

# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### METROPOLITAN FREE HOSPITAL.

#### SCROTAL HERNIA (NON-CONGENITAL) WITH ATROPHY OF THE TESTIS.

Under the care of JONATHAN HUTCHINSON, Esq.

A YOUNG man, married, and in good health, came to me with a small scrotal hernia on the left side. Finding that what felt like intestine occupied the very bottom of the scrotum, I assumed that it was congenital hernia, and that the testis was buried amongst the coils. On reducing the latter, however, the same soft, flabby, structure remained in place of the testis. It proved to be an atrophied gland with a small collection of fluid (hydrocele), which, not distending the tunic, left it still flabby. The gland itself, or a part of it at the upper part, was globular and firm, about the size of half a cherry. He told me that he considered "the stone had been wasted for about three years." The other was of fair size. He had been married for six years. He stated that he was quite competent, but his wife had never conceived. No cause for the wasting was assigned.

### WESTMINSTER HOSPITAL.

#### CASE OF TETANUS FOLLOWING A TRIFLING INJURY FATAL IN FORTY-SEVEN HOURS.

Under the care of CHARLES BROOKE, Esq.

[Reported by Mr. ARTHUR BEADLES, House Surgeon.]

THE following is an example of traumatic tetanus following, as is often the case, a slight injury, and proving rapidly fatal. The treatment adopted was that by opiates; which, during the latter part of the case, were of necessity administered by the rectum. Cases of acute tetanus of this class seem to be hardly amenable to any treatment; those cases of tetanus which are occasionally recorded as having been successfully treated being of the chronic and mild character; where the disease seems, in fact, to have a tendency to wear itself out.

B. T., aged 40, married, was admitted into Westminster Hospital on June 14th, 1862, 7 p.m., under Mr. Brooke. She stated that, about a fortnight ago, she fell down stairs and struck her elbow against a pail that was placed at the bottom, which grazed the skin. She also hurt her head; but all went on well till nine o'clock in the morning of the day mentioned, when stiffness of the lower jaw and neck came on, with difficulty of swallowing. When she was admitted, the muscles of the neck and jaw were very rigid, but the mouth could be opened a little by using force. There was an inflamed ulcer on the left elbow, but no other perceptible injury. She was at once put to bed; and ordered to take four grains of calomel and eight grains of jalap, and to have a poultice applied to the ulcer. The powder not acting, an enema was given, and the bowels were well relieved; after which she was given twenty minims of solution of acetate of morphia. She passed a very restless night. Deglutition was becoming more difficult; and there was perfect trismus. The pulse was quick and feeble.

June 15, 7 A.M. Deglutition was much worse. As she was not able to swallow, an enema consisting of an ounce of beef-tea, half an ounce of brandy, and twenty minims of tincture of opium, was injected into the rectum every hour.

10 A.M. She was no better. Tetanic convulsions were very frequent.

2 P.M. The bowels were again relieved, after which the beef-tea enema was retained.

4 P.M. Convulsions were more frequent; even the passing of the syringe-pipe up the rectum was sufficient to cause a paroxysm.

7 P.M. The neck and throat were ordered to be rubbed with a liniment of equal parts of chloroform and tincture of opium.

11 P.M. Perfect opisthotonos was present; and mere movement of the bed-clothes, or the sight of liquids, brought on tetanic spasms.

June 16th, 2 A.M. There was continued spasm; the pulse was very weak. She could not take any nourishment; the pupils were contracted; the skin perspiring profusely. She was quite sensible. She remained in this state till death took place at eight o'clock A.M., June 16, 1862.

## Original Communications.

### IMPERFORATE ANUS: INTESTINE OPENING INTO THE BLADDER.

By W. HOOPER MASTERS, Esq., Thrapstone.

