utmost care. The first series was conducted to determine which produced the least irritation, and the patients were injected with all four solutions in rotation, with the result—rather surprising, I must admit—of showing that the simple aqueous solution of the bichloride, two grains to the ounce, produced as little irritation as any of the others. In the whole series of over three hundred injections, there was not a single boil, and only on rare occasions was there induration enough to cause tenderness. The second series showed that the amount of mercury required was the same, whatever solution was employed.

The only reasons to which I can ascribe these results are: thoroughly cleansing the syringe-needle before each injection, and inserting the needle perpendicularly and deeply into the subcutaneous tissue. I believe, if these two points are carefully observed, that mercurial injections may be given with almost perfect safety, and with a solution so simple as an aqueous one of the bichloride.

ROBERT KIRK, M.B., Bathgate.

# REPORTS

OF

## MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN AND IRELAND.

### GUY'S HOSPITAL.

SARCOMA OF THE SUPERIOR MAXILLA AND ORBIT: REMOVAL: SPEEDY RECURRENCE, AND RAPID GROWTH.

(Under the care of Mr. CHARLES HIGGENS.)

ELIZABETH C., aged 40, admitted into Guy's Hospital on March 1st, 1878, had had pain on the left side of her head for four months; and, during the last six weeks, the left eyeball had become prominent and its vision impaired. The eyeball was protruded forwards and upwards; all its movements were greatly impaired; a soft semifluctuating growth was found projecting from the gum above the bicuspid teeth of the left side, and, being punctured, blood only escaped from it. There was no obstruction of the nostril nor bulging in the roof of the mouth; there was fulness in the left temporal region and of the cheek; and a firm growth was to be felt in the orbit below the eyeball. The ophthalmoscope showed the optic disc red and somewhat swollen, the retinal veins large and tortuous. The eye had no perception of light. The case appeared to be one of tumour growing from the body of the superior maxilla and passing upward through its orbital plate into the orbit.

March 4th, 1878.—An incision being made along the lower margin of the orbit, a growth was found to extend backwards along the floor of the orbit, but did not come up to its margin; the eyeball was then excised, and the growth found to extend back quite to the apex of the orbit; a second incision was made from the inner end of the first down the side of the nose and through the upper lip, and the flap was dissected back. The jaw was next separated from its attachments, and, as its body broke in pieces when seized with the forceps, the whole of the bone was removed piecemeal. The growth appeared to have commenced in the wall of the antrum, to have filled it, and then extended backwards and upwards to the base of the skull; a process of the growth had grown through the bone in the position of the infra-orbital foramen, and had projected above the bicuspid teeth. Hæmorrhage was slight, and a few vessels were twisted; the edges of the wound were brought together and secured by a number of fine sutures, and a pad and bandage were applied.

Further examination of the parts removed showed that the greater part of the body of the jaw had disappeared, and the pterygoid plates of the sphenoid and tuberosity of the palate bone had been dragged away. The microscope showed the growth to be composed of large round cells, granular material, and fibrous tissue, forming spaces in which the cell-elements were packed.

March 18th.—The wound in the integuments had healed by primary union. Temperature, 99.2 deg.

April 4th.—The patient had been out of bed for a week; a slight blush was visible on the left eyelids and the bridge of the nose, and was probably due to a collection of pus in the orbit. She was sent to bed, and directions were given for the orbit to be syringed out with carbolic lotion.

April 8th.—She had had an attack of facial erysipelas, which was now passing off.

April 15th.—She complained of stiffness of the jaw, and could ~~not~~ open the mouth. A gland beneath the angle of the jaw on the left side was swollen; the erysipelas had subsided.

April 25th.—The swelling beneath the angle of the jaw had disappeared; she could open the mouth more widely; the cavity left by the removal of the tumour had greatly contracted.

May 27th.—The cavity was nearly closed; and no sign of return of the growth existed. The mouth could be opened about an inch and a half. The patient left the hospital.

