

the vesicles, the œdematous swelling, and the slight pain in proportion to the local signs, that there was no doubt of the disease being anthrax.

Dukinfield.

#### AN INTERESTING CASE OF AMENORRHOEA.

BY WILFRID J. H. HEPPWORTH, L.S.A.

I WAS consulted some months ago by a woman who was desirous of ascertaining whether she was pregnant or not. She was 23 years of age and had two children, the youngest being four months old. Her reason for thinking herself pregnant was that she had only once menstruated since her infant was born, and that was six weeks after the birth. On the other hand, she thought herself unlikely to be pregnant, for she had not experienced any of the sensations that she had noticed in her previous pregnancies, such as painful breasts, morning sickness, &c. Menstruation commenced at 12 years of age; there was then a period of six months' amenorrhœa and then regularity up to her marriage. Both labours were natural, but she did not nurse either child. She was preparing to pay a visit to the country when she consulted me and I advised her to come to see me again in six weeks' time (i.e., when she returned home), as I could not find any physiological or pathological reason for the amenorrhœa. According to promise she came to see me at the expiration of the six weeks, but it was to inform me that menstruation had returned two days after her leaving town and again a month later. Three months after this she again came to me with the same story of amenorrhœa as described above. She had been in London three months and had not once menstruated, though her periods had been regular whilst she was away. I recommended her to try another change of air. She did so and she was once more restored to regularity. She now leaves London for a couple of days each month when she at once becomes "unwell," though this is not the case if she remains in town. I have recommended her if possible to take up her abode in the district in which she resided previously to her marriage.

Old Basford, Nottingham.

#### SURGICAL EMPHYSEMA OF THE EYELIDS.

BY CHARLES LEO BIRMINGHAM, M.D. R.U.I.

ON Oct. 13th, 1900, a patient of mine who was walking along a public road and carrying an open umbrella for protection from the rain had his umbrella suddenly blown against his face. One of the ends of a rib of the umbrella struck the right eye close to the caruncula lacrymalis. This caused a slight wound which did not bleed. There was no pain and my patient continued his walk. About three hours later he had returned to his dwelling and was sitting in an armchair removing his boots when he paused to blow his nose. Immediately his eye was closed with an inflated swelling of both the lids. I was summoned in great haste and arrived about 15 minutes after the onset of the swelling when I found that the enlargement of the lids was so great that not even the eyelashes could be seen. Gentle pressure on the lids gave rise to a "crackling" sensation. On hearing of the injury I at once diagnosed surgical emphysema of the eyelids. Without delay I began to apply gentle, slow, continuous pressure, using pads of lint soaked in boric acid solution beneath my finger ends. Within an hour I had the eyelids emptied of air. I left a pad of lint on the eye firmly fixed with a bandage. Recovery was subsequently uninterrupted and the patient is now able to blow his nose again. There was slight epistaxis on the third day after the injury. My explanation of the occurrence of the emphysema is that the lacrymal apparatus was ruptured at the junction of the canaliculi and the sac. None of the books on surgery which I have been able to consult records any case of injury such as I have described.

Westport, Co. Mayo.

## 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.

### SOUTH DEVON AND EAST CORNWALL HOSPITAL.

A CASE OF SARCOMA OF THE SIXTH RIB IN THE REMOVAL OF WHICH THE PERICARDIAL AND LEFT PLEURAL CAVITIES WERE OPENED; RECOVERY.

(Under the care of Mr. C. WHIPPLE and Dr. H. W. WEBBER.)

THE frequency of the occurrence of malignant disease of the rib is small, and especially rare is primary malignant disease in this situation. It is generally necessary in attempts to remove the growth in such cases to open the adjacent pleura, or in exceptional cases the pericardium also may be involved in the course of the operation,<sup>1</sup> as in the case reported below.

A man, aged 46 years, a farm labourer, was admitted into the South Devon and East Cornwall Hospital on Sept. 18th, 1900, for a tumour in the left side. The history given was that three months previously a small pimple formed over the position of the swelling; this broke and discharged matter owing (according to the patient) to the friction of his braces. A bump had appeared in the situation of the pimple which had gradually grown larger and caused him considerable pain. On admission he was seen to be a rather sparely-built man; he had formerly served in the army in India and while there had suffered from "fever and blood poisoning." Over the sixth rib, just external to the apex beat of the heart, was a tumour of the size and shape of a hen's egg with its long axis in the course of the rib; it was firm at the periphery, soft and semi fluctuating in the centre, firmly adherent to the rib, but not appreciably involving the skin. The skin over the tumour and for a little distance around it was marked with dilated veins.

