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CASES TREATED IN THE WEST NORFOLK AND LYNN HOSPITAL.

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CALCULUS VESICÆ.

November 8th, 1845. Samuel Stebbings, aged 60, an agricultural labourer. For the last two or three years has suffered much when passing water and at other times. Exhibited two calculi the size of horse-beans, which came away "a long time ago;" says "that he is obliged to seek relief at the Hospital; his water comes away frequently and in small quantities; the bottom of the chamber-pot is often covered with nasty sticky stuff; knows he has a large stone, and has heard that it may be taken away without cutting, but is sure whatever be done, he shall never get over it." Having, with the sound, detected the presence of a large calculus in the bladder, he was at once informed by Dr. Wayte and Mr. Cotton there was little hope of its being removed by crushing, and was advised to enter the Hospital and await a consultation upon his case. Being very fearful and unhappy, was ordered a mixture of nitrate and carbonate of potash and gum, and directed to return home for a fortnight.

November 22nd. Returned to the Hospital, having suffered very much; felt at first relieved by his medicine; was now ready to submit to anything to obtain relief, but with a prejudice against "breaking," arising out of a conversation with a person who had undergone that operation. Ordered to remain quiet a few days. Full diet.

27th. As small-pox prevailed in the Hospital, and the man being very miserable, he was allowed to leave for a time.

December 26th. Re-entered the Hospital; "had been very bad, and was sure he should never go out again alive," and could not be the least comforted by any encouraging assurances of the nurses or his fellow patients.

Desiring to ascertain the size of the calculus, Mr. Cotton introduced with little difficulty—the urethra being capacious—the screw lithotrife. On closing the blades of the forceps, which had been separated to the fullest extent, the stone was readily embraced, and was found to exceed two inches and a quarter in diameter, the register remaining at a point two notches beyond number four marked on the scale. On applying the screw, requiring much force, the stone suddenly escaped with a loud sound, and on withdrawing the instrument it was found filled with phosphatic detritus. A small quantity of warm water having, with difficulty,

been injected into the bladder, the instrument was re-introduced, and the stone seized three or four times; little more, however, was effected, than the breaking off of portions of its coating, owing to its escaping the grasp of the forceps. The man complained of much pain.

To have Liq. Opii Sedativi, m. xxv.; Syr. Simpl., dr. i.; e Julep. Camph., oz. iss, statim. Hot fomentations to the perineal and pubic regions constantly.

7th. Passed a tolerable night, disturbed only with wind which rises upwards; urine came away in the night naturally, but mixed with some blood and mucus. The resident medical officer, Mr. Rackham, finding some distension of the abdomen, introduced the catheter this morning, and withdrew about two ounces of bloody urine. He is lying comfortable, feeling only sore; desires to have his bowels moved to carry off the wind.

R. Magnes. Sulphatis, dr. iss.; Syr. Zinzib., dr. iss.; Acid. Sulph. Dilut., m. x.; Aquæ Menth. Piper., oz. iss.; Fiat haustus omni secunda hora sumend. donec sol. fuerit. alvus.

8th. Bowels freely moved; complains of smarting during micturition, otherwise quite free from pain; the urine passed in small quantities freely in the night, is mixed with a ropy mucus, and restores the colour of reddened litmus paper.

Hot fomentations. Sumat Acid. Nitro-muriat., m. v.; ter quotidie e cyath. vinos. aquæ.

9th. Had rather an indifferent night; troubled with frequent tenesmus; feels an aching at the lower part of the belly. Omit the acid, and give some aromatic water.

Vespere. Has vomited, which, with pain and tenderness, has been relieved by an effervescing draught, containing fifteen drops of Battley's sedative solution.

12th. He has been very restless and delirious during the night. House-Surgeon drew off this morning about an ounce of urine.

Noon. Consultation held. Has been dosing the last two hours; the tongue is brown and dry; pulse frequent and intermitting; abdomen distended, some degree of tenderness on pressure at the lower part.

Twenty leeches to be applied to the pubis and perineum; hot fomentations; and to go on with the mixture of dilute nitric acid and citrate of potash, ordered by the house-surgeon, and which he wishes for.

9 p.m. Comatose; no urine passed, nor any found in the bladder on introducing the catheter.