June 3rd.—She attended as an out-patient, and a hard nodule was found to be projecting from the sawn extremity of the malar bone.

June 24th.—The patient was readmitted. The nodule on the malar bone had increased considerably. A large mass of growth in the position of the orbit was found, extending into the temporal fossa.

October 4th.—The patient remained in hospital for some weeks, the growth increasing with great rapidity. She then went home. The husband called to-day, and reported that the tumour had increased enormously and was ulcerated on the surface, and that the patient herself was sinking rapidly. It has since been reported that she died on October 15th.

*Remarks by Mr. Higgens*—The question occurs to me, How far are we justified in interfering in these cases? The difficulty of complete removal, and, even supposing this to be accomplished, the extreme liability to return of these tumours, render a successful operation well-nigh hopeless; nevertheless, cures have been wrought. One thing, however, is certain—no half-measures must be adopted; the growth and all parts to which it has attachment must be removed. In the case here reported, far from any improvement taking place, matters were made worse. The tumour, which had been growing amongst resisting structures, was—after the operation—left with a large cavity, covered only by soft parts, in which to grow; and it showed its thorough appreciation of its altered conditions by increasing with surprising rapidity.

### CHARING CROSS HOSPITAL.

CASES UNDER THE CARE OF MR. BELLAMY.

SEVERAL cases of general interest have presented themselves, of some of which we publish a *résumé*.

*Strangulated Umbilical Hernia: Operation: Recovery.*—The patient, an enormously stout woman, seventy years of age, had had a reducible umbilical hernia for nine years, and for six months past had suffered more or less pain, and experienced greater difficulty in returning the mass. On her admission, September 28th, she had all the symptoms of strangulation, and Mr. Bellamy determined to operate at once. He made a straight incision over the tumour a little to the left of the umbilical cicatrix, through the skin and fat, until a quantity of perfectly healthy omentum was reached. Judging that the gut as well as omentum was involved, he passed his finger behind the latter, and felt a knuckle of small intestine nipped by the margin of the umbilical ring. This was nicked with a curved probe-pointed bistoury, and the gut was returned; the omentum, however, being left unreturned, with a view of less disturbance. There was a considerable escape of peritoneal fluid. The patient passed a motion shortly after the operation, had a good night, and no bad symptom occurred.—On October 4th, she had a bad night, and the temperature rose to 101 8 deg., and a quantity of brownish fluid escaped from the wound, whilst the area around the umbilicus, for about the size of the palm, was red and baggy, and the patient complained of great abdominal pain and tenderness. The house-surgeon (Mr. Pattison) opened up the wound and found the superficial fat in a sloughy condition, and some fluid was issuing from the peritoneal cavity. An incision was made in the opposite side of the umbilicus, and a seton of carbolised lint passed through from the original wound. The following day, the pain had gone; the bowels were open; her strength was good. The wound was poulticed.—On October 7th, she still progressed, but a local collection of pus on the right side of the umbilicus was evacuated; the bowels acted regularly, and her condition was very satisfactory. She has now nearly recovered, and will shortly be discharged, a truss having been adapted.

Operations for obstruction or strangulation of intestine protruding from the umbilical aperture are not, as a rule, in obese old persons attended with success. This may result from failure in the diagnosis of the actual seat of mischief, whether it be at the ring, or whether there be involution of the intestine within the abdominal cavity. At any rate, it is an anatomist's operation, and depends on "feel"; and, undoubtedly, the less the parts are exposed, as in this case, the better for the patient, whether treated antiseptically or not.

*Pirogoff's Amputation for Disease of the Ankle-Joint: Recovery.*—The patient was a little girl, about six years of age, who had articular disease some while ago, but, whilst under treatment and progressing, developed scarlet fever. She was sent away, and, after being some while

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at the sea-side, came back, with sinuses leading into the ankle-joint, with great loss of integument. She was suffering intense pain, and Mr. Bellamy performed Pirogoff's amputation in preference to Syme's, chiefly on account of the doubt as to whether the integument had vitality sufficient to form a good flap, and, moreover, because there was no evidence that the os calcis was in any way diseased beyond its articular surface. He employed a slight modification of the operation, in not opening the ankle-joint. The patient commenced to improve immediately after the operation, and is now rapidly convalescent.

