

For the notes of the following case we are indebted to Mr. Ernest Hart, house-surgeon to the hospital.

A labouring man, aged twenty-nine, of temperate habits, was admitted, at eleven P.M., on the evening of Sunday, the 6th of September. He had been attending to a railway-truck which was drawn by a horse, when he slipped and fell across the rails, and the truck, which was loaded with clay, a ton and a half in weight, passed over the upper part of his right thigh. There was a large lacerated flesh wound four inches below the fold of the groin, through which the finger could be readily passed down to a fracture in the neighbourhood of the trochanters, and a sharp spiculum of bone was felt, which rose from the lower fragment, and had protruded through the soft parts. The muscles at the back of the thigh were crushed to a jelly, and infiltrated with blood. On the anterior surface also pools of blood had collected within the lacerated cavities amongst the muscles. The soft parts of the perinæum were torn in the median line, from the root of the penis through the scrotum, as far back as the anus. This wound yawned widely, and the finger passed freely round beneath the undermined skin of the buttock backwards to the tuberosity of the ischium. When admitted, he was in a state of extreme collapse. He was shortly afterwards seen, in Mr. Lane's absence, by Mr. Ure, who remained with him for two hours, but any immediate operative procedure was obviously out of the question. The following morning he had rallied considerably. At ten A.M., he was seen by Mr. Lane, who decided that his only possible chance of recovery lay in the removal of the limb at the joint, and arranged to perform the operation at one o'clock if the improvement continued, and if, on consultation, it was thought advisable to do so. In the operation, Mr. Lane transfixed the limb from the inner to the outer side in front of the joint, and formed an anterior flap in the usual manner. This, in consequence of the lacerated condition of the soft parts was of smaller dimensions than would otherwise have been desirable. While this flap was being cut, the hands of an assistant were passed into the wound behind the knife, so as to compress the femoral artery before its division, and no blood was lost from this source. The flap being held up, the capsule was opened, and the head of the bone disarticulated. A large posterior flap was then formed by carrying the knife under the limb, and cutting from below upwards, and from the skin towards the joint.

Search was first made for the vessels in the posterior flap, but no hæmorrhage of any importance proceeding from this part of the wound, the femoral artery and the profunda were secured. Only one more artery could be found requiring a ligature, but ultimately it was necessary to secure the femoral vein, from which the blood flowed freely as soon as pressure was remitted. During the operation, a large quantity of dark, semi-coagulated blood escaped from amongst the muscles. The wound was then closed by eight interrupted sutures. At the conclusion of the operation, which was performed under chloroform, the patient was in a state of considerable collapse, and this, together with the bruised condition of the soft parts, no doubt accounted for the small number of arteries requiring ligature. He soon rallied from this state, and his circulation being fairly re-established, he was conveyed to bed in the adjoining ward. The improvement, however, was but temporary, for about two hours afterwards he again began to sink, and notwithstanding the free administration of stimuli, died at seven P.M., five hours after the operation.

On examining the limb after removal, the femur was found to be fractured transversely just above the lesser trochanter, the fracture passing along a portion of the under surface of the neck of the femur, and through the ligamentous fibres of the capsule, but not opening the synovial membrane. The inner part of the line of fracture was slightly comminuted, one small fragment being loose. An oblique fissure passed for the extent of an inch and a half downwards and outwards through the shaft of the femur.

The body was examined on the following day, and all the organs were found remarkably healthy, but there was a general bloodless pallor of the tissues. The pelvis was uninjured.

#### ST. GEORGE'S HOSPITAL.

ENCEPHALOID CANCER OF THE FEMUR; DISARTICULATION OF THE HIP-JOINT; RECOVERY FROM THE OPERATION.

(Under the care of Mr. TATUM.)

THE patient who was the subject of the following case, was in fair health, but losing flesh at the time his limb was removed at the hip-joint. He recovered from the effects of the

operation, and remained remarkably well for six or seven months, when he was seized with symptoms of pleurisy, for which he was treated by Mr. Goodchild. Mr. Tatum saw him at Ealing, and found a large effusion had taken place into the left pleura, displacing the heart, and occasioning the greatest distress and dyspnoea. He introduced a trocar, and drew off a very large quantity of blood and serum, mostly the former, which afforded but temporary relief, as the chest soon refilled, and was again evacuated by Mr. Goodchild, but the patient soon after sank. Mr. Gray, of St. George's Hospital, made the post-mortem examination with Mr. Goodchild, at Ealing, and found the cavity of the left pleura partly filled with bloody fluid; the lung was much congested, and contained large masses of osteoid tumour, with portions of encephaloid disease. The notes of the case have been kindly furnished us from the hospital register by Mr. Charles St. John, Mr. Tatum's clinical clerk.

