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Hospital Reports.

BRISTOL ROYAL INFIRMARY.

TWO CASES OF REMOVAL OF EXTRANEOUS SUBSTANCES FROM MUCOUS CAVITIES.

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

[Read at the September Meeting of the Bath and Bristol Branch.]

If an observant medical man, in the active practice of his profession, were to write down with photographic accuracy the histories he hears and the scenes he witnesses, I believe the resulting book would at once be pronounced incredible and impossible by the uninitiated. Joyful, wretched, and ludicrous narratives would follow one another, and be mixed up together in endless variety.

The following two cases of the removal of extraneous substances from the mucous cavities were under my care at the same time; and I bring them forward because they convey some practical lessons of interest, whilst I must at the same time confess that they belong as much to the comic as to the more serious class of medical experiences.

CASE I. Removal of the Handle of a Crochet Needle from the Female Bladder. Sarah Bishop, aged 30 years, a stout healthy young woman, was admitted into the Bristol Royal Infirmary, under my care, on the 27th of last August. She stated that she had met with an accident, and had run the handle of a crochet needle into the lower part of the body. The history she gave was, that during the excessively hot weather, ten days before her admission, she went up into her room, where, without any clothing upon her, she sat down upon her workbag, and felt something pass into her; but that she did not know what article it was until she missed the handle of the needle. I need hardly stop to point out the inconsistencies of this bungling story.

A foreign substance was to be felt in the bladder, apparently fixed a little beyond and to one side of the urethra, lying obliquely across; and a point was to be felt on the upper part of the vagina, pushing before it the tissues between these two cavities. By passing a sound into the bladder beyond the extraneous body, and then raising the handle so as to depress the other end, the projecting point could be felt to press more firmly into the vagina.

I gave her chloroform, and had her brought into the operation room, to remove the substance. With a long, narrow, and curved forceps, I was enabled to lay hold of the foreign body; and, finding it fixed, determined to push it through from the bladder into the vagina, and thus extract it. After many trials, and with the aid of the expulsive efforts produced by chloroform, I was able to make the point project steadily at the lower part of the vagina, holding the upper part very firmly with the forceps. One of my colleagues then cut down with an ordinary scalpel, and I thrust the point through the mucous membranes, and laid hold

of it with a dressing forceps. The substance required some little force to withdraw it, as the narrowest point came foremost. It proved to be the ivory handle of a stilletto; a representation, of the exact size, is given.

The next day she was a little sore, but complained very little; and, three days afterwards, the catamenia came on at the regular period; and she was discharged cured.

Most of us must have witnessed the peculiar phenomenon to which I have above alluded under the term of "expulsive effects" of chloroform; but I should like briefly to describe it as it occurred some few years ago in the case of a woman under the care of my colleague, Mr. Morgan. She was admitted with a stricture of the rectum; and, whilst under chloroform, when the perineum was exposed to view, there was at every effort such a bulging of the lower aperture of the pelvis, that the skin seemed disposed to burst and allow the contents of the abdomen to escape; the rectum was turned inside outwards, so that the stricture came most conveniently and completely into view, and was therefore divided by a bistoury; the vagina was also everted, and every now and then the uterus came into view also: and this happened each time she was placed under the influence of chloroform. It was a case where we could see during life most unmistakably a tense, glistening and almost tendinous circular stricture high up in the rectum, without the least sign of malignant deposit or other morbid growth about it.

CASE II. Goose Bones impacted in the Rectum. A few days before the occurrence of the crochet needle case, a patient giving the following history was admitted under my care.

Mrs. D., aged 83 years, a little fat old woman, said that, on Sunday, the 10th of August last, she was eating a dinner consisting of stewed giblets; and that, whilst her mouth was pretty fully occupied by the neck of the goose, her grandson playfully gave her a smartish blow on the ribs, and she instantly swallowed the neck, bones and all.

In a few days after this event, she felt very uncomfortable, and came up to the infirmary complaining of great pain, and referring its position to the os sacrum, on which she kept her hand. Little or no credence was placed in the story of the goose's neck, which she narrated with a good deal of hesitation and some pathos; and the gentleman whose duty it was to prescribe for these casual cases simply ordered her a dose of aperient medicine, but made no examination. No relief followed the medicine.

On Tuesday, Aug. 19th—i.e., on the tenth day from the accident—my attention was drawn to the case, and a digital examination disclosed a number of small bones just within the anus. I withdrew three or four of them, and they proved to be vertebræ of the goose; but, as they were quite loose, and presented at the orifice, and as, from a variety of circumstances, the operation was one which I did not particularly desire at that time, I sent her to bed, and ordered a large injection of thick gruel, hoping in this way to get rid of the remainder of the neck of the goose.

On the 20th, finding her not very uncomfortable, but without any distinct relief, I ordered her another injection. This was equally ineffectual; and therefore, on the 21st, I directed one of my pupils to proceed to deliver her with a lithotomy scoop and forceps. This he accomplished, and brought to light *forty-eight bones*, exclusive of the few which I had before removed; they consisted of vertebræ, with portions of the cranium and leg and foot, and were a distinct refutation of the old lady's story about the blow in the side, which was made up for the occasion, as, in the first

case, sitting down on a workbag in hot weather was supposed to account for the presence of the ivory handle of a crochet needle in the bladder.