*Large Fatty Tumour, with Narrow Pedicle: Removal: Recovery.*—Fatty tumours with pedicles are not common, and this form of the growth adds, perhaps, some difficulty in their diagnosis. The patient was a man about fifty years of age, a professional cricketer, who, twenty-five years ago, was struck on the inner aspect of the thigh, over the adductors, by a sharply rising ball. He dated the growth from the occurrence. The tumour was very heavy, about as large as a child's head, distinctly lobulated, and giving almost the sensation of fluctuation at several points; it was attached to the thigh by a long narrow pedicle, consisting of the two laminæ of integument, and loose areolar tissue containing the vessels. Mr. Bellamy removed the mass by making two semi-elliptical incisions, taking the skin from above and behind the tumour, dissecting it back, and then enucleating the growth. Mr. Bellamy called attention to the great importance, in the removal of non-malignant growths, of retaining as much of the skin as possible, as the subsequent contraction of the redundant tissue was so great that the surface became almost normal afterwards. Some while ago, we published a series of various forms of fatty growths, pedunculated and otherwise, and in unusual regions, such, for instance, as the dorsum of the thumb, with a view of illustrating the difficulty which sometimes may be experienced in detecting the true nature of such tumours. Lücke's method of brightly illuminating the integument in these cases may be of great value in diagnosis.

## RADCLIFFE INFIRMARY, OXFORD.

### ANEURISM OF LEFT FEMORAL ARTERY: LIGATURE OF FEMORAL ARTERY: SECONDARY ANEURISMAL SWELLING: LIGATURE OF EXTERNAL ILIAC: RECOVERY.

(Under the care of Mr. Winkfield.)

For the following notes we are indebted to the courtesy of Mr. W. L. Morgan, M.B., Resident Medical Officer.

H. D., aged 49, a Negro sailor, was admitted on July 20th with a large pulsating tumour on the inner side of the left thigh, at the junction of the upper and middle thirds. His leg was much swollen, and he had great pain in the affected limb. He gave the following history. Having missed his ship at London, he set off to walk to Bristol to meet another. When he started, he was in very good health, and always had been a strong healthy man. After walking for four days, he arrived at a village seven miles from Oxford. He felt some pain in his leg, and this become so violent that he could hardly walk; his leg was swollen, and he felt a "hard beating in his thigh". He struggled on, reached Oxford, and was admitted into the workhouse infirmary, whence he was sent here on the following morning by Mr. Mallam, the surgeon to that institution.

On admission, his condition was as described above. The skin over the swelling appeared thin. Esmarch's bandage was tried; but, from the nearness of the aneurism to the groin, and from its size (about the size of a large orange), the pulsation in the tumour was not completely arrested. Mr. Winkfield subsequently ligatured the femoral, a catgut ligature being used; and for five weeks the man did well; all pulsation ceased in the swelling, and the wound closed; but at the expiration of that time a swelling formed at the seat of the incision, about the size of a walnut, which pulsated, and the skin over which was so thin that it appeared on the verge of bursting. Mr. Winkfield then tied the external iliac, using a silk ligature. The tumour in the groin immediately subsided, and up to the present time he has done well. The ligature came away on the twenty-eighth day, and the incision is now nearly healed. The aneurismal swelling has diminished greatly in size and is much harder.

### ANEURISM OF POSTERIOR TIBIAL ARTERY.

(Under the care of Mr. Winkfield.)