A. N.—, a youth aged seventeen, of extremely pale complexion, was admitted on the 26th of June, 1855, with a large tumour just above the left knee. It occupied the whole circumference of the thigh, was more prominent on the inner side, and extended one-third up the limb, the knee-joint being healthy. The greater part of the tumour was fluctuating, as if a cyst were present. This originated from a blow received over the inner condyle the Christmas before. It did not increase much at first, nor was it painful; but latterly it grew rapidly, and was painful at night. On admission he appeared much exhausted, and was losing flesh; his skin throughout was blanched. A puncture was made into the tumour, and several ounces of bloody serum drawn off, which afforded relief. Anodynes at night, and good nutritious diet, soon improved his general health. Seeing this, and finding no evidence of malignant disease elsewhere, Mr. Tatum, in consultation with his colleagues, determined upon amputation at the hip-joint, with a view to prolong life.

On the 4th of July, disarticulation of the joint was performed, under chloroform, the anterior flap being made first, by transfixion. The capsular ligament being laid bare was easily divided; the head of the bone partially dislocated by rotation of the limb outwards, and extending it backwards; the ligamentum teres was cut through, and the dislocation was completed. The knife was then carried through the joint, and over the trochanter; and the posterior flap was made, somewhat small and thin, so that by its weight it should not drag the cut surfaces apart in the progress of healing. All the vessels were now secured, and there was no hæmorrhage to speak of. The edges of the flaps were brought together by sutures and plaster, and covered with water dressing.

The disease was found to be a combination of the medullary, osteoid, and hæmatoid cancers; the front of the thigh being occupied by a large cyst containing three pints of grumous blood.

After the operation, he suffered but little pain, slept some hours in the night, and took beef-tea next day. The wound was dressed for the first time on the fifth day after operation, and the sutures removed. A large portion of the wound had healed; there was, however, much suppuration. His diet was very nourishing, and he had six ounces of port wine daily. He went on well, without a bad symptom. The ligatures separated on the sixteenth day, and on the 1st of August he left the hospital well, just four weeks after the operation.

#### WESTMINSTER HOSPITAL.

THREE CASES OF STONE IN THE BLADDER OF FEMALES (ONE WOMAN AND TWO CHILDREN) REMOVED BY DILATATION; RECOVERY IN EACH.

(Under the care of Mr. HILLMAN.)

As a rule, stone in the bladder of the female is much less frequently presented to our notice than in the male, and most generally is removed with greater safety to the patient. We have now and then recorded instances in our "Mirror," of the removal of a calculus from the female bladder. Amongst others, we may refer to one in a child, removed by Mr. Ferguson at King's College Hospital, (THE LANCET, vol. ii. 1855, p. 53;) another in a woman, by Mr. Erichsen, at University College Hospital, (*ibid.*) In this last patient, labour had been obstructed by the presence of a large stone, which projected backwards into the vagina. On removal, the stone weighed five ounces and a half. One of equal size we saw removed by Mr. Shaw, at the Middlesex Hospital, in January, 1855, from the bladder of a woman; and another the size of a walnut, by Mr. Moore, at the same hospital, in the month following. In

woman, the stone is generally removed by dilating the urethra, a process sometimes easily effected; but if the stone is large, incisions become necessary. Occasionally it happens that *stilticidium urinae* may follow from the latter proceeding, and this is a source of very great annoyance to the patient. We had lately three cases pointed out to us, at the Westminster Hospital, in which stones from the bladder were removed by Mr. Hillman, by dilatation, with success, which we have the pleasure of recording this day. He found it necessary, in the first of these, the case which immediately follows, to incise the upper part of the urethra towards the symphysis pubis, as the calculus was too large to remove without producing laceration of the mucous membrane. No bad result followed; but our readers will at once perceive the advantage of cutting upwards instead of downwards, or from side to side, when it can be avoided. Incisions were unnecessary in the other two, and all three made good recoveries. We may be permitted just to refer to the relative frequency of stone in the bladder of the two sexes. Although it is considered rare in the female, Mr. Coulson mentions, in his standard work "On Lithotomy and Lithotrity," wherein this interesting question is fully considered, that the proportion of calculous affections in the female is probably higher than 1 in 20, (the mean result of a number of tables in the book,) because, as he very truly observes, "we all know that delicacy prevents numbers of females labouring under urinary diseases from applying for hospital relief." (p. 247.) This is true to a very great extent; but owing to the shortness and elasticity of the female urethra, small, and sometimes even large stones, pass naturally, and occasionally they are removed by the finger of the patient herself.

