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[NEW SERIES.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

BRISTOL ROYAL INFIRMARY.

STRANGULATED UMBILICAL HERNIA IN A MALE SUBJECT: OPERATION: RECOVERY.

By AUGUSTIN PRICHARD, Esq., Surgeon to the Infirmary.

J., aged about 40, a labouring man, was admitted under my care on the evening of the 30th of September last, suffering from strangulated hernia. He had been the subject of rupture at the umbilicus for some time, but the intestine seldom came out; but the night before his admission, as he was lifting a heavy plank, the tumour suddenly reappeared, and he could not return it. A surgeon saw him, and attempted reduction by the taxis, as far as was advisable; and as this failed, he was sent to the Infirmary. The symptoms of strangulation were urgent.

I tried to reduce the tumour, which was tense and very painful and as large as a small apple, by pressure and manipulation, whilst he was under chloroform, but it failed; and I operated about eight o'clock in the evening. Below the umbilicus were three small round scars, which were the marks left by the trocar; the patient having formerly had dropsy, and having been tapped three times, and recovered completely after the last tapping. I made a small vertical incision at the upper part of the tumour; and, after trying to find the edge of the stricture without opening the sac, which I was unable to do because of the tension of the swelling and the extent to which it overlapped the circumference of the aperture, I divided the peritoneum, and passed a curved director through the opening without much difficulty, and divided the edge to the extent of about a quarter of an inch. The sac was full of fluid, and contained a knuckle of small intestine, moderately dark, but preserving its polish. It was returned without difficulty. A large quantity of serous fluid was afterwards squeezed from his abdomen through the wound, amounting perhaps to two or three pints; but the quantity was not measured. A suture was introduced, and plaster and bandage applied; and when he recovered from the chloroform, he was given a draught containing twenty minims of laudanum. The vomiting and all the other symptoms ceased from this time.

On the third day after the operation, his bowels were moved in a natural way; and on the fourth, I removed the bandages and the stitch, and found that the wound had healed entirely by the first intention; no particle of pus having appeared.

I kept him in the Infirmary a few days after this date, as he was suffering from catarrh; and I wished to have a suitable truss made before he left.

He was discharged cured about October 14th.

REMARKS. The peculiarities of the case are merely the comparative rareness of umbilical hernia in men, and particularly of strangulated umbilical hernia; but the coverings of the abdomen in this instance had been nearly as much stretched by the peritoneal fluid when he had the dropsy, as it is by pregnancy in women, and therefore he was more liable to hernia. I think it probable too that he was less susceptible of peritonitis from the injury to the serous membrane inflicted during the operation, because his abdomen had been well stretched by the fluid, and had already thrice been opened by a trocar.

I never operated on a case of hernia, of any kind, in which the subsequent recovery was so rapid and uninterrupted.

UNIVERSITY COLLEGE HOSPITAL.

OPERATION FOR VESICO-VAGINAL FISTULA.

By Dr. BOZEMANN, of Alabama.

[From Notes by J. S. WILKINSON, Esq., House-Surgeon.]

THE attention of the profession having been strongly excited by the pamphlet of Dr. Bozemann of Alabama, on the subject of the cure of vesico-vaginal fistula, and that eminent surgeon having recently visited London and Edinburgh, the opportunity was not lost by the surgeons of those cities for seeing the method which has proved so successful in America. Accordingly, Mr. Erichsen, having at the time a case under his care, invited Dr. Bozemann to operate in the theatre at University College Hospital; and two cases in Edinburgh were also, as we are informed, operated upon by the American surgeon. The result cannot, indeed, be said to be very encouraging, since the case which we are about to detail did not succeed, and one of those in Edinburgh is reported to have died of peritonitis; the other is said to have been completely successful. This, however, does not form any argument against Dr. Bozemann's method of operating, since scattered unfavourable cases will occur in the practice of every operator; and the method referred to has been tested by our London surgeons, among whom we would name especially Mr. Baker Brown, and has obtained an amount of success which was unheard of under any of the previous methods. One of these cases, which had been operated upon with complete success, as far as the cure of the vesico-vaginal fistula was concerned, we had an opportunity of seeing in the theatre of St. Mary's Hospital the other day, and shall be enabled shortly to report to our readers. Meanwhile, we will only express the opinion (which we believe further experience will confirm, notwithstanding his partial failure in this country) that Dr. Bozemann's exertions have materially increased the resources of surgery in this distressing and hitherto intractable affection.

