Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

EPITHELIAL CANCER OF THE PENIS.

Under the care of HENRY LEE, Esq.

[Reported by EDGCOMBE VENNING, Esq., *Surgical-Registrar.*]

W. M., aged 40, a clerk, was admitted into the Grosvenor Ward, on the 3rd of the present month. He gave the following history. Nineteen years ago, he was affected with syphilis and gonorrhœa (at different times, but in the same year). Two years afterwards, he perceived some warty growths on the foreskin, and was under treatment for them in the country for two months, at the end of which time the growth had become so big, that the foreskin sloughed under the pressure it caused. The latter was then freely divided, and caustics were applied to the growth for three months, and they decreased much in size. About this time, he perceived that the growth was also attached to the penis behind the corona glandis, as well as the prepuce. In 1845, he was made an out-patient at the Margate Infirmary, being under treatment there from the end of May to the end of October. In 1848 (finding the growth had decreased much in size, and gave him little inconvenience), he married, and his wife has since had six children, all quite healthy.

In October last, an ulcer appeared at the lower part of the old warty growth, and he treated himself until the following January, when he again put himself under medical treatment. In April last, he was first seen in consultation by Mr. Henry Lee. Shortly before admission, he again applied to Mr. Lee, who advised his coming into the Hospital.

On admission, the penis gave one the idea of being one mass of epithelial growth; not growing like a simple warty disease upon the surface of the penis, but entering minutely into its structure. This extended down very nearly to the junction of the penis with the abdominal parietes; and there were deep sloughs entering into its structure.

July 4th, 1861. Mr. Henry Lee removed the whole of the diseased mass today. There was a little hæmorrhage from the dorsal artery, but this was soon secured. After this, an incision was made into the urethra at its lower margin, and the flaps so made were secured to the surrounding structures, so that the mucous surface of the urethra was brought into contact with the skin.

July 15th. The wound is now quite clean, and the man is recovering rapidly.

Dr. Druitt has examined the diseased mass microscopically, and says: "The tissue, no doubt, began as a warty growth, for the surface is covered with it, and with an exuberance of papillæ and epithelium. The epithelium is a truly infiltrating growth in this instance; for on examining small pieces of subcutaneous areolar tissue close to the point of amputation and likewise in cutting across the corpora cavernosa, I found that the elements of epithelium were infiltrated amongst them both. The disease therefore is epithelioma, or, as some call it, epithelial cancer."

Original Communications.

NEURALGIA AFTER PARTURITION.

By HENRY NUTTALL, M.D., Leicester.

[Read before the Leicester Book Society.]

THE subject of neuralgia after parturition is one to which but little attention has been given, if I take the books within my reach as my informants. It is, however, interesting; inasmuch as most practitioners in medicine, and especially in midwifery, have met with cases which, from painfulness and long continuance, make it the more important that every stray waif of information within our reach should be sought after, in order that we may bring that kind of treatment to our distracted patient which shall soonest restore the part affected to its healthy condition.

Two cases of this very painful disorder have lately occurred in my practice, both of them being in women of the lower orders. Both have had large families; neither of them had had any neuralgic affection after any of their previous labours; nor could either of them give any satisfactory history of the cause. One woman was attended in her confinement by myself, kindly assisted by Mr. Thompson; and in this case the pain was very acutely felt in the left hip and thigh, as a severe crampy pain, twenty-four hours before the birth of the child, and continued uninterruptedly afterwards. Delivery was effected by operative interference. In the other case, the labour was soon over; a midwife attended; and no neuralgic pain was felt until the fourth day after confinement, when the principal seats of pain were the calf of the leg and sole of the foot.

The first case, which has a priority of time in its occurrence, occurred in the person of E. N., a married woman, aged 36. She states that she has had twelve children, and that they were all born without any instrumental aid; that some of her labours were very lingering; and that the boys caused generally much the hardest and most lingering labours. On October 2nd, Mr. Thompson was, by some error, sent for to see this patient. He found the head presenting naturally; the os uteri then not fully open; and, by some prescient divination, diagnosed not only a lingering labour, but most likely an instrumental delivery. On the following day the case fell into my hands; and, true to Mr. Thompson's augury, there seemed no chance of delivery but by the forceps. I attempted the application of the short forceps, but found them slip every time the handles were approximated in order to lock them—one blade always slipping towards the hollow of the sacrum. The head was too tightly wedged to admit the instruments in the antero-posterior diameter. After several ineffectual attempts, and knowing that Mr. Thompson had seen the patient the previous day, I requested his assistance. The difficulties which had foiled me were invincible by him; we therefore determined to perforate; and, by this means and extraction, we terminated the labour. It was expected that the pain in the left hip and thigh, which had been almost uninterrupted from the preceding day, would now abate; but, although in every other particular our patient was remarkably well, considering the state of exhaustion to which she had become reduced, instead of this expected (and I think I may say usual) course, the pain became more aggravated, especially in the night, and continued chiefly in the hip and outer part of the thigh during four or five days; after which, period it was felt down the front of the leg and dorsum of the foot, where it became fixed. The limb was very painful on being moved, but not particularly sensitive to the touch; it had no un-

