A Mirror of Hospital Practice.

A CASE OF OVARIOTOMY IN A WOMAN AGED 70—RECOVERY.

BY R. J. MARKS,
MAJOR, I.M.S.,
Civil Surgeon, Bijnor.

ON the 30th June, 1904, a woman named Perano, aged 70, caste Chamar, was admitted into the Dufferin Hospital, Bijnor, suffering from a large tumour of the abdomen.

Patient stated that she had been a married woman and was now a widow, had had ten children, of which two were now alive, the others had died at various ages. Menstruation had ceased twenty odd years ago.

She stated that she had first suffered much pain in the right groin for about a year, and after this a tumour began to form which rapidly grew and extended over the whole abdomen. During the last six months she had suffered from a bloody discharge from the vagina.

On examination of the abdomen, a large tense tumour was found occupying the upper $\frac{5}{6}$ lbs. of the abdomen extending up to the liver and spleen, and downwards to within 2 inches of the pubis. The uterus was found to be quite free.

Operation.—On the 2nd July, the patient having been prepared with the usual antiseptic precautions, and the bowels having been cleared with a dose of castor-oil the night before and an enema on the morning, was placed on the operation table and an incision 3 inches long made in the median line, immediately below the umbilicus. Any bleeding was controlled by Spencer Wells' artery forceps.

The tumour which was pearly and glistening was tapped with a large Spencer Wells' Trocar and cannula, but the contents of the tumour was so viscid and thick that it would not flow through the cannula, and began to ooze out around the sides.

Fearing that the contents might flow into the abdominal cavity, and as the tumour was very slippery and hard to manipulate, the abdominal incision was enlarged upwards another inch.

The tumour was then firmly grasped and pulled forward, so that the sides of the tumour should press against the sides of the incision, and prevent any of the contents of the tumour getting into the abdominal cavity. When the tumour had been largely emptied of its contents, it was pulled out of the abdominal cavity, the pedicle ligatured with thick silk, and separated.

The stump was then carefully examined and returned into the abdominal cavity. The abdominal cavity was then thoroughly washed out with warm sterilized water, and no swabbing of the peritoneal cavity or toilet performed. The warm sterilized water was allowed to remain in the cavity.

The peritoneum was sutured with thin silk, and the abdominal walls closed with thicker silk sutures. Antiseptic dressing applied, and a body roller for support to the abdomen.

The patient made an uneventful recovery, was not sick after the operation, and never had an untoward symptom.

The dressings were removed for the first time on the 11th day, when the sutures were removed.

She has left the hospital, and is in good health.

REMARKS.

This was a very straightforward case, as the tumour was a large unilocular cyst, and there were no adhesions.

But the case is interesting on account of the perfect recovery, after a severe operation, in a woman of 70 years of age.

After thoroughly irrigating the peritoneal cavity with warm sterilized water, the cavity was not swabbed out, nor the water removed.

The peritoneum is capable of great absorption, and water being a natural constituent of the blood, it was thought beneficial for the patient for it to remain. It would increase the blood pressure and act rather as a stimulant. The peritoneum moreover is a very tender membrane, and does not care for much interference.

The patient certainly never suffered from sickness or that severe thirst which is very often present in these cases.

My thanks are due to Assistant-Surgeon Sri Ram who helped me in the operation, and Female Hospital Assistant Miss Nathaniel, of the Dufferin Hospital, who looked after the case in its convalescence.

A CASE OF ELEPHANTIASIS OF THE PENIS.

BY H. INNES, M.B. (LOND.),
CAPTAIN, I.M.S.,
Barisal.

FROM the descriptions in the books it would appear that the penis is but seldom affected with elephantoid disease, and therefore it may be of interest to record the following case:—

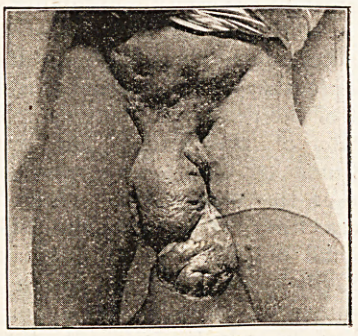
B. L., a well built Hindu male of 26 years of age, was admitted to the Bhagalpur Hospital, on the 3rd September 1903, suffering from an enlargement of the penis. He was very hazy about the duration of the disease, but put it at a year or 18 months; two years ago he had syphilis and a sore on the penis, from which it follows that it was then of normal size. Some time after he had noticed the gradual increase in size, he sought the advice of a native physician, and the numerous scars on the lower abdomen and the deep scars on the penis testified to the heroic nature of the measures adopted. The photograph shows the condition on admission and renders any detailed description unnecessary.

