

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.

LONDON HOSPITAL.

SURGICAL CASES.

(Under the care of Mr. MAUNDER.)

MR. MAUNDER has at present under his care some unusually interesting cases, which we shall briefly notice. For the particulars of the cases we are indebted to Mr. J. H. Mitcheson, house-surgeon.

1. *Compound Fracture of the Skull.*—Frederick B—, aged five, was admitted on June 17th, having fallen from a third-storey window, a height of about thirty feet.

On admission a horizontal laceration was found, about half an inch in length, above and to the inner side of the left frontal eminence, the wound extending down to the bone. At the bottom of the wound a large depressed fracture of the frontal bone could be felt, the depressed portion being considerably below its normal level and overlapped by the sound bone.

It was determined to raise the depressed and impacted bone. Hoffman's forceps were used to chip out a small crescent-shaped piece of the overhanging bone, so as to admit of the introduction of the elevator.

2. *Phosphorous Necrosis of the Lower Jaw.*—D. S—, aged thirty-three, had suffered eight months, during which time the whole of the body and large portions of the rami had become necrosed, and a thin shell of new bone was being modeled upon the original. With a raspatory introduced on all sides the dead bone was isolated from the living. The rami were divided with the saw and cutting forceps, and the whole mass removed in one piece through the mouth.

3. *Compound comminuted depressed Fracture of the Right Parietal Bone.*—P. M—, aged three, was injured by a fall. Hoffman's forceps were used to make room for the introduction of an elevator. The membranes and brain were found to be lacerated. The operation was performed on the 19th June, but on July 5th, almost complete hemiplegia having set in, Mr. Maunder evacuated an abscess in the right hemisphere. The full particulars of this case will be given when it is more complete.

4. *Strangulated Femoral Hernia.*—Margaret P—, aged sixty, was admitted June 23rd, suffering from a strangulated femoral hernia on the right side. The protruded portion of bowel was about the size of a small walnut, and it had been strangulated twenty-four hours.

The patient having been anesthetised, and taxis failing, an incision two inches in length was made at the inner side of the neck of the swelling. The constriction was discovered at the upper extremity of the crural canal. Some fibres of Gimbernat's ligament were divided, and the bowel returned without opening the sac. The wound was closed by three wire sutures.

5. *Multiple Cystic Tumour of Ovary.*—Elizabeth M—, aged twenty-three, had observed an unnatural swelling of the abdomen about eight months ago. Has been tapped once, some months ago.

On June 24th ovariectomy was performed. There were extensive adhesions to the anterior abdominal wall, and also to the omentum, apparently radiating from the puncture. Bleeding vessels in the omentum were secured by fine catgut ligatures cut short. The pedicle, short and thin, was secured by a double whipcord ligature cut short, and the whole dropped back into the abdominal cavity, after the open ends of two large arteries on the surface of the pedicle had been seared by the actual cautery.

6. *Treatment of Exostosis by Subcutaneous Fracture.*—A girl about sixteen years old had a globular exostosis attached by a narrow stem to the lower part of the femur on the outer aspect, and near to the knee-joint. Mr. Maunder had

frequently discussed the treatment of the case, and, among other things, suggested the feasibility of subcutaneous fracture and its possible consequences. But as the patient suffered from catarrh for some days, the operation was postponed until July 8th. Chloroform having been administered, the skin was first protected by a piece of chamois leather, and then the tumour, being seized with a pair of gas-fitter's pliers, was broken off with a jerk. Forty-eight hours afterwards some tenderness and swelling had resulted.

With the exception of Case 3, the patients are progressing most favourably. The only complaint of the ovarian case is that she is "tired of bed."

In suitable cases Mr. Maunder thinks that Hoffman's forceps should be used instead of the trephine, because sound bone is thus economised.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

CASES OF OVARIOTOMY.

THE following is a continuation, from p. 48, of the report of the cases of ovariectomy performed at this hospital during the past year.

CASE 17. *Malignant ovarian tumour; operation; death.*—J. G—, aged thirty-five, married thirteen years, was admitted under the care of Dr. Alfred Meadows on Nov. 18th, 1873, on the recommendation of Dr. Holman, of Reigate. She had always had good health till the spring of 1873, when menorrhagia set in, recurring every ten or fourteen days, and usually lasting fourteen days. It continued till her admission, and then she was so weak that she was unable to do anything. She first noticed a swelling in the right groin in June, 1872, always larger when she was "poorly." This swelling increased rapidly, and in September her abdomen measured 45 in. at the level of the navel. Then it suddenly got smaller after a period; the catamenia being quite normal till the spring of 1873, when they became profuse, as described above. There was no particular trouble before the menorrhagia came on.

On admission, the abdomen was considerably distended by a soft, fluctuating tumour, the measurement at the umbilical level being 37 in. There was dulness on percussion in both flanks as well as over the tumour when the patient was lying on her back, but when lying on either side the upper flank was resonant, showing the existence of ascites. On the right side of the median line a hard swelling, about the size of a foetal head at full term, was felt rising out of the pelvis, quite movable, and rather painful.

By vaginal examination the cervix was found to be situated high up and posteriorly near to the sacrum, and freely movable. The uterine sound passed in easily 3½ in. forwards. The least pressure on the tumour in the abdomen moved the handle of the sound. The tumour could not be felt per vaginam.

On Dec. 26th Dr. Meadows made an incision, and on opening the peritoneal cavity four pints of ascitic fluid flowed away. Dr. Meadows introduced his hand, and found the tumour to be connected with the left ovary. He then inserted a trocar into the tumour, but as only a very little gelatinous matter escaped, the tumour was carefully pulled from the abdomen. From its friability some of the cyst-walls gave way, allowing their contents to escape to a certain extent into the peritoneal cavity. The pedicle was fairly long, and rather thick. The clamp was then applied, and the pedicle divided by the actual cautery. The peritoneal cavity was thoroughly mopped out, and, after tying with silk an artery which began to bleed as the clamp was loosened, the clamp was removed, and, there being no more bleeding, the wound was brought together, and dressed as in the previous cases of Dr. Meadows.

The tumour was adenoid in character (? whether not carcinomatous), and weighed 2 lb. 4 oz.

The patient had much pain after the operation. She was sick immediately afterwards, but this soon ceased, and she was sick twice during the rest of the day. In the evening she took some beef-tea and kept it down. Her pain was relieved by hypodermic injections of morphia of one-sixth of a grain. She passed a fairly good night, but the pain in the abdomen rendered another morphia injection necessary, and she had to have it four or five times during the day (Dec. 7th). There was no sickness, no distension, but great