usual appearance nor heat of surface; the groin was neither tender nor swollen. During this time, the pulse ranged about 100; she had slight feverishness and thirst. A little semi-sanguineous discharge took place. The patient declared herself tolerably well, except the pain in the leg, which was a constant source of misery to her, preventing her from sleeping and eating; and, even after two or three weeks of lying in bed, it became aggravated in the recumbent position. After suffering this time, and getting no sleep but by large opiates, she would hobble about the house, being exceedingly lame, constantly rubbing her hip and thigh, bemoaning her miserable condition. As, however, week after week passed on, by the use of a nightly opiate, with large doses of the sesquioxide of iron during the day, fomentations and friction, and an occasional aperient—and I suspect, most of all, by the remedial efforts of that truly beneficent power which is implanted in our nature, and which is so often powerful to overcome that which is amiss—day by day her strength improved, her power of endurance became greater, her pains became less, her lameness became less evident; and, whatever be the exact pathology of this case, E. N. is now (March) tolerably well, and daily attending to her household duties.

The other case, which occurred to me four days after Mrs. N.'s, presents many features similar to hers, but in some particulars it differs. I will give its history in as few words as I can to make the case intelligible.

Amy A., aged 39, has had ten children, all born without instrumental assistance. She has never suffered from neuralgia or other painful disorder after her previous labours. She was delivered on September 29th, after a short and easy labour, lasting only an hour and a half. She was attended by a midwife. Just as she was thinking about getting up on the fourth day after confinement, she felt a severe pain in the sole of the right foot and ball of the great toe. This, however, did not deter her from getting up; but, on raising herself and being dressed, the pain became more intense; it also seized the calf of the right leg and hip; but in the course of a few minutes the pain left the hip, still continuing in the calf of the leg, the sole of the foot, and particularly in the ball of the great toe. This state of matters continued; and she was glad soon to go to bed again; and by taking an aperient, wrapping her leg in flannel, getting up for a short time only every day, and using those simple means which her friends advised her, she went on to the tenth day after confinement without medical aid, suffering considerable pain constantly in the foot and calf, occasionally in the thigh and hip, and sleeping but little. At this period I was called in to see the case. She was sitting in her chair, with the affected limb wrapped in sundry thicknesses of flannel, and having it rested on another chair, unable to move it, except with very considerable pain. It was tender to the touch, of normal appearance and temperature. She had no pain in the groin; the countenance had an anxious, wearied appearance; pulse 90; bowels open. She complained of slight chilly sensations, but no distinct rigor. Her chief complaint was of agonising pain, by day and by night, but less in the night. I ordered warm fomentations, opiate frictions, an opiate at night, steel mixture during the day, and an occasional dose of castor oil. At her urgent request, permission to get up for a few hours during the day was granted. This treatment was continued for a week, with some, but not very decided relief. I then requested her to continue in bed, and added quinine to the other treatment. This was continued another week, with further improvement to the general health, the pain being clearly less, but still very troublesome. At the expiration of the week she was again very anxious to get up. This being granted, she found herself so lame and the foot so numbed, as well as the pain great, she could with difficulty walk across

the room; but persevered steadily in her treatment, until, the pain lessening gradually, the appetite and strength improving, she is now going about her domestic duties, not entirely free from pain, but tolerably well.

