BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. CXIX.]

LONDON: SATURDAY, APRIL 9, 1859.

[NEW SERIES.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

WORCESTER GENERAL INFIRMARY.

NOTES OF CASES.

By ALEXANDER INGLIS, M.D., House-Surgeon to the Infirmary.

I. HYDATID TUMOUR OF THE LIVER.

G. T., aged 54, a blacksmith, was admitted on June 19th, 1858, under Dr. Williams, complaining of pain over the region of the liver, which organ appeared enlarged. His countenance was somewhat livid, but not jaundiced. The heart's action was weak, the sounds normal. He had œdema of the lower extremities, but no ascites. His urine was scanty and loaded with lithates.

June 20th. He passed a very bad night, and was so ill this morning as to be unable to answer when spoken to. He lay constantly upon his right side. The extremities were very cold, and he had great lividity of the countenance. He was ordered to have friction and hot bottles applied to the extremities, and to have brandy in small quantities frequently during the day. He sank gradually, and died between ten and eleven o'clock at night.

POST-MORTEM EXAMINATION, thirty-six hours after death. The heart and lungs were normal. The liver was much enlarged, and on removing it from the body, there were found four separate tumours containing fluid, situated under the right lobe. On opening one of them, a quantity of lemon-yellow fluid escaped, which was followed by a number of hydatids of various sizes. There were several hundred hydatids in each cyst. On examining the yellow fluid of the cyst, it was found to be very albuminous, had a specific gravity of 1012, and showed a green colour on the addition of nitric acid, probably due to bile. The microscope showed compound granular cells, and some crystals of cholesterine. The fluid contained within the hydatid cyst had a milky colour, and contained but a trace of albumen. Numerous oil-globules were seen under the microscope. An examination of the inner wall of the hydatid cyst showed numerous echinococci. The wall of the outer cysts which contained the hydatids was very thick, and was imbedded in the tissues of the liver. In each of these cysts the large hydatids floated perfectly free in the straw-coloured fluid, and within the large hydatid cysts the smaller ones were contained. The fluid of the large hydatids was milky, the same as the small ones. The cell-walls of the principal hydatids were thicker and more opaque than the smaller ones. The gall-bladder was quite healthy, and there was no obstruction of its duct. The right kidney had a small cyst on its outer side, but merely of a simple character. The other organs were healthy.

REMARKS. In this case the *post mortem* appearances were very distinctly seen, and agree very closely with the description given in M. Vallex's excellent work on the *Practice of Medicine*. He says the hydatid is always free in the cyst, and never attached to the wall which some authors assert. In this case they were all found free and floating in the yellow fluid of the cyst. The external cyst is an organised structure, consisting generally of cellular and fibrous tissue, although sometimes cartilaginous, and even osseous. It is imbedded in the structure of the liver. M. Andral relates one case in which the hydatid was directly in contact with the tissue of the liver. Whether in that case an external cyst ever existed, or whether

it suppurated and afterwards became absorbed, is doubtful. Sometimes the external cyst, instead of being filled with yellow albuminous fluid, contains pus.

II. WOUND OF THE ABDOMEN WITH PROTRUSION OF PART OF THE LARGE INTESTINES.

G. O., aged 30, a labourer, was admitted June 25th, 1858, under Mr. Sheppard. He was brought to the Infirmary between six and seven o'clock in the evening, having met with a severe accident about two the same afternoon. Whilst taking some young magpies out of a nest, the bough of the tree on which he was gave way; he was precipitated into a hedge, and one of the stakes supporting the hedge spiked him in the abdomen. Protrusion of the bowel took place immediately; but, notwithstanding, he walked home the distance of a mile. A medical man was sent for, who arrived soon afterwards, but as it was the patient's wish to be removed without delay to the Infirmary, reduction of the protruded portion of bowel was not attempted; it was merely protected by a binder round the abdomen, and he was put into a cart to be conveyed here, a distance of eight miles.

On admission, the bandage was removed along with the other coverings, which exposed a large portion of intestine protruded through the abdominal walls. The wound in the integument was four inches in extent, but the one in the walls of the abdomen was not nearly so extensive, being not over two inches. Through this opening, which was situated on the left side, just where the lowest costal cartilage bends round to be attached to the rib, projected a portion of bowel, of the size of an ordinary fist. It was evidently part of the transverse colon. A slight bruise existed on one spot, but it did not extend to any depth. None of the other organs appeared to have suffered.