CASE. Eliza Coling, aged 41, a robust healthy looking female, and the mother of two children, was admitted into this Hospital April 13th, 1858. She had experienced nothing abnormal in her first confinement, but the last (in August 1857) was prolonged, lasting forty hours, and difficult, the child being preternaturally large, and delivered dead by the forceps. (She states that she was sixteen days beyond her time.) On getting up, on the tenth day after delivery, she found the urine continually dribbled from her *per vaginam*; and she could not control it. When lying down, she could only retain a small quantity; the parts implicated became sore, and the patient suffered much consequent distress.

April 21st. On examination being made whilst under the influence of chloroform, and her body placed on her chest and abdomen, a catheter was passed into the bladder, which revealed an opening situated far back and close to the cervix uteri. Mr. Marshall applied the galvanic cautery, without any good result; and it has, on many successive occasions, been equally ineffectually applied.

July 9th. Dr. Bozemann being in London, Mr. Erichsen was anxious that his class should witness his method of treating vesico-vaginal fistula, and accordingly requested Dr. Bozemann to examine, and, if he thought it desirable, to operate on her.

July 21st. The patient having been subjected to proper preparatory treatment, Dr. Bozemann operated after his plan, in the presence of a large body of spectators, who were anxious to see his method. The fistula, which was a little more than half an inch long, and situated transversely, was so far back, and its posterior edge in such close proximity to the cervix uteri, that it was necessary to implicate a part of the latter to bring the edges together. In fixing the apparatus, three wire sutures were employed, the middle one passing through some fibres of the cervix, and the others through the vaginal wall; the ends

of each suture were then brought together, and passed through corresponding holes in a small oval metallic plate, a little larger than the fistula, called the button, and made secure with clamps on its outer surface. The operation lasted about an hour. The patient suffered much pain for an hour after, when she began to feel comfortable. A catheter, after the fashion of an italic S, was introduced into the bladder, and left in; and her knees having been drawn up and protected from the clothes by a cradle, the urine was received in a small earthenware pan. She was dieted on a pint of beef-tea, a pint of beer, and biscuits. Her bowels were to be kept confined until after the separation of the suture apparatus, by means of one grain of opium given occasionally, whenever the bowels felt inclined to act.

July 22nd. The patient had slept well. She was quite free from pain about the vagina, but complained of tympanitis. The urine was kept running away, as fast as it was secreted, through the catheter retained in the bladder. Every twelve hours, the catheter was taken out, cleaned, and reintroduced; and the vagina was well syringed out with cold water.

July 23rd. She slept pretty well. Pain and tympanitis continuing, she was ordered to have ten minims of oil of turpentine on a lump of sugar. This afforded considerable relief, and was ordered to be repeated when necessary. The catamenia had appeared. The treatment was the same, except that the vagina was syringed out with warm water.

July 30th. The patient had passed the intervening period pretty comfortably; and, the suture apparatus having been fixed for ten days, according to Dr. Bozemann's request, in his absence Mr. Marshall proceeded to remove it, in the following manner. The bed being placed with its foot towards a window, and the patient kneeling with her head buried in the bed, three spatulae, as used by Dr. Sims, were introduced into the vagina, one on each side, and the other against the posterior wall, and the parts dilated as best they could be; whilst another assistant introduced his forefinger, and depressed the anterior wall. Mr. Marshall, by means of a long pair of dissecting forceps and a strong pair of scissors, now snipped the wires and clamps across, removed the clamps and button, and, having cautiously opened the wire sutures, gently withdrew them. After their removal, the parts, to all intents and purposes, appeared united, and the operation appeared to have succeeded. Subsequently, the patient was kept in the same position as before the operation; the catheter was retained; and her bowels were kept confined by the opium.

August 3rd. Things having progressed favourably for a few days, it was deemed advisable to have the bowels relieved by an enema of two ounces of olive oil in half a pint of barley-water, which was effectually administered on this day. When the bowels acted, the catheter was taken out, and was afterwards left out for the space of an hour and a half. On introducing the catheter at the expiration of that time, but a few drops of urine were to be drawn off; and the patient complained that the urine dribbled away, which was put down to the continued presence of the catheter partially paralysing the urethra, and was accordingly slighted.

August 11th. The same phenomena manifesting themselves on several occasions, it was seen, by taking out the catheter and sponging the vulva and meatus urinarius externus, that the urine was passed *per vaginam*; and, on further examining the cicatrix, it was found either to have rent asunder again, or that the first appearance of union was delusive. Since then, the patient has gone into the country, to recruit her general health and strength.

