

evidence from Dr. Gregory himself, of course, at once conclusively disposes of the change of type theory, depriving it of any basis whereon to rest, and showing by facts recorded at the time that the type of disease then was precisely the same as it is now.

The point to which I wish at present chiefly to direct your attention, however, is the extent to which *ex cathedra* statements made by men—of high reputation no doubt, but yet speaking only from memory—have been suffered to guide the opinions of the medical world, to the utter exclusion of any actual inquiry into the facts of the case, which alone were capable of affording a correct reply to the question at issue. Let us hope that these days are for ever gone by, and that inquiry shall now be permitted to take the place of assertion. For myself I can truly say that I look for no better, could not possibly desire any more hopeful result, than that the views which I shall have occasion to unfold to you here shall be made the basis of more extended and more fruitful inquiries; inquiries which, though they may never result in the attainment of absolute truth—for man was never constituted for that,—shall yet place the truths we know upon a firm and indestructible basis. For, gentlemen, I have great faith in physic, and I believe a new era is dawning on medicine, in which, if we shall not pretend to the possession of many nostrums, specifics, or infallible modes of cure, we shall at all events be able to do much good at little risk by a careful attention to those laws upon which life—and disease as one of its phases—depends. I need scarcely add, though I ought certainly to warn you, that such a mode of practice, however safe for the patient, is productive of but little credit to the physician, who is no longer able to exhibit to his wondering admirers the *materies morbi* in platefuls of blood, bucketfuls of saliva, or in the contents of a close stool, and who will find it impossible to persuade a patient that he has been in any danger when he finds how comfortably and how rapidly he has been cured. Between such a mode of practice and that of perturbative art there is the same difference as there is between the conduct of a man who tears down the curtains and crushes out the smouldering spark, and he who, in similar circumstances, throws up the window and hawls “Fire!” The house was in equal danger in both cases, but all the neighbours see it in the one case, where the very means employed increase it, while in the other it is never heard of, and no one knows of the danger save its intrepid annihilator. Let such be your case. Remember that life and death are, under God, in your hands; and seek for your reward, not in an ill-gotten notoriety, but in the approval of your own conscience. In the pleasure always to be felt in the skilful and scientific exercise of a profession, especially of one so noble as Medicine, be assured that sooner or later your talents shall meet with that recognition they deserve, and thus, even if you will take no higher ground, be content, with the heathen Iapis, “*Mutas agitare inglorius artes.*”

ON A

CASE OF HYDATID CYST, DEVELOPED IN THE PELVIS, CAUSING RETENTION OF URINE AND CONSTIPATION.

SUCCESSFUL REMOVAL OF UPWARDS OF THREE QUARTS OF HYDATIDS.

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ON the evening of November 5th, 1865, I was asked to see J. L.—, aged fifty, by Messrs. Haslop and De'ath, of Buckingham, for retention of urine of four days' standing, when the following history of the case was obtained:—He was a single man, of steady habits and good constitution, never having suffered from any illness till 1851, when, from an inability to pass his urine for many hours, he was troubled with retention. Being in London at the time, he applied to an hospital surgeon, who made many attempts to pass a catheter, but without success. This retention lasted for one week, many futile attempts being made with the catheter by many men, when the bladder suddenly resumed its function, and several pints of urine were naturally voided. He suffered no further inconvenience from this attack for seven years, his urine passing during this period in a good stream and without

trouble, when he had a second. This second attack came on with no other known cause than a longer retention of urine than he usually allowed; it was attended with the same difficulty in catheterism as the former, and terminated in a like satisfactory manner, the bladder at the end of the week again acting and expelling its contents. He recovered rapidly from the effects of this retention, and found no subsequent difficulty in micturition; but, thinking these attacks were due to stricture, he was induced to seek the advice of a London surgeon, who readily passed an instrument into his bladder, and sent him home saying he had nothing wrong. Many years passed on without his experiencing any great difficulty in the passage of his urine, although it was subsequently found out from him “that he had never passed more than two tablespoonfuls of urine at a time for a great many months, and that he often felt as though the lower part of his bowels were paralysed.” But it was not till Nov. 1st that he again felt it, the present seizure being again apparently induced by the compulsory retention of urine during a long railway journey. It must be added that for several years he had suffered from constipation, for which violent medicines had been required. On Nov. 1st this retention had commenced, and on the noon of that day he sought the advice of Mr. De'ath. Catheterism was attempted, and completely failed. Subsequent attempts were also made by Mr. Haslop and another practitioner, up to the evening of Nov. 5th. It was asserted, however, that some little urine had been drawn off, this urine being quite *pale* and *clear*. Violent medicines had also been given, to produce some action of the bowels, with opium and warm baths. There had been but little constitutional disturbance and spasm of the bladder, the patient thinking less of his retention than of his constipation.