Hab. Magnes. Sulph., dr. ss., ex Aq. oz. j., omni hor. quart. aff. alvum provocandum. Mustard cataplasms to the inner ankles.

11th. A little urine dribbled away during the night; sinking.

12th., 2 a.m. Died.

Examination eleven hours after death.—On dividing the abdominal parietes, the muscular structures above the pubis, and about the pelvic region, were found soft and infiltrated with bloody serum; the peritoneum dark and thickened; the intestines distended with air, but, excepting a slight glueing of one of the convolutions, there were no marks of inflammation within the peritoneal sac. The coats of the bladder, and the cellular tissue external to it, as well as that around the ureters and kidneys, were much thickened and infiltrated; the bladder, capable of holding about three ounces of fluid, was uncontracted and empty, and the mucous surface free from injury or signs of inflammation about the neck; it was slightly ulcerated, and covered with mortar-like deposit, which was observed on the removal of a calculus, occupying the lower part of its cavity, and resting firmly against the pubis. The calculus, a coated mulberry, was of a cordiform shape, weighing two ounces, and measuring in circumference five inches and a half by four inches and a half. The ureters dilated, and were the size of the little finger, filled with chalky urine. The left kidney was much diseased and enlarged, the pelvis and infundibula dilated, forming a large membranous cyst, distended with urine and calcareous matter; the glandular structure was greatly attenuated; upon the external surface, beneath the capsule, were several small abscesses; the right kidney, about the usual size, was also a mere cyst, from the absorption of its tubular and cortical structure.

Remarks.—In this case the *post-mortem* examination shows that disease had almost done its utmost previous to my introducing the lithotrite for the purpose of ascertaining the size of the stone; the readiness with which it at once came within the grasp of the forceps afforded an irresistible opportunity for attempting the breaking of a stone so large, purposing, should it prove to be one of a very hard character, to remove the fragments, with the sanction of my colleagues, by lithotomy. The sudden escape of the calculus, on the application of the screw, with a noise so loud as to make me fear for the integrity of the instrument, together with other attempts I made to act upon it, although conducted with gentleness and caution, no doubt served to sever the delicate thread upon which life was suspended, by bruising the diseased cellular tissue surrounding the bladder; causing *low* inflammation, further thickening, and obstruction about the vesical terminations of the ureters, retention of the urine, &c. &c.

The case proved exactly one of those upon which Sir Benjamin Brodie observes,* “the patient labours under a mortal disease, where any operation hastens death, and therefore ought to be avoided; at any rate a prudent surgeon would decline to interfere, or do so with great unwillingness, and solely as an act of duty or of humanity towards a suffering fellow-creature.”

ABSCESS OF THE LEFT KNEE.

Timothy Robinson, aged 18 years, admitted April 29th, 1845, states that he observed a swelling, and felt stiffness and uneasiness on the inner and under side of the knee, twelve months ago, since which time he has

* Brodie on the Urinary Organs.

been tramping with difficulty about the country, living badly, and working occasionally as an agricultural labourer. The patient is of middle stature; looks sickly and care-worn; the skin is cold, clammy, and dingy; the cheek-bones are broad and high; the lips thick, and the tip of the nose congested. He walks with difficulty; the left knee is enlarged, and has on its inner side a cold fluctuating swelling, the integuments over which are stretched and discoloured; the patella is somewhat drawn upwards and inwards, and is but slightly moveable. The case seeming to be one of chronic inflammation of the joint, supervening upon disease of the articular ends of the bones, perhaps proceeding to suppuration, was entered as “chronic synovitis, probably following strumous osteitis.”

To rest in bed, have middle diet, and to take Pil. Plummerii, gr. v., omni nocte; Magnes. Sulphat., scr. j., cum Acid. Sulph. Dil., m. x., ex Aquæ Menthæ Viridis, oz. iss., ter quotidie.

May 3rd. The skin over the swelling was red and painful. Let the knee be lightly cupped, and afterwards enveloped in hot linseed poultices.

5th. Feels feverish and ill; no appetite; the abscess pointing, was opened with a lancet, and much ill-conditioned sero-purulent matter allowed to escape at will.