I believe that hunger and want were the remote causes of the accident in the last case. I know that she had been in the receipt of parish pay some time before, and that this was stopped because she had a son who was able, although unwilling, to support her. It is probable that, on the memorable Sunday, having somehow or other an opportunity to eat the giblets, she either found them unusually good, or was in great want of food, or perhaps had some other reason for making a very rapid meal; and thus she swallowed everything that came in her way. All the soft tissues had been digested from the bones in their passage through the alimentary canal, but the bones themselves had passed quietly through the valves, and along this tortuous course, without producing any irritation until they arrived at the outlet.

WORCESTER GENERAL INFIRMARY.

CASE OF MESENTERIC HERNIA.

Under the care of J. MALDEN, M.D.

[Reported by ERLIN CLARKE, M.B., House-Surgeon.]

THOMAS WILLIAMS, aged 46, was admitted into the Worcester Infirmary, August 30th. He was a farm labourer, and said that he had always enjoyed good health, a statement which his general appearance bore out. The only illness which he could remember suffering from, was an attack of what he called colic, seven or eight years ago: he said that he then suffered from vomiting, severe abdominal pains, and constipation, for a period of four or five days: this state was relieved by treatment, and he soon recovered his usual health.

During the week or two preceding his present attack, he drank a good deal of cider daily, at his work, and eight days before his admission (Aug. 22) he was suddenly seized while at work, with acute pain in the umbilical region; he bowels had been costive for some days previously, and the following morning vomiting came on. He stated that he found pressure on the abdomen relieve the pain to a great extent, and that after two days it entirely left him; the vomiting of all food, however, persisting, and the bowels refusing to act.

These symptoms continued unchanged till his admission on the eighth day of his illness. It was then found that the vomited matter was faecal in character, and the abdomen was carefully explored for some evidence of hernia; none, however, was found. The belly was soft and almost painless, without distension, and in external appearance perfectly healthy; his countenance was free from anxiety; tongue slightly furred, pulse 80, soft and full; urine normal in quantity and quality; but the constipation was of eight days duration; and the vomiting recurred on every attempt to take food. He got a mixture of tincture of opium, sulphate of magnesia, and infusion of roses; a turpentine enema, and ten grains of cathartic extract at night.

This plan was continued up to the 2nd of September, without improvement in the symptoms; the pulse was somewhat more feeble than before, but not more frequent; and the tongue was dry at the edges; still his general strength had suffered so little that he was rather displeased when his request to be allowed to go out into the town to get shaved was refused. He was now placed in a warm bath, an O'Beirn's tube was passed eight or ten inches up the rectum, and warm water freely injected till the colon was considerably distended: the fluid was returned almost uncoloured.

As there was no pain nor tenderness over any part of the abdomen, croton oil was given in doses of one drop with five grains of compound extract of colocynth every two hours, and the enema was repeated in the evening.

September 3rd. He was weaker, and complained of great thirst; the urine was scanty, and the fecal vomiting more frequent; tongue dry and brown. He had brandy and beef-tea in small quantities frequently repeated, with an acidulated drink, containing sulphate of magnesia, to be taken freely; a large dose of calomel was given, which was followed by a cessation of the vomiting for twelve hours.

September 4th. There was no action of the bowels; abdomen soft and without fulness; repeated vomiting; the calomel and another enema were given, but without effect. He died on the evening of the 5th.

Necropsy sixteen hours after death. The absence of distension of the belly was remarkable. On opening the cavity, the small intestine was seen congested and distended with flatus and fluid faeces; many of its coils were matted together by recent lymph, of which, however, there was only a small quantity, and no appreciable serous effusion. On tracing the small intestine downwards towards the caecum, it was found that some four or five feet of the lowest part of the ileum had passed through an opening in the lower part of the mesentery, near its termination, and that this structure had so far compressed the bowel as to close the passage. The strictured portion of bowel was contracted, and did not appear to have been the seat of any inflammatory action, it was easily drawn through the mesenteric opening, and the impression of the constricting edge seemed due rather to the bowel having habitually lain in its abnormal position, than to any tendency to ulcerative action. The large intestines were pale and collapsed, containing only a few hard scybala. The other viscera were healthy.

REMARKS. At the onset of this case, the symptoms were those of colic, and after the first two or three days, the absence of pain and distension were very remarkable; there was no evidence of inflammatory action, and no indication for either general or local depletion. The necropsy showed that gastrotomy alone would have afforded a chance of relief, and would, probably, have been sufficient at an early period, but the nature of the symptoms scarcely justified the resort to so extreme a measure till the time for its successful performance was passed; that is, during the last twenty-four or thirty hours. At present the indications for the performance of so formidable an operation are very obscure, and it is only by the comparison of a large number of cases bearing upon it that this obscurity can be cleared up. Hasty generalisation is useless, but the faithful record of cases cannot but prove serviceable.

Hospital Cleanings.

NEW MODE OF OPERATING IN RESECTION OF THE ELBOW:
VIEWS OF CONTINENTAL SURGEONS ON RESECTIONS IN
GENERAL: DIFFERENCE AS REGARDS RESULTS IN
HOSPITALS WHERE THE UPPER AND LOWER
EXTREMITIES ARE AFFECTED.

A VERY interesting case is now in St. Bartholomew's Hospital, under the joint care of Mr. LLOYD and Mr. PAGET. Previously to the operation, it was very instructive to find what the experience of the continental hospitals has been as regards this particular subject. One of Mr. Paget's colleagues, who joined in the consultation on the case, had just returned from Paris and Vienna, where he had made inquiries on the success or failure attending on resections; while another very eminent surgeon from Berlin happened also to be visiting the hospital, and suggested a very obvious and novel improvement—a mode of operation now followed at Berlin in a very great number of cases, and which, as recommended by M. Langenbeck, was adopted by Mr. Paget.