**CASE 1.**—*Stone in the bladder of a female child, aged five years and a half; removal by dilatation and incision.*—M. A. O—, aged five years and a half, has suffered for more than three years from pain in passing urine; the sufferings have not been quite constant, but she had occasional intervals of freedom from pain. She has not been able to hold her urine naturally as other children since she was fifteen months old, and for three years has always wet the bed at night. When suffering most acutely she has been in the habit of passing her urine fifteen or more times in an hour. During the last three years there has been prolapsus of the rectum, and during the occasional exacerbations of the urinary symptoms, blood has now and then been discharged with the urine.

*State on admission.*—The child is thin, and looks entirely out of health; the vulva is much swollen and excoriated, and there is a purulent discharge from its mucous membrane as well as from the vagina. There is almost constant involuntary micturition, which is attended with great suffering, on account of which she is continually scratching herself, and so the swelling and excoriation of the vulva are kept up.

*Treatment.*—She was kept in bed and carefully dieted, zinc ointment applied to the excoriated surfaces, the bowels regulated by castor oil, and small doses of benzoic acid administered in order to lessen the irritability of the bladder.

After a short period, on the introduction of a sound, the presence of a stone within the bladder was readily ascertained. In consequence of the great irritability of the bladder, Mr. Hillman considered the case unsuitable for the operation of lithotrity, and therefore determined to remove the stone entire.

*Operation.*—A conical sponge tent was introduced into the whole length of the urethra, and retained for five hours, for the purpose of slowly dilating that canal. Chloroform having been administered, the stone was grasped with somewhat slender forceps; as, however, it was evident that the stone was too large to be thus withdrawn without laceration, the anterior portion of the urethra was incised, in the direction directly upwards towards the symphysis pubis, to the extent of a quarter of an inch, and then the stone was slowly and steadily withdrawn. The bleeding was trifling. After the operation, a dose of tincture of hyoscyamus was given and barley-water freely administered.

*Description of the stone.*—The stone was of an ovoid form, measuring fully three inches in its longest, and two inches and three-quarters in its shortest circumference. It consisted of laminated urate of ammonia.

*Result.*—The child suffered considerable pain in the urethra during the passage of the urine for the next two days, but continued to progress favourably, with scarcely any swelling of the vulva, and without any abdominal tenderness or other unfavourable symptom of any kind.

Twenty-five days after the operation the child was discharged, perfectly free from all suffering, much improved in

health and appearance, with the power of retaining urine three hours or longer, and gradually overcoming the *habit* of frequent micturition which she had been acquiring during the last three years.

**CASE 2.**—*Stone in the bladder of a woman, removed by dilatation.*—E. S—, aged forty-six years, has suffered for about twelve months with pain in the loins on both sides, but especially in the right loin. She has had considerable pain on micturition for seven or eight months; the urine has been thick for six or seven months, and occasionally mixed with blood, on which occasions the pain has been much increased. She has never passed any gravel, but sometimes the stream of urine has suddenly stopped, "as if something dropped down over the passage." Walking has produced pain in the bladder for some months, and riding to the hospital caused her much suffering.

*State on admission.*—She is a well-proportioned, rather stout, healthy-looking woman. She suffers, however, from constant pain over the region of the bladder, but thinks the pain is less after passing urine than before. She has also great pain, of a burning or scalding character, along the urethra, which is much increased after micturition. There is a "sharp, pricking pain deeply in the water-passage" when she moves, and now and then crampy pains along the inside of the thighs and in the calves of the legs. There is slight prolapsus ani, and considerable vaginal discharge. The urine deposits abundance of pus corpuscles.

*Treatment.*—On sounding a few days after admission, the presence of a stone within the bladder was at once ascertained, and Mr. Hillman determined to remove it by dilatation. She was accordingly kept in bed, and suitable diet and medicines prescribed for a fortnight.

*Operation.*—Chloroform having been administered, Mr. Hillman introduced a bivalve dilator, and rapidly dilated the urethra, the parts readily yielding without the employment of undue force in three or four minutes to the extent desired. A pair of slight, narrow, straight lithotomy forceps were introduced, and the stone, which was found to be in three pieces, removed, and the bladder having been washed out with tepid water, the patient was removed to bed. The stone had probably been broken into three portions by the instrument which had been employed to measure it on the previous occasion. After the operation a dose of sedative solution of opium and barley-water were prescribed.

*Description of the stone.*—When put together, the stone was of an elongated, oval form, pointed at the extremities; about two inches and three-quarters in its longitudinal circumference, and one inch and three-quarters in its lateral circumference. It consisted of uric acid.