Continue the poultices twice a day; let them be hot and large; milk diet, and give as medicine only the citrate of potash occasionally.

8th. The wound discharges freely; allowed at his own request full diet and porter.

13th. Complains of being unable to sleep at night, and of feeling cold and ill all over. The skin around the abscess is red and ulcerated, presenting a sore of the size of half-a-crown, of a yellowish white colour.

The limb to be placed upon M'cIntyre's splint. Poultices continued.

R. Liq. Ammon. Acet., dr. j.; Tinct. Hyoscyami, Spt. Æth. Nitr., urqr., m. xv.; Syr. Simpl., dr. ss.; Aquæ, dr. xj. Fiat haust. omni quarta hora sumendus.

17th. Is much better; the knee feeling uneasy, the splint was removed, and the limb fixed upon soft pillows, &c.

Persist in usu misturæ ter indies.

From this date to September 23rd, during which period the usual consultations upon two-month cases were held, every endeavour was made to remedy the faulty state of the constitution and to repair local mischief, by a nutritious and varied diet, the occasional use of anti-scorfulous medicines, and a scrupulously quiet position of the limb, but with no ultimate advantage, although the early progress of the case afforded every encouragement of its doing well.

23rd. Habeat Ol. Aselli Jecoris., oz. ss., e quovis liquore idoneo ter quotidie.

27th. Nausea and want of appetite. Let the oil be discontinued, and the joint be enveloped night and morning with lint soaked in cod-liver oil.

October 6th. The knee is painful; the skin and sub-tissues are much ulcerated; there are burrowing abscesses around the front and sides of the joint, and a curdy ichorous discharge. The patient is much wasted; has occasional rigors, partial sweats, and teasing cough.

Give a little effervescent powder and syrup of poppies; apply warm water dressing, and let a special consultation be called.

8th. Consultation held; Dr. Wayte, Dr. De Mierre, and Mr. Cotton present. Entry made:—"For excision if the surgeons agree."

13th and 15th. Consultations again held, Mr. Whiting being also present.

17th. Amputation determined upon.

20th. Amputation by antero-posterior flaps; tourniquet dispensed with, the usual practice at this hospital, Mr. Hale judiciously commanding the artery, and Mr. Smyth taking charge of the flaps, which were made at the lower third of the thigh, to avoid unnecessary division of soft parts and loss of blood, instead of at the middle, the place (where practicable) always selected for securing the most efficient and convenient stump; one vessel only required to be ligatured, hæmorrhage from the vein proving troublesome, the spring button forceps were applied, and allowed to remain between the exposed flaps upwards of an hour, when the edges of the incisions were brought into easy apposition by four sutures and a strip or two of adhesive plaster.

R. Liq. Opii Sed., (Battlei.) Acid. Nitric, Dilut., utr., m. x.; Mist. Camph., oz. iss. Fiat haust. s. s. et hor. somn. si op. sit.

23rd. Looks very pallid and weak; cannot eat; night sweats. On examining the stump, the flaps were found flabby and gaping, and hanging to the outer side of the thigh; the end of the bone dead-looking, cocked up to the inner. Sutures and plaster removed, a bandage applied, and the edges of the wound brought together lightly, by strips of the same carried over the face of the stump, leaving a free outlet; water dressing.

Habt. Acid. Sulph. Arom., m. x., cum Syr. Aurantii, dr. j., ex Aqua, ter quotidie. Chops, eggs, wine or porter.

November 9th. Health greatly improved; the ligature has come away. As the end of the bone determinedly inclines to the inner-side of the stump, let the patient lie upon the opposite side of the body.

24th. The change of position has answered admirably; the stump is well cushioned and nearly healed, a few gelatinous-like granulations only remaining. Two small pieces of bone have exfoliated. Resin dressing.

Dec. 28th. Has gained flesh; feels quite well and strong; stump healed; may be discharged.

