Hospital Practice and Clinical Memoranda.

CHILDREN'S HOSPITAL.

CASES IN THE SERVICE OF DR. A. T. CABOT.

REPORTED BY H. S. OTIS, HOUSE PHYSICIAN.

CARIES OF THE ANKLE.

CASE I. Julia D., aged five, entered the hospital May 26, 1881.

In July, 1880, she had been treated in the outpatient department for a suppurating gland at the elbow, with enlarged axillary glands.

In January, 1881, the left ankle became swollen, painful, and red. Stiff bandages were applied, but with little benefit, as her mother allowed her to continue walking. She was not seen for some time, and then appeared with the ankle much as before, but with an opening under the internal malleolus.

June 6th Dr. Bradford etherized the girl, enlarged the opening beneath the malleolus, and found that the abscess extended across to the outer side of the ankle. He made a counter-opening just under and posterior to the external malleolus, and passed a seton through just behind the joint.

At first the ankle improved decidedly, and the child was soon sent to the Convalescent Hospital at Wellesley, with a stiff bandage and a simple dressing over the wound. While out there she had the whooping-cough, and when recovering from this went home.

Late in October she again appeared at the hospital, with the ankle more swollen and inflamed than ever.

November 12 she was etherized, and Dr. Cabot made an incision about three inches long on each side of the ankle, and increased the opening on the inner side by a short incision running forwards at right angles with the preceding. The astragalus, which was wholly carious, was removed entire, the lower ends of the tibia and fibula were sawn off, and carious portions of the scaphoid and cuboid bones were removed with the bone-spoon. The wound was packed with marine lint filled with iodoform powder and covered with a Lister dressing, the whole being rendered immovable by an anterior plaster splint.

As the cavity contracted, a simple seton covered with iodoform was passed through the joint, which rapidly closed down upon it till January 8th, when it was removed. The sinuses discharged slightly for some time, and the ankle, if used, became swollen, but this soon subsided under a plaster bandage, and April 1st she was discharged well.

CASE II. Eddie W., aged three, entered the hospital September 17, 1881.

No history could be obtained, but the child was pale, emaciated, with sore eyes and mouth, and with one ankle swollen, red, and very tender.

September 24th, Dr. Cabot incised an abscess over the inner side of the ankle, and the joint being found diseased on September 26th, he etherized the child, and with the bone-spoon removed what carious bone could be felt. This made a considerable opening through the tarsus, and making a counter-opening he passed a seton, covered with iodoform, through the joint. A Lister dressing was applied, and an anterior plaster splint for immobility. The sinus rapidly closed down upon the seton, which was removed about the middle

of October, and the openings were closed November 5th. The child now acquired whooping-cough, but kept up, and was constantly running about the ward.

Early in December the ankle again became swollen and red, and although put at once into a stiff bandage the sinus reopened. As the little fellow could not be kept quiet, but was constantly up on his feet, the swelling gradually increased till March 16th, when Dr. Langmaid etherized the child, reopened the incisions on the sides of the foot, scraped the bone where it was rough, and put a seton soaked in balsam of Peru through the tarsus.

May 3d the sinus had again closed. A plaster bandage was applied to the ankle. From this time the foot was kept in a stiff bandage till late in September, when, everything seeming solidly healed, he was allowed to use his foot freely without support.

CASE III. Maggie M., aged five, entered the hospital October 29, 1881, with an abscess on the inner side of the ankle. This was opened by Dr. Cabot, and the inside thoroughly scraped out with a spoon. No carious bone was found. For a time this seemed to do well, but on her getting up became again aggravated.

March 16th Dr. Langmaid etherized, opened up the old abscess cavity, and scraped out some unhealthy granulation tissue. For a time the foot improved, but then again relapsed.

May 3d she was etherized, and Dr. Cabot made an incision on the inner side of the ankle. The sinus was now found to lead down to carious bone, which was thoroughly scraped out. It could not be determined exactly which bones were affected, but when the carious portion was removed it left a hole directly through the tarsus large enough to admit the forefinger. An iodoform seton was passed through, and the foot done up in a Lister dressing, with an anterior plaster splint. Everything went along smoothly, and July 26th the seton was finally removed, the wound closing August 1st. A plaster-of-Paris bandage was now applied, and continued till the middle of the autumn, when she had a strong, useful, and movable joint.

In these cases the repair went on very satisfactorily under the use of iodoform, introduced through the joint with setons. The immobility of the joints obtained by the use of plaster splints seemed to do much to hasten the healing.

CASE II. illustrates very well the importance of maintaining immobility of these joints for a considerable period after the soft parts are thoroughly healed. Although this child's foot was seemingly well, and free from any pain or swelling, yet when allowed to go about on it, the disease was quickly reawakened. It seems best to continue the support of a stiff bandage for some weeks after the sinuses are closed.

TORTICOLLIS. FORCIBLE CORRECTION.

Minnie N., aged six years, entered the hospital September 16, 1880.

