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St. George's Hospital.

CASES OF DIFFUSE INFLAMMATION OF THE PERINEUM IN PATIENTS WITH DISEASED KIDNEYS.

Communicated by T. HOLMES, Esq., Surgical Registrar at St. George's Hospital.

THE occurrence of symptoms referred to the bladder, in cases where the seat of disease is really in the kidneys, has been familiar to the profession ever since the publication of Sir B. Brodie's lectures, and cases of this sort must have come under the notice of almost every practitioner. I am not aware, however, that it has been pointed out with sufficient distinctness that cases occasionally occur in which, as a symptom of diseased kidneys, diffuse inflammation, running on to gangrene, attacks the perineum and scrotum; and that the presence of the inflammatory effusion may obstruct the urethra, occasioning retention of urine; or that the canal may be implicated in an abscess commencing external to it, and so extravasation of urine be produced. Of this I quote two examples, which occurred at no great interval from each other, in St. George's Hospital. It will be seen that in both of them the condition of the kidneys was pretty much the same; one of low inflammation, apparently spreading into the parenchyma of the gland from the mucous membrane, and terminating, as in Case I., in abscess. The disease seems in Case II. to have been complicated at one time with slight stricture; but if so, it was not relieved by the cure of the latter ailment. The treatment consists merely in giving exit to the matter or urine wherever it presents itself, and supporting the patient's strength; and is, I believe, occasionally successful. I have preferred, however, to cite cases where the opportunity occurred of verifying the diagnosis by *post mortem* examination.

CASE I. W. N., a man aged 35, who had been a member of the medical profession, and had passed a good deal of his life abroad, and appeared to have led a dissipated life, was admitted into St. George's Hospital, said to be labouring under retention of urine. He was not in a state to give any consistent account of himself, and was said to be recovering from an attack of scarlet fever (and this seemed to be confirmed by the fact that the cuticle was desquamating), in the convalescence from which he had exposed himself to cold; and this had been followed by pain in the loins, and the appearance of blood in the water. There was swelling and dull redness on the under part of the prepuce, and a small incision had been made in this situation before his admission, which was still bleeding freely. There was, however, no sign of extravasation of urine in the perineum. Pressure on the upper side of the root of the penis appeared to give him pain; and an exploratory puncture was made there, which gave exit to nothing but blood. The integument of the scrotum was natural. It seemed, as far as his account was intelligible, that the swelling had appeared on the previous day, quite suddenly, while he was straining at stool. An instrument passed into the bladder without the slightest difficulty. The water was loaded with blood; the tongue was very brown and dry, and the pulse weak and irregular. The treatment consisted merely in an attempt to support his strength by diet and stimulants. Next day, his

strength was failing; the tongue more dry and brown, he was not more sensible. The scrotum was more swollen, and there were two circumscribed patches of gangrene. An instrument was again passed without any difficulty, and a small quantity of bloody urine drawn off. As a last resource, some incisions were made in the scrotum and penis, but gave exit only to bloody fluid, without any urinous smell. They bled so freely that it was thought necessary to tie some small vessels. He died shortly afterwards.

On examination of the body, the kidneys were found much diseased, their surfaces granular, lobulated, of a dull white colour generally, but with patches of venous congestion. On section, the two kinds of structure were hardly to be distinguished. The kidneys were much increased in volume. The bladder was contracted; its mucous membrane appeared healthy, except at the upper part, where it was partly abraded in a circular patch about the size of a crown-piece. The muscular fibres were very thin, and this part of the bladder formed a pouch, consisting of the perineal and thinned muscular coat, which was almost transparent. The urethra was examined from the bladder to the glans penis, but no morbid appearances were detected. There was a small abscess in the subcutaneous tissue of the under part of the penis, near the first incision. The matter which it contained had no smell of urine.

