

CYSTOTOMY IN ADVANCED VESICAL CANCER.

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THE following three cases are practical illustrations of the advantage to be derived from cystotomy with perineal drainage in cases of advanced cancerous growths of the bladder.

CASE 1.—F. W.—, aged forty-three, engineer, had been suffering for five months from severe pain in the lower part of the back, dragging pains in the groin and perineum, accompanied latterly by hæmaturia and intense flashing pain during and after micturition, described by the patient as commencing in the perineum and extending along the urethra to its termination. The patient had been under treatment at a hospital, and his case diagnosed as cancer of the bladder. Upon examination with a No. 8 sound, the latter met with an obstruction just behind the prostate gland, and with the finger in the rectum a growth upon the base of the bladder in this situation was distinctly perceptible, and there was little doubt that it was of a cancerous character. The examination of the urine and deposits microscopically gave no distinctive indications. The pain became so intense, and the repeated desire for micturition so constant, that the patient's life became a misery to him. The association of the flashing pain with each act of micturition suggested the advisability of opening the bladder from the perineum, and inserting a tube after the manner usually adopted in cystotomy. After operation half a grain of morphia was administered hypodermically to allay pain and induce sleep. The following morning the temperature had risen to 101°, but fell to normal during the day. There was no pain accompanying the emptying of the bladder, the urine passing away by the perineal opening freely. There was a little cystitis, which was got rid of by washing out with hot boracic acid solution. The temperature remained normal from the second day after operation, and the pain formerly complained of had disappeared entirely. The patient was up in ten days from the date of the operation, and for seven months was able to get out of doors without any more inconvenience than that caused by the presence of the perineal tube. Shortly after this (nine months after cystotomy) his strength began to fail, and he died after a few days' confinement to bed.

CASE 2.—J. S.—, aged forty-six, sailor, lately returned from Northern India. He had been under treatment for cancer of the bladder in the Calcutta Hospital, but had left there in order to rejoin his ship. The symptoms were much the same as in the preceding case, but there was more loss of flesh and more cachexia. The use of the sound gave little evidence beyond proving the existence of a small sacculation behind the prostate gland. There was enlargement of the inguinal glands on both sides, and the same flashing pain preceded and accompanied micturition as in Case 1. Cystotomy was performed, and after a somewhat tedious recovery he began to regain his strength, and the pain formerly accompanying micturition entirely ceased. He was able to walk out for a short distance every day, and he passed the remaining nine months of his life in comparative comfort, death eventually occurring through a fall from a vehicle.

CASE 3.—A. B.—, aged sixty, engineer, had been under treatment for cancer of the bladder for three months. When he first came under my care he was suffering from intense pain preceding micturition, and there was enlargement of the right inguinal glands. Cystotomy was resorted to, and within three weeks the patient was able to get about with the help of a stick. For three months he was able to go out of doors morning and afternoon, with his perineal tube attached to an indiarubber urinal. The pain formerly accompanying micturition, though not entirely ceasing, was, nevertheless, so slight as to cause him little or no inconvenience until three months after operation, when the cachexia suddenly and rapidly increased, and he died after a few days' illness.

Remarks.—It will be observed that in all three cases recorded the disease was advanced and the flashing pain accompanying micturition the most prominent symptom, and it was with a view to relieve this distressing symptom that the operation was in each case performed. The relief

afforded by the perineal drainage in these cases is unmistakable, and the shock following the operation is so slight that it need hardly be taken into account even in the most debilitated. The operation is certainly justifiable in all cases where there is much pain, and holds out a very fair prospect of relief during the remaining months of life. It is found convenient to have the perineal tube fitted with a silver tap, which the patient can use when he desires to empty the bladder, otherwise he must have the tube connected by means of a rubber tube with a portable urinal.

Netley.

CASE OF ANOMALOUS NERVE DISEASE, WITH NECROPSY AND EXAMINATION OF CORD.

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IDA A—, aged fourteen, domestic servant, was admitted to the Woolwich Infirmary on Nov. 4th, 1886. Previous to her removal from her home it was found necessary to administer chloroform, on account of the suffering experienced on movement and touch of the lower extremities. She complained of inability to move the lower limbs, which were drawn up in the flexed position; of excruciating attacks of pain in the lower part of the spine and sacral region; and of intense pain of the legs, from the sacrum and iliac crests downwards, when touched or on attempting to move them. She had always enjoyed good health until her present illness. There was no history of any inherited taint, her mother, brother, and sister being apparently quite healthy. Nine weeks before admission her mother gave her a dose of "pennyroyal," thinking to aid the menstrual flux, which she thought was somewhat delayed (the girl had been "unwell" for the first time about a month previously). Next morning, while sitting at breakfast, she was seized with a feeling of cramp in her legs, and sensations as of "pins and needles." On rising to go to her work (that of a day servant) she fell, but was able to reach her destination, though with some difficulty. The feeling described lasted throughout the day, and she had to be conveyed home in the evening. Then, for the first time, while sitting on a chair, she was attacked by an excruciating pain in the lower part of the spine, which she described as being "like knives digging and scraping." During the night she had several of these attacks, which compelled her to lie on her side with her legs drawn up. Never since the first seizure had she been able to move her legs without severe pain. The numbness gave way to intense sensibility of the skin of the lower limbs, which became rigid and fixed in the flexed position (legs on thighs and thighs on abdomen). Attacks of pain, as described, occurred two or three times every day. A bed-sore on each hip had developed, and several ulcerous patches over the lower limbs. She had had no return of menstruation since the commencement of her illness.

On admission the patient was observed to be an intelligent girl with a pained expression of face. Her lower limbs were drawn up as described. She began to cry when she thought she was to be touched. The upper limbs and trunk were unaffected. There was intense hyperæsthesia of the lower limbs. The latter were covered with ulcerating patches, which seemed to greatly undermine the skin. On each tarsus were one or two perforating ulcers, leading down to carious bone. Over each hip was a large bed-sore, exposing the capsule of the joint. The vulva and parts surrounding were covered with an eczematous rash, due in all probability to neglect of cleanliness. There were several blebs containing a dark-coloured serum over the legs, varying in size from a sixpenny-piece to half-a-crown; these on bursting were found to leave ulcerating patches, the larger having little or no tendency to heal. Her appetite was good; defecation was attended with severe pain of a lancinating character, and micturition was easy and apparently normal.

The patient continued in much the same state for three months after admission; ulcers forming, healing up, and re-forming; excruciating attacks of pain coming on about twice a day; the bedsores on hips increasing, and extending underneath the skin to the vulva, which began to slough, attended by considerable bleeding. The disease did not extend up the trunk, or involve the arms. She gradually sank from exhaustion and hæmorrhage, intelligence remaining pretty clear till the last. No treatment seemed of avail.