Her parents first noticed a stiffness of the neck three and a half years ago; this gradually increased, and the head was slowly drawn over to the left side. They think that for the past two years it has been stationary in its present position.

During this period the child has had two attacks of partial paralysis.

The present condition is accurately represented in Fig. 1.¹

The contraction is mostly confined to the posterior muscles of the neck, and the head is drawn down so firmly that the ear and mastoid process rest upon the acromion. The child walks very insecurely, and is much fatigued by any exercise.

FIG. 1.

September 28th Dr. Cabot etherized the child, and by the exercise of a very moderate degree of force brought the head into a straight position.

The skin upon the contracted side had shrunk so during the long malposition that it tore somewhat before the head came straight. With the aid of Dr. Bradford, who assisted in the operation, a plaster bandage was then applied, enveloping the chest and head (as described by M. Delore). This set quickly and maintained the corrected position.

This plaster casque was worn until October 23d, when it was removed, and a wire splint applied similar to one used by Dr. Buckminster Brown at the Samaritan Hospital. The child rapidly gained strength and security in walking.

She was discharged from the hospital January 12, 1881. After this she attended regularly as an outpatient. Although the head kept perfectly in position and the muscles of the neck became soft and flexible, still the child was uncomfortable if the head support was left off. The neck was constantly examined for evidence of caries, but no abnormal appearance could be detected until some time in the spring of 1881, when a slight prominence of the sixth cervical vertebra was noticed. This was never so marked as to be unmistakable evidence of caries; but, taken together with the long-continued weakness of the neck, made the existence of caries a matter of strong probability.

January 16, 1883. Her father says that her head is perfectly straight, and that she goes much of the time without the wire support, still, however, using it occasionally. Her general health has improved greatly, and she joins the other children in coasting and such out-of-door sports.

FIG. 2.

According to the *Lancet* the number of years that a student has to spend at a medical institution prior to being admitted to examination for a medical degree, in various countries, is as follows: Sweden, ten; Norway, eight; Denmark, six and seven; Belgium, Holland, Italy, and Switzerland, six; Russia, Portugal, Austria, and Hungary five; France, England, and Canada, four; United States, three or two; Spain two.

¹ The cuts, being taken from daguerreotypes, are reversed.

Reports of Societies.

GYNÆCOLOGICAL SOCIETY OF BOSTON.

HENRY M. FIELD, M. D., SECRETARY.

STATED MEETING, FIRST THURSDAY IN MAY, 1882.

WM. G. WHEELER, M. D., President, in the chair.

SEPTICÆMIA IN WOMEN.

W. S. THOM, M. D., read a carefully prepared paper introductory to the subject of discussion before the Society. This affection has been recognized as a disease—as, indeed, gynæcology has received recognition as a department of medicine—only within recent years. Neither was known forty years ago, at least to the general profession. Septicæmia is a form of blood-poisoning, in which it is supposed the lymphatics play a chief part in the absorption and conveyance of the septic matter. Abscess, so common in pyæmia, rarely occurs in uncomplicated septicæmia. Its main characteristics are insensibility to pain, a degree of stupor, high temperature, very dry tongue, weak, rapid pulse, and a peculiar mawkish sweetness of the breath. It may be discussed as (1) puerperal and (2) non-puerperal. The puerperal state predisposes to septic absorption. Slight laceration at any point in the parturient canal, retention of debris in the uterus, the open mouths of the sinuses at the placental site on occasion of relaxation, the shock to the solar plexus and the cardiac, all combine to favor absorption. If there is decayed matter present the absorbents are ready to take it up.

The disease may be communicated in two principal ways: either from without, as by the fingers or the instruments of the physician, or by auto-inoculation at any point where there may be lesion. Indeed, the system may be inoculated through the sound mucous membrane under conditions of lessened blood-pressure or nervous shock. The mysterious cases in which putrid placenta is retained, with attendant foul lochial discharge, in which still the subject escapes septic absorption, may be explained either because of absence of solution of continuity or because the tears have been first healed to such extent as to be invested with a glaze of granulations unfavorable to absorption.

The reader further gave the notes of a case of septicæmia which had occurred in his own experience. Source of infection obscure, unless it be referred to inefficient nursing and filth of surroundings. Treatment consisted of thorough washing out of the vagina three times a day, which always gave relief, and opium in small doses, often repeated; would now superadd bleeding from the arm, in erect position, till patient fainted. Hesitated to attend his next obstetric case, but Dr. Stevens, who had seen the case just reported in consultation, overcame his scruples. The case came off in seven days, was a difficult primiparous birth, requiring instrumental interference; but patient made a good recovery, as did other puerperal cases following. The reader hereupon detailed the precautions which should be taken by the accoucheur under these circumstances.

Non-puerperal septicæmia may occur after any operation performed upon the pelvic or abdominal organs. Details of an illustrative case in the writer's experience were given. The noteworthy fact was remarked of the very rare occurrence of septicæmia after operation