CASE II. T. M., aged 61 years, was admitted into St. George's Hospital in January 1853, on account of extravasation of urine. It appeared from his account that he had made no water for sixty hours, and that on the previous day, while straining to do so, he felt something snap, and shortly afterwards observed the penis and scrotum swollen. He had been a patient of this hospital in the previous year with difficulty in making water, which had existed for about half-a-year. The disease at that time was taken to be enlargement of the prostate gland, with slight stricture of the urethra. A moderate-sized prostatic catheter was passed, and he shortly left the house, and used to come occasionally to have the instrument passed.

On his second admission, there was swelling, principally confined to the scrotum and penis, the perineum being also infiltrated, but to a less extent. A prostatic catheter passed readily, but drew off only some pus, mixed with blood. Incisions were made into the perineum and scrotum, and a large quantity of most offensive urinous matter evacuated. Stimulants and nourishing diet were prescribed.

He went on pretty well for the next five days, but the whole of the urine came away through the wound in the perineum. After this he could pass urine in gradually increased quantity by the natural passage, and about the middle of the following month the wound closed. During this month, however, he was afflicted with a severe attack of rheumatism, which left him only a few days before his death.

On the 16th of February a small abscess formed near the left side of the anus, through which (after it was opened) the urine used to pour; and in the beginning of the month of March the wound in the perineum reopened. He had been for some time in a very weak state, and now the stomach became very irritable; he had no sleep and no appetite, and sank shortly afterwards, apparently from exhaustion.

On *post mortem* examination, the heart was found very flabby in texture, but otherwise healthy. The right kidney was vascular, and very soft in texture; its pelvis and infundibula dilated. In the left kidney were several small abscesses; partly in the uterine and partly in the

medullary substance; its pelvis was dilated. The bladder was thickened, its lining membrane very vascular, and easily contracted. At the fore part of the membranous urethra, an opening existed, large enough to admit a crowquill, which led into a large cavity in the scrotum, lined by a smooth membrane, and communicating with the above mentioned aperture near the anus. The urethra was not contracted in front of the orifice in its walls. The prostate gland was not enlarged; its ducts were dilated, and there were several small abscesses in its structure. There was extensive abscess in the subperitoneal cellular tissue.

Worcester General Infirmary.

CASE RESEMBLING SOMNAMBULISM.

Under the care of Dr. NASH, one of the Physicians to the Infirmary.

[Reported by Erlin Clarke, M.B., House-Surgeon.]

THE physiology of the nervous system in its relation to the mental faculties is still in many points so far from settled, and its pathology necessarily so much more so, that even an isolated case bearing on either of these points is worthy of record, as adding to the mass of facts from which the law regulating them may be deduced. In such a light, rather than as of any immediate practical importance, the following case may be regarded.

CASE. Mary L., aged 9 years, was admitted an in-patient of this Infirmary, Sept. 29th, 1855, under the care of Dr. Nash. She was brought in by her mother, who stated that about two months previously, the girl, while walking with a younger brother, was nearly knocked down by some horses which some boys were driving about the field. She was much alarmed at the time, and hurried home, shortly after she had, as the mother says, a fit, which she described, by saying that the girl fell down senseless, and soon after began to talk nonsense. From this time until the day of her admission she had several of these fits; and her mother, getting alarmed, sought advice.

On admission, the little girl appeared somewhat distressed by finding herself among strangers, but soon reconciled herself to her position, and being of a lively active disposition, made herself useful in the ward, and frequently employed herself in knitting, sewing, etc. She appeared to be in perfect health, all the bodily functions being regularly performed, but she was very excitable, scarcely ever at rest, singing and dancing, and often asking for stilts. (It appears that her father and mother are in the habit of exhibiting at races and fairs, and that the girl herself has frequently been engaged with them on such occasions.) At times, however, particularly on a stranger entering the ward, or when examined by any of the visiting medical men, her countenance puts on an expression of alarm; in fact, Mr. Carden observed that he never had seen eyes more expressive of fright. Until the 6th of October, there was no appearance of any fit; but on this day, about 11 A.M., as she was crossing the ward, she fell down and apparently lost all consciousness for a few moments; there were no convulsions, and she speedily recovered to a certain extent when placed in bed. I was now able to examine her carefully as she lay; there was no spasm or rigidity of the limbs, no stertor, nor was the pulse more than 85, about five beats more than in her usual state; the scalp was rather hot, and the eyes open, with the conjunctiva much congested. While I was making these observations, she sat up in the bed and began to use her hands, as if she was washing something: she had not taken any notice when spoken to before; but now, in reply to a question, she said to the nurse, "I am washing your frock"; in a few minutes, she said, "now I will starch it", and performed the appropriate movement; in this way she went through the whole process of drying, mangling, etc., and then sank down on the bed. I said to her, "Will you not take the frock home?" She got off the bed, and went up

