

HYDRONEPHROSIS: NEPHRECTOMY: DEATH FROM ACUTE PERITONITIS AT THE EXPIRATION OF THREE MONTHS.

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F. J., aged 24, height 5 feet 11 inches, weight 13 stone, a clerk, was seized with a pain in his left loin in May, 1885, when rowing on the river. The pain continued, and in February, 1886, he first discovered a swelling on his left side. Thereupon he went into hospital, and he remained four days, when, after a brisk aperient, the swelling disappeared, although the pain continued. In November, 1886, the tumour returned, and again disappeared at the expiration of ten days under laxative treatment. From that time until the last illness he suffered slight attacks. In August, 1887, the enlargement reappeared, and continued to increase in spite of treatment, until, at his urgent request, I decided to endeavour by operation to remove the disease entirely.

On September 27th, 1887, the date of operation, the following was the condition of the patient. Occupying the whole of his left side was a fluctuating tumour, which extended two inches across the middle line; below, its lower border was sharply defined in the pelvis; above, it extended under the ribs; behind, as far as the spine. The whole of this space was dull on percussion, with the exception of a small part just below the spleen. Along the outer surface of the cyst, and extending from above downwards perpendicularly, was an elevated ridge, which I diagnosed as colon. His urine was normal, and other organs healthy.

Having placed a stout pillow under the patient's loins and administered chloroform, I performed the operation as follows. I made an incision four inches in length along the outer border of the left rectus muscle down to the peritoneum. After securing all bleeding points, this membrane was opened to the same extent as my incision. Upon introducing my finger the ridge proved to be colon, which was firmly adherent to the cyst wall. In order to reach it safely, I was obliged to make another incision three inches long from the centre of the first and at right angles to it outwards into the loin. Having carefully separated the gut and drawn it inwards (in doing which I was compelled to leave a large portion of the peritoneum attached to the cyst), I tapped and drew off about five pints of fluid. Finding that inflammatory adhesions were the cause of the obstruction, I proceeded to remove the kidney. This was done by enucleating it from its capsule, the tissue surrounding it being so dense. When the kidney was brought to the surface I secured the pedicle in two parts with a double silk carbolised ligature, passing another around all, and dividing it with scissors, leaving a small portion of the gland attached. After tying the ureter with a couple of ligatures, I divided it between them. With much difficulty the cyst was freed from its attachments, and, when secured by a double ligature passed close up to the pedicle, was removed. The separation of the cyst proved the most troublesome part of the operation, several vessels requiring to be tied. The cavity was then well washed out with pints of warm water and sponged dry, the pillow under the loin preventing any fluid entering the general peritoneal cavity. The external wound was then carefully closed with silk sutures, and dressed with gauze strapping, gauze bandage, and flannel roller; and the patient placed in bed.

For the first few hours he suffered a great deal from shock, but gradually rallied under the administration of enemata of beef tea, brandy, and opium. During the night he slept well, and suffered but little from sickness, at the same time passing water freely. From this time to the seventh day, when I removed the stitches, he appeared and said he felt better than he had done for months. When the stitches were removed the wound was well united, with the exception of a small part of either extremity of the transverse incision, the intervening portion of the superficial tissues afterwards sloughing and leaving the obstinate ulcer, which had not healed when the fatal event occurred. With this exception all went well until the evening of the tenth day, when, for the first time, the temperature rose to 100° F., pulse 88. On the thirteenth day the temperature was 101°; fourteenth day, 102°; fifteenth, 103°; yet I was unable to detect fluctuation. During the next five days, the temperature 101° was the highest point reached. On the night of the twenty-first day about two ounces of sanious pus

burst through the lower extremity of the incision in the loin. A large drainage-tube was then passed through the opening and out through the back. With the finger in the abscess cavity, while introducing the tube, the examination proved that the general cavity of the peritoneum was firmly closed. During the first few weeks this cavity was syringed out three times daily with carbolised water, afterwards with a solution of iodine, and occasionally with sulphate of zinc lotion. Pus continued to drain away daily to the extent of an ounce and a half. On November 25th the patient was allowed to get up for the first time, wearing a Martin's elastic bandage over the dressing. On December 16th symptoms of pneumonia of the lower lobe of the left lung set in, and, as the sinus still continued to discharge, I laid it open on the 18th. The same evening peritonitis set in, which proved fatal on the 23rd, or three months and three days from the date of operation.

I should remark that, although tapping is the usual treatment recommended in such cases, in this it would have proved unsatisfactory, for the reason that my patient was in constant pain from the commencement of his illness, which, to use his own expression, "made his life a misery." The only position in which he was at all free from pain was on his back. He was also more or less an invalid during the whole time, which necessitated his resigning more than one situation. Again, tapping at most would have only given temporary relief, as the cause of obstruction was permanent; and although, after much suffering and loss of time, the whole kidney tissue might have been absorbed, he strongly objected to the delay, preferring the risks of operation.