When I saw him at nine P.M. of Nov. 5th, I found him in bed in a tolerably quiet state. He was not suffering much pain, only inconvenience; his skin was moist and cool, tongue natural, and pulse of good power and normal frequency; he had passed only a few drops of urine for five days, and his bowels had been confined for as long a period. On examining his abdomen, it was found to be very tense, from the presence of a cystic tumour, which evidently arose from the pelvis, and reached nearly to the scrobiculus cordis. This tumour was smooth in its outline, and clearly fluctuating; it was very hard. On the *right* side it projected oddly forward, and on the *left* it passed up higher in the abdomen than on the right. The external aspect of the tumour at once led me to suspect that there was something more than distended bladder giving rise to the symptoms, and the history of the case went to support this opinion; for the previous attacks of retention of urine were unlike those usually met with as a result of the ordinary urethral and bladder diseases, and suggested the presence of some unusual condition. On examining the pelvis through the rectum, it was found to be completely blocked up, a tense, hard swelling occupying the whole cavity, upon which it was perfectly impossible to make the slightest impression. I attempted to pass a catheter, and, as I expected, failed, the end of the instrument turning readily towards the left side; neither large nor small, silver nor elastic instruments proved of any use, and it was subsequently determined to puncture the bladder through the rectum. It was observed that a somewhat forcible passage of the instrument in the direction of the bladder drew off a teaspoonful of a clear fluid. The instruments required for this operation not being at hand, many hours were unfortunately lost; but at eight A.M. on Nov. 6th they were procured.

On visiting him at this hour, a marked change had taken place. It seemed that at about three A.M. vomiting had set in with some severity, a quantity of bilious fetid stuff having been thrown up; but this vomiting was believed to have been due to the powerful purgatives which he had taken, croton oil being amongst them. It had not, however, recurred for several hours. His face was anxious; eyes hollow; voice feeble; pulse low. The abdominal tumour had not much altered in shape, but the projection on the right side of the abdomen appeared to be less marked. The man was brought to the edge of the bed, and the legs flexed as in lithotomy. Messrs. Haslop and De'ath kindly rendered every assistance. The puncture was made with a trocar and canula through the rectum in the presumed direction of the bladder; but nothing came. A second puncture was then made backwards towards the sacrum, as it was deemed probable that the tumour had pressed the bladder backwards; but with no better success: a little *clear fluid*, however, was drawn off, with *fine membrane*. A third puncture was then made forwards, with a similar result; and under these circumstances it was at once determined to

cut down on the pelvic tumour through the perineum. In doing so, the incision was at first guided by the introduction of a catheter into the urethra, and, having opened this canal, incisions were made, guided by the index-finger of the left hand, backwards towards the tense tumour, which was felt deeply seated. This was then punctured with the trocar and canula, and its contents were at once recognised as being hydatid. Knowing that a free outlet would be required for the escape of such a quantity as the cyst evidently contained, I at once laid open the perineum backwards into the rectum, thus leaving one deep wound bounded by the urethra at its upper border, the posterior surface of the bowel at its posterior, and the cyst at its base. With a bistoury I then made a free incision into the hydatid cyst, and, by means of my finger, forceps, and spoon, evacuated upwards of three quarts of hydatid cysts. Some were firm and globular; many were broken; whilst others had evidently been dead for some time. The cavity occupied by the cyst was then well washed out.

My attention was next directed to the condition of the bladder, which could be distinctly felt through the abdominal walls as a large cyst in the left iliac fossa; and it was remarked that the large abdominal tumour had disappeared, and that the intestines had probably floated over its site, as indicated by resonance. From the perineal wound, however, the bladder could not be detected. Some little time was expended in an attempt to introduce a catheter through the urethra, but without success, and consequently other means had to be employed. With the assistance of Mr. Haslop, who placed his hands firmly upon the bladder over the abdomen, the distended viscus was pressed somewhat downwards, and with a firm upward simultaneous pressure of the hand, with the finger introduced through the perineal wound, the distended bladder could be clearly felt, having been pushed completely out of its natural situation into the left iliac fossa. The prostate gland could not be clearly made out. The bladder was then punctured with the trocar and canula, and upwards of a quart of dark-coloured urine drawn off. An elastic catheter was then passed through the canula into the bladder, to avoid the chance of the latter becoming displaced, and both were fastened in.

The patient expressed himself as being at once relieved. Warm brandy-and-water had been freely given during this tedious operation, for chloroform was refused; and before we left the house the patient appeared to be very comfortable. Directions were left that he should be well supported by good food and stimulants, and that the hydatid-cyst cavity should be washed out twice daily, a weak solution of the hyposulphite of soda being employed.

It must be added that this patient went on well for three days, when his powers began to fail, and on the seventh day he died. After death it was found that he had diseased kidneys.