ST. GEORGE'S HOSPITAL.

FIBROPLASTIC TUMOUR ORIGINATING IN A GANGLION OF THE WRIST.

Under the care of PRESCOTT G. HEWETT, Esq.

[Continued from page 239.]

At page 239 will be found the commencement of a case in which a fibroplastic tumour, apparently originating in a ganglion of the wrist which lay in connexion with the radial artery, was operated upon by Mr. Prescott Hewett. The future progress of the case offered so much of interest that we shall lay a short account of it before our readers. The operation referred to consisted in exposing the diseased mass, and removing it from the tendon of the extensor ossis metacarpi pollicis, as far as that could be done without injury to that tendon, which was clearly exposed by the operation, its sheath having been involved in the disease. The parts were very

vascular; and, during the operation, extensive hæmorrhage occurred: this was checked by pledgets of lint and a tight bandage. Subsequently, the case was treated by the frequent application of powerful caustics (chloride of zinc at first, in the form of two parts of the chloride to one of chalk, and then potassa fusa occasionally), as the granulations, which were very exuberant, sprouted up. The case went on in this way for many months. It is noted on August 4th, that the slough used at first to come away kindly, and expose a healthy surface; but that of late the growth had begun to spread, notwithstanding the application of the caustic; and that, for the last three weeks, it had begun to encroach on the front of the ball of the thumb. He was also beginning to lose flesh and colour, and showed such evidence of cachexia, that this, with the luxuriant appearance of the granulations, induced some of those who saw the case to believe it one of malignant disease. There being no enlarged glands in connexion with the diseased mass, which Mr. P. Hewett still thought was purely of a fibroplastic nature, he determined, finding that the caustic treatment had failed, to try again and remove the growth by the knife. This was accordingly done on August 5th. Every particle of diseased tissue that was detected was removed; and, as the periosteum of the radius was found to be implicated, it was to some extent scraped off. The radial artery enveloped in the disease was cut across, and both ends tied. The tendon of the extensor ossis metacarpi pollicis had previously sloughed for some distance, owing to exposure and the application of the caustic. Extensive hæmorrhage occurred, principally, however, from the diseased tissue. The parts were afterwards covered over with bits of blue lint,* and a bandage put over the whole. In due course of time, the sloughs produced by the blue lint came away, after which the whole surface presented a perfectly healthy appearance. The wound healed gradually, without any further symptoms. The sore, originally a very large one, contracted to a great extent, so that ultimately a cicatrix, about an inch in length, and firmly adherent to the bone, was all that was left. Notwithstanding the loss of the tendon, the motions of the thumb are but little affected, and the man has all but recovered his usual good health.

KING'S COLLEGE HOSPITAL.

BADLY UNITED FRACTURE: FORCIBLE STRAIGHTENING.

Under the care of R. PARTRIDGE, Esq.

[From Notes by W. LIDDON, Esq., House-Surgeon.]

W. E., aged 30, was admitted into King's College Hospital on July 15th, 1858, with deformity of the left leg, resulting from getting about too soon after a fracture. He said that twelve years ago he broke his leg; it was set, and a perfectly straight limb was the result: that four years ago he fell through a ceiling, and again broke the same leg at the same point, both bones being fractured; in the course of six weeks he began to get about, and continued to do so until two years since, when he fell and broke his leg for the third time. Splints were kept on the usual period, after which he began to bear his weight on it; but the leg giving a little at the seat of fracture, splints were again applied. He was under treatment this time for eight months, and on leaving the infirmary of the union the lower fragment and foot were bent outwards to a slight extent; and on following his occupation, that of a labourer, the leg gave way more and more, until the lower fragment formed with the upper almost a right angle. He always had been knock-kneed to a slight extent.

July 21st. The patient was taken into the theatre and rendered insensible by chloroform, when Mr. Partridge discovered that union had not taken place between the ends of the fragments, there being slight motion. Accordingly he forcibly bent the leg across his knees, until he brought it into a straight line. The lower part of the upper fragment projected a good deal, probably from the callus originally thrown out. Two side splints with foot pieces were applied, and the leg was slung in the usual way.

Some swelling ensued, which had entirely subsided on July 30th, leaving the bandages rather loose; the side splints were accordingly readjusted, and a straight splint was at the same time applied to the back of the leg.

On August 25th, a plaster of Paris splint was substituted for the others; and on September 4th, he was sent into the country.

* Blue lint means lint steeped in a saturated solution of sulphate of copper—a very efficient and manageable hæmostatic and caustic much used at this hospital.