BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. XCVII.]

LONDON: SATURDAY, NOVEMBER 6, 1858.

[NEW SERIES.

Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SALOP INFIRMARY.

APPLICATION OF POTASSA FUSA TO VARICOSE VEINS OF
LEG: PURULENT PHLEBITIS: SECONDARY PLEURO-
PNEUMONIA AND PULMONARY ABSCESSSES: DEATH.

By J. R. HUMPHREYS, Esq., Surgeon to the Infirmary.

THOMAS ROBERTS, aged 31, a healthy robust labourer, was admitted into the Salop Infirmary, suffering from a varicose ulcer on his right leg. He had been a patient of the Infirmary before, for the same complaint; and, as he was a man in the prime of life, with a probability of being troubled with the veins, which were much dilated, I advised him to have them destroyed, to which he readily assented. On September 10th, I applied six points of potash paste—viz., three parts quick lime, and two parts potassa fusa—below the knee. They were all of about half the size of a split pea, and were applied over a hole cut in several layers of adhesive plaster, and covered with another layer. They were directed to be left on for thirty minutes; but, owing to a misunderstanding of the dresser, they were not removed for forty minutes. A poultice was applied afterwards to the leg: the sloughs separated much as usual. On the fourteenth day—some of the sloughs not being detached—he felt a soreness about the leg, and a slight shivering, but so slight that he did not mention it.

On the next day (fifteenth) he was seized with a severe and well marked rigor. There was no doubt that phlebitis had set in, if not absorption of pus into the system. He was ordered two grains of calomel and a grain of opium every fourth hour, nourishing diet, beef-tea, etc. Fomentations and poultices were applied to the leg. On the sixteenth day, the rigor recurred; and also on the seventeenth. On the evening of this day, he was seized with a violent cutting pain in the right side, which ushered in an attack of pleuropneumonia. This was treated with the usual remedies, leeches to the side freely, continuing the calomel and opium, and allowing wine, beef-tea, etc. Counterirritation, commencing with turpentine epithems, followed by blisters to the back and front of the chest, was applied. The pulse during the whole of the time was very quick, ranging from 120 to 150 in a minute.

It is useless to give the daily notes of the case: suffice it to state that, after the acute symptoms of the inflammatory attack had subsided in the chest, typhoid fever set in, under which he died on the thirty-sixth day after the application of the caustic.

POST MORTEM EXAMINATION. On opening the chest, the right pleura was found almost full of a sero-purulent fluid; the membrane itself was converted into a thick leather-like layer. The lung of that side was compressed, and, when cut into, found to be partially solidified, from the effect of the inflammation and pressure of the fluid in the pleura: it was studded with abscesses of about the size of a walnut. The left lung was in an earlier stage of inflammation, and also studded with like abscesses. On examining the saphenous vein of the leg, it was found full of pus from the ankle up to four inches above the knee, where a clot was found, of about two inches in length, above which the vein was healthy. The other organs of the body were healthy.

ST. MARY'S HOSPITAL.

I. TWO CASES OF VESICO-VAGINAL FISTULA, SUCCESSFULLY
OPERATED UPON.

Under the care of I. B. BROWN, Esq.

WE referred last week to Dr. Bozemann's method of operating for vesico-vaginal fistula, and expressed our opinion that notwithstanding the incomplete success which had attended that gentleman's own operations in England, his method had proved so successful in the hands of others, as to have entirely vindicated the reputation which has been attached to it. In corroboration of this assertion, we quote two cases recently operated upon by Mr. Baker Brown, the former of which we had the opportunity of seeing when she was admitted for the second time, on account of the injury to the urethra, and can testify to the soundness of the cicatrix, and the perfectness of the cure of the principal ailment. The complication proceeding from the state of the urethra is also an interesting feature in the case. The woman appeared to have derived much advantage from the operation, although she was not entirely cured. For the notes of these cases, which are extracted from Mr. Brown's case-book, we are indebted to Mr. G. L. Rogers, Mr. Brown's house-surgeon. Other cases of the same nature are at present under Mr. Brown's treatment, so that we shall shortly in all probability have an opportunity of recurring to the subject.

CASE I. Margaret Dancer, aged 26, was admitted May 15th, 1858. In March last, she was in labour with her first child, and was delivered naturally of a still-born male child. She stated that she was allowed to remain in hard labour three days and nights. The urine was drawn off by the catheter for two days after delivery, as she could not void it; after that time, it dribbled away. On examination, there was found an opening, about one inch long, situated at the neck of the bladder.

May 17th. An ounce of castor oil was prescribed; and she was ordered to have ordinary diet and porter.

May 19th. The oil was repeated. She was taken into the operating theatre, and Mr. Brown operated on the fistulous opening in the usual manner by means of three silver wires, with shots and buttons. During the operation, urine mixed with blood oozed away in great quantities through the opening. Two grains of opium were given immediately, and a grain every four hours. A catheter was placed in the bladder, and allowed to remain. The patient was ordered to have simple diet, beef-jelly, and four ounces of wine.

May 20th. She had no sleep, and complained of pain. She was very sick the previous evening, and in the night from chloroform. Soda water was given.

May 21st. It was reported that a small quantity of urine escaped.

May 22nd. The "sister" said that when she passed the catheter this morning, about half a pint of urine was drawn off. The same occurred on the 24th.

May 29th. Mr. Brown removed the shots, button, and silver wire.

June 1st. The patient complained of pain.

June 4th. She said she had hemorrhoids; but on examination, none could be found. The uterus, however, was very large, and pressed on the rectum. She was much better.

June 7th. She sat up a short time yesterday and again this morning.

June 8th. On examination, Mr. Brown found that the whole of the parts were healed, except a space large enough for the end of an ordinary director.

June 13th. She stated that her urine came away from her in greater quantity than it ever did; that she had continual dribbling, and could not retain any. The bowels were open.