

## Clinical Notes :

### MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

#### CASE OF RADICAL CURE OF INGUINAL HERNIA BY HALSTED'S METHOD.

BY FREDERICK PAGE, M.D. EDIN., M.R.C.S.

A PLATELAYER, aged twenty-five years, was admitted into the Royal Infirmary, Newcastle-upon-Tyne, on June 13th last, for the purpose of undergoing an operation for the radical cure of an oblique hernia on the left side. The ring admitted three fingers, and trusses failed to keep the hernia up. On June 18th Halsted's operation was performed as thus described by him in the Johns Hopkins Hospital Reports for March 1st, 1891: "The skin incision extended from a point about two centimetres internal to the anterior superior spine of the ilium to the spine of the pubes. The subcutaneous tissues were divided so as to expose clearly the aponeurosis of the external oblique muscle, the external abdominal ring and the sac of the hernia. The aponeurosis of the external oblique muscle, the internal oblique, and the transversalis muscles and the transversalis fascia were severed to the outer extremity of the skin incision. An incision large enough to admit two fingers was then made into the sac. The index and middle fingers of the left hand with a small piece of sterilised gauze were passed into the sac. By them the hernial contents were passed back into the abdominal cavity, and over the fingers the sac, first on one side and then on the other, was drawn tense and held by the thumb of the same hand, while the tissues in which the sac was embedded were stripped off from it by the other hand. With the division of the abdominal muscles and transversalis fascia the so-called neck of the sac vanishes. There is no longer a constriction of the sac. The communication between the sac and the abdominal cavity is more than large enough to admit one's hand. The sac, having been completely isolated, was torn more widely open and the peritoneal cavity was closed as deeply as possible by seven or eight quilted sutures of fine silk. The sac was then cut away quite close to the line of the peritoneal sutures. The vas deferens and its vessels having been isolated, they were hooked up into the outer angle of the wound by a quilted suture, which included the transversalis and internal oblique muscles and the aponeurosis of the external oblique muscle. This suture was the first of a row of seven or eight quilted sutures of strong silk, which were passed deeply through the pillars of the ring and through the divided muscles of the abdominal wall. These sutures were taken very close together, were made to include the deepest tissues available, and were tied tight enough to bring into close apposition the broad surfaces which they embraced." The wound was powdered with boracic acid and covered with gauze and cotton-wool. No constitutional disturbance followed the operation. June 25th: The wound was examined for the first time and found to be healed throughout. July 14th: Patient was discharged, wearing no truss, and he remains free from any inconvenience.

Halsted's operation differs from Bassini's, as described by Mr. Hulke in a clinical lecture reported in THE LANCET of July 16th last, in only one, but that a very important, particular—the transplantation of the cord. By every other method the canal is left occupied by the cord and recurrence is common; but by Halsted's the canal is obliterated and the external abdominal ring completely closed, the cord lying between the skin and the aponeurosis of the external oblique muscle. Recurrence is far less likely to occur, and Halsted reports twenty-one cases operated upon by him as permanently cured. It is premature at this date to say the case now reported is permanently cured. It appears to be so. Halsted's operation does not seem so far, in this country, to have received the amount of attention it deserves, and my chief object in publishing the above case now is to direct attention to this method.

Newcastle-on-Tyne.

#### AN INSIDIOUS CASE OF CIRRHOSIS OF THE LIVER RAPIDLY FATAL FROM MELÆNA AND HÆMATEMESIS.

BY SURG.-LIEUT.-COL. S. L. DOBIE, I.R.C.P. EDIN. &c.,  
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MR.—, a tall, gaunt European, aged forty, was admitted into the Madras Lunatic Asylum on March 17th last, suffering from melancholia. He had a previous history of intemperance, with an attack of delirium tremens last January. For the last twenty years he had led a rough life in India, with much hard work and exposure to the sun, and he had suffered a good deal from malarious fever. Until the advent of the illness which ended in his death he had no physical symptoms of ill health beyond a certain amount of emaciation. There was a general pigmentation of his skin, supposed to be due to constant exposure to the sun, which gave him a light-brown colour. His melancholia was not very pronounced or and was associated with certain delusions. He went to bed on July 11th apparently in his usual health. He had eaten his food properly during the day, having complained of nothing and having talked rationally about business matters. The next morning, about six o'clock, he was found lying in bed half conscious, with dilated pupils and feeble pulse. He was found to have passed a tarry motion in the bed. He remained faint and barely conscious during the forenoon of July 12th, and at midday passed a large offensive motion of tarry constituency. At 2 P.M. a more liquid motion of dark blood was passed, and at 3 P.M. there was an escape of fluid blood from the mouth and nose. By this time he was restless, frequently yawning, and occasionally sighing. An examination of the abdomen in the hepatic and epigastric regions caused a tendency to vomit. By the evening he had sunk into a state of complete unconsciousness, and remained in the same state all night. On the morning of July 13th he again passed blood by the bowel, and a small quantity escaped from his nose and mouth. He lay on his back quite insensible, breathing hard, and shortly after midday on July 13th he died, the time between the first apparent symptoms and death being from thirty to thirty-six hours.

