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CASE OF DIFFUSE INFLAMMATION OF THE PERINEUM: AND OF FOREIGN BODY IN THE KNEE-JOINT.

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I REPORTED to this JOURNAL a short time since two cases of diffuse inflammation of the perineum and scrotum, simulating effusion of urine. These cases were connected with extensive old disease of the kidneys, and terminated fatally. The same affection, however, sometimes (though, I believe, very rarely) occurs without any such complication; and as this is a point little, if at all, noticed in our books of surgery, and is important as a matter of diagnosis, it may be worth while to publish here the notes of a case of this kind which occurred recently in St. George's Hospital.

CASE I. *Diffuse Inflammation of the Perineum.* J. M., an old man, was admitted under the care of Mr. Johnson, presenting, at first sight, all the appearances of a person labouring under extensive infiltration of urine into the cellular tissue of the perineum. There was great swelling and vivid redness in this part, extending over the scrotum, penis, and lower part of the abdomen, without any defined border, but not passing on to the buttocks or the upper part of the thigh. He was in a state of childishness from old age, and could not give any very intelligible history; but it appeared that the redness and swelling had existed for a week, but had not extended rapidly till within the last two days, and he did not complain of much pain. The bladder did not appear to be distended, and he said that he had not had difficulty in making water. He was very weak and low from advanced age, and was suffering from old cough.

An incision made into the perineum gave exit to some fluid of a semi-purulent character, but without any trace of urine, and a full-sized catheter passed without difficulty. It was, therefore, considered unnecessary to make more extensive incisions. Stimulants were given liberally, and soothing medicines for the cough. The urine was tested, and found in every respect healthy.

Next day the wound was discharging a little watery pus, and the swelling of the scrotum was subsiding. This was considerably accelerated by acupuncture of the scrotum. The redness was fast fading from the abdomen, and in the course of a week had subsided altogether. The wound continued to discharge for some time longer; but in a little more than a fortnight had closed, and he left the house in his usual health.

REMARKS. The principal feature in this case, separating it from one of common phlegmonous erysipelas, was the fidelity with which the inflammation followed the anatomical arrangement of the deep layer of the superficial perineal fascia, presenting so exactly the appearance resulting from extravasation of urine, as to deceive, for the moment, every one who saw the patient. The diagnosis would have been easy, had the patient been able to give an intelligible history of his ailment; but this was far from being the case. The case, indeed, with which the catheter passed, and the state of the urine, showed that the laceration of

the urethra, if it existed, could not have been the result of stricture; but the improbability of the cellular tissue below the perineal fascia being inflamed without any intelligible cause seemed quite as great as that an accidental injury should have been forgotten by a person in his state of mind. It was of great importance, however, that a person so exhausted as he was by old age and disease should not be subjected to any severe treatment; so that, in the absence of any positive evidence of effusion of urine, it was judged expedient to save him the extensive incisions usually practised in such cases; and the small one that was made, in a depending situation, together with the punctures of the scrotum, proved sufficient to relieve the engorged cellular tissue.

My next case shows the importance of examining carefully, in cases of slight injury to the joints followed by severe symptoms, as to the presence of foreign bodies keeping up irritation. No doubt the detection of the foreign body which had been introduced into the knee-joint in this case must have been much less easy during the time immediately following the accident, from the swelling and inflammation by which it was accompanied; still its position was fixed; its situation one where there was little soft tissue covering its end; and the small wound on the surface ought (if the patient's history were correct) to have led to a suspicion of the true nature of the injury. Had it done so, she would have been saved some months of suffering, and the attendant risks of destructive inflammation of the joint.

CASE II. *Foreign Body in the Knee-Joint.* A girl aged 19 years, was admitted, under Mr. Hewett's care, with the following history. She was kneeling down quickly one day, about five months before her admission, on a rough floor, on which some nutshells happened to be strewn about, when she felt considerable sudden pain in the knee, and found, on getting up, that she could not bend it. She noticed a small spot of blood on the outer side of the patella, but could see no hole in the stocking. The knee swelled up, and became very painful; and the small puncture continued to bleed a little for the next two days. She noticed a small hard substance at the part wounded. A medical man was called in, who told her she had ruptured one of the ligaments; and applied leeches, etc.; and kept her in bed for some weeks.

On admission, there was a little fluid in the joint. A small, hard, slightly moveable substance, was felt just outside and below the patella; it was pointing directly downwards to the head of the tibia, and appeared to be pointed, with a broad basis turned towards the skin. Pressure caused it to move slightly, and at the same time communicated to the finger a certain sense of crepitation, and occasioned a feeling of pain, as though something were running into the joint.

Various opinions were hazarded as to the nature of the foreign body, which might be a needle, a small fragment of nutshell, a splinter from the floor, etc. On cutting down on it, it was found to be the end of a black pin, which had perforated the lower part of the synovial membrane, and got fixed into the head of the tibia. The small wound was carefully closed, and healed by the first intention. The irritation of the knee rapidly subsided. She went out a fortnight after the operation, suffering from no other inconvenience than temporary weakness of the joint, requiring the support of a knee-cap.