*Result.*—For a few days after the operation she suffered severe pain along the urethra during micturition, but had no unfavourable symptom of any kind. A month afterwards she was discharged perfectly free from pain, quite well in health, and with the power of retaining without difficulty about a pint of urine in the bladder at a time.

**CASE 3.**—*Stone in the bladder of a female child of five years and a half old, removed by dilatation.*—M. A. B—, aged five years and a half, has for the last two years been in the habit of "wetting the bed," and has also handled and rubbed the vulva as if suffering from irritation, the mother thought produced by worms in the intestinal canal. She has suffered for the last three months considerable pain after passing urine, and micturition has been very frequent; indeed lately the urine has been almost constantly dribbling away. There is no evidence of blood ever having been passed with the urine; but as she has been accustomed to use the water-closet the point is doubtful. "The urine has always since her birth been very strong-smelling." She has had no infantile disease but measles; but during the last eight months "she has been ailing and losing flesh."

*State on admission.*—The child passes urine very frequently during the day, always suffering considerable pain, and wets the bed at night. There is slight prolapsus of the rectum, and she is altogether thoroughly out of health.

*Treatment.*—She was kept in bed, the bowels were relieved by castor oil, and moderate doses of acetate of potass were administered with the effect of greatly mitigating her sufferings. On sounding, soon after her admission, a stone within the bladder was immediately felt and heard. Under these circumstances Mr. Hillman determined to remove the stone entire, after having endeavoured to get the child into a more favourable state of health.

*Operation.*—Chloroform having been administered, a small,

three-branched urethra-dilator was introduced, and the canal thereby dilated in the course of five minutes sufficiently to allow of the introduction of a pair of very slender, straight lithotomy-forceps into the bladder. The stone was almost at once grasped and removed by somewhat forcible extracting movements steadily continued for about a minute, the stone having fortunately been grasped exactly in the most favourable direction. After the operation, a dose of tincture of hyoscyamus, and abundance of barley-water, were given.

*Description of the stone.*—The stone was of an ovoid form, thickly studded externally with small, sharp prominences. It measured rather more than two inches in its longest circumference, and nearly one inch and three quarters in its shortest circumference. It was composed of oxalate of lime.

*Result.*—The child suffered only a moderate amount of pain in passing urine for three days after the operation, and it was slightly tinged with blood for about six days; but no untoward symptom of any kind occurred, and she was discharged thirty-four days after the operation, much fatter than on her admission, cheerful, and in all respects well, having full ability to retain the urine naturally and healthily.

## CLINICAL RECORDS.

### THREE CASES OF ULCER OF THE STOMACH.

WHENEVER hæmatemesis occurs, the blood being pure, the practitioner may have good cause to fear an ulcer of the stomach, which may be verified by the history and physical examination of the patient. The latter, we need not urge, should be very carefully done, as unfortunately, from rude handling, the ulcer might be converted into an actual perforation. Three well-marked cases of *ulcus ventriculi* are to be seen at the present moment (Oct. 19th), at the Royal Free Hospital, under Dr. Brinton's care. The first of these is in a young girl, twenty years of age, who has had hæmatemesis for about a month, followed by pallor and weakness. She was treated during the first week by iced milk and arrowroot, and subsequently by fish and then a stewed chop daily, as the stomach would bear it. This was followed by good results, as the hæmatemesis ceased. She is now taking small doses of quinine and iron, with about one-third of a grain of opium in the day, and, on the whole, her improvement is very satisfactory. In the second case, the patient is quite blanched, and has had repeated vomiting of blood, with *gastrodynia* for a twelvemonth. The bleeding is very difficult to stop—it ceases for a time, and any slight cause produces it. Dr. Brinton believes that one of the branches of the splenic artery most probably opens into the ulcer, and when the plug of coagulated blood is detached the hæmorrhage commences. She is fed principally by enemata, has ice-water to drink, and cold applied over the stomach. All the styptics which were here tried proved of no avail whatever. The first patient, we should observe, always menstruates regularly, although the quantity is variable. It is unusual to see so many cases of this affection in an hospital together, but it often happens, that more than one example of a peculiar disease come together. These three patients are side by side in their different beds. We also noticed another instance of this affection, at the St. Pancras Dispensary, on the 20th of October, under Dr. Gibb's care, in a girl aged twenty years, who has had hæmatemesis at intervals for the last three months, but with general bad health for the last two years.