Examination of the removed limb. This was carefully made; after portions of the femur and tibia had been cut away with the saw and forceps, the articular surface of the patella being sound, it was merely reflected upwards, and left as was intended, had the like operation been attempted, in place of that of amputation. The joint-ends of the bones, the tibia particularly, were found enlarged and carious, and filled with a soft, dusky, reddish, unctuous deposit. Corrosion, ulceration, and loosening had taken place generally upon the surfaces of the cartilages in contact with the bones, whilst their free surfaces were smooth and unchanged, as also was the synovial membrane, excepting only an unusual redness at the edges, opposite to where the cartilages had most suffered. The patella drawn upwards and inwards, and fixed in an immense quantity of indurated fat and cellular tissue, had become soft and pulpy internally, its ligament nearly destroyed by ulceration. The periosteum of the tibia was much

thickened and diseased, and had also fistulous communications with the burrowing abscesses around the front and sides of the joint.

Remarks.—Here was a case of abscess presumed to be connected with the joint-cavity, (not much unlike those related in South's valuable *Annotations to Chelius' Surgery*;) found to arise from scrofulous degeneration of the ends of the knee-bones, causing secondary ulceration of the incrusting cartilages, destruction of the ligamentous and other external structures, a giving way of the constitution, and the threatening, if not the actual presence, of incipient phthisis, necessitating amputation and ending favourably, hectic exhaustion and disease being suspended, at least for a time, perhaps altogether.

The frequent consultations arose out of my urging the propriety of excision over that of amputation. No difference of opinion existed between myself and colleagues, upon the necessity of something being speedily done, to save the boy's life. Relying upon the adult youth of my patient, I advocated the resection of any diseased bone which might present itself, in the expectation of having to deal with an open joint, and of finding the disease more particularly involving the tibia, the vitally important soft parts behind the joint sound, and such an ulcerated condition of those in front, as to require but trifling incisions (producing but little pain, loss of blood or shock,) compared with the operation I desired to avoid. I thought too, that the removal of the affected bone would afford an outlet for the disease to expend itself, as I have seen frequently take place after the use of the trephine in cases of scrofulous caries of the shaft and extremities of the tibia, just within implication of the knee or ankle-joints. I was prepared for a tedious convalescence, but I nevertheless hoped eventually to bring about, by the coalescing granulations of the bony and soft parts, an ankylosis as substantial as is generally obtained, when it becomes desirable that such a process of repair should be attempted.

From the moment the case came under my care up to the time of amputation, I was deterred from the use of the trephine, only by the belief that the abscesses communicated with the joint. Had I at an early or late period trephined only the head of the tibia, there is no reason to doubt but that the disease might have been arrested, and the limb saved. Had I in place of amputating the limb excised the articular ends of the bones, the result would have been problematical; for I feel that, led away by the healthy appearance of the joint-surface of the patella, I should have left that bone undisturbed, and thereby committed a serious error. The physicians yielding but a negative assent, I amputated in deference to the opinion of my senior surgical colleague, whose experience, strengthened by references to the first authorities, was against the mode of operative procedure I advocated.

Syme, ("Principles of Surgery," 1842,) states, "that the extent to which the acetabulum is always involved in hip-disease, forbids any attempt at excision;" and "that though experience has not yet fully decided whether the limbs that might be preserved, by cutting out the knee and ankle-joints, would be preferable to the artificial substitutes which may be worn in their stead: it seems pretty well understood they would not."

In the *London and Edinburgh Medical Journal*, May, 1845, (see also *Medical Gazette* and Editors remarks, Oct. 17th, of the same year,) we find Syme, from *two successful cases*, giving his reasons for recommending *amputation at the ankle-joint in preference to the leg, to avoid unnecessary mutilation, and sawing through the condyles of the femur to prevent the frequent deaths from the effects of separation of the thigh at its centre.*

Fergusson, ("Practical Surgery," 1842,) says, "In selecting amputation over excision of the knee-joint, I have been influenced chiefly by the consideration whether the object to be gained by the patient would be worth the risk incurred, and have invariably come to the conclusion, that by removing the limb above the seat of the disease I have done what was best for present safety and future comfort;" and, moreover, writes upon the subject of excision of the head of the femur, undertaken for disease of the hip-joint,—that although he has meditated the performance of the operation for ten years, *he had never met with a single instance where the practice could have been deemed justifiable.* In the *Medical Gazette*, No. 12, 1845, we read of his *excising successfully the head of the femur of a boy in the last stage of hectic exhaustion.*

Liston, ("Practical Surgery,") pronounces "resection" to be "scarcely applicable to the hip and knee." After Fergusson's success, this able surgeon may alter his opinion; he will *scarcely* be surprised to hear again of provincial daring; the love of but little beyond what he himself originates or practices is hardly excusable, even in one who has done so much for operative surgery.