At the post-mortem examination, which took place three hours and a half after death, all the organs were found blanched. The stomach and the intestines from end to end contained blood fluid or in clot. The capsule of the liver was adherent to the diaphragm and neighbouring organs. The liver itself was slightly contracted and weighed three pounds and a half. It was not hobnailed, but there was a great increase of fibrous tissue in Glisson's capsule, so that the hepatic lobules were encroached upon and the proper parenchyma of the liver much lessened. The condition seemed to be one of cirrhosis in course of development. The spleen was enlarged, weighing two pounds six ounces, and was hard and fibrous. The state of the other organs offered nothing of importance to record.

Whatever interest this case possesses lies chiefly in the insidious nature of the disease and its rapidly fatal course from the first appearance of the hæmorrhage. I do not think that the physical condition before the supervention of hæmorrhage was masked by the mental disease, for the melancholy was not profound and he would have been likely to have complained of any bodily ailment from which he might have been suffering.

Madras.

#### FATAL CASE OF ASPHYXIA IN AN INFANT FROM FOREIGN BODY IN ŒSOPHAGUS.

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I THINK the following notes may probably be of interest to readers of THE LANCET.

A child, G. B—, aged seventeen months, was brought to the Children's Hospital, Paddington, in a state of asphyxia. The history was to the effect that while at dinner, and having a piece of meat in his mouth, he had a sudden fit of coughing, following on which he became rapidly blue in the face and almost stopped breathing. There

was no account of the size of the piece of meat swallowed. He was taken at once to a doctor, who was not at home. He was then brought to the hospital, about twenty minutes after the accident happened. On arrival the child lay motionless; its face was turgid and livid, the veins over the head distended, and its eyes prominent. There was very shallow breathing, of a stridorous character. The breath sounds were feeble over the right lung and almost absent over the left. They were accompanied by some stridor on inspiration, and expiration was prolonged and wavy. The fauces were rapidly examined, and nothing being found there, tracheotomy was at once performed. There was then some feeble respiratory effort, the stridor still being present. An examination of the trachea was made; but the child having ceased breathing, artificial respiration was employed, but with no avail.

On post-mortem examination the veins all over the body were found full of dark fluid blood. The lungs were violet in colour, the left one being collapsed, the right one somewhat distended. The veins over the heart were prominent; the right side of the heart was full of dark fluid blood. In the œsophagus, immediately behind the bifurcation of the bronchi, at the level of the body of the fourth dorsal vertebra, there was found, tightly impacted, a hard piece of gristle, measuring an inch and one-eighth long, three-quarters of an inch broad and half an inch thick. It weighed fully a quarter of an ounce. It was pressing on both bronchi, so as to almost totally occlude the left and partially the right. In front of the bronchi were the arch of the aorta and a very large thymus gland pressed close against it by the sternum. The position of the foreign body, the symptoms of obstruction of the trachea to which it gave rise, and the method by which those symptoms were produced as revealed at the necropsy, seem worthy of note.

#### TRANSVERSE PRESENTATION ON TWO CONSECUTIVE OCCASIONS; EVISCERATION; TURNING.

BY SURGEON-MAJOR D. C. DAVIDSON, I.M.S.,  
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ON July 22nd, 1889, I was sent for to see a young Hindoo woman, about nineteen years of age, the wife of a farmer, living some miles from Satara, who it was stated had been in labour for some time. On arriving at the house I found the arm protruding from the vagina, swollen and discoloured, with the cutis peeling off. She had been in labour about two days, and the uterus was contracted on the child, which was evidently dead. The patient was put under chloroform and turning attempted; but the child was so firmly jammed down in the pelvis that this was found to be impossible. Evisceration was therefore the only alternative (decapitation being in the first instance impracticable), which, after obtaining the consent of the friends, was performed. The contents of the chest and abdomen being evacuated through an opening in the axilla under the presenting arm, instead of decapitating, which often gives rise to trouble in extraction of the head, I divided the child, leaving one arm and shoulder attached to the head and neck; the lower portion of the body was then withdrawn, and the arm and shoulder, with the head and neck attached to it, easily removed afterwards. The patient made an excellent recovery.

