

was performed twice, the last time within two months of the confinement. She was safely delivered of twins. The expulsive pains were severe, and had the effect of rupturing the ovarian cyst into the peritoneal cavity, with consequent acute peritonitis and death in three days. The post-mortem examination showed a large unilocular cyst of enormous capacity, with a huge rent at its upper part. The whole case occupied ten years, the woman dying at thirty-four.

I have given my analysis as concisely as possible, with no idea that I am contributing anything new upon the subject, but only as a record of cases occurring in a purely agricultural district.

Winslow, Bucks.

## COMPOUND COMMINATED FRACTURE OF SKULL,

WITH LACERATION OF DURA MATER AND CONSIDERABLE BRAIN-LESION; HÆMORRHAGE; RECOVERY.

By G. B. ROBATHAN, M.R.C.S.

THE following case, which occurred in my practice about three years ago, and of which I now forward the notes, is, I think, a good sequel to that of Professor Pirrie in THE LANCET of July 21st, 1877.

On Sept. 1st, 1874, whilst returning home after seeing my patients, I overtook a cart which was conveying to his home a boy aged sixteen, who I was informed had met with an accident. I stopped the cart and at once examined him. His principal cause of anxiety was loss of power and partly of sensation of the right arm, which he thought was either broken or out of joint. Such was not the case. He was very pallid and evidently suffering very considerably from shock, but was perfectly conscious. He also said that he had a blow on his head, which was nothing. I carelessly looked at it and sent him home, saying I would be there as soon as he was. The circumstances attending the accident are as follows:—He was waiting his turn at the bottom of a coal-pit, three hundred yards deep, to come to the surface, when a piece of broken tram-wheel fell down the pit (from what height cannot be ascertained) and struck him on the head, rendering him senseless.

On arriving at the house and carefully examining the scalp wound, I found a comminuted fracture of the left parietal bone,—at the spot, I should imagine, where the parietal foramen would be found. There was free hæmorrhage from a small artery; and four pieces of bone (the largest and most depressed being about three-quarters of an inch long) were driven into the substance of the brain. The first piece I removed easily, but the other three were removed with some difficulty by a small bone forceps, the last piece going deeper at each attempt at removal, and being at least two inches from the surface, judging from the depth my index finger went out of sight. The boy complained of no pain whatever, and had no sickness. A small portion of brain-substance, and several clots of blood, some as large as filberts, were forced out of the wound by the finger. I ordered perfect rest, and cloths dipped in cold spring water to be constantly applied. I now append the daily notes.

Sept. 1st (day of accident). — 4 P.M.: Pulse 78. 8 P.M.: Pulse 144.

2nd. — 8 A.M.: Pulse 120. 1 P.M.: Pulse 100. Gave this morning a couple of grains of calomel, and a saline aperient during the day. The bowels have acted, and he has passed urine three times.

3rd. — 11 A.M.: Pulse 100; he is cheerful, and slept well.

4th. — Doing well. Pulse 93, somewhat intermittent; wound healthy. He feels hungry.

5th. — Still doing well. Has regained slight power over the thumb and fingers of the right hand.

6th. — Pulse 76. Slight use of arm as high as the elbow.

9th. — Pulse 80. Has regained use of the whole arm.

23rd. — Progressing favourably. Wound of scalp closing. Allowed to rise, and has been helping his mother to peel potatoes.

24th. — Scratched his head last night, and slightly opened the wound.

Oct. 4th. — Wound now entirely healed, and scab fallen off. Has been to the surgery, and says he feels able to do anything.

In conclusion, I may add there was also a certain amount of paralysis and loss of sensation of the whole right side, with the exception of the face, which has quite disappeared. Brighton.

## A Mirror

OF

## HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### WESTMINSTER HOSPITAL.

RETINITIS, ALBUMINURIC; IMPROVEMENT AFTER PREMATURE CONFINEMENT: REMARKS.

(Under the care of Mr. C. MACNAMARA and Dr. POTTER.)

A WOMAN aged thirty-six was admitted on April 18th. Her husband was a strong, healthy man, in good circumstances. She had been married eight years, and had had two children; she was pregnant for the third time when she came under observation. There was no trace of syphilis or other inherited disease in her family history. She had enjoyed good health up to within a short time of her admission, with the exception of severe headaches. After an aggravated attack of headache, about the 1st or 2nd of April, her eyesight suddenly became dim, and continued to fail day by day, so that on April 12th she applied to Mr. Macnamara at the Royal Westminster Ophthalmic Hospital, when, according to Mr. Mackinlay's notes, her vision was *nil* with the right eye; with the left she could make out No. 8 of Snellen's test-type at eleven inches. The urine contained one-half albumen. In both eyes a number of small, raised, white patches were seen arranged concentrically around the upper and outer part of the optic disc, as well as scattered over the fundus of the eye; the retinal vessels could be traced over many of these spots; the margins of the disc were fairly well defined, the retinal veins slightly enlarged, and in many places bright spots of hæmorrhage were seen in the retina. Large floating bodies were observed in the right vitreous.