to the nurse, saying, "here it is, you must give me a penny." Wishing to examine the case farther, I asked her to sing, which she immediately did, and then resumed her washing; and I found that the current of her ideas was strongly set in one direction, although it could be led into others by remarks addressed to her: at the same time, common sensation was so far affected that she appeared quite insensible to a sharp pinch I gave her, with a view of testing this point. This extraordinary state continued for more than two hours, when she fell asleep, and awoke in her natural condition, apparently quite unconscious of what had occurred.

Aperients were prescribed, with the tinct. ferri sesquichloridi, and a cold shower bath alternate mornings; and on the 19th, she had another attack, very similar to the first; she sang several songs, recited simple prayers, then songs again, and kissed her hand to an imaginary audience quite in a theatrical style; her eyes (much congested, but with the pupils sensible to light) then closed as she was sitting on the bed. Sir C. Hastings was standing with me at a distance of some yards, when she said she must come to me; she got off the bed, and walked towards me, with her eyes still closed. I moved, and she still followed, avoiding Sir Charles, who stood between us; and when she reached me, I observed her eyes firmly closed, and replaced her on the bed. This attack terminated like the former one, in sleep. She subsequently had several less severe fits; they were once or twice cut short by shaking and rousing her when they were approaching; and she was discharged on Nov. 10th, as it was necessary to admit a severe case of chorea into the ward, and it was feared she might become affected injuriously in consequence.

The foregoing is an imperfect, but, as far as it goes, I believe, an accurate description of a remarkable case. Her condition under the attack seems to resemble, more than anything else, that of the somnambulist, though in most, if not all cases of somnambulism, the eyes are open, and progression is regulated by the sight. In this case, she certainly followed me without any assistance from that sense; possibly, the sense of hearing may have been her guide; but, at any rate, I think it is clear (whatever may be the precise nature of the case), that she is one of those unfortunate possessors of a morbidly excitable nervous system, who might be easily trained to exhibit many of the phenomena grouped under the term Mesmerism.

Salop Infirmary.

A CASE OF ANEURISM OF THE LEFT CAROTID ARTERY.

Under the care of J. R. HUMPHREYS, Esq., Surgeon to the Infirmary, Shrewsbury.

SAMUEL EVANS, aged 60, admitted into the Salop Infirmary March 24th, 1855. He is an old-looking man of his age; has a large oblong pulsating tumour on the left side of his neck, extending from about an inch above the clavicle almost to the angle of the jaw. The skin is tense over the tumour, which is hard; and a distinct thrill is felt over the whole of it, not at all more evident in one part than another. A loud and well-marked murmur is heard over the whole of the mass on applying the stethoscope; the characteristic jerk is given to the instrument when held on any part of its surface. On applying firm pressure between the clavicle and the tumour, over the course of the carotid, the pulsation is stopped, and the tumour is somewhat lessened in size. The larynx is pushed at least two inches to the right side; the breathing is stertorous, and deglutition difficult. He first noticed the swelling as a small lump, about a month ago, after a severe fit of coughing, which he attributes as the cause of it. It has steadily increased since that time. The left eyelid droops; the conjunctiva is congested and oedematous. Does not complain of much pain, but more uneasiness, especially in swallowing.

March 27th. The aneurism is certainly larger than