Romberg is the author to whom I am chiefly indebted for information relative to the causes and circumstances attending neuralgia of the sciatic nerves; but even he appears to me to have written on the subject without any very clear or definite notion of the impression he wishes to convey to his readers, especially as regards the treatment of the affection. I will read what this learned author says. It will then, I think, be evident to all of you that, from the *mélange* which he adduces of the causes of the affection we are considering, he does not lead his reader to discriminate between neuralgia properly so called and sciatic rheumatism, with which we are familiar. He says:—

“Daily experience shows that there is no cutaneous nerve of the lumbar and sacral plexuses, from the arch of the pubis to the tip of the toes, which may not be affected by neuralgia.” Its causes are “intestinal and uterine affections, such as accumulation of fæces, a wedging in of the child's head in parturition, tedious labours, the latter months of pregnancy, the lifting and carrying of heavy weights, fatigue, etc.; *rheumatism brought on by lying on a cold damp surface when heated*, by standing barefooted, being wetted to the skin, and sleeping against a cold damp wall.”

Here, it appears to me, some explanation is required; for, however rheumatism induced in the various ways just mentioned acts upon the remote fibrils of the nerves distributed to the leg and foot, and producing pain in them, it must ever be borne in mind that neuralgia, whether it have its origin in traumatic injury, hysteria, or spasm, or rheumatism induced in one or other of the various ways mentioned by Romberg, although manifesting itself in very similar outward signs, can only be properly treated by bearing in mind its cause, and particularly so when rheumatism is its cause; for in sciatic rheumatism, instead of the nerve being injured, the disease probably exists in the neurilemma or nerve-sheath, or perhaps more frequently in the fibrous sheath which envelops the sciatic nerve; or, in a recent and acute case, the blood is probably the source of the disease; for we sometimes see sciatic rheumatism existing with or alternating with rheumatism in other parts of the body, and requiring for its treatment an antirheumatic, not an antineuralgic treatment. Cure the rheumatism, and the neuralgia will cease; but in neuralgia arising from injury—traumatic neuralgia—which is the cause in the cases I have read to the Society, only two kinds of treatment are indicated: the first must be that which shall relieve neuritis (supposing there be any in the pelvis); and the second that which all experience shows to be so valuable in genuine neuralgia.

Diagnosis. The only diseases likely to be confounded with neuralgia of the sciatic nerve are, sciatic rheumatism, of which we have just spoken, and the most frequent causes of which have been mentioned; and neuritic sciatica, the symptoms of which, Dr. M. Hall says, “consist at the first of augmented sensibility and of augmented muscular contraction—in other words, of pain in the nerve, and of spasm and quivering of the muscles to which the nerve is distributed. Afterwards there is numbness or a sense of pins and needles in one (the outer) side of the foot, and muscular debility. These symptoms are perfectly distinct and pathognomonic. During recovery, they subside, and leave a distinct tenderness along the course of the nerve, and a disposition to augmented action, or cramp in the muscles. On one occasion, when the pain and numbness and muscular quivering and weakness had greatly subsided, there was such excruciating pain and spasm in the gastrocnemii, on attempting to pull off the boot

without the aid of a bootjack, that the patient had almost fainted away. Mercurial and other purgative medicines, but especially a hot bath every night on going to bed, at 103°, for fifteen minutes, were the most effectual remedies. Fomentations did good. There was a disposition to an early morning exacerbation. The jar of a carriage was intolerable. This neuritic sciatica is of an essentially different character from any muscular rheumatism, as lumbago. As the latter is inflammation of the muscular fibre, the former is most distinctly, in its twofold set of symptoms, a neuritis. The numbness is similar to that experienced in the second stage of odontalgia, doubtless from hyperæmia of the neurilemma and compression of the nervous substance."

Romberg, stating the diagnosis of sciatica, says: "Until very recently, pain confined to the *trunk* of the sciatic nerve has been looked upon as the pathognomonic sign of sciatica, and the proper diagnostic appreciation of sciatica has been impeded by attending exclusively to the *course* of the sciatic nerve. The definition of a peripheral nerve was limited to its superficial distribution, and that part which is concealed in cavities and passages was overlooked. If we except the rare cases of sciatic neuritis resulting from injuries or ulceration of the thigh, that part of the nerve which lies within the pelvis in the lumbar and sacral plexus and near the spinal cord, is the one which, on being subjected to irritation, produces the neuralgic symptoms in the leg, according to the law of eccentricity. To this circumstance we must attribute the sympathetic affections and the implications of mobility. The pain in the sacrum which is commonly present, must be interpreted in this way: the affections of the motor fibres, which are in juxtaposition with the sensory filaments in the sciatic nerve, and are generally subjected to the same influences, shows itself in the spasm of the calves, in the tremor of the muscles, and in the impaired motility."