H. M., aged 41, a poor woman, mother of ten children, was attended by a midwife in her last confinement, and delivered of twins, both males, of uniform size and well developed at time of birth. The midwife had given them, early the following morning, a small teaspoonful of castor oil, which had operated freely on one of them; but, observing no effect from it on the other, she was induced "to see if the passage was all right"; but found no orifice. I was requested to see the child the same evening. On examination, I found the anal aperture wanting, and only a minute depression of about the size of a pin's head in that situation. Failing in the attempt to pass a small probe through it, I made with a probe-pointed bistoury an incision backwards towards the sacrum to the depth of about half an inch, but was unable to discover any portion of rectum. The following morning I prolonged the incision backwards, and increased its depth till I could pass my little finger through it; but was still unable to detect the gut. I examined the napkins for traces of meconium; and, whilst I was so engaged, the child passed urine which was very yellow and rather thick, having the appearance of being mixed with meconium, which led me to suspect communication between the intestine and bladder. The child only very sparingly took the breast, and was much wasted. It still continued to pass urine of a dark yellow colour, as before, till within four days of its death, when the smallest quantity of milk taken was returned, and with it frequently a dark yellow fluid, precisely similar to that passed *per urethram*.

POST MORTEM APPEARANCES. The body was greatly emaciated. On tracing the course of the intestines, I found the sigmoid flexure of the colon to terminate in the fundus of the bladder. Upon opening the latter viscus, an aperture just admitting a small probe was perceptible leading into this part of the colon, which at once accounted for the dark coloured fluid appearing in the urine, evidently a portion of the fluid contents of the bowels being allowed to ooze through. The situation of the rectum was occupied by fibro-cellular tissue.

REMARKS. I think this case did not admit of further interference. The operation of making an artificial anus in the left iliac or lumbar regions (particularly as these operations are attended by great mortality in such young subjects) would have been fraught with

great difficulty and uncertainty, owing to the position of the gut. Being strongly led to suspect that the intestines communicated with the bladder, I did not deem it justifiable. It is worthy of notice that this child lived nine days.

### FIBROID INFILTRATION OF THE STOMACH, CONSEQUENT ON CHRONIC GASTRITIS.

By PERCY BOULTON, M.D., Beverley.

E. M., aged 22, had led a most immoral life, and had gonorrhœa three times before she was fourteen years of age. Three and a half years ago, after confinement (her first and last), she began to complain of a burning pain at the region of the stomach, and was treated by a dispensary doctor, evidently for acute gastritis, most probably brought on by the excessive use of raw spirits, for which she had from her youth had a great predilection. This had run on to the chronic form, partly from the more frequent use of ardent spirit to deaden the pain, and partly from neglect; and thus matters had gone on gradually getting worse, till last February.

Between last February and the 6th of October, the dispensary doctor had, at intervals, prescribed either hydrocyanic acid to relieve sickness, or astringents for the concomitant diarrhœa; but since the first attack (three and a half years ago) nothing had been done towards allaying the chronic gastritis.

On Monday, the 6th October, the mother came in a great hurry for me, thinking that her daughter was dying, and wished me to examine her (which had never before been done), and to tell her disease and present state.

I found her dreadfully emaciated; the limbs were slightly œdematous; and she was too weak to speak but in a whisper. Her pulse was imperceptible, or nearly so. I ascertained that she was not pregnant, and that the catamenia had appeared at the usual time, and in the usual quantity, etc., about a week previous. She complained of great pain at the region of the stomach; and, on examination, a tumour, as large as a cricket-ball, was felt, hard and tender on pressure.

I found that everything which was taken was vomited instantly with great force; coffee-ground vomit accompanying, and some times pure blood alone. In consequence of the vomiting, no food had been kept on the stomach for many days. It was evident at once, that a hypertrophied and hardened stomach was the cause of these appearances and symptoms; and, considering her very young to have cancer of the stomach, I told her friends that it was a disease resembling cancer of the stomach, but not cancer—meaning the cirrhotic inflammation of Dr. Brinton.