On admission, she could only read No. 20 Snellen at four inches; her head was so dizzy she was in constant fear of falling. Under these circumstances, as she was only six months pregnant, Mr. Macnamara urged her to go into the Westminster Hospital, and put herself under the care of Dr. Potter, in order that a premature confinement might be brought on, it being Mr. Macnamara's opinion that unless this means were at once adopted the sight would inevitably be entirely lost. There was also considerable risk of her dying of convulsions during confinement if pregnancy were allowed to run its natural course. The urine at this time contained three quarters albumen, with a few large and some small faintly granular casts.

On April 27th, Dr. Potter brought on premature confinement, and under his treatment the patient made a very favourable recovery, so that she was able to leave the hospital on May 23rd. The urine then contained only the slightest trace of albumen. Six months after she came under treatment she could get about, and perform her household duties. She was able to make out No. 15 Snellen with the right eye, and No. 11 with the left at six inches. No spots of hæmorrhage could be detected in either eye, but the glistening patches remained in the fundus of the right eye; in the left they could no longer be seen. The urine contained only a trace of albumen, if any.

*Remarks.*—This is the third case of the kind Mr. Macnamara has met with, in which rapidly-advancing blindness during pregnancy with albuminuria has been arrested by premature confinement. In the first case the patient retained her sight, and lived for seven years after her confinement, ultimately dying from disease of the kidneys. The second patient is still alive, and has fair sight five years after premature confinement. The case above recorded is the third. In this instance there could, Mr. Macnamara thinks, hardly be any difference of opinion as to the course

to be followed, for this patient was pregnant only six months, and the disease in her retina was making rapid progress, so that in all human probability she would have become blind in the course of a short time. Moreover, there was less risk to her life during a premature confinement than in labour if pregnancy had been permitted to run on until the ninth month. But in cases of this form of retinitis, in which the sight commences to fail during the seventh or eighth month of pregnancy, the question of a premature confinement is an extremely difficult one. As a rule, the risk under any circumstances is considerable, but the danger to life from convulsions during confinement is generally greater the longer the birth of the child is delayed.

With reference to the sight, every week the confinement is postponed, after symptoms of rapidly-advancing retinitis have declared themselves, the greater the risk of permanent loss of vision, for the destructive changes in the retina are apt to make sudden, frequently rapid, and irrecoverable strides in cases of this kind.

#### MIDDLESEX HOSPITAL.

STRANGULATED FEMORAL RUPTURE IN A MAN AGED EIGHTY-FOUR; OPERATION, SAC OPENED; OMENTUM ALMOST GANGRENOUS; DEATH ON THE THIRD DAY FROM PERITONITIS.

(Under the care of Mr. HULKE.)

AN old man, aged eighty-four, formerly a hall-porter, was admitted Dec. 20th, 1876, with an oblong swelling lying superficially along the right groin, not particularly tender or painful. It had, he said, come the day before, but for many years he had had in the same place a little knot, which, however, had never troubled him. Since the appearance of the swelling the bowels had not been moved, and he could not keep anything on his stomach.

The swelling was plainly a femoral rupture, and, being irreducible by taxis, it was at once operated on. As the strangulation was recent and the symptoms had not been acute, reduction without opening the sac was attempted, after section of Gimbernat's ligament and some deeper fibres of fascia immediately outside the neck; but the contents only partially returned. The sac was then opened, and found to contain a mass of omentum, swollen and friable, nearly black from congestion and hæmorrhage. This was cut off, and the wound was lightly dressed, a drainage-tube being put in its lower angle. Throughout antiseptic precautions were used. Peritonitis followed, and death on the third day.

#### NORTH STAFFORDSHIRE INFIRMARY.

ENCYSTED HYDROCELE OF THE TESTIS.—SUBCUTANEOUS RUPTURE OF A HYDROCELE.

FOR the following notes we are indebted to Mr. W. A. Frost, F.R.C.S., house-surgeon.