The patient, a gardener, whilst trimming some plants, struck his knife into his left calf, inflicting a small wound, which bled, as he stated, tremendously—a stream of the size of a "wheat-straw" shooting out to some distance from the limb. By means of pressure and cold, the hæmorrhage was arrested, and in two days the wound had healed; but there was a pulsating swelling in the calf. The accident happened in April, and for the first seven weeks afterwards he had great pain in the calf; it then ceased, but the swelling and pulsation continued. He was admitted seven months after the injury, of which the scar was still visible as a small white line about a fourth of an inch long. In the calf was a swelling about the size of a large walnut, projecting to the inner side of the tibia, but little elevated above the surrounding parts. This swelling pulsates forcibly, and a *bruit* can be heard in it. All pulsation is easily arrested by pressure on the femoral. Mr. Winkfield proposes to try the application of Esmarch's bandage.

### SEVERE WOUND OF WRIST.

(Under the care of Mr. Winkfield.)

The patient, an old man aged 73, was admitted into the infirmary in September, with a severe wound of the wrist-joint, severing the extensor tendons of the thumb, the flexor tendons on the radial side of the wrist, and the radial artery. He was blanched from loss of blood, and so faint that he could not sit up. The wound was inflicted with a penknife, and was more than three inches long, but had ceased to bleed. The two ends of the radial artery were found and ligatured, and the wound dressed with carbolic oil. It is now healed, with the exception of a spot of the size of a pea.

In the next bed is a man who also has a somewhat similar injury, but not so extensive. A chisel slipped and wounded the wrist, cutting the flexor tendons and the radial artery. This patient was seen before he came to the infirmary by a medical man, who tied the proximal end of the artery. On admission, the distal end commenced to bleed and was secured. He has made a good recovery, and the wound is nearly healed.

The following surgical cases are at present (October 30th) in the Radcliffe Infirmary:—Double iliac abscess; aneurism of femoral artery; eczema; necrosis of shaft of tibia; specific keratitis; large nævus on buttock; strumous disease of wrist-joint; cataract; extensive necrosis of lower jaw; strumous ophthalmia (two cases); bubo (suppurating); soft chancre; onyx; strumous disease of knee-joint (two cases); hydrocele; necrosis of humerus; eczema (three cases); disease of ankle-joint; ingrowing great toe-nail (two cases); syphilitic onychia; phlebitis; phlegmasia dolens; psoriasis and facial paralysis; dislocation of shoulder (two months old); porrigo capitis; varicose ulcer on leg (two cases); laceration of sclerotic and prolapse of iris; hæmorrhoids; phlyctenular ophthalmia; large abscess on shoulder, with delirium tremens; traumatic aneurism of posterior tibial artery; specific keratitis; thecal abscess; disease of metatarsal bones; disease of hip-joint (four cases); orchitis; psoriasis; sebaceous tumour on arm; eczema capitis; corneal ulcer; traumatic cataract; injury to hip-joint; strangulated femoral hernia; prostatic retention; phimosis; spinal curvature (two cases); onychia maligna; large scrotal hernia; favus.

*Accidents.*—Severely crushed forearm; fracture into ankle-joint; fracture of tibia and fibula; compound fracture of tibia and fibula; fracture of femur (two cases); severe wound of wrist, severing the extensor tendons of thumb and the flexor tendons on radial side, and also the radial artery; chisel-wound of wrist, cutting radial artery; punctured wound of calf; injury to both ankles, caused by jumping from a height and alighting on the soles of the feet; crushed hand; large wound on buttock from the bite of a boar; extensive burn (two cases); fracture into elbow-joint; scald; sprained ankle; compound depressed fracture of skull; severely burnt and lacerated arm; severe burn of face, the effect of an explosion of a blast; severe burn of face and hands (same cause); sprained ankle; crushed hand; two fingers amputated. Total number of surgical cases, 75.

## NEWCASTLE-UPON-TYNE INFIRMARY.

### CASE OF SPLENOTOMY.

By W. C. Arnison, M.D.

T. K., aged 37, was admitted on August 29th, 1878. He was a healthy man until last autumn, when he received a blow in the left side, below the ribs, since which he suffered pain, and his health failed. A few months ago, he noticed a hard tumour in the left side, which grew larger. His family history was good, and he had been a fairly sober man. He never had ague, nor had he been in ague districts.