On Sept. 23rd, under chloroform, an incision five inches in length was made over the tumour in its long axis and the skin and subcutaneous fat were dissected off it. The rib was then cleared at points half an inch beyond the limits of the tumour and the bone with the tumour between these points was excised. In doing this the cavities of the left pleura and of the pericardium were freely opened, and the result was a hole some three inches by one inch, into which the apex of the heart bulged at each beat, and at the bottom of which the left lung collapsed (by the air admitted) could be seen lying. The screw-like mechanism of the heart in systolic contraction was well seen. The wound having been swabbed dry was closed by several interrupted fishing-gut sutures through the skin and the subcutaneous tissue. Dressings of sterilised gauze and wood-wool were applied. In the evening the patient's temperature had risen from 98·2° F. in the morning to 101·6°; he was unable to lie down and was evidently developing an attack of bronchitis. The dressings required packing with wood-wool, as much blood-stained serum had oozed through. On Sept. 24th dyspnoea and orthopnoea were marked with frothy mucoid expectoration and inspiratory rhonchi. The pulse was 100 per minute and the respirations were 32, the temperature having fallen to 99°. In the evening the temperature rose to 102·4° and the dressings, which were soaked with blood-stained serum, were changed. On the 25th the morning temperature was 100·2° and the respirations were 36; dyspnoea and expectoration from bronchitis were rather troublesome. On the 26th the temperature in the morning was 99° and in the evening 99·6°; the respirations were 28 per minute. The dressings were changed again. On the 28th the evening temperature was 101°; the respirations were 28. On changing the dressings

<sup>1</sup> Quenu et Longuet: Les Tumeurs du Squelette Thoracique, *Revue de Chirurgie*, 1898, p. 365.

the edges of the wound were found to be somewhat red, so every other stitch was removed. A little slightly blood-tinged serum escaped with each forced expiration from between the stitches, evidently from the serous cavities. Hot boric fomentations were ordered every two hours to the wound. On the 29th the wound was cleaner and more healthy-looking, so dry dressings were re-applied. The morning temperature was 98° and the evening temperature was 99°; the respirations were 24 per minute. The bronchial attack was subsiding and the dyspnoea and expectoration were only slightly troublesome. From this date the patient gradually recovered and was discharged to the Pearn Convalescent Home on Oct. 15th. On discharge the wound was soundly healed, a somewhat depressed scar which bulged a little with each beat of the heart being present at the site of the operation. The venules round it were still dilated but to a much less extent than previously to the removal of the tumour.

*Remarks by Dr. WEBBER*—I am indebted to Mr. Whipple for kind permission to operate on the above case and to record the notes and I consider it worthy of record as in few cases has the pericardial cavity been freely opened in the manner above described. Dr. F. G. Bushnell prepared in our clinical laboratory microscopic sections of the growth which showed that it was a periosteal spindle-celled sarcoma with numerous hæmorrhages into its substance; its invasion of the costal cartilage was well shown at one part of the section.

### PENRHYN HOSPITAL, BETHESDA.

A CASE IN WHICH A VARICOSE CONDITION OF THE INTERNAL SAPHENOUS VEIN WAS COMPLICATED BY IRRITATION OF THE INTERNAL SAPHENOUS NERVE; OPERATION AND CURE.

(Under the care of Dr. E. A. MILLS-ROBERTS.)

At the present day the operation of excision of varicose veins is so very simple in performance and satisfactory in result that it is somewhat difficult to realise the hesitation with which surgeons formerly operated on veins and the fatal results which were only too often obtained. The mortality after excision is very small, probably less than 1 per cent., and the two most common causes are sepsis and embolism.

A man, aged 42 years, consulted Dr. Mills-Roberts in June, 1895, complaining of what he described as "severe pain" in the left leg. On examination he was found to be suffering from a varicose condition of the internal saphenous vein of the leg. The condition did not seem to be serious; the chief varices consisted of a considerable bunch in the region of the knee, there was an enlargement of the vein at the mid-calf, and there was a third enlargement contained in old cicatricial tissue about two inches above the internal malleolus. The painful area extended from about four inches above the internal condyle down the posterior and internal aspect of the leg to the ankle. There was a very distinct dark nodule in the cicatricial varix that, he complained, was acutely painful. The cicatrix was due to an injury received when he was 10 years old, the result of being kicked or trodden on by a horse, resulting in a necrosed condition of the lower third of the internal surface of the tibia. The necrosis and resulting ulcer took 12 months to heal and during this time "86 bits of bone were removed from it." He first noticed the varicose condition of his leg when he was about 20 years old. The patient was employed as a slate quarryman and his wife kept a public-house where they resided. He confessed to free indulgence of stimulants but not to excess and he was never inebriated. He had a particularly healthy family history. The usual treatment of rest, bandage, and tonics was advised. Circumstances would not allow him to give up his employment. The treatment seemed to give him little or no relief, and he evidently thought not only that it was ineffective but that it rather aggravated the symptoms.

