

CASE III—SCROTAL ELEPHANTIASIS AND HÆMATOCELE: TAPPING; INFLAMMATION AND SLOUGHING OF SCROTUM: REMOVAL OF ELEPHANTOID MASS: TETANUS; DEATH.

Raj Kissen, aged 60, an inhabitant of the district of Beerboom, a spare, wrinkled, old man, admitted 14th July 1874.

Patient had an attack of fever four years ago, which was followed by swelling of the parotid, axillary, and inguinal glands, and painful enlargement of the right testicle (? tunica). The glands subsided, but not the testicle, and he has since then been subject to periodic attacks of fever recurring twice or thrice a month, and lasting 3 or 4 days. After each attack the scrotum underwent an increase of bulk.

On admission it was found that the right tunica vaginalis was enormously distended with fluid, the left tunica slightly so, and that the scrotum had undergone great elephantoid thickening, so that the man had a tumour of about 10 inches diameter and weighing some 30 lbs. hanging from his pubic region. There was a distinct hypertrophy of the prepuce, and the scrotum was studded with small vesicles, discharging an albuminous fluid.

The spermatic cords were thickened, the right more so than the left; there was slight enlargement of the inguinal glands on both sides. There was no hernia; liver and spleen were not enlarged, and urine contained no albumen, though it showed a trace of sugar. The man's age and constitution and the great size of the tumour rendering recovery from an operation for its removal very doubtful, it was resolved to relieve him of part of the bulk and weight of it by tapping the right tunica. This was accordingly done on the 23rd of July, tonics and nourishing food having been meantime administered. About 4½ pints of port-wine-coloured fluid were removed, and the bulk of the mass was reduced to about one-fourth of its original size. The fluid exhibited a specific gravity of 1030, and separated into a coffee-colored supernatant liquid and a bright red sediment. The latter was found to consist of blood corpuscles in various stages of disintegration and cholesterine plates. No filariae were discovered after a very careful search. Patient felt much relieved immediately after the operation; but next day he had very high fever, and the right tunica and cord became hard, painful, and somewhat swollen. The fever subsided somewhat in a few days, but his temperature continued to maintain a high range. He was treated with applications of lead locally, a saline mixture during fever, and full doses of quinine when the temperature subsided somewhat. This went on till the 4th of August, when he began to have rigors and very high evening temperatures, the size, tension, and heat of the scrotum increasing. On the 8th his bowels became loose. By this time he had become much emaciated and occasionally delirious. The temperature now fell somewhat, but the looseness, weakness, and delirium continued. On the 14th the right inguinal region was observed to be œdematous. On the 16th a large slough was manifest on the left side of the scrotum, surrounded by an erysipelatous-looking surface. He was evidently fast sinking, and it was determined as a last resort to remove the whole mass. This was accordingly done. The neck of the tumour was carefully compressed by an elastic bandage, and the operation for scrotal elephantiasis was performed in the usual way. The right tunica vaginalis was found full of foetid pus, its lining membrane much degenerated, thickened, and the testicle atrophied. It was therefore judged best to remove both. The cord was tied by a strong carbolised catgut ligature, and castration performed. The tunica on the left side was close to the sloughy cavity, but the testicle was not involved, and suspicious tissue having been freely cut away the organ was retained. Very little blood was lost, 46 ligatures were applied, and the wound was dressed antiseptically. Up to the 23rd patient did well, considering the circumstances, and hopes were entertained of his recovery. The temperature ranged between 98° and 99·6°; the pulse fell to 96; the state of bowels improved, the tongue became cleaner and more moist, delirium disappeared, and patient became rational. He slept well, and took his food fairly well. The wound was weak and flabby, but did not slough or putrify.

On the 23rd, however, he presented signs of trismus. This was succeeded by tetanic fits, which carried him off on the 25th. Chloral hydrate was tried (ten grains every four hours) without benefit.

REMARKS.—This case furnishes another illustration of a serious operation being resorted to in extreme circumstances. It would probably have been better to have done it at once or as soon as the nature of the contents of the tunica vaginalis became apparent; but the patient's age and debility contraindicated

so serious a measure. At the last it became imperative if anything was to be done, for speedy death was plainly imminent.

The elastic bandage, applied according to a plan which will be described in next number, was invaluable; indeed, without it, the operation could not have been performed. The operation was followed by a distinct improvement until tetanus supervened and speedily caused death. It may be of use to mention here that exploration of scrotal tumours *through the preputial canal* has been found to furnish valuable information regarding the state of the testicles, tunicae, cord, and rings.

Some short time ago an article appeared in this journal entitled "Moribund Medication," discouraging death-bed therapeutics. It must be thought that the last two cases are instances of "moribund surgery," and open to a similar objection. Be that as it may, it is right that the experience gained from them should be placed on record; for it is not a common experience, and the propriety of interference in circumstances such as these cases present is fully open to question.

CASE OF SNAKE-BITE TREATED BY MEANS OF LIQUOR AMMONIÆ ADMINISTERED SUBCUTANEOUSLY AND INTERNALLY.

By G. HOGAN, Apothecary, East Indian Railway, Allahabad.