These phenomena are very palpable in a difficult labour, where the sciatic plexus is dragged and irritated by the head of the child. The parturient female feels the cutting, penetrating pain, not only in the sacrum, but in the thighs, the calves, and the toes, according as the sciatic cutaneous nerves are irritated, one or more, in the pelvis. At the same time there are painful muscular contractions, especially of the gastrocnemius. The irritation of the sciatic nerve may be so considerable, as to leave an enduring affection which threatens danger after the birth of the child. I have had occasion to notice three such cases. Valleix has described a similar case, in which permanent lameness of one foot ensued. As we have no dissections, it cannot be positively determined, but it may be assumed, that in these cases neuritis had taken place in the compressed plexus within the pelvis. Two of the cases seen by Romberg were in women of the lower orders, and had been delivered with the forceps by an inexperienced person, and they were attacked by the pain in forty-eight hours. The other case, a delicate lady, aged 28, was delivered by one of our most experienced accoucheurs with the forceps, and was seized with the affection on the tenth day. Under suitable treatment, the violent pain in these cases yielded after a fortnight, but the convalescence was tedious. In all these cases, the sensibility and motility of the affected leg remained affected; in one woman, there was anæsthesia of the sole of the foot, so that she did not feel the insertion of a needle; in the two others, a troublesome source of weakness continued when the foot was moved and fatigued. The particular kind of treatment in these cases is not mentioned.

I have nothing further to say, than that the two cases whose histories I have read differ, as you will have perceived, somewhat from those mentioned by Romberg, as well as from each other. In the former of my cases, the

pain was felt and loudly complained of twenty-four hours before the termination of labour. This fact precludes, satisfactorily to my mind, the notions which Romberg hints at, that the indifferent manner in which the forceps in two of the cases mentioned by him, were used, was the cause of the subsequent neuralgia.

The pain at first and for several days was located in the left hip and thigh, and subsequently in the front of left leg and dorsum of the foot, parts supplied by the peripheral branches of the external popliteal nerve; in these respects, as well as in the period of the commencement of the pain, as also in delivery being by instrumental aid in the one case, naturally in the other, differing from the other case which I have read; the pain in which was chiefly felt in the calf of right leg and sole of right foot—parts supplied by the peripheral branches of the internal popliteal nerve—and the invasion of the disease being on the fourth day after delivery. They also differ somewhat in regard to the pain being in the former case always increased in the night, whilst in the latter it was less intense. In both of these cases, the illness has continued to nearly this time (March), but great allowance must be made for the circumstances in which these poor unfortunate patients were placed, having no proper nurse, no proper diet, and the other curative measures indifferently carried out.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton, Bristol.

V.—OPERATIONS ON THE EYE.

[Continued from page 627.]

Strabismus. CASES CCCXXVIII — DCX (inclusive) are represented by one hundred and eighty-three instances of operation for the cure of squint, of which I have kept a record; and, as to particularise each one of them in the pages of the JOURNAL would be impossible, I have brought them together, and have briefly arranged them as follows:—Seventy were male, and one hundred and thirteen female; they varied in age from 4 to 51 years; in eighty the right eye was operated on, in eighty-six the left, and both in seventeen; one hundred and seventy-four were internal, eight external, and one inferior; forty-eight were below 10 years of age; fifty-one between 10 and 15; fifty between 15 and 20; twenty-six from 20 to 30; and eight above 30.

In six, there was no improvement; but in almost all the rest the cure was very good. In ten, a granulation appeared, which required to be snipped off; and in nearly all the sight was improved in a very marked degree. Forty-one were operated on under chloroform; but for the last two or three years I have invariably refused to give it; and if patients insist upon it, for this operation, they must go to some other surgeon. It appears that there have been recorded at least two deaths from chloroform in children who were to have been cured of squint, and many more may have happened; and to avoid the pain of a slight operation undertaken to remove a deformity, when there is no danger to life, is not worth this amount of risk, small though it be; and to insure complete temporary paralysis of the muscles of the eye, the anæsthetic must be administered to its full extent. I have only in one or two instances found patients refuse to submit without chloroform; and that it is not necessary, I think it a sufficient proof to say that I have operated on children of the ages of 4, 6, 8, 9, and 10, who have remained quite steady, and in whom the operation was as readily and satisfactorily performed as in any others; and if at that age by a little persuasion they can be made to bear the pain, it is surely better than the inconvenience and risk of chloroform. In one