She lingered on for one week, during which time I ordered mustard or fomentations to the parts externally. As nothing stayed on the stomach, I ordered food and laudanum *per anum*, and tried to settle the stomach with ice, chloroform, opium, etc.; but all to no use, and she died on Monday the 13th October.

I got leave to make an opening in the abdomen to examine the stomach, and found the following appearances.

The stomach, immediately on opening the peritoneum, appeared as a more or less purple livid tumour, as large as a good sized cocoa-nut. After dissecting for some time to separate it from the surrounding parts, I found that it was so adherent to a hob-nail liver, the diaphragm, etc., that I should have to remove far more than I expected, in order to get the stomach entire, and more than the friends wished; I therefore made an incision into the viscus, when there followed an immediate flow of watery fluid and collapse of the organ. I then discovered a perfect cast of the stomach of a gelatinous consistence, lying, also collapsed, inside the stomach. This curious cast looked exactly as if made of hard-boiled white of egg,

and was very like it in every respect. Unless it were diseased and hypertrophied mucous membrane, it was perfect abnormality; for after removing it entire, the stomach itself inside was covered with a thick layer of a fibro-cartilaginous material—white, uneven and corroded thicker at some parts than at others; in fact, representing exactly what one would expect in a case of fibroid infiltration consequent on chronic gastritis, or what Dr. Brinton has called the "cirrhotic inflammation." I should think so diseased a stomach has rarely been seen in so young a subject before.

### RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 507.]

CASE XVIII. *Puerperal Disease.* On July 18th, I was summoned to a distance to see a lady who had been confined several days. She had had several children before, and on two occasions her labours had been followed by an attack of phlegmasia dolens. On the present occasion she had a chill before labour, but went on well for a day or two. Then another chill occurred, followed by great depression, and other symptoms indicative of poisoned blood; the lochia were one day very offensive, and then almost ceased. She became intolerant of light and noise, and it was with great difficulty she could be kept from fainting. Her pulse rose to 120, and was feeble; her respiration was panting or sighing, and her mind slightly wandered. The abdomen was distended, but not painful on pressure. Her surgeon had very judiciously got the bowels open, and applied turpentine stupes to the abdomen; and when I arrived in the afternoon of the 18th, she was better than she had been in the morning, both patient and surgeon attributing the amendment to turpentine. The pulse was down a little below 100, her mind was tolerably clear, although her aspect still unfavourable, and she appeared much exhausted. We agreed to persevere with the turpentine externally and also to give it internally should there be any increase of the symptoms; but not otherwise, as she expressed great repugnance to it and felt sure it would make her sick. We also allowed wine freely, and ordered a turpentine enema if anything were required for the bowels. The vagina to be thoroughly washed out daily.

In conversation, Mr. — expressed equal confidence in the turpentine treatment with myself, and said he had not lost a case of puerperal fever since he employed it.

August 7th. He writes, "Our patient has been progressing favourably since your visit, but her tongue remains coated in the middle with a dark fur, which has increased since you saw her. In every other respect, her recovery is perfect." Again on the 10th, in answer to further inquiries, "There was no occasion to give turpentine internally, nor even by enema; it was only applied to the abdomen for two or three days after you saw her."

CASE XIX. *Severe Puerperal Disease.* On Friday December 7th, 1860, I was requested by Mr. — to visit a robust florid Irishwoman, the wife of a small farmer and dealer; but, although of strong and healthy appearance, some doubt had been expressed as to the condition of her lungs; and two or three of her brothers, also fine looking men, had quickly succumbed under illness. She was confined the Monday before; labour was natural and not prolonged; but for some days previously she had crampy pains in the uterus, sufficiently severe to require opiates to subdue them. On Tuesday evening she had a chill; and was restless in the night, having at times severe pains in the abdomen. Mr. — gave a dose of six drachms of castor oil and half an ounce of oil of turpentine, and opiates afterwards. On Wednesday, the lochial discharge