AJGAIBIE RAM, compounder, attached to the Railway Dispensary, in coming from his house to mine on the night of the 5th September about 9-30 o'clock, passed over some grass, and as he did so, felt something fasten round his right leg. He could not see what it was, and instinctively and at once kicked out his leg, when he felt a trifling sting or bite, and also felt that he had freed himself from the object that had coiled round his leg. He then came straight to my house, about a hundred yards from where he had been bitten, and received his orders without saying anything about the occurrence. I saw that he looked peculiar, and in fact I thought that he was drunk, which he is occasionally, though a very good man. About half an hour afterwards I was called by one of the hospital servants, who stated that the compounder had been bitten by a snake and was dying. I found him in a state of stupor, his body cold, and his pulse scarcely perceptible. He was ordered a draught of 25 minims of strong liquor ammoniæ and an ounce of brandy, but it was found that he could not swallow. At 10 o'clock, that is to say about half an hour after he was bitten, I injected 25 drops of strong liquor ammoniæ under the skin at the point where there was the mark of a bite. At the same time I put eight coolies in charge of him, ordering two men, one at each arm, to walk him about, the two men when tired to be relieved by other two. This was ordered to be continued all night, and I myself saw that my orders were attended to. At 10-30 o'clock I again subcutaneously injected 25 drops of the solution of ammonia about nine inches above the place where he was bitten, which by the way was on the foot about two inches below and rather to the inside of the inner ankle. A few minutes afterwards it was found that he could swallow, when he had given to him 25 drops of liquor ammoniæ and an ounce of brandy, and this dose was repeated every half hour till 2 p.m., he being all the time kept walking. From 2 till 6 o'clock he had the same dose of liquor ammoniæ and brandy every hour. During the night, at 2 o'clock, and again at 4 o'clock, he was allowed to sit down, and at once went off into a very heavy sleep, from which it took ten minutes thoroughly to rouse him.

Dr. Irving came as usual to the Railway Dispensary at 7 o'clock on the 6th September, and found the poor man still being walked about by two coolies. He ordered him brandy and soda water, strong coffee, and a purgative at 10 a.m. He also prescribed strong beef-tea every now and then, and the patient was still made to walk. At 4 o'clock p.m. he was allowed to go to sleep, and slept till 5-30, when, finding that he was easily awoke, he was not further harassed. When awake he complained of severe headache, giddiness, and pains of the legs, especially of the right leg. During the night of the 5th and during the 6th he had taken about a bottle of brandy, each dose being accompanied by so many drops of liquor ammoniæ, and he had been compelled to walk for fifteen hours. For one or two days he was feverish, and there was inflammation of the skin where the subcutaneous injections had been made. Eventually sloughing took place round the two seats of puncture, and deep ulcers were left which were poulticed and are now healthy and readily healing under the use of Baynton's adhesive strapping.

Unfortunately the snake that inflicted the bite was not seen,

so that it cannot be known which it was. That it was venomous seems probable from the fact of the man so soon becoming drowsy. Possibly it was not in full venom, or, being suddenly kicked from his leg, had not power to make a very severe bite.

CASE OF IDIOPATHIC TETANUS TREATED BY MEANS OF HYDRATE OF CHLORAL, WHICH APPARENTLY GAVE RISE TO ECCHYMOSED PATCHES ON THE FACE AND OTHER PARTS OF THE BODY, AS WELL AS APHTHOUS INFLAMMATION OF THE MOUTH.

By Assistant Surgeon KALLY DASS NUNDEY,
Colvin Dispensary, Allahabad.

BULDEH, a badly-fed Hindoo boy, aged about 14, was admitted as an in-door patient of the Colvin Dispensary on the 25th May 1874, with the following symptoms: Trismus, emprothotonos, forehead wrinkled. The whole body is stiff, especially the neck. Pulse above 100; skin perspiring; has suffered in this way (he says) for the last twelve days. He has received no sort of injury. Ordered ten grains of hydrate of chloral every six hours.

27th.—Slept fairly; spasms less; stiffness decreased; bowels open. Continue.

29th.—Decidedly better; patient can open his mouth to some extent; took some solid food to-day; slept the greater part of the day and night; moved once. Continue.

1st June.—Improving daily; he can open his mouth widely; bowels free; sleeps well. Continue.

6th.—Inner part of the mouth seems to be inflamed, and there is a free discharge of saliva and blood, together with aphthous ulcers and small patches of ecchymosis (petechiæ) on the face, chest, back, and upper extremities. Discontinue the hydrate of chloral. To have an alum gargle and borax powder sprinkled inside the mouth.

7th.—Ecchymosis more extended and in distinct patches; some have appeared on the lower extremities; inflammation of mouth increased; bowels open. Continue.

11th.—Inflammation of the mouth less, and the patches of ecchymosis have commenced to fade, and are now of a darker or purple color. Continue.

13th.—Improving; ulcers of mouth getting better; no salivation or bloody discharge; ecchymosed patches fading daily. Continue.

15th.—The cuticle is peeling off parts where the ecchymosed places were here and there; mouth nearly well.