A moderate amount of pressure served to reduce the protruded bowel, and the integuments were brought together with sutures; a compress of lint, over which was placed a flannel bandage, served to keep the parts *in situ*. He was ordered a grain of opium in pill every four hours.

June 26th. He passed a quiet night. Pulse 82, soft. He complained slightly of pain extending down the descending colon. The pills were reduced to one every eight hours. In the evening, as the pain was more severe, eight leeches were ordered to be applied over the abdomen.

June 27th. The pain was much less this morning. The wound was dressed to-day for the first time, and the sutures were removed.

July 10th. He had continued to improve steadily since last report, and was able to be up to-day.

July 17th. He went home quite well.

REMARKS. The above case is interesting in so far, that it is a good example of a severe accident, followed by wonderfully little constitutional disturbance. The man, after the bowel had protruded, walked a mile, was afterwards conveyed eight miles in a cart, and allowed between four and five hours to elapse between the receipt of the injury and the reduction of the displaced intestine. He may be said never to have had a bad symptom, and left the Infirmary quite well, after only three weeks residence. Much of his good luck may probably be ascribed to it being the large intestine, instead of the small, which was protruded.

III. MALIGNANT TUMOUR OF THE NECK PRESSING UPON THE TRACHEA, AND PREVENTING RESPIRATION: TRACHEOTOMY.

Stephen Mabell, aged 40, a bargeman, was admitted into the Infirmary on the 8th of September, under Mr. Budd. The patient stated that for six or seven weeks past he had felt pain in his throat, with difficulty in breathing and swallowing, and observed a swelling on the left side of his neck. In his employment he was much exposed to cold and wet, and he ascribed his present illness to these causes. He said he was

quite strong before this attack, but had fallen away very rapidly in flesh since. He never had any syphilitic affection. He had had no treatment previous to admission, except the application one evening of a mustard poultice to his throat.

On admission, he experienced difficulty in breathing and pain in swallowing. He had loss of voice. He had a copious expectoration of muco-purulent matter tinged with blood. A firm swelling existed on the left side of the neck, which appeared to be pressing upon the larynx. There was nothing to be seen on looking into the throat except a slight increased redness, and a little ulceration at the back of the pharynx. He was ordered a blister and a gargle of alum.

September 10th. He was not much better. The throat was directed to be touched with the sponge dipped in a solution of nitrate of silver.

September 14th. Another blister was ordered to be applied to the throat.

September 15th. He expressed himself as rather easier since the second blister. He was ordered to have ten grains of Dover's powder at bed-time.

September 17th. His breathing was much worse to-day; and, after holding a consultation, it was agreed that tracheotomy was his best chance of relief. It was accordingly performed, and his breathing soon became very much easier, and swallowing less painful.

September 18th. He slept comfortably during the night. He had for nourishment, milk, arrowroot, eggs, and beef-tea.

September 24th. He was ordered to have fifteen minims of dilute nitro-muriatic acid in water three times a day.

October 9th. The tumour was increasing rapidly, and appeared as if it contained fluid. He breathed comfortably, but always through the tube.

October 26th. He was getting very weak. The tumour continued to increase, pushing the trachea forwards, and to the right side.

October 28th. He died this afternoon, having used the tube for six weeks all but a day.

POST MORTEM EXAMINATION showed well marked malignant disease, which appeared to have commenced in the lymphatic glands of the neck. The swelling consisted of a number of cysts filled with yellowish fluid. Under the microscope were seen numerous cells, corresponding in appearance to that denominated the cancer-cell. Both the trachea and œsophagus, more particularly the latter, were the seats of extensive ulceration.

REMARKS. We have in this case unmistakable evidence of tracheotomy not only having relieved severe symptoms, but prolonged life. The patient survived for six weeks all but a day after the operation; and had his breathing not been relieved at the time it was, he could not have existed many hours. The performance of tracheotomy for the relief of aneurism and tumours generally, has often been a disputed point; and those who oppose it, do so on the ground that as it can do no permanent good, it is only inflicting unnecessary pain upon the patient, and tending to bring the operation of tracheotomy into disrepute. It is the duty of every medical man to do his utmost to relieve and prolong life, if he cannot cure the disease. The operation of tracheotomy is a slight one; and if, in cases of aneurism or tumours pressing upon the trachea, we can relieve the urgent symptoms, the patient ought surely to have the benefit of it. Contrary to bringing discredit upon surgery, it is placing it above medicine. The physician, having done his utmost, calls in the aid of the surgeon to prolong the patient's life.