### SPONTANEOUS AMPUTATION OF FOUR FINGERS WITH A SAUSAGE-CHOPPER.

THE accident in this case was rather a singular one. A boy aged eighteen was manipulating with some sausage-meat on October 12th, when the sausage-chopper merely wounded him in the right hand, as he thought. He quickly drew up his hand, and to his astonishment found the four fingers were as completely cut off at their metacarpal articulations as if done with an amputating-knife, the thumb fortunately remaining intact. He was admitted into St. Bartholomew's Hospital, under Mr. Skey's care, but was seen, on admission, by Mr. Barker, the house-surgeon, who removed the heads of the four metacarpal bones, and brought the lips of the wound together by sutures. We saw the boy, on the 17th of October, in Abernethy ward, and at that time the greater part of the stump had united by adhesion, with some suppuration of the other part. The hand will be a useful one with the thumb, and a good palm to hold anything.

### AMPUTATION AT THE SHOULDER-JOINT FOR MYELOID DISEASE.

THE patient was a young woman twenty-five years of age, the mother of five children, who, in September, 1856, had pain in her left shoulder, and was treated for rheumatism. The pain continued for some time. Three months before September, it became painful, and in a month it began to swell. Her sufferings now were extreme, and she was admitted into the Middlesex Hospital on the 8th of September. The swelling was situated at the great tuberosity, and was as large as an orange, covered with integument, which was partly adherent. The pain continued to be agonizing, and she had no sleep. Amputation was performed at the joint by Mr. Mitchell Henry, and on examining the diseased joint afterwards, fracture of the humerus was found to have taken place just below the head of the bone. She made a good recovery, and was to leave the hospital this month (October.) The tumour proved to be fibro-plastic, which Mr. Henry stated had become ossified at its lower part, which was evidently growing at the time of the operation. The fractured part of the bone is soft, and filled with myeloid cells. The shaft of the bone was prolonged into the disease, and had not undergone any change, but most probably the disease had commenced in the interior of that part of the bone which was expanded. Although Mr. Henry thinks this form of disease should not be called myeloid, we prefer to give it the name assigned to it by such pathologists as Mr. Paget, Lebert, and Henry Gray.

### ENCEPHALOID CANCER OF THE TESTICLE.

MR. CURLING mentions, in his work on "Diseases of the Testis," that medullary cancer is by far the most frequent disease of a malignant character to which the testicle is liable, and occurs at all ages, but most commonly at the middle period of life. We have already placed upon record instances in which it has been present in children. A good example of this form of cancer occurred but the other day at St. George's Hospital, under the care of Mr. Cæsar Hawkins, in a middle-aged man, whose left testicle was enlarged to the size of a Spanish onion. It had not been growing very long, but the body of the testicle was distinguishable for some time, preserving its oval form, which finally became lost. Mr. Hawkins removed the testicle, under chloroform, on the 15th of October, completely isolating the growth before dividing the spermatic cord, which was effected on holding it with a piece of linen. Unfortunately, the artery retracted within the canal, and was not secured for some time; its retraction caused the spermatic cord to curve inwards like a hook. A section of the testicle showed the true characters of the disease, with a mixture of yellow, degenerated, cancerous substance, the testis being completely lost in the mass itself. The man is doing well, and will most probably recover from the effects of the operation. How long he may remain free from a return of the disease elsewhere is a matter for reflection and anxiety. Mr. Hawkins, however, in 1841, removed a testicle similarly affected (which is preserved in the museum of St. George's Hospital) from a patient, who was alive and well in 1853. This circumstance is of interesting moment in relation to the operation, and is sufficiently encouraging to permit of the hope of delay in the recurrence of this sad disease.

### CARCINOMA MAMMÆ IN A YOUNG AND HEALTHY WOMAN.

WE know very well that scirrhus is by no means of rare occurrence in the young, and should not be surprised to meet with it in cases which, somehow or other do still form exceptions to the general rule, when we consider the peculiar organ involved. The breast of the female is attacked with cancer beyond the age of forty, but when it is seen in the organ of one some years younger, it naturally attracts some attention. This will explain why the tumours of the breast in young women are for the most part simple and innocuous.

At Guy's Hospital on the 13th of October, Mr. Birkett removed from the breast of a fine, healthy-looking young woman, thirty-five years of age, a tumour the size of a walnut, which did not give the usual characters of an adenocèle, as it seemed to be incorporated with the breast; but the nipple was healthy and natural, and there were no external appearances whatever indicative of cancer. On excising it, two small cysts were found on its anterior part, but the structure was truly carcinomatous, with a dovetailing of the gland tissue with the malignant growth, and a little elevated division formed by the latter. It had been but a few months growing, and doubtless will return, as one of the small axillary glands was affected.

A case somewhat similar to this, only that the age was