In reporting this case I wish to thank Dr. Barkwell and Dr. Grigor, local practitioners, for the invaluable assistance rendered during and after the operation.

TREATMENT OF ALCOHOLISM BY NUX VOMICA.

By C. ROBERTS, F.R.C.S.

It is very remarkable, seeing how quickly new methods of treatment are adopted in these days, that so little attention has been directed in this country to the treatment of conditions of the body due to the excessive use of wine, spirits, and beer, by nux vomica and its preparations, as advocated for some time past by certain Italian, French, and Russian physicians, and incidentally referred to in a note in the JOURNAL for January 14th. When I was a student, cases of delirium tremens were treated in the surgical wards, and as a dresser I assisted the late Mr. C. Hunter—then house-surgeon—in his original experiments of treating this class of cases by the subcutaneous injection of morphine—a kind of treatment which first led to the use of subcutaneous therapeutics, and which made all the forms of alcoholism of special interest to me. The treatment of the common forms of drunkenness by nux vomica is not by any means new. Many years ago a medical friend used to treat such cases by full doses of the tincture of nux vomica combined with rhubarb, soda, and full doses of carbonate of ammonia with great success, and I have been equally satisfied with the results of the nux vomica in combination with alkaline solutions of bismuth, hydrocyanic acid, and carbonate of ammonia for the more acute cases, and of the acid solutions of strychnine with iron and quinine in chronic ones. I do not believe, however, with Drs. Popoff, Tolvinski, and Professor Manassein, that strychnine is an antidote to alcohol in the ordinary meaning of the word, and I have been very much disappointed in the few cases in which I have tried the subcutaneous injection of strychnine, as recommended by the Russian physicians. Indeed, I think it is a great error to speak of the various conditions of the digestive and nervous systems resulting from the excessive or injudicious use of alcohol as a specific disease, as they are similar to those which result from the excessive use of other foods, nervous excitement, and mental and physical excesses of all kinds. The setting apart of the treatment of these diseases as a speciality is one of the greatest evils of the prevailing evil of specialisms, as is obvious by the nonsense which is talked by such specialists as to the hereditary character of the disease, and the incurability of some cases. At present we have no evidence that acquired habits are transmissible from parent to child, and moreover there are no definite and uniform lesions resulting from the use of alcohol to be transmitted, if such transmission were possible. That the child of a drunken mother should have feeble health is likely enough, as its nutrition has been inter-

ferred with; and that the children of intemperate parents should acquire their habits from imitation and the facilities for falling into them is likely enough also. But this is not heredity, even in the very loosest way in which the word is used by medical men.

As to the incurability of drinking habits and the disease they engender, they are, I think, just as curable and as incurable as rheumatism or gout, diabetes or Bright's disease, or the hundred and one forms of the diseases of the digestive system. The real difficulty in the treatment of alcoholisms arises from the theory that they are of a specific nature, and require specific remedies, and the forgetting, or perhaps I ought to say the ignorance, of the long time the intemperate habits have been going on before they come under the notice of the medical man, and the obstinacy of the patient and his friends in acknowledging their true beginnings. Chronic diseases require chronic treatment; and nervous sensations of a periodic nature, the result of long habits, cannot be cut short by the sudden removal of the stimulus which caused them. They can only be surely eradicated by the substitution of other and better habits; hence the advantage in the treatment of habits of intemperance of all kinds by travelling and intellectual pursuits, and the removal of the patient from all former associations. As a confirmed disease, alcoholism is, I think, more nearly related to gout than any other constitutional condition, and in its more chronic states it is most successfully treated by iodide of potassium and bark.

THERAPEUTIC MEMORANDA. ✓

IDIOSYNCRASY WITH REGARD TO ANTIPYRIN: A WARNING.

A MEMBER of my family liable to migraine was attacked in the ordinary way a few days ago, and I administered for the first time a dose of 5 grains of antipyrin in powder, with the following curious result: Five minutes after taking it, the "deadly sickness" which was previously present seemed to give way, and an "expanding sensation" was felt, rising from the stomach upwards. Almost immediately she sneezed violently for about twenty times running without pause. The face and eyes became deeply suffused; tears began to flow; quantities of mucus flowed from the nose; the breathing became hard and laboured, accompanied by a feeling of suffocation; there was complete inability to lie down. A violent cough shortly came on, and large quantities of mucus were expectorated; at the same time there was very profuse sweating.

After these phenomena had lasted for about half an hour, intense itching was felt on the insides of both thighs, and on examination there was found a thick outcrop of urticaria, which soon extended on to the abdomen. There was also a strong coppery taste in the mouth—not continuing, but coming on in violent bouts—and an equally strong smell of the same metallic nature, also intermittent. There was loud singing in the ears, which felt intensely congested. The pulse was quick and very full.