S. Cooper, ("Dictionary," 1838,) inquires, "whether a patient, greatly reduced by hectic symptoms, will be able to recover from so bold and bloody (!) an operation as the dissection of the whole of the knee-joint out of the limb? &c., &c. The proverbial caution of this eminent authority, seems to have been lost upon Dr. Gordon Buck, of the New York Hospital. In the second number of the *Medical Times* for the present year, we read of his having performed so successfully the formidable operation of excision of the head of the tibia and the condyles of the femur, to remedy the inconvenience arising from an ankylosed knee, that the patient in little more than six months was enabled to walk about the hospital grounds with a cane.

M. Blandin's amputations in the regions of contiguity of bones, *the joints being sound*, or the section through the condyles, as suggested by Professor Syme, may not be advisable modes of operative procedure; nevertheless, the reported *results* of such practice, and the limited observations I have been enabled to make upon open joints, *do not*, in my humble opinion, justify the extreme fear of interference when the larger joint-ends of bones, and even their articular surfaces, have become slowly diseased. In such cases I venture to express my belief that a more frequent resort to the trephine, or to excision, may possibly save life and limb, and render amputation unnecessary.

Lynn, Jan. 28, 1846.

ON PLACENTA PRÆVIA.

(A paper read before the Medical Society of University College, London, on Friday, January 30th, 1846.)

By JOHN ELLIOT WOOD.

(Continued from page 76.)

We now come to speak of the *treatment* when hæmorrhage occurs at the commencement of labour, arising from the abnormal situation of the placenta over the os uteri. Time would not allow me here to enter fully into the management of those cases in which flooding takes place before the accession of labour.

Guillemeau advocated the practice of delivering immediately, by passing the hand into the uterus, and extracting the child. This was his practice also where the placenta did not present, but had become detached by some accidental cause from the fundus. In cases where the placenta had not entirely escaped, and the membranes were not ruptured, Mauriceau advised the part of the placenta which presented to be put aside with the hand, the membranes to be ruptured, and the delivery completed by turning. When the placenta was entirely detached, he brought it away before the child. Portal separated the placenta from the os uteri, ruptured the membranes, and turned the child. If the patient were plethoric, he recommended the use of the lancet. Giffard was of opinion that the only thing to save the patient was a speedy delivery. Røederer recommends the dilatation of the os uteri to be slowly and cautiously effected by the hand, which is to be passed between the placenta and uterus, and turning is to be immediately accomplished. Levret advocated immediate delivery by turning. He remarked that uterine contractions invariably increased the hæmorrhage where the placenta was implanted over the cervix, and that the contrary effect was produced where the placenta adhered to the fundus, and had been detached by an accidental cause. He considered it prudent, therefore, to rupture the membranes in the former case, but not in the latter. He recommended passing the hand through the placenta.

The practice of rupturing the membranes, by which alone in many cases the hæmorrhage is stopped, is generally attributed to Puzos, and was claimed by him as a recommendation of his own, but the merit of introducing it is undoubtedly due to Mauriceau. Smellie recommended rupture of the membranes, so that the uterus might contract and squeeze down the fœtus; and if this were not sufficient, turning was to be had recourse to as soon as was practicable. He alludes favourably to bleeding in some instances. Plenck, in 1781, says—"Hæc menorrhagiæ species est periculosissima, nulli remedio, sed solâ fœtus extractione, curanda." Dr. Rigby recommended passing the hand through the placenta, on the ground that not more than was actually necessary for the introduction of the hand would thus be separated. He delivered by turning. It is probable that he was in the habit of using the plug, though it is not actually so stated in his work. Merriman and Denman advised turning as soon as possible; the former passing through, or by the side of, the placenta indiscriminately. He says the operation should be slowly performed, and the patient's strength recruited from time to time by the administration of nourishment.

Davis insists strongly on the necessity and expediency of plugging the vagina, and recommends it, not merely to rescue the patient from profuse uterine hæmorrhage,