient's left side, dividing the inner wall of the urethra, this division not extending into the vagina. The child was put to bed, and soon afterwards transferred to a warm bath, which was followed by fomentations over the pubis, and the administration of one drachm of syrup of poppies.

For the next twenty days the child had not a bad symptom; she progressed very favourably, and was discharged in somewhat less than three months after admission. The wound in the urethra had healed up perfectly; the patient regained the power of retaining her urine, and did not suffer from incontinence, as sometimes happens after operations of this nature. The child was seen a few days ago by the dresser, who ascertained that the patient is perfectly well, both as regards general health and the capability of retaining her urine. This result is, however, consonant with Klein's opinion, as quoted by Samuel Cooper, who says, that incontinence of urine follows the use of the knife much less frequently than mere dilatation, and Scarpa held likewise, that incontinence almost always followed mere dilatation. The great difficulty experienced by Mr. Hilton in seizing the stone seemed to depend on the contracted state of the bladder, which organ could not be kept distended, owing to the shortness and width of the urethra. The patient was constantly kept in the recumbent posture, in order to take