PART IV. MEDICAL MISCELLANY.

Reports, Transactions, and Scientific Intelligence.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

President—EDWARD H. BENNETT, M.D., F.R.C.S.I.

General Secretary—JOHN B. STORY, M.B., F.R.C.S.I.

SECTION OF OBSTETRICS.

President—A. V. MACAN, M.B.

Sectional Secretary—J. H. GLENN, M.D.

Friday, March 16, 1900.

The PRESIDENT in the Chair.

Exhibits.

DR. SMYLY—(a) Ovarian Abscess removed by Cœliotomy; (b) Myomatous Uterus removed by Abdominal Hysterectomy; (c) Ovarian Cyst removed after fourappings.

DR. PUREFOY said it was hard to resist the conclusion that the distension was due to the paralysed condition of the intestines, and that was the more surprising as they had learned that the intestines had escaped observation during the operation. He recollected one such case in his own experience, in which, although the tumour was not large, it was very difficult to lift it and the uterus out of the pelvis, and a very similar state of affairs followed. The operation was, however, protracted, and the intestines were exposed to an amount of unavoidable handling. The patient died on the fourth day, and he attributed death to the exposure and handling. In three cases in the Rotunda considerable assistance in securing the action of the bowels was derived from the galvanic current.

DR. ALFRED SMITH had had a precisely similar case, in which the chief interest was that the patient complained of distension in the upper portion of the epigastrium.

DR. KIRKPATRICK mentioned the case of a child eighteen months old operated on for a hernia which was not down. There was some difficulty in finding the sac, and the operation took a considerable time. The patient apparently rallied from the operation, but afterwards began to vomit, and died in a few days. At the time it was thought that it might be internal strangulation or sepsis, but the temperature was not that of sepsis, and at the *post-mortem* no obstruction was found. The intestine was uniformly distended, and there was no sign of peritonitis. In that case the intestine had not been handled at all.

The PRESIDENT (Dr. Macan) thought no amount of handling would give rise to the condition—he would go further, and say it was rather the want of handling. Sometimes the intestines were not properly replaced after the Trendelenberg position.

Rotunda Hospital Report.

[This Report will be found in Vol. CXIX., pp. 186, 261, 331, 462.]

DR. PUREFOY said: Professor Smith was not quite satisfied as to the omission of sundry dates. I think, in the important cases where these particulars were of interest or importance, they were supplied. It is a little surprising to me that a teacher of Professor Smith's attainments should not be familiar with the term "mixed" applied to accidental hæmorrhage. The term has some advantages, but I am not prepared to defend it. Professor Smith suggested that some of the cases described as accidental hæmorrhage were more probably cases of low insertion of the placenta. I do not know that there is any good ground for that. It is true that when dealing with hæmorrhage in the sixth month of pregnancy it may be quite impossible to determine whether the placenta is low down or not. We examined our cases as carefully as possible, and our diagnosis in each case was confirmed. With regard to the table dealing with cases of accidental hæmorrhage, Professor Smith referred to it as proving the thing we did not want to prove, but I think in coming to that conclusion he was a little hasty. Our observation in the hospital for some years past has furnished us each year with accumulating proof that the use of the vaginal tampon in severe accidental hæmorrhage is a wise and judicious proceeding. We do not teach that it is a treatment applicable to every case of accidental hæmorrhage, and I take care in speaking to the class to point out that many cases met with can still be treated by assisting the uterus to contract, and then rupturing the membranes. The table shows that in only five cases did we consider the use of the tampon necessary, and that shows that we are

not so firmly wedded to any particular line of treatment as to apply it indiscriminately. Professor Smith thinks we have made a distinct advance in omitting all allusion to the duration of second stage where the forceps is applied. I still think that the question of the duration of the second stage should be taken into account. It may be open to abuse, but so is every other good practice. I adhere to the opinion that the position of the twins is correctly described, and that it is correctly stated as a case of locked twins, the nature of the complication being in no way altered from the fact that one head was collapsed. The method of performing Porro's operation is, no doubt, old-fashioned, but Professor Smith's disapproval does not make me dissatisfied with it. Dr. Smyly formulated the very serious charge against us of introducing a new and unwise treatment of puerperal eclampsia. I fail to see how he deduces from the narration of the case any grounds for suggesting that we have adopted a new mode of treatment. The case was briefly this:—The patient, a *primi-para*, was admitted to hospital in a bad condition, with marked œdema and scanty albuminous urine. She was far advanced in pregnancy. The treatment adopted had the effect of bettering the condition to a large extent, so that the albumen almost disappeared from the urine. This improvement lasted only 48 hours, and in spite of the treatment the urine again became scanty and albuminous, and the swelling returned, and her condition was such that it appeared to me very likely eclampsia would supervene if treatment were not adopted. I still think that the emptying of the uterus by the safest method was the proper proceeding. It is true that eight hours afterwards an eclamptic fit occurred, which Dr. Smyly attributes to the operation; but I do not agree with him. The condition of the patient was such, with the distension of the labia, that the skin covering one gave way. It will not be hard to understand that under these circumstances continuance of pregnancy was the last thing to be desired. I share to the fullest extent Dr. Smyly's feelings as to the urgent need for obviating the grievous results to our patients in this country from the ignorance and stupidity of our midwives. I am not sure that the establishment of a new register will deal with the difficulty or lessen the risks in any appreciable degree. In some of the forceps cases the child's head had not passed the brim. Dr. Kidd referred to the treatment of inverted uterus. I think the method adopted in this case was the proper one, and it was attended with a satisfactory result. Dr. Jellett referred to the abuse of the curette. I think many cases of abortion can be treated with the finger. It is true that in the hospital the curette is used in a number of cases,

