BOSTON CITY HOSPITAL.

A RÉSUMÉ OF THE CASES OF LISTER DRESSING IN DR. CHEEVER'S TERM OF SERVICE.

[REPORTED BY E. O. OTIS, HOUSE SURGEON.]

SEVEN cases of operation and accident have been treated by the Lister method; four have been completely successful, two partially so, and one a non-success.

Compound Fracture of Lower End of Humerus. — The first case was a compound fracture of the lower end of the humerus into the elbow-joint in a boy of about twelve or thirteen years of age, caused by striking on a banister in falling downstairs. When he was brought to the hospital the broken end of the humerus was sticking out through an ugly wound. Ether was given, and an incision made opposite the wound, through which and the original opening the ragged end of the humerus, for one half an inch, was sawed off, and the condyles were dissected out, leaving the articular ends of the radius and ulna. The wounds were plugged with sponges and put up in a Lister dressing, which was applied not with the hope of entirely avoiding suppuration, but of lessening it. The dressing was changed every day for a while, and the wound syringed out with warm carbolic acid and water. Changing the dressing every day was probably too often, for unless there be pain, a rise of temperature, and a discharge sufficient to discolor the outer layer of the dressing, the Lister can be left on indefinitely.

There was a moderate amount of discharge, and after the lapse of about ten days a slight quantity of pus was discovered; this, however, was small in amount and continued to be so. After the first three weeks the Lister was changed only twice or thrice weekly, and in four weeks was removed, the wound being closed, and only a small superficial ulcer remaining. The extremely small amount of discharge in this case seems to be fairly attributable to the use of the Lister.

Sarcoma of the Breast. — The next case was the removal of a sarcomatous tumor of the breast. The whole operation was done under the spray, cat-gut ligatures were applied, and carbolized silk sutures; a drainage tube was also put in. The primary dressing was removed in about thirty-six hours; no signs of suppuration. Five days after the operation the wound had almost entirely united by first intention. About this time a minute orifice near the upper part of the wound was discovered, from which, on pressure, a dirty, brownish secretion exuded; evidently a part of the wound had become shut off from the drainage tube. After a few days, this opening entirely closed, and had it not been for the Lister it is probable that here would have been the starting-point for more or less extensive suppuration.

Two weeks after the operation the drainage tube was removed, and two days later the Lister discontinued, the wound being closed, and only a small granulating surface remaining; eight days after this the patient was discharged well. The highest point the temperature ever reached was 101.5° F., on the third day, and this on only one occasion. It was also remarkable

how comparatively free from pain the patient was throughout the whole convalescence.

Removal of Enlarged Axillary Glands. — The third case was the removal of a mass of enlarged axillary glands, making a large, ugly wound. While tying the vessels two silk ligatures were put in and cut off short, contrary to Mr. Lister's directions. Also in the course of the operation the steam atomizer gave out, and the wound was for a time exposed to the air; still the Lister was persisted in, and a good result obtained.

Two days after the operation union by first intention seemed to be perfect, and most of the stitches were removed. A few days later the patient began to complain of pain, and the dressing was stained with the discharge. On examination a small opening was discovered in the centre of the wound, from which the discharge came, and which was, no doubt, due to the presence of the two uncarbolicized silk ligatures. On this account it was necessary to change the dressings more frequently, so that in all the Lister was renewed six times. This increased discharge continued for some days, probably until the offending ligatures came away; then the wound completely healed, and at the end of twenty days the patient was well of the operation. The highest temperature was 100° F., on the day after the operation. Had it not been for the silk ligatures the wound in all probability would have been healed at the end of a week. It is worthy of note that pain to any degree existed during the time of the increased discharge only.

Removal of Needle from Knee. — The fourth case was the removal of a needle from the knee of a woman. It had gone straight down into the joint. Incidentally it may be of interest to note that this woman came to the hospital saying that while kneeling on the floor washing, some five months previous, she stuck the needle in her knee, and several unsuccessful attempts had been made at the Carney Hospital and elsewhere to remove it. It was learned from the house officer at the Carney Hospital that already three needles and parts of needles had been extracted at different times from the knee, and that in all probability the woman herself inserted the needles in her knee, for some unknown cause.

After the synovitis from which she was suffering on entrance had subsided, a crucial incision was made over the patella, and a slight projecting point being felt at the lower border of the patella another incision was made, and through this an ordinary cambric needle was seized and withdrawn. Carbolicized silk sutures were used to approximate the flaps, and the carbolic spray during the latter part of the operation.

The Lister dressings were changed only twice, the first change being four or five days after the operation. There was perfect union by first intention; not a drop of discharge, and no rise of temperature at any time.

Eight days after the operation she was discharged well. On one occasion only did she complain of any pain.

Fatty Tumor of Back. — In the fifth case a fatty tumor was excised from a man's back. An incision six or seven inches long was made, through which the tumor was excised. The bleeding vessels were stopped as usual by cat-gut ligatures, and a drainage tube introduced. The neglect of one important

point caused much after-trouble and more frequent changing of the dressings, namely, the complete stoppage of the hæmorrhage before applying the dressing.

Four days after the operation there was union by first intention, and the sutures were taken out. On account of the after-hæmorrhage causing quite abundant discharge the drainage tube was not removed until the eleventh day. Five dressings were used in all. It was hardly necessary to apply the last one, but to be absolutely safe it was put on. There was no rise of temperature, and no pain. Twelve days after the operation he was well.