Remarks.—The first point which strikes the attention on reading the history of this case is the peculiar character of the first two attacks of retention of urine: both came on after a more prolonged urinary retention than the patient usually allowed; in both skilled surgeons failed to afford relief by means of the catheter; and in either instance the bladder resumed its functions and the urethra its patency without assistance. The stream of urine before each attack, and after, was of a normal nature, and it is to be remembered that after the second the urethra was carefully examined and declared to be sound. Under such circumstances, it was somewhat difficult to explain the cause of the retention, although, from the subsequent history of the case, it is now tolerably clear that it was produced by the presence of the hydatid cyst. But in what way could such a retention be brought about? I would venture to suggest the following explanation as the most probable. It is tolerably clear that the hydatid cyst had pushed the bladder well up into the left iliac fossa, elevating the whole viscus and prostate from the pelvis, and thus stretching the urethra, and displacing it completely to the left side. It is also clear that for many years the bladder had never been, as a rule, well filled, and for many months it had never held more than an ounce of urine. Under such circumstances it seems probable that in the expansion of the bladder, so placed against the bone in the iliac fossa, the urethra would be bent sideways at an angle towards the centre, and thus a retention would be produced. The natural relief also seems capable of a somewhat similar explanation; for let the distended bladder become still further distended, the pressure upon it from the cyst would be comparatively greater, and, as a result, the bladder would be pressed still further upwards, and the urethra again made straight by stretching; the natural channel would thus be again reopened, and relief secured.

Respecting the present seizure, it is to be noticed that it had been induced by the same cause as had brought on the two former—compulsory retention,—and that the passage of a catheter into the bladder was likewise impossible. It was accompanied neither with any great constitutional disturbance, nor with much local distress, although it was tolerably clear that both the retention of urine and constipation were produced by the same cause, mechanical obstruction. The peculiar aspect of the abdominal tumour, its prominent projection on one side, and its unequal enlargement, were points of striking interest, and appeared to indicate the presence of something more than an enlarged bladder; although a distended bladder is not always symmetrical, and the history of the case went to prove that there had been a gradual encroachment of a pelvic tumour upon the organ. This opinion was also strengthened by the statement of the patient, which was extracted from him during his treatment, that he had never passed more than two tablespoonfuls of urine at one time for a great many months, and had often felt as though the lower part of the bowel was paralysed.

In the treatment of the case there is nothing worthy of special comment; it was suggested by the necessities of the occasion. The diagnosis of a pelvic and abdominal tumour having been made, it was deemed the wisest course to open it through the perineum; for the true position of the bladder was most uncertain, although the passage of a catheter down the urethra appeared to indicate that the bladder had been pushed up into the left iliac fossa; there was, however, no certainty in that conclusion, and even if such a fact could have been made out, it is questionable whether another form of practice would have been preferable. There was not much difficulty in finding the cyst through the perineum, nor any in emptying it when once opened, a free outlet having been made for the escape of its contents—a point of practice which appeared to be a necessity. The difficulty in finding the bladder through the perineal wound was very great, but, when this was surmounted, the propriety of puncturing it could not have been doubted. The immediate relief to the patient was very marked.

Finsbury-square, Nov. 1865.

REPORT OF A CASE OF

EXCISION OF HIP-JOINT; RECOVERY WITH USEFUL LIMB.

WITH REMARKS ON ACUTE RHEUMATISM AND ON ACUPRESSURE.

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A SUCCESSFUL excision of the hip-joint has been so rarely, if ever, accomplished in Scotland, that I trust the following case may not be uninteresting to the numerous readers of THE LANCET.

I shall first give a rough outline of the history of the case from the commencement of the disease up to the time of operation, then describe the operation itself and the after-treatment.

James M—, aged seventeen, in humble circumstances and of strumous habit, two years ago suffered from a pain in his left hip, which he likened to “rheumatic pain.” He thought lightly of this till, in the course of a month, the pain increased so much that he was unable to walk to his work, and he sought admission to the Royal Infirmary. After a week’s rest in bed he felt so thoroughly recovered that he was dismissed to resume his work. In a fortnight afterwards, however, pain in the hip returned with increased severity. He was obliged to leave off work again, and seek parochial relief, and was accordingly admitted to this hospital. In spite of rest, the long splint, good diet, and cod-liver oil, suppuration took place. The matter pointed on the outer aspect of the hip, opposite the root of the great trochanter. Free vent was given to the pus, and poultices were applied, with a continuance of rest, to the affected joint, the limbs being now tied to a pillow placed longitudinally between them. The discharge having gone on for many months, while the patient was supported on wine, porter, and good diet, it gradually dried up, the skin cicatrized, and the patient began to improve.

The case went on well for a considerable time, whilst the limb was kept at rest with a view to ankylosis. Reason-