but most of the cases coming in are cases of incomplete abortion, with a discharge for days before, and in that condition they are not beneficial occupants of a ward where there are other patients. Dr. Hastings Tweedy, referring to the case of hæmatoma, made a statement which surprised me. It was that in both his own practice and when in the Rotunda he found that cases were common in which a gaping rent and bleeding cervix protruded between the labia. So far as I know they are not common at present. I do not see any connection between a rent and a bleeding cervix and the condition which I have described in the Report. The case of hæmatoma of the cervix was one in which extravasation of blood had taken place into the tissue of the cervix. As to Dr. Macan's remarks *re* use of the curette in the treatment of abortions, I think that probably the emptying of the uterus with the finger, which is possible in most of these cases, requires more dexterity and is more difficult than treatment with the curette. I endeavour, in speaking to the class, to impress how much can be done with the fingers. As to plugging in cases of abortion, when in the Coombe for the first few months I did tampon in a good many cases, but subsequently found I could dispense with it. The number of cases calling for it is very few indeed. Dr. McClintock's paper on rupture of the vagina is one of the most interesting of the many he has written. It is to be found in the *Dublin Medical Journal*. The expression "hardness of the uterus" on palpation in cases of internal accidental hæmorrhage does not commend itself to Dr. Macan. Perhaps "hardness" does not convey what we mean. The feeling is one of tension, the uterus becomes more resistant. Dr. Macan thought the forceps was used too frequently. I may refer him to the report of the Hospital which he published in 1889, dealing with 1,000 cases. The percentage of forceps cases was five—distinctly above the percentage in our report. Regarding the occurrence of icterus, Dr. Macan thought the percentage in infants ought to be 80. Our report gives it as between 15 and 20, and we will not concede that our returns are not as accurate as any similar ones. As to the use of the bag in placenta previa, the results in the hospital are so good that I do not feel tempted to change our present mode of treatment for any other.

Atmo-kausis and Zesto-kausis.

DR. MACAN read a paper on Atmo-kausis and Zesto-kausis.

DR. HASTINGS TWEEDY thought the instrument had a great future before it. If even a part of what was claimed for it was

realised it would almost revolutionise the treatment of endometritis. When used for septic endometritis, where the germs had penetrated to a considerable degree, he feared if the cauterisation could destroy these germs, it would destroy the whole endometrium.

DR. JELLET said that, judging from the effect of steam on the hand, a 10 or 15 seconds application would not give in any ordinary case a very deep amount of cauterisation of the uterus. The instrument would be an adjunct to the curette, but he could see no ground for supposing that it would take its place. If it were a good cauterising agent why should it not be used for a short time after the curette, and avoid bringing on a slough in parts of the uterus that had been very much thinned? Even if there were a slight amount of danger attaching to its use, he thought, in cases of hæmophilia, it might be the means of saving a woman from the loss of her uterus.

DR. GORDON asked what was Dr. Macan's own opinion of the instrument?

DR. MACAN, replying, said he did not intend to give an opinion of the instrument. He had given the results of some 800 cases from the reports of the most eminent gynæcologists in America and Germany. In a very short time the instrument had met with an extraordinary reception abroad, and was looked upon as one of the best additions to our therapeutics. The depth of cauterisation was regulated by the time the instrument was allowed to act. If it were desired to close the cavity altogether it would probably require two operations. As to sterilisation of the mucous membrane, Dr. O'Sullivan had told him that he had used superheated steam at 110°, and found it did not kill streptococci.

The Section then adjourned.

NOTE ON TWO CASES OF CUTANEOUS MANIFESTATIONS IN THE
COURSE OF INFECTIOUS DISEASES OF THE DIGESTIVE TUBE.

P. ENGELBACH found in the recent epidemic of typhoid fever at Havre that severe eruptive phenomena were frequent. He cites an instance of scarlatiniform generalised eruption in typhoid with cardiac complications followed by death, and a case of enteritis with similar eruption and death in the course of convalescence. He does not look upon the erythema as belonging to the typhoid process but as a secondary infection.—*La Revue Médicale de Normandie*.

BUBONIC PLAGUE.

The following Memorandum has been drawn up by the Royal College of Physicians of Ireland:—

I. *Description of the Disease.*—Bubonic Plague is a feverish disease common to man and several of the lower animals, such as rats, mice, rabbits, and guinea pigs. It is communicable from man to animals, and from animals to man, especially by inoculation. Any break in the skin or mucous membranes, however trifling, may serve for the introduction of the poison of the disease into the system. Thus a scratch or pin-prick may be infected by a common house fly; or a flea, or other parasite, may infect through the puncture it makes in a previously sound skin.

