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	PAGE		PAGE
NEWCASTLE INFIRMARY—		PROPOSED REFORMS IN THE METROPOLITAN CORPORATIONS	219
Stricture. Urinary Abscess	209	MEDICO-CHIRURGICAL SOCIETY—	
Scrofulous Knee-joint	ib.	Mr. Gulliver on the Cysticercus	220
Imperforation of Anus	ib.	Dr. Webster on Chorea	ib.
Hydrocele	210	Report of the Edinburgh College of Surgeons on Medical Reform ...	ib.
Clinical Remarks of Sir J. Fife	210	Letter on the Steam Apparatus from Dr. Macartney	221
Dr. Fife's Case of Ischuria Renalis	211	The late Dr. Ryan	222
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION—		An untoward Result of Drunkenness	ib.
Report of the Poor-law Committee, 1840	212	List of Members of the College of Surgeons. December 18th	ib.
Presentation of Plate to Dr. Forbes	215	University of London. Examination for Honours	223
CAUSES OF MORTALITY IN TOWNS. REMEDIES. BOARDS OF		New Works	ib.
HEALTH	217		

NEWCASTLE-UPON-TYNE INFIRMARY.

PRACTICE OF MR. GREENHOW.

STRICTURE—URINARY ABSCESS.

(Reported by Mr. Watson.)

CASE I.—THOS. BRECKONS, æt. 46, admitted Oct. 16th, 1840, has had difficulty of voiding urine for a length of time, which has increased much latterly. About a week ago the retention became nearly complete, the urine being voided merely in drops; at which time he felt some slight pain in the perineum, which began to swell. The inflammation and swelling have continued up to the present time, and there is now a large abscess in the perineum; the scrotum and penis are very much swollen and infiltrated. He can only void his urine in drops, and at short intervals; he has been much out of health lately, and is much reduced in strength; pulse quick and weak; tongue dry and furred; skin hot. As soon as Mr. Greenhow saw the man, the abscess was opened, and about a pint of thin, fetid pus discharged, having a strong urinous smell; a catheter was attempted to be passed, but without success. An emollient cataplasm to the perineum; infusion of linseed, at will; compound ipecacuanha powder, fifteen grains; calomel, two grains: at night.

18. Much easier this morning; the swelling of the scrotum and penis is greatly reduced; urine voided much more freely, passing partly through the wound in the perineum; catheter passed into stricture, but could not be made to enter the bladder; tongue rather dry and white; pulse rather quick. Continue remedies. From this time the man went on improving; a small slough formed at the posterior part of the scrotum, which separated in due time, and through which the urine passed for some time afterwards, but it gradually contracted and healed, as also the wound in the perineum. The catheter was passed occasionally; and, with the use of demulcents, opiates, occasional purgatives, and the horizontal position, the man gradually recovered. He left the hospital, and could void his urine much more freely than he had been able to do for several years previously.

CASE II.—THOS. JOHNSON, æt. 45, admitted Dec. 12th, 1839, with extravasation of urine into the perineum and scrotum, which first commenced on the 7th; has long had stricture, with difficulty in making water, but complete retention did not take place previous to the occurrence of the extravasation, nor did he suffer more than ordinary difficulty in voiding his urine; the scrotum is very large, of a dusky hue, and a small slough has formed on the right side; behind the scrotum there is considerable tumefaction, with evident fluctuation, giving rise to great pain on pressure; tongue furred; pulse quick and soft; bowels

open. An attempt was made to introduce a catheter, but without success, on account of the narrowness of the stricture; an incision was made in the perineum, and about eight or ten ounces of fetid pus discharged, which afforded him great relief. Emollient cataplasm to perineum. Castor oil, half an ounce; laudanum, thirty drops; spirit of nitrous æther, half a drachm; peppermint water, one ounce.

13. Much better; makes his water much easier, flowing partly through the wound in the perineum. Continue cataplasm.

This man, also, under the same plan of treatment as that in the former case, had not a bad symptom; the wound in the perineum contracted and healed, and he voided his urine much more readily than for some time before his admission.

PRACTICE OF SIR JOHN FIFE.

SCROFULOUS KNEE-JOINT—DIVISION OF TENDONS.

(Reported by Mr. Hobbs.)

JOHN MANN, æt. 6, was admitted Nov. 19th, 1840, under the care of Sir John Fife, with diseased knee-joint of the right leg, of twelve months standing. On admission, the knee was considerably enlarged, and the hamstring tendons were much contracted. Leeches and poultices were ordered to be applied to the knee, and a mixture, containing the ammoniated tartrate of iron, was given him with the view of improving his general health.

On the 24th he was taken into the operating room, the swelling of knee being somewhat reduced from the application of the leeches and poultices. Being laid on his face, Sir J. Fife placed a finger on each side of the tendon of the biceps, just above the popliteal space, then cautiously introduced a narrow sharp-pointed bistoury (its flat side next the artery) under it; the edge of the bistoury was next turned against the tendon, which was instantly observed to give way. The semitendinosus was next divided in a similar manner, after which and some extension of the limb, the semimembranosus looked tense: it was also divided; no tension then remained except in the fascia. There was scarcely any external wound; a very few drops of blood escaped, and no great appearance of suffering. The limb was gently extended and placed on a splint.

IMPERFORATION OF THE ANUS.

ANN RICHARDSON, æt. 5 months, was admitted Nov. 19, 1840, under the care of Sir J. Fife, with malformation of the rectum and absence of the anus, which had existed from birth. On examination, a fistulous opening was found at the bottom and rather to the left side of the vagina; this opening led to the termination of the rectum,