

gastrium. Pain at epigastrium. No dyspnoea. Per vaginam, uterus was freely movable and well behind tumour. No albumen in urine. Ordered quinine and iron mixture three times a day.

On the evening of Jan. 29th she was transferred to Clinical ward. The excitement of being moved caused her to feel faint and queer; she became a little hysterical. Next morning she felt very comfortable; had slept well. Menstruation began on the 27th; still continued. Temperature 97.6°; pulse 91.

On Feb. 7th ovariectomy was performed in usual method. There was an enormous polycystic tumour, with two smaller solid masses. Large incision to above umbilicus necessary. Universal firm adhesions to abdominal parietes; one adhesion to mesentery; good pedicle. Silk sutures were used, and a glass drainage-tube was inserted at lower part of wound. After operation morphia suppository was introduced, and ice applied to abdomen. Abdominal cavity carefully sponged with sponges washed with iodine water. At 5.30 P.M. there had been a little oozing of blood. Complained of great pain in abdomen. Felt sick. At 7.30 P.M. sleeping. At 8.30 P.M. had been vomiting; was in much less pain; very thirsty; in good spirits; had taken about half a pint of iced milk. Skin moist; tongue slightly furred; temperature 99.4°; pulse 136. At 9.30 in less pain. Not able to keep milk down. Temperature 98.6°; pulse 120. 11.15: Temperature 100°; pulse 144. Had been very sick; sickness caused great pain; vomited matter a greenish liquid.

8th.—1.15 A.M.: Temperature 100°; pulse 152, full and strong. Still sick, but felt more comfortable. Urine drawn off. Morphia suppository again introduced. Had been dozing. She passed a fairly quiet night; slept for short intervals, and at 9.30 A.M. she had not vomited since 3.30 A.M. Was very thirsty. Skin moist. Tongue furred. Breathing quietly. In very little pain. Temperature 98.8°; pulse 128. 10 P.M.: Urine drawn off. No sickness; very little pain; no tenderness; free discharge. A morphia suppository was again introduced at 12.30.

She slept well, and was not sick until about 8.30 A.M. next morning. Had not taken much milk. Very little pain; slight abdominal tenderness, but no distension; free serous discharge. Temperature 99.8°; pulse 132; tongue furred; skin moist. Urine drawn off.

10th.—6 A.M.: Urine drawn off. Very comfortable. 10 A.M.: Temperature 100.6°; pulse 140. Has passed a good night; slept well. Feels a little weaker; had not much pain. No sickness. No distension of abdomen; a little tenderness on right side. Discharge not so clear. Menses began about 3 A.M. Skin moist; respiration natural; tongue more furred.

11th.—11 A.M.: No distension of abdomen. Fluid in tube bloodstained; tube removed. Skin moist. At 10.15 P.M. the temperature was 101°; pulse 136. Patient had been in a good deal of pain since tube was withdrawn; had passed water voluntarily. Felt very sleepy. Abdomen a little more tender. Morphia suppository.

She passed a good night, and had but little pain. Next morning she could pass urine voluntarily. Tongue furred down the centre; edges pink; papillæ well marked. Temperature 98.4°.

13th.—11.30 A.M.: Temperature 99.8°; pulse 112. Wound dressed for the first time; it had almost healed, and the sutures were causing no irritation. Around the clamp the discharge was black and offensive. Very little pain. Had not slept well during the night, but felt very comfortable. Was taking chicken and beef broth thickened with sago. At 9 P.M. the bowels were opened, without any pain.

14th.—Passed a good night, and was in no pain. Had a motion this morning. Felt very hungry. Tongue much cleaner. No pain in the abdomen. A little tenderness over the right hypochondrium. Temperature normal. The wound was dressed in the afternoon, and the sutures removed. To have four ounces of brandy and solid food.

On the 15th she had a little diarrhoea, which came on about 3 A.M. She had five liquid, greenish motions in about seven hours. No pain; tongue clean; skin moist. To have an opium enema.

On the 16th she had had two motions during twenty-four hours. Had slept well. Still a little tenderness about the right hypochondriac region. Wound dressed; looked very well; scarcely any discharge, except around the clamp.

19th.—Had a slight recurrence of diarrhoea, checked by an enema of opium. Temperature 99°.

20th.—Slept and ate well; no diarrhoea; tenderness in

the right side less; tongue slightly furred; temperature 100°. Clamp almost separated. Wound dressed.

21st.—Clamp came away, leaving a healthy granulating surface. Very comfortable; tongue clean; no pain. Two days later the last stitch was removed. From this time she gradually improved, and on March 17th was discharged, wearing an abdominal belt.

For the notes of this case we are indebted to Mr. C. Knox Shaw.

We shall continue the report next week.

WEST LONDON HOSPITAL.

STRICTURE OF THE URETHRA; PENILE FISTULA;
SCROTAL ABSCESS; INTERNAL URETHROTOMY;
GOOD RESULT.

(Under the care of Mr. TEEVAN.)