The left side of the belly, from about an inch below the nipple to the crest of the ilium and to the median line in front, was entirely filled by the spleen; its surface was smooth, and it could be moved by pressure on its posterior border to the left of the spine. Ascitic fluid occupied the abdominal cavity, and was interposed between the spleen and the abdominal wall. The patient was of fair complexion, of waxy pallor, emaciated, and the microscope showed the presence of leuco-

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cythæmia. His appetite was fairly good. He had occasional diarrhœa. He had been under the care of Mr. Anthony Bell, who requested me to see him, with a view to his removal into the Infirmary and undergoing splenotomy. It is almost unnecessary to say that persevering medical treatment had been adopted. The formidable nature of the operation, and its attendant dangers, were fully placed before him; but he insisted upon it being done, and, after consultation with my colleagues, medical and surgical, the operation was performed on September 29th.

Chloroform having been administered, an incision was made in the median line, extending about two inches on each side of the umbilicus. I then passed my hand round the spleen, and found it free from adhesions; the incision was then enlarged and the rectus muscle cut across, the artery being held and secured before the transverse incision was carried through the peritoneum. The diaphragmatic and capsular connections were carefully torn through, and the spleen then easily turned out; it was held up while the vessels, which were considerably enlarged, were tied with three whipcord ligatures; two large sponges were then held round the pedicle, which was divided and the spleen removed. Much difficulty was now experienced in finding and securing one or two bleeding points, which seemed to be in the torn peritoneal connections, and were, of course, very deep. They were at last secured, the belly carefully sponged out, and the wound closed by interrupted sutures. The operation was conducted antiseptically, and occupied seventy minutes, the greater part of that time being spent in securing the bleeding points. I had the kind assistance of my surgical colleagues and of the house-surgeons.

The patient was placed in bed with a pulse of 98 and of fair strength. On recovering from chloroform, he complained of severe abdominal pain, which was relieved by injecting one-fifth of a grain of morphia; but he never seemed to rally from the shock. About four hours after the operation, Mr. Dixon, Senior House-Surgeon, transfused by gravitation two ounces of milk freshly drawn, provision having been made for this in anticipation that it might be required. No more milk would flow into the vein. The pulse rose for a few minutes, but quickly fell, and death occurred five hours after the operation.

The symptoms pointed to shock rather than to bleeding as the cause of death; but the body was removed before this supposition could be verified by *post mortem* examination.

The spleen weighed 7 lbs. 13 oz. After its removal, ten ounces of blood drained out of it.

## GENERAL HOSPITAL, BIRMINGHAM.

### A CASE OF PERIODICALLY RECURRENT PURPURIC HYDROA.

(Under the care of Dr. SAUNDBY, Assistant-Physician.)

THE following case deserves publication, on account of its many peculiarities.

T. W., 30, jeweller, married, was admitted on August 9th, complaining of a skin-eruption and sore mouth. With the exception of this affection, the patient had been always very strong and healthy. At six years of age, he had chicken-pox, and he was told that he "caught cold after it, which drove it in"; and at eight years of age he had his first attack of his present ailment, and since then he had suffered from it about four times annually. He had scarlet fever at 18 very slightly. He had never noticed in himself any tendency to bleed; had never bled at the nose; never blackened much when bruised; never had any venereal disease. He lived well and in a good locality. There was no history of gout, rheumatism, or hæmophilia in the family. His father is living, and very healthy; his mother died of an internal tumour; a brother and sister younger than himself are alive and healthy. The patient had been married five years, but had no family. The attacks always began with headache and slight feeling of *malaise*. After about two days, a few small blisters came out on the hands, small white blisters with red rings round them; these increased in size, became painful, itched, and varied from one to three *centimètres* (about 0.4 to 1.2 inches) in diameter. Their contents varied; in some being simply serous, in others hæmorrhagic. Besides the hands, the feet, the knees, and elbows were similarly affected; while the inside of the lips and the sides of the tongue are covered by the same bullæ and the gums became red, spongy, and ulcerated at their margins. The patient was a small badly developed man of dark complexion. Temperature 98.8 deg. Fahr. There was no notable change in any of the thoracic or abdominal organs. The bowels were open. The urine was of specific gravity 1007, acid, clear, and contained no albumen.