After the symptoms had lasted about three-quarters of an hour from the commencement, they gradually disappeared, some tightness of the chest and running at the nose remaining for four or five hours longer. The sickness accompanying the migraine disappeared completely as soon as the drug had begun to work; the headache also disappeared for a time, but came back slightly about four hours afterwards.

As antipyrin is now being so largely prescribed, I thought the above account might be of use to the readers of the JOURNAL, as showing the necessity for caution when prescribing it for a patient who has not previously taken it.

Nice.

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GENERAL SYMPTOMS SOMETIMES PRODUCED BY NASAL SPRAYS OF COCAINE. ✓

IN applying sprays of a 4 per cent. solution of cocaine to the nasal cavities, I have not infrequently noticed an accelerated action of the heart as an almost immediate result. I have thus noted a pulse which, prior to the application, was beating at the rate of 86 pulsations to the minute, increase to 110 pulsations in five minutes, after spraying into the nose 30 minims of a 4 per cent. solution, while its volume and strength were for the time increased. This amount

would represent a little over 1 grain of cocaine; but, allowing for a certain amount of waste resulting from the dripping from the nostrils, less than 1 grain probably would have been absorbed. This increased activity of the circulation was attended by a very appreciable sense of exhilaration of spirits associated with a feeling of increased vigour and capacity for mental effort. Cocaine applied in this manner, in the quantity I have mentioned, has had the effect of distinctly rousing the individual; and I have seen the same results in more moderate degree from smaller amounts. Indeed, I have met with rarer instances, where repeated spraying of 10 minims of a 4 per cent. solution to allay nasal irritation has resulted in insomnia, and sometimes in active restlessness lasting for several hours. So far as I have seen, all these effects have been generally quite transient, though a moderate sense of stimulation may persist for an hour or two.

In using stronger solutions I have on two occasions seen their application followed by vertigo and threatened syncope. A gentleman, in whose nose I applied a 20 per cent. solution upon a plug of cotton wool, and also in spray, prior to removing a polypus, complained of vertigo, nausea, and faintness. These symptoms subsided quickly, after he had rested a few minutes on the couch, and he was well enough to undergo the operation before the local anæsthetic effect of the cocaine had passed off. I saw similar effects in a lady after the application of 10 per cent. solution followed by a spray of the same strength. Although I have constantly made these applications of cocaine prior to operations in the nose and as a local sedative, these are the only two cases I have to record where depressing effects have resulted. It has been more especially after using a spray, by which the solution is forced high up in the nasal fossæ, and is more widely diffused, that I have noted the exhilarating effects that I have referred to. From experiments made on myself I have found that the stage of exhilaration, when induced, is of comparatively short duration, but if, after the first effect has subsided, the spray be repeated once or twice in the course of an hour or two, these further applications may be followed by somewhat more rapid action of the heart, producing more or less disagreeable palpitation, while the sense of buoyancy is apt to be less than at first, though some nervous excitement may still remain.

Notwithstanding these experiences, I should say, after long trial, that limited applications of strong solutions of cocaine in the nose as a local anæsthetic do not, unless very exceptionally, produce general symptoms. Spray solutions of a strength not exceeding even 4 per cent. are more liable to do so, and should not, as a rule, be applied in greater quantity than ten minims, especially if used by the patient as a topical remedy in acute nasal catarrh; and then this application should not be often repeated. With such restrictions all risk of harm would be avoided. It is easy to foresee, however, that an agent which can exert the primary stimulating effects, which it has been found to do, would appeal to some; and that the unrestrained habit of resorting to nasal sprays of cocaine by patients may lead to deleterious results.

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FORENSIC MEMORANDA.

SUICIDE BY HANGING: A CASE IN WHICH THE SUICIDE SECURED HIS OWN HANDS.

A FEW days ago I received a warrant to examine the body of a young adult negro, which had been found hanging in the woods not far from his dwelling. The spot chosen by the deceased was a romantic one, at the mouth of a shallow limestone cave, from whose roof numerous stalactitic masses hung. The overhanging ledge at the cave's mouth was topped by thick, heavy vegetation, from which numerous cordlike withes hung dangling; some of these the man had used for his purpose. These cordlike suckers, sent down so profusely by parasitic plants and others in the tropics, will be familiar to all acquainted with tropical vegetation. A strong coffee-shrub, capable of sustaining a man's weight, stood some few feet off from the mouth of the cave. I found the body lying upon the ground, fully clothed. When just discovered, it was still hanging, but the withes sustaining it gave way a little later of their own accord. A slip knot, made with three of the depending withes, intertwined into a naturally-formed rope, tightly encircled the neck, the loop of the slip knot being under the right ear. The hands were fastened down to the sides and