The details of the operation, which was performed on September 8th, are shortly as follows:—

The line of demarcation between healthy and diseased skin was first marked out by superficial incisions, an elastic tourniquet was applied and the separation of the affected structures proceeded with, the enormously hypertrophied prepuce was slit up on a director and the glans penis exposed; with this as a landmark the body of the organ was dissected out without much difficulty except for the dense adhesions formed by the scarring that had taken place, the dorsal vein was found to be a useful guide to the depth of the dorsal incision.

The left testicle and cord were not involved, but the right cord had to be cleared almost up to the external ring; there was a small hydrocele of the right tunica. The diseased portion of the scrotum was then cut away, and room for the testicles having been found, the edges of the skin were brought together and a drain inserted at the lower angle of the wound. The mass removed weighed 2lbs. 11oz., of which 2lbs. 8oz. were penile and 3oz. scrotal tissue.

Hæmorrhage was conspicuous by its absence, but there was some troublesome oozing from the right corpus cavernosum which had been dissected rather too cleanly; for this reason a dry dressing was applied, and consequently its subsequent removal was rather a tedious and painful process. The patient was kept under bromide for obvious reasons and dressed daily with cyanide gauze for the scrotal wound and boracic ointment for the body of the penis. His progress was uneventful except for a small abscess which developed round the stitch, securing the right gubernaculum testis to the tissue on the inner side of the thigh. On the 23rd September, the scrotal wound being soundly healed, and the body of the penis covered evenly with granulations, he was skin-grafted by Tiersch's method; it was surprising what a lot of skin was necessary, the grafts took exceedingly well, and the patient left the hospital of his own accord, secretly and by night, with some of the hospital property, on the 8th October, with a very



presentable penis. I regret that, on account of his sudden departure, a second photograph was not obtained.

It will be noticed that the grafts were applied direct to the granulations, which were not scraped away as usually recommended; this was done to avoid the copious oozing that must have taken place, and for the same reason the grafting was not undertaken at the first operation.

The blood was not examined. The condition of the scrotum was that usually termed lymph scrotum; there was no enlargement of the groin glands.

His left long saphenous vein was varicose, and his father also suffered markedly in the same way.

CASE OF HYSTERICAL CATALEPSY.

BY E. F. GORDON TUCKER,
CAPT., I.M.S.

K. K., aged 30, a male Hindoo, resident of Kathiawar, was brought to my out-patient room at the J. J. Hospital early last year, by his brother, on account of the patient's peculiar mental state, refusal to take food, and complete constipation as he stated, for seven days, with retention of urine for a day and-a-half. The patient was a fairly well nourished man, hair on the temporal region greyish, a little under the middle height. In the out-patient room he stood passively for examination with the eyes kept half closed, and with the look directed towards the ground. He walked in any direction in which he was led. He did not appear to notice any impediments in his path, but required assistance in descending some steps. He appeared incapable of initiating any voluntary movement.

There was no response to any order or question. He closed the eyes spasmodically when an object was brought rapidly near to them. He evinced no signs of pain when the examiner's thumb-nail was forcibly pressed under his thumb-nail, nor when sensation was examined for by means of a pin. The face was expressionless.

There was not the slightest resistance to passive movements of his limbs or body; but he stood as he was placed. In however awk ward a position a limb was placed, it was retained there apparently without fatigue, for an indefinite time and without conscious effort. He was therefore placed with his face towards a wall, and with his right arm extended above the head, and slightly flexed at the elbow. The left arm was abducted, the elbow semi-flexed, and the hand supinated. A pencil mark was drawn round the right hand on the wall, and he was left undisturbed for three-quarters of an hour At the end of this time it was found that he had scarcely moved, the right hand having been lowered about two inches.

The patient had been brought up by his brother who was the elder by about two years. The two brothers were very much alike in