In the spring of 1899 the pain became so intolerable and severe that the patient was forced to give up his employment. While absolutely quiet he did not suffer much discomfort, but if he indulged in anything like activity he had a return of all the painful symptoms. In the autumn of the same year he again consulted Dr. Mills-Roberts who examined him carefully and found no evidence that the condition was

worse. It was unilateral, and from any evidence to the contrary the varicosity was confined to the length of the vein, extending from two inches above the ankle to the bunch in the region of the knee. The patient was urged to undergo a radical operation and to have the varices removed. He seemed to be rather diffident about following this advice and asked if there was any objection to his having further advice. No objection was made. He in consequence consulted two Liverpool surgeons, who endorsed Dr. Mills-Roberts's views, and returned seemingly satisfied and anxious to undergo the operation. He was admitted to Penrhyn Hospital on May 4th, 1900, the operation being performed on the 7th.

The patient having been anaesthetised an incision about five inches in length was made in a longitudinal and slightly transverse direction, extending along the greatest diameter of the bunch in the region of the knee, the mid-point being behind the inner tuberosity of the tibia. After some trouble and very careful and prolonged dissection the internal saphenous nerve was found and was separated freely downwards as far as the incision would allow, after which a few gentle pulls were given. The vein was then tied at the lower end of the incision and cut. The nerve in the meantime was kept out of harm's way by means of a hooked retractor. The dissection of the vein was continued upwards, four well-developed and enlarged branches being found running somewhat transversely towards the anterior mid-line of the leg. Five inches of the main trunk of the inner saphenous vein were removed—that is, the length of the incision—and about an inch of each of the branches mentioned. Attention was next directed to the mid-calf enlargement, and by means of an incision two and a half inches long, that length of the vein was removed. The cicatricial varices were left *in statu quo*, Dr. Mills-Roberts, not feeling justified in interfering with what had been a long-healing ulcer. The incisions were drawn together with a few sutures and were dressed with carbolic oil and iodoform. The patient made a somewhat slow and uneventful recovery. His temperature on the evening of the operation (May 7th) was 99° F.; it continued the same on the 8th, on the evening of which he had his bowels well moved. On the 9th the temperature was normal and continued so. He was dismissed on June 16th perfectly convalescent and suffering no pain. The varicosity contained in the old cicatrix seemed to be smaller, and it was hoped that it would disappear. The nodule was quite painless.

*Remarks by Dr. MILLS-ROBERTS*.—1. What was particularly interesting about the above case was the unusual severity of the pain which the patient suffered. I could only account for it by the fact that his employment necessitated frequent and often prolonged work in the kneeling position, sometimes all day and often for four or five hours at a time. The bunch at the knee must have pressed on the internal saphenous nerve, the pressure being considerably increased during the time he was in the kneeling position. 2. Was the ulcer he suffered from when a child the primary cause of the varicose condition? 3. The blood lost during the operation was practically *nil*. 4. The delay in healing was possibly due to the patient's "moderate alcoholic tendencies."

I saw the patient on July 24th. He was then quite free from pain and was perfectly able to resume his employment, but on account of the liability of the recurrence of the condition I have advised him to find some employment less laborious. The varicosity in the cicatricial tissue has disappeared, there is no sign of the nodule, and there is absolutely no pain.

ROYAL UNITED HOSPITAL, BATH.—The seventh annual amateur performances in aid of the funds of the Royal United Hospital at Bath will be held at the Theatre Royal during the week commencing Dec. 10th. There will be nine performances, and *Iolanthe* and *The School for Scandal* are the pieces selected.

UNIVERSITY OF CAMBRIDGE.—Dr. G. E. Herman has been appointed an examiner in midwifery, and Mr. C. T. R. Wilson, F.R.S., an examiner in physics for medical degrees.—Professor Alexander MacAlister, M.D., F.R.S., has been elected President of the Cambridge Philosophical Society.—The total of the donations paid, or promised, to the University Benefaction Fund now exceeds £66,000. Of the donations, a number are specially assigned to the erection of the new buildings for the medical school.