I lost sight of the woman's friends until July 6th of this year, when she was brought to the Satara Civil Hospital, a distance of about five or six miles, suffering again from obstruction. She had, it was stated, been in labour since the preceding day; the membranes had ruptured about midnight. On examination I found the hand and arm presenting, the parts hot and dry and the uterus in a state of tonic contraction. The patient was put under chloroform, and the child, which was dead, delivered by turning. She did well.

*Remarks.*—An unusual feature of this case is the occurrence of an arm presentation in the same patient in two consecutive pregnancies. Evisceration is rightly regarded as one of the most serious and difficult operations in obstetric practice, and the difficulties were not diminished in this case by the operation having to be performed in a small native house, with defective light and on a low cot. Great care was taken to guard against injury to the uterus and soft parts generally, and antiseptic precautions were as strictly carried out as the nature of the circumstances admitted of, to both

of which I consider the complete recovery of the patient was in a great measure due. This is the second occasion on which I have performed evisceration, and each operation was followed by a good recovery.

Satara, India.

## 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.

### METROPOLITAN HOSPITAL.

#### A CASE OF CATALEPSY IN A PATIENT WITH GENERAL TUBERCULOSIS.

(Under the care of Dr. C. R. DRYSDALE.)

THIS case is recorded as being a well-marked instance of catalepsy occurring in a male subject who was at the same time affected with extensive organic disease of a tuberculous nature. Mr. Handson informs us he had been greatly subjected to religious influences, having been brought up by priests in a Roman Catholic home from the age of five till twelve; and was said to have had similar seizures before admission, and on one occasion, after recovering from a "fit," to have stated that he was St. Peter. His condition during an attack was not unlike some states of hypnosis, and it is worthy of note that before an attack occurred he would stare long and fixedly at the gas at night, or straight in front of him in the daytime. Mr. Handson considers that his condition might be explained as being due to auto-suggestion occurring in a neurotic subject. In some lectures by Dr. Gowers, which we published in THE LANCET,<sup>1</sup> the condition which this patient manifested is thus explained: "In the hypnotic catalepsy, apparently, the inhibitory action includes all the structures that subserve psychical processes and the lower motor centres are in functional connexion only with the lower sensory centres. The higher controls the lower, and, uncontrolled, the lower passes into a state of increased action. This law seems to obtain throughout the central nervous system. The spontaneous activity of the motor cortex, unrestrained, is instantly manifested by the universal increase in normal tone, obeying the laws of the normal adaptation, differing therefrom only in degree. In no other way can we understand the essential features of the phenomena." For the notes of the case we are indebted to Mr. C. P. Handson, house physician.

T. S.—, aged fourteen, was admitted into the Metropolitan Hospital on May 10th, 1892. The duration of the illness was uncertain. The boy stated that he had been ill since Christmas, 1890. He had had no previous illnesses. There was no family history of tubercle or of nervous disorders.

On admission the patient was somewhat cyanosed. Tongue moist and pale; pulse 120, very small, but regular; respiration not quickened. There were symptoms of phthisis in the stage of consolidation at the right apex behind and at the left apex in front. Signs of mitral stenosis were apparent and adherent pericardium. No tubercle bacilli were found in the sputum, though looked for on several occasions. The legs were œdematous. The fingers were not clubbed. Urine acid; sp. gr. 1028; very faint trace of albumen. There was nothing abnormal about the liver and spleen.

From the time of admission till the day of death on June 25th the physical signs remained practically unaltered. The temperature, which was of hectic type, ranged from 102° to 95° F. The urine ranged from eight to thirty-eight ounces, but was generally very scanty. During the previous fortnight the boy had moderate diarrhœa. At times he refused all food and was fed by a nasal tube, against which he struggled violently.

May 26th.—Has been delirious all night; tries to get out of bed. Has attacks in which all his limbs on both sides stiffen out. The legs are rigid, but can be bent easily; knee-

<sup>1</sup> Vol. i. 1890, p. 1167.