The treatment consisted of confinement to bed, milk diet, and a mixture of turpentine (ten minims), dilute sulphuric acid (fifteen minims), and mucilage thrice daily. The case progressed rapidly towards cure. No more bullæ appeared; those existing began to shrivel; the parts underneath healed, and the epithelial covering was shed, having somewhat reddened surfaces. He was ordered a wash of chlorate of potash for his gums. On August 18th, he was discharged quite cured, with injunctions to present himself whenever a fresh attack occurred.

REMARKS.—This case presents the following points of interest:—1. Its striking resemblance at first sight to scurvy; 2. The absence of any diathetic or other cause; 3. Its frequent recurrence and speedy cure; 4. The difficulty of finding a proper name for the affection. When the patient first presented himself with his lips covered with bloody shrivelling blebs, and his gums ulcerated around their margins, and, turning up his sleeves, showed the large flattened hæmorrhagic blisters about the elbows and the blebs over his hands, it was not unnatural to imagine that we had to do with some scorbutic affection; but the entire absence of any dietetic cause, and the history of the patient, completely negatived such a view.

The second idea which occurred was that it might be connected with the hæmorrhagic diathesis, but questions carefully directed to that end failed in discovering any other symptom of hæmophilia, or any history of gout with which the latter has been said to be connected (Laycock). It is impossible to regard the disease as in any way due to mercurial poisoning from his occupation, as it began when he was eight years of age. Moreover, mercury is no longer used in the jewellers' shops here; and, lastly, there were no other symptoms of mercurialisation.

The frequent recurrence of the disease is altogether unexplained; the patient himself did not connect its appearance with any imprudence in diet, or any atmospheric influence. The speedy cure is not to be attributed to the remedies employed. If he should come under my care in a future attack, I shall confine myself to giving him a wash for his mouth. I have been considerably at a loss for a name to apply to this affection. It clearly comes under the head of bullous eruptions, but does not agree with any of the classical clinical types of that form. The appearance of the blebs corresponds very nearly to the hydroa vesiculeux of Bazin; but they were larger. I have seen the latter disease arise under circumstances which made me regard it as allied to urticaria, as it followed the ingestion of shell-fish, was accompanied by gastric disturbance and passed off rapidly under treatment by remedies suited to that disturbance. No doubt, this is what has been termed urticaria bullosa, but the affection distinctly commenced as a papule. In the present case, we did not enjoy the opportunity of observing the beginning of the eruption; but the patient said distinctly that it began by the formation of small white "blisters". I have ventured, therefore, to call the disease for the present simply hydroa, with the adjective "purpuric" to denote the hæmorrhagic tendency which was so very marked.

# REPORTS AND ANALYSES

AND

# DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

## FOSTER'S IMPERMEABLE INDIA-RUBBER FILM GLOVES.

FOR medical men engaged in obstetric practice, the use of these delicate impermeable films of India-rubber may serve the purpose of averting a serious danger of infection to which many have succumbed. In the *post mortem* room, and in the chemical and physiological laboratories, these thin gloves supply an important desideratum. They are so thin and elastic that they would hardly interfere with delicate manipulations. The makers are P. B. Cow, Hill, and Co., Cheapside.

## IMPERMEABLE MECONIUM POULTICE.

THIS is a strong preparation of Turkey opium converted into extract by exhausting with suitable solvents, combined with inert mucilaginous substance, to which is added thymol water to prevent decomposition during the process of laying on the impermeable backing. It is found to be useful in relieving pain. When moistened with water, it swells, and is then applied. This very elegant and promising application is the invention of Mr. J. B. Barnes of Trevor Terrace, Princes Gate.

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