*Encysted hydrocele of the testis.*—This was perhaps one of the largest, if not the largest, encysted hydrocele of the testis on record. A swelling had existed in the left side of the scrotum for forty years, but during the last three or four years had increased rapidly. The swelling was heart-shaped, with the apex downwards, measured eighteen and a quarter inches in circumference, and was slightly translucent. The left testicle could not be felt; the inguinal canal was clear; but the penis was buried in the swelling. The hydrocele was tapped, and fifty-two ounces of milky fluid withdrawn. This fluid contained an abundance of well-formed spermatozoa, and was free from albumen (? a trace); specific gravity 1005. Nothing abnormal could be felt about the testicle.

*Subcutaneous rupture of a hydrocele.*—A man aged forty had suffered many years from a hydrocele, which had never been tapped. One day he received a blow on the part; in a short time the whole scrotum became diffusely swollen. When seen about three hours after the accident the integuments of the scrotum were cedematous, and black from extravasated blood. The scrotum was elevated and evaporating lotions applied. In about ten days all the swelling and ecchymosis had disappeared, leaving everything apparently quite normal. As the patient never presented himself again, it is not known whether the hydrocele refilled.

#### YEDO HOSPITAL.

ANEURISM OF POPLITEAL ARTERY; FAILURE OF FLEXION AND COMPRESSION; LIGATURE OF FEMORAL ARTERY WITH CARBOLISED CATGUT; RECOVERY.

(Under the care of Dr. PURCELL and Mr. ANDERSON.)

E. R.—, aged forty-five, lighthouse-keeper (Englishman), was admitted in September, 1875, into the hospital of the Public Works Department, under the care of Dr. Purcell, suffering from aneurism of the left popliteal artery.

The aneurism was of about twelve months' duration; no cause could be assigned for its appearance. Its increase had been progressive, but it had not up to the time of admission prevented moderate exercise.

The patient had always enjoyed good health, but said he had lived a rather "rough" life at sea for many years. He looked about five years older than his alleged age, but was strongly built, and presented no signs of premature decay. The other arteries were apparently healthy.

The aneurism was about three inches in its transverse diameter, and projected chiefly towards the back and outer part of the ham. The superjacent integument was neither tense nor discoloured. The sac-wall was apparently thin; pulsation and bruit were very distinct. The limb was slightly cedematous; the superficial veins were a little enlarged; no pulsation could be discovered in the anterior and posterior tibial arteries. Neuralgic pains in the foot were complained of.

Extreme flexion of the leg was tried for four days, but was discontinued at the desire of the patient, who was unable to bear the constrained position any longer. No effect upon the aneurism had been produced.

Compression of the femoral artery by a tourniquet (Signorini's) was afterwards adopted, but could not be borne for a sufficient length of time, notwithstanding the frequent administration of narcotics to deaden sensibility. After the discontinuance of this treatment the condition daily became worse, the tumour enlarged slightly, the pulsation became more distinct, the œdema of the leg increased, and the pain in the foot became so severe that repeated doses of morphia were necessary for its alleviation.

On Dec. 9th Dr. Purcell requested Mr. Anderson to see the case in consultation with him.

On the 11th a second attempt at cure by compression was made. A Signorini's tourniquet was applied over the femoral artery, and the Japanese medical officers of the Naval Hospital kindly volunteered to keep constant watch for thirty hours. The patient was maintained in a state of semi-narcotism by repeated injections of morphia, and complete compression of the vessel was effected during nearly the whole of the period, partly by the tourniquet and partly by the thumbs of the watchers. The point of pressure was varied from time to time, to lessen as far as possible the injurious local effects of the treatment. At the end of the time the pulsation in the aneurism was decidedly diminished in force, and the pain in the foot was considerably relieved, but the condition of the soft parts at and around the situation of compression by the tourniquet-pad was too threatening to allow further perseverance in the use of the instrument. The slight improvement gained by the experiment continued for about seventy-two hours and then gradually disappeared, leaving the aneurism on the 17th in its original state. The skin over the soft parts corresponding to the points of application of the tourniquet-pad was then rather dark, and a few vesicles had formed upon it; the adjacent tissues were cedematous. The man's strength had begun to fail.

On Dec. 18th, ligature of the femoral artery, at the apex of Scarpa's triangle, was performed by Mr. Anderson, chloroform being administered by Dr. Purcell, and assistance given by some officers of the Naval Hospital. The operation was rendered rather difficult by the infiltration of the tissues, down to the sheath of the artery, with extravasated blood-serum. A carbolised ligature was applied, the ends cut short, and the wound was closed as accurately as possible. Pulsation in the tumour ceased immediately after the tightening of the catgut. The usual after-treatment was carried out.

On the following day the wound looked healthy, and the limb was warm and comfortable, although somewhat benumbed. The temperature (in axilla) was raised to 100·2°, but in other respects the general condition was satisfactory.