The poison of plague is due to a bacterium and the toxins—or poisonous principles—it produces. This poison becomes virulent to an extreme degree in the presence of dirt, overcrowding, want of ventilation, and destitution. It also becomes virulent when introduced into the body of a badly-nourished, unhealthy, or intemperate individual. Hence the urgent necessity for attention to personal and home cleanliness, for good food, fresh air, free ventilation, and strict temperance. At this time, especially, the clergy of all denominations might, with advantage, urge upon the people the importance of cleanliness in the fullest sense of the word.

Symptoms of plague show themselves after a latent or incubation period of from two to eight days from the time the poison is received into the system. The victims feel weak in mind as well as in body. They are depressed. Appetite is lost. The limbs ache. There are feelings of chilliness, giddiness, and palpitations. Dull pains are felt in the groins. Then fever sets in with headache, giddiness, drowsiness or wakefulness, or troubled dreams in sleep. Nausea and vomiting and diarrhoea may occur. The face becomes drawn and haggard, the eyes are bloodshot. The patient walks dreamily or staggers like a drunken man.

Soon the fever increases, the face looks bloated, the eyes are fixed and sunken, the mouth is dry, and thirst is intense. Then raving comes on and the sufferer passes into a state of partial or complete unconsciousness, or fits may occur.

The name “bubonic plague” is derived from the remarkable

swellings of the lymphatic glands which take place, especially in the groins, but also in the armpits, and sometimes (particularly in children) at the angle of the lower jaw. There is great pain in these swellings, which often turn black, soften and burst, or slough. Bleedings may also occur from the nose, mouth, lungs, stomach, bowels, or kidneys; and the skin may become covered with purpuric spots from bleedings into its substance.

Death may take place at any time, usually between the third and fifth days of the attack; on the other hand, when patients recover, they do so slowly, tediously, and painfully.

Sometimes plague shows itself as an inflammation of the lungs (pneumonia). This is a very infectious and dangerous form, requiring great care in the management of the expectoration—the stuff which is coughed up should be at once disinfected and destroyed.

II. *Management.*—Those sick of plague should be at once removed to an isolated hospital, their rooms being thoroughly cleansed and disinfected by the Sanitary Authority. The bodies of the dead should be cremated, or buried with quick lime in deep graves. Those who have been in close proximity to the sick (“contacts”), and those who have been in other ways exposed to infection (“suspects”), should be segregated in “refuges” provided by the Sanitary Authority, and closely watched until the usual period of incubation of plague has run out.

It is reassuring to know that plague, although a “catching” disease, is not nearly so taking or infectious as typhus, small-pox, scarlatina, or measles. Attendants on the sick in clean, roomy, airy hospital-wards, run little risk, provided they have an intact skin, and do not hang over the patients, or remain too long beside them.

A wholesale crusade should be made upon rats and mice in an infected or suspected district, and, above all, in vessels coming from a port where plague exists.

As the poison may possibly be swallowed in water or food contaminated with sewage or fæcal matter, no food should be eaten in the raw state, while water should be used for drinking purposes only after being boiled. In consequence of the possibility of milk being diluted with infective water, it likewise should be boiled before use.

The discharges from the bowels should be disinfected, and disposed of as quickly as possible. A wine-glassful of the

following disinfectant mixture should be poured into the vessels used by the patient, viz :—

Common sulphate of iron (green copperas), one ounce ;

Carbolic acid, a quarter of an ounce ;

Water, twenty fluid ounces, or one imperial pint.

Strict personal cleanliness should be practised, especially in connection with the feet, by which the poison is apt to be introduced into the system ; and the clothing should be adapted to the season and weather.

Infected bedding and all articles of clothing worn by the sick should be destroyed by fire.

All debilitating causes should be carefully avoided—such as excessive and long-continued fatigue and fasting ; overcrowding ; exposure to moist, stagnant air, or to air loaded with organic effluvia.

In order that the Sanitary Authority may obtain the earliest information as to the outbreak of Plague, the disease should at once be scheduled as notifiable under the provisions of the Notification of Infectious Disease (Ireland) Act, 1889 ; and the Act should be adopted without further delay in all sanitary districts adjacent to Dublin.

As regards curative treatment, a physician should be consulted at the earliest possible moment, in order that the rapid onset and advance of the disease may be arrested, if possible, by serum-therapy, or other means, and that other necessary measures may be taken to preserve strength, combat symptoms, and avert death.

Signed, by order of the College,

JOHN WILLIAM MOORE, M.D., Univ. Dubl.,
President.

JAMES CRAIG, M.D., Univ. Dubl.,
Fellow and Registrar.

September 10th, 1900.

GLYCOSOLOOL.

GLYCOSOLOOL is obtained by the action of oxypropionic acid ($C_3H_6O_3$) on chemically pure peptone, and of the theobrominate of sodium on the zymene of the trypsin of the pancreas of oxen or sheep. Dr. Schelder, who has been using the remedy, describes it as a very efficacious therapeutic agent in diabetes mellitus.—*Blatt. schw. Aertz.*