

A NEW OPERATION FOR HEMORRHOIDS

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This operation resembles the Whitehead inasmuch as in each operation a pile-bearing ring of mucous membrane is removed, but the method employed is so radically different from the Whitehead or any of its modifications that I have preferred not to call it by that name.

Eight pairs of curved hemostats and the same number of straight hemostats are required. The rectum is well dilated. Eight deep mattress sutures are placed well beyond the hemorrhoidal mass into sound mucous membrane at points corresponding to 12, 3, 6 and 9 o'clock and half-way between each of these—eight in all. Chromic gut is used. Straight hemostats are attached to ends of sutures left long.

Well out on the mucocutaneous junction place corresponding mattress sutures—eight in all—and attach curved hemostats to ends of sutures left long. Hemorrhoids are now between rows of sutures. Cut mucous membrane circularly around the internal row of sutures, avoiding the cutting of sutures. Next cut the mucous membrane circularly near skin sutures taking the same precaution. The entire pile-bearing area is now outlined and limited by two circular incisions. With blunt curved scissors dissect and cut free this napkin-ring of hemorrhoidal mucous membrane. A stream of hot saline solution facilitates all this cutting and reduces hemorrhage. Tie 12 o'clock suture in mucous membrane, held by straight hemostat to 12 o'clock suture in skin, held by curved hemostat; 6 o'clock mucous membrane to 6 o'clock skin, etc. Dress with tube.

The advantages of this operation are: (1) very little hemorrhage; (2) accurate and secure line of sutures; (3) scar well out near skin (a little contraction is beneficial if anything); and (4) in my experience no complaints of severe pain.

This procedure has been carried out in a number of cases.

HEMORRHAGIC DISEASE OF THE NEW-BORN INFANT
TREATED BY HORSE-SERUM

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I wish to add a case to those of hemorrhagic disease of the new-born infant in the treatment of which blood-serum was used, as reported by Reichard,¹ Perkins, Barringer and Claybrook.¹

CASE REPORT

History.—Feb. 4, 1913, a female infant 4 days old came under my care. The child was well formed, weighed 8 pounds and was the sixth child. The mother died, three hours post partum, following normal labor. She was attended by another physician, who reported that she had suffered from pernicious anemia and valvular disease of the heart. The child was apparently well until the fourth day when, at 4 p. m., it vomited blood, which was bright red in color. The napkin used was markedly colored and the amount of blood lost appeared to be about 6 or 8 drams.

Feb. 5, 1913, at 5 a. m. the baby spat a teaspoonful of bright-red blood; at 8 a. m. bright-red blood was passed from the rectum, the amount of which was said to be about 1 ounce.

Treatment and Course.—At 8:30 a. m. an injection of 7 c.c. of normal horse-serum was given subcutaneously. At this time the rectal temperature was 100.2 F., pulse regular but so rapid that it could not be counted. After a quiet day, during which the baby had vomited its food but no more blood, at 5 p. m. another injection of 8 c.c. normal horse-serum was given. The rectal temperature at this time was 97.4 F. The child was given nourishment in the form of modified milk.

1. The following articles appeared in THE JOURNAL, Oct. 26, 1912: Reichard, V. M.: Spontaneous Hemorrhage of the New-Born with Recovery, p. 1539; Perkins, M. J.: Diphtheritic Serum Used to Control Bleeding in a Hemophiliac, p. 1539; Claybrook, E. B.: A Case of Hemophilia, p. 1540; Barringer, D. S.: Unilateral Kidney Hemorrhage Controlled by Injections of Human Blood-Serum, p. 1538.

Feb. 6, 1913: The baby had a good night, sleeping well and taking its food without disturbance. The bowel movement was like tar, and the urine was stained with blood. The rectal temperature was 96.6 F. An urticarial rash appeared on the face, feet, legs and arms. At 8 p. m. the rectal temperature was 97 F. There had been no vomiting of blood.

Feb. 7, 1913: The baby had a good night and took its food well; the urine was not blood-stained; the bowels had not moved; the rash was fading; the cord was almost separated but no bleeding had occurred.

Feb. 8, 1913: The cord was completely separated, the surface being clean and normal, without hemorrhage. No bleeding had occurred for three days. The rectal temperature was 97.2 F. Feb. 10, 1913, the child was perfectly well.

On March 23, 1913, the frenum of tongue was cut to relieve the tongue-tie and no more than normal bleeding occurred.

The subnormal temperature together with the urticarial rash is worthy of mention in this case. The normal horse-serum was furnished by the Research Laboratory of the New York Board of Health.

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Therapeutics

MUSHROOM POISONING

Poisoning by this fungus is not at all infrequent, and consequently the treatment of this condition is worthy of careful consideration. In this country edible mushrooms found growing wild are gathered much more frequently than they used to be, both because of the example set by our foreign-born residents, and because of the greater demand for them as a delicacy in hotels and restaurants. Mushrooms are also cultivated, and a certain variety brings a good price. It is perhaps rare for the poisonous varieties of mushroom to be dispensed by a hotel or restaurant, the greatest care being exercised in deciding that the product offered is edible, that is, non-poisonous; but children sometimes obtain and eat the poisonous mushroom, and private families occasionally cook and serve it.

The mushroom is rich in nitrogen, but it is uncertain how much of this nitrogen can be utilized as a food; it is said to be absorbed only in small part, and is likely, during its digestion, to cause some gastro-intestinal irritation in many persons. As a nutrient the mushroom is of little value, since a large proportion of it is water.

Over two thousand varieties of mushrooms have been described, some of which are harmless, and others exceedingly poisonous. Gibson¹ considers that the usual methods of distinguishing between edible and poisonous varieties are unreliable, and suggests the following considerations in the determination as to their value: "1. Avoid every mushroom having a cup, or suggestion of such, at its base; the distinctly fatal poisons are thus excluded. 2. Exclude those having an unpleasant odor, a peppery, bitter or other unpalatable flavor, or tough consistency." The *Amanita muscaria* and the *Amanita phalloides* are regarded as among the most poisonous, and contain the active principle muscarin or amanitin. The *Amanita muscaria* is "distinguished by its bright-orange or red pileus [cap] covered with soft, fugacious, whitish warts, its white, rarely yellowish lamellae [gills], and its white floccose stipes [stem], bulbous at the base and bearing, at its upper attenuated extremity, a white ring."² The common edible mushroom is the *Agaricus*

1. Gibson, W. Hamilton: Our Edible Fungustools and Mushrooms. Harper & Brothers, 1903, p. 33.

2. Foster, Frank P.: Medical Dictionary, under *Agaricus*, 1, 108.