Amputation of Thigh. — In the next case, which was not successful, a thigh was amputated high up for diseased bone. The stump was in a diseased condition, and it was hardly expected that the Lister would succeed. Also in the course of the operation the spray gave out, and a few hours after the dressing had been applied it came off, and was reapplied without spray. Six days later the flaps had united for the most part, but the discharge becoming purulent and offensive the Lister was discarded, and the soda and opium wash was thought to be more suitable for this condition.

Lacerated Wound of Leg. — The last case was a lacerated wound of the leg, the skin being torn up and bruised for quite a distance. A Lister dressing was applied, not with the expectation of avoiding suppuration and sloughing, but with the hope that the amount of suppuration would be lessened and the healing process more quickly begun. In five days the sloughs had entirely separated, and a healthy ulcer remained. The Lister was then discontinued.

[*Remarks.* These cases, though so limited in number, have taught us many practical points as to the application of the Lister dressing and the conditions of its success: —

(1.) The changing of the Lister dressing is regulated by these three conditions, temperature, pain, and discharge, any one of which existing calls for a change.

(2.) The Lister is serviceable, and well repays its use, in cases which from their very nature must suppurate, for the amount of suppuration seems to be reduced to a minimum.

(3.) Great care must be taken to stop all hæmorrhage before closing the wound, and in every wound of any magnitude one or more drainage tubes should be inserted, not covered by the oil-silk protective, but by the last gauze and the Mackintosh gauze.

(4.) Only catgut ligatures are to be used in the ligation of vessels which are cut short off. The neglect of this rule was illustrated in the third case.

(5.) Whatever atomizer is used in an operation of any length, it is well to have a number of towels wrung out in a solution of carbolic acid, ready in case the atomizer should fail. If the spray does stop, and the wound is left open to the air, it does not follow that the case is hopelessly lost as a Lister one, for the wound can be washed with the carbolic acid solution, and the spray again turned upon it with good hope of success.

(6.) It is well to have an abundance of salicylic cotton on hand, to fill up crevices and interstices where the gauze cannot be made to fit closely.

(7.) The carbolized sutures can be left longer than common ones, for they seem to cause less irritation.

With regard to the machinery and time used in the Lister dressings, to be sure there are more things required; still, when once obtained, they are very easily used, and the longer time spent in applying a single Lister dressing in comparison with an ordinary one is more than compensated for by the smaller number of times the dressings have to be applied. — E. O. O.]

(*Note by Dr. Cheever.*) The Lister dressing is especially adapted to hospital use. It is a cleanly and pleasant dressing, destructive to pus cells, and hence sanitary in hospital wards. That it is not indispensable to prevent suppuration in favorable cases in private practice is proved by the healing of large wounds by first intention, which has occurred in all times in country localities and in healthy persons. Recently the writer removed a breast from a vigorous woman in the Highland district by the old method of non-carbolized silk ligatures and sutures. The only innovation was the use of a rubber drainage tube, which conducted away the sero-sanguineous exudation of the first twelve hours more perfectly than the dependent coil of ligatures alone. This wound healed, literally, without pus. The patient was out of bed in one week, and attendance ceased in two weeks. The wound closed perfectly. Cold water was the only dressing used, and no antiseptic precautions were taken either during the operation or subsequently.

SHORT COMMUNICATIONS.

THE MASSACHUSETTS MEDICAL SOCIETY AND THE 'PATHIES.

MR. EDITOR, — The editorial in relation to the Massachusetts Medical Society and the 'pathies, which you published in the JOURNAL for June 27th, it seems to me does not bear strongly enough upon the real reasons for the non-admission of exclusives to our state society. The obstacles between us and them are briefly these: (1.) Their lack of sincerity. (2.) The impossibility of assimilation. (3.) Because we are so broad in our principles that we cannot admit a man who believes in a 'pathy, an 'ism, or a special theory.

First reminding you that the 'pathy which is the "vexed Bermoothes" of this discussion is homœopathy, may I be allowed to elaborate these three statements: —

(1.) Lack of sincerity. It is possible to imagine a very small (I should not dare say how small) percentage of homœopaths who sincerely believe in unadulterated Hahnemannism. They belong under the second category, and require no further mention under the first. There remains the large percentage who fly two sets of colors. They call themselves homœopaths, — they use our medicines in our doses, and consequently when the patient's condition demands an actual remedy they do not trust to homœopathy. "But," say the homœopaths and their misguided friends, "are you so bigoted that you will not allow a physician to use whatever form of treatment he may elect?" Our answer is: "Then pull down your Hahnemann colors; you cannot fight under opposing flags in the same battle. When need is, you know there is no help in homœopathy. Why, then, use it as a net for catching the simple? Hahnemannism has been proved to be a nonentity." For proof we refer to the late action of the New York society of homœopaths, which publicly disavowed its belief in this 'ism; to the recent letter of the vice-president of the Homœopathical Society of London; and to the general acknowledgment of homœopaths that there is now but little difference between their practice and ours. Our argument is that it is just as impossible for a candid and sincere man to follow these two forms of practice — ours and Hahnemannism — as it is for a man to be a Roman Catholic and a Protestant on the same day, or at the same moment of time to be in darkness and light. "No man can serve two masters, for either