BIRMINGHAM WORKHOUSE INFIRMARY.

HYDROCELE: RADICAL CURE BY METALLIC SETON.

Under the care of REDFERN DAVIES, Esq.

THE substitution of metallic wires for vegetable ligatures is a subject so much under the notice of the profession at the present time, that the following case, ordinary in all other particulars, commends itself to our notice as illustrative of the idea thrown out by Professor Simpson, with regard to the treatment of hydrocele by iron wires.

Patrick Coyne, aged 32, a well proportioned Irishman, was admitted into the Infirmary, on February 5th, in consequence of being the subject of hydrocele; which, he stated, had been tapped some three months previously. The fluid had fast accumulated to about the size of a small cocoa-nut; and he was desirous of having something more effectual done for him. Accordingly, following out precisely the plan suggested by

Professor Simpson, an iron wire was introduced longitudinally and another one transversely.

February 6th. All the fluid had drained away.

February 12th. The wires were withdrawn. The portion contained within the scrotum was quite bright. A copious purulent discharge issued from the track of the wires. There was considerable swelling of the scrotum; but the testis was but very slightly enlarged, and by no means tender. He was ordered to have hot fomentations applied, and the testicle to be supported.

February 15th. The discharge was much less, and the swelling less. He was allowed to go about the ward, with the scrotum supported.

February 25th. All discharge had stopped for three days; and the swelling had quite subsided.

March 6th. Upon looking at the scrotum, the raphe was seen to be in the median line of the body, and the two sides appeared to be equal and natural, save in the centre of the one which was operated upon, where there was a slight puckering and depression of the surface. Upon examining it with the fingers, the parietes of the scrotum on the affected side were felt to be thickened and matted together in the centre. The testicle lay naturally.

The case would seem to be radically cured; and during the whole of its progress, the inflammation excited was so moderate in intensity, and the pain throughout so trifling, or indeed absolutely nil, that this plan of treatment seems deserving of further attention.

Original Communications.

REMARKS ON THE USES OF BLEEDING IN DISEASES.

By W. O. MARKHAM, M.D., F.R.C.P., Physician to St. Mary's Hospital, and Lecturer on Physiology and Pathology at the St. Mary's Hospital School.

[Read at the Royal Medical and Chirurgical Society of London, November 23rd, 1858.]

THE subject of bleeding in inflammation has of late so much occupied the attention of the profession, that I feel called upon to offer a word of apology to the fellows of this Society, for bringing it under their consideration. I have ventured to introduce the subject here, for two reasons: Because, in the first place, I know that there are many members of the profession, besides myself, who consider that the issue of what has been called the "Blood-letting Controversy" has not been altogether satisfactory, in so far as it has tended to bring about, in practice, a greater abstinence from the use of venesection than is altogether desirable in the treatment of disease; and, secondly, because I am desirous of placing before the Society a few particulars concerning the mode of action of blood-letting, from which, I venture to think, we may draw a truer estimate of the value and uses of bleeding in disease, than can be obtained from a consideration merely of the consequences, which have been noted as ordinarily resulting from it.

It is not my intention to weary the Society by going through all the historical details of this discussion. The opinions of the past and of the present generation of authorities upon most of the points relating to venesection, are tolerably well known to all of us. I shall, therefore, confine myself as narrowly as possible to an exposition of certain of the modes of action and consequences of bleeding in disease, such as are familiar to us all, and which will, I believe, be generally accepted as indisputable facts. And I shall then ask the Society whether, arguing from these facts, we may not legitimately arrive at some positive and definite conclusions, concerning the uses of bleeding, and its right application in disease. Hitherto, in this controversy, men have chiefly founded their opinions, as to the value of venesection in inflammation, upon conclusions drawn from the general results of practice, and upon the very fluctuating basis of personal experience and of medical statistics. If the views here suggested be admitted, they will, I cannot but think, tend in some degree to explain the remarkable discrepancies of opinion which always have been, and still are held by the ablest practitioners of our art, concerning the use of this remedy; and they will also tend to show why bleeding is found to be at one time of such marked and manifest service in the treatment