JOSEPH G—, a labourer, forty years old, was admitted into the hospital on Sept. 20th, 1878. From notes taken by Mr. Brown, the house-surgeon, it appeared that in October, 1875, the man had been an in-patient, under Mr. Teevan, for a very tough stricture, involving nearly the whole length of the penile urethra. Internal urethrotomy was performed, and he was discharged quite well and able to pass a large catheter for himself. He regularly introduced the instrument once a week for a year, when he neglected himself and the stricture began to relapse. About a year ago he commenced to experience considerable difficulty in urinating. Two months ago the scrotum and penis began to swell; an abscess formed and burst at the peni-scrotal junction and a fistula was left. The patient was in good health when admitted; the scrotum was indurated and glazed, and pus and urine escaped from the fistula. A small catheter could be passed into the bladder. On account of the character and situation of the stricture Mr. Teevan determined to perform internal urethrotomy again, as a previous experience of the case had taught him that continuous or gradual dilatation would be ineffectual.

On Sept. 24th the man was put under the influence of ether by Mr. T. G. Alderton and the stricture was divided along the floor of the urethra. The same night the temperature rose to 100°, and remained at that point for twenty-four hours. At 10 A.M. Sept. 28th it had fallen to 98.4°. On Sept. 29th Mr. Teevan commenced to pass a large silver catheter every third day, and on Oct. 9th the patient began to draw off all his urine to hasten the closure of the fistula. Two days later he left the hospital. On Oct. 20th he was quite watertight.

Mr. Teevan remarked that the stricture in this instance was of the toughest he had ever had to divide, for a succession of abscesses and an official chancre had converted the penile urethra into a tough leathery tube, and unless the patient regularly introduced a catheter at stated intervals the stricture would infallibly relapse, and that very speedily.

IMPASSABLE TRAUMATIC STRICTURE; BOUTONNIERE
OPERATION; RECOVERY.

(Under the care of Mr. TEEVAN.)

Richard P—, a labourer, forty-five years old, was admitted into the hospital on Jan. 1st, 1879. From notes taken by Mr. Warrilow, the house-surgeon, it appeared that fourteen months previously the man was getting over a fence, when he slipped, and his perineum struck the top rail with great violence. He bled from the urethra, and was confined to bed for nine days, during which period he expelled large clots of blood, but did not suffer from retention. Gradually his stream of urine became smaller, and he was very frequently troubled to urinate. When admitted, the patient, who was a tall, gaunt man, was in bad health, and of sallow aspect. He had never had gonorrhœa. Could only pass urine in a fine stream. For three weeks he was kept in bed, and Mr. Teevan tried every third day, without success, to pass various instruments through the stricture, which was situated at the bulb.

On Jan. 21st, at 3.30 P.M., the patient was put under the influence of ether by Mr. J. G. Alderton. The Boutonnière operation was performed. A large silver catheter was introduced, and removed as soon as the urine had escaped. 9 P.M.: Temperature 100°.

Jan. 22nd.—10 A.M.: Temperature 101.6°; pulse 120. Patient

slept well; urine passes freely through wound, and some per penem; scrotum and perineum much ecchymosed, but the skin soft and supple. 8 P.M.: Temperature 100°6°; pulse 100.

From this date the temperature gradually fell till the 29th, when it was 98°5°, pulse 82. No. 20 silver catheter was passed on the 24th and 31st, and on February 4th and 13th. After this the patient complained of headache and malaise; and as the local condition was satisfactory he was left alone till February 28th, when an attempt was made to pass a silver catheter into the bladder from the penis, but ineffectually. A large elastic catheter was introduced through the aperture in the perineum, and the urine was drawn off. On March 1st a small filiform bougie was passed into the bladder from the penis, and a silver catheter slid over it. Afterwards a small elastic catheter was introduced and tied in.

March 2nd.—Slight rigor at 1.30 P.M.; temperature 103°6°; pulse 92. Catheter removed 8 P.M.; temperature 99°8°.

From this date a course of gradual dilatation was carried out, and the perineal wound allowed to close. The patient was afterwards taught to introduce an elastic catheter for himself. He left the hospital on April 13th, able to pass No. 14 (Charrière) for himself. He called at the hospital on April 22nd, when he introduced No. 16. He was quite watertight, and able to urinate as well as he ever did in his life.

Mr. Teevan observed that traumatic strictures differed so widely in character from organic ones that they ought to be classed separately by themselves. They formed the bulk of those strictures denominated impassable, usually required the knife, as they were rarely amenable to dilatation, and were marked by their strong and speedy tendency to contract unless instruments were regularly passed at frequent intervals. In the whole range of surgery there was no complaint more troublesome and difficult to treat than an impassable traumatic stricture.

METROPOLITAN FREE HOSPITAL.

TUMOUR OF THE ANTRUM; REMOVAL OF THE LEFT SUPERIOR MAXILLARY BONE FROM A MAN AGED SIXTY-SEVEN; RECOVERY.

(Under the care of Mr. WALSHAM.)

FOR the notes of this case we are indebted to Mr. Byrne, the senior house-surgeon.