20th.—Most of the patches have disappeared.

25th.—Is quite well; discharged cured.

HOSPITAL OF 41ST MADRAS N. I.

CASES FROM PRACTICE.

Reported by Surgeon J. FITZPATRICK.

WHILE I was in charge of the 41st M. N. I. at Cuttack, the following cases came under my notice:—

CASE I.—FRACTURE OF PELVIS: DEATH.

Subadar Major G., a remarkably hale man, aged 56, service 38 years, was thrown from his horse, January 26th, 1873; the animal toppled over on him, and fell on his pelvis.

Three hours after the accident I saw the patient, who had ridden home to his quarters; he complained of very severe pain about the hips and inability to stand. I noticed that some bright arterial blood had come from the urethra. I felt satisfied that there was fracture with laceration of urethra, and used the ordinary means to restrain all motion, attended to the state of his bladder, &c.

A catheter was passed at first with great difficulty, but three days after the accident he recovered complete power over the organ, and any further use of the instrument was not required. For two months he had not shown anything to mar a complete recovery.

March 22nd.—I found the patient drowsy and wandering slightly; pulse 130; penis and scrotum swollen and inflamed; power over bladder lost; everything indicating a change of the worst possible character. I inquired how such a sudden transition was brought about, when it was confessed that anxious friends induced the patient to stand and walk, and while performing his ill-advised experiment a sudden snap was heard, as if some thing had given way, intense pain and the symptoms which I have already noted quickly follow-

ed. From this date to the fatal termination the patient's state was so peculiar, hovering between consciousness and insensibility, that I consider the following short abstract of the notes daily jotted down may not be uninteresting.

March 23rd.—Unconscious with low muttering; pulse 138; tongue moist; a large quantity of pus came away from bladder mixed with urine.

24th.—Quite conscious; urine clear

25th.—Semi-insensible; pulse 138; towards evening rational.

26th.—Insensible; I asked Dr Cayley to see the patient with me, and deep incisions were made into the perineum, penis, and scrotum, but did not come on pus.

27th.—Quite conscious; no pus escaping from yesterday's incisions; urine clear.

28th.—About noon yesterday became insensible, and is quite so this morning; pulse 164; tongue dry; urine flowing from wound in penis.

29th.—Quite conscious; pus in large quantity coming from bladder mixed with urine.

30th.—Insensible; Dr. Cayley very kindly saw the patient again with me this morning, and a free incision was made into the left groin, where there was fluctuation: about a pint of very offensive pus came away.

From this date there was no attempt to rally, no return of consciousness, urine and pus constantly flowed from incision in groin; death occurred on evening of 2nd April.

REMARKS.—The case is strange in having progressed so favorably for two months after the first accident without a single bad symptom, and the rapidity with which the worst became apparent after his attempt to walk. The communication which was set up with the bladder when the abscess in the left groin was opened pointed to very destructive pathological changes, which, I regret to say, I was unable to examine after death.

CASE II.—CANCER OF LIVER DIAGNOSED BY MEANS OF ASPIRATOR.

Pt. S., aged 29, service 11 years, admitted into hospital September 6th, 1873, complaining of severe pain in right side; hepatic dullness increased; edge of liver felt two inches below ribs. Ordered a purgative and fomentations.

September 15th.—Discharged, feeling quite well.

January 14th, 1874.—Re-admitted; the whole right side appears much enlarged; hepatic dullness commences immediately below right nipple and extends to crest of ileum, where edge of liver can be plainly felt. Complains of no particular pain except at one point behind, and on palpating here there is a distinct fluctuating feel. I asked Dr. Cayley to see the patient; as he was of the same opinion, we decided on using the aspirator. Ordered a castor-oil draught.

15th.—Temperature 99.5°F., respiration 22; swelling softer in front and behind. A medium-sized needle was plunged deeply into both places without any thing coming away; operation afterwards abandoned.

31st.—Since operation has had no pain; swelling has reduced considerably; feels well, and wishes to go to duty. Discharged.

March 10th.—Re-admitted: states that within the last week the swelling has increased, accompanied with very severe pain. Liver can easily be traced to crest of ileum, surface smooth, hard, and resisting, at one point in front there is very distinct fluctuation. With Dr. Cayley's kind assistance, the aspirator was used again, and four ounces of very dark, grumous fluid were drawn off, which, when examined, was seen to consist principally of large nucleated cancer cells in a finely granular matter.

April 9th.—For some days after the operation patient felt much relieved. About 25th ultimo, his appetite failed, and his feet began to swell; emaciated rapidly, and died this morning. I regret to say I was unable to examine the body, and the case is only interesting in showing the efficacy of the aspirator as a means of diagnosis.

KURNOOL, October 28th, 1874.

CASE OF EXTIRPATION OF EYEBALL FOR DISEASE AFFECTING SYMPATHETICALLY THE SOUND EYE.

By Surgeon E. G. RUSSELL, M.B., B.Sc., LOND.,
Civil Surgeon of Kamroop.

History.—Strong man, aged about 46, chaprassie of a tea garden, states that he had inflammation of right eye which ran