John B—, aged sixty-seven, was admitted on March 6th, 1879, complaining of a swelling in the left nostril. He stated that about four months before he first felt pain in the left infra-orbital region, and shortly afterwards experienced a sense of stuffiness in the left side of his nose. The pain had increased in severity up to the time of admission, when it was so great as to cause sleepless nights. He appeared in excellent health, and stated that he had never had an illness in his life, and had always been temperate. His urine contained no albumen. The pain was referred to the front wall of the antrum. He had no discharge from the nose.

On examination, a soft, lobulated, purplish-green growth, readily bleeding when touched, was seen in the left nasal cavity, and could be felt through the posterior nares. The front wall of the antrum was slightly bulged forwards, but there was no protrusion of the eyeball or depression of the hard palate. The growth did not extend through the posterior nares. On submitting a small detached portion to microscopical examination, it was found to have the structure of small round-celled sarcoma.

Looking to the slight bulging of the anterior wall of the antrum and the history of the case, Mr. Walsham came to the conclusion that the growth had its origin in that cavity. He resolved, therefore, to lay open the nose, and to remove the whole of the superior maxillary bone, if the growth were found to proceed from the antrum. This operation seemed justifiable, as, notwithstanding his age, the patient appeared in excellent general health, and, although the growth was probably malignant, there was every reason to hope that the whole of it might be removed.

On March 22nd the cavity of the nose was laid open, and as the growth was found to proceed from the antrum, excision of the superior maxillary bone was performed, and the entire growth removed with it. The incisions through

the skin healed by the first intention, and the patient was discharged to a convalescent home on April 7th.

The growth was found to occupy the whole interior of the antrum, and had made its way through the internal wall into the nose, where it filled the greater part of the left nasal cavity. It was found to bulge slightly through the anterior wall of the antrum, but not to encroach upon other parts. From its microscopical characters and rapid growth, Mr. Walsham feared that it would return. Up to the end of April 2nd there were no signs of its recurrence. The parts had gradually filled up with granulations, and the patient was in all respects in good health.

LAMBETH INFIRMARY.

CASES IN WHICH OPIUM HAS BEEN SUDDENLY DISCONTINUED AFTER ITS DAILY USE IN LARGE DOSES FOR YEARS.

(Under the care of Dr. ROBERT H. LLOYD.)

THE following cases will illustrate that it is possible, in many cases, to discontinue suddenly the use of opium without any evil results.

J. H—, aged forty-five, who had had sunstroke whilst in India in 1856, and who has occasionally had epileptiform fits, was in the habit for three or four years of taking an ounce of laudanum every morning, without which he was unable to do any work. He took it at first in twenty-minim doses, to relieve rheumatic pains, but found it such a comfort that he soon increased the dose to one ounce.

On admission he presented all the symptoms of chronic alcoholic poisoning—viz., insomnia, morning sickness, frightful dreams, &c. The patient was placed on a nourishing diet, two grains of quinine were given three times a day, and a strict watch was kept to see that he took no laudanum. At the end of a fortnight he was in good health, his appetite was good, and, beyond his being unable to sleep for the first few nights, the discontinuance of the drug caused no ill effects whatever. This took place in January, 1875, and he has been frequently seen since. He has not touched laudanum since, and has had no recurrence of the epileptiform fits.

CASE 2.—S. J—, aged seventy-five, widow of a soldier, who was admitted in 1874 with a very extensive ulcer of the leg, contracted the habit of eating the extract of opium thirty years ago, when in India. In this case the use of the drug was discontinued suddenly, and no bad symptoms followed. The patient's ulcer healed up more rapidly than before.

CASE 3.—W. G—, aged forty, a musician, was under observation with very painful disease of the bladder and a stricture, for which he had been having for months three grains of morphia injected hypodermically every day. The stricture was treated by Holt's method, and the morphia was discontinued at once, the only evil result being a few sleepless nights.

CASE 4.—G. E—, aged twenty-five, had been in the habit of taking from half a teaspoonful to one teaspoonful of laudanum two or three times a day for the past four or five years, whenever he felt low-spirited or "out of sorts." He had taken that quantity regularly for the past six months. The use of the drug was discontinued at once. Some time after he declared the result to be increased weight and a general feeling of thorough sound health. In this case no quinine was given.

Patients who have been in the habit of taking opium in large doses for years are frequently seen at the Lambeth Infirmary, but Dr. Lloyd affirms that he has never seen any evil results follow the practice of discontinuing the drug suddenly. "I always," he says, "place them on a nourishing diet, without stimulants, and administer quinine in one or two grain doses."

COOMBE LYING-IN HOSPITAL, DUBLIN. — The annual meeting of this institution was held last week, and from the report it appears that in the lying-in department 550 patients were admitted, 94 were under treatment in the wards for various affections, and 1781 were attended to in their own homes. The expenditure has exceeded the income during the past two years by £769, and unless a considerable sum is forthcoming it may be necessary to curtail the benefits conferred by the charity.