A SURGICO-LEGAL CASE.

BY C. W. STICKNEY, M.D., HOLDEN, MASS.

A SUIT for alleged malpractice has recently been decided in the Superior Court at Worcester, and seems to possess sufficient interest to the profession at large to make it worth putting on record. In fact, most of the cases leading to law-suits are of interest to the profession generally—or at least should be—inasmuch as these suits are at the present time quite fashionable. Three cases of the kind were entered for trial at the long term of court at Worcester this winter: two of them have at this writing been disposed of—the third still remains for trial. True, it is not very common for a jury to award damages, but the expense of defending these suits is a considerable item, and any plan to discourage parties from bringing them should meet with favor among reputable physicians.

In this case the plaintiff is Mrs. William M. Prescott of Northampton, formerly of Holden. On the 12th of July, 1888, being then fifty-seven years old, she fell from a load of hay, injuring both wrists. The left wrist I found severely sprained and contused—that combination of circumstances well expressed by the term “concussion.” The right wrist was partially dislocated, that is, the carpus was thrown partially backwards from its articulation with the radius, producing something of a silver fork deformity, but occupying a position lower down than is usually found in fracture of the lower end of the radius. The dislocation was readily reduced by extension and manipulation, the patient declining anæsthesia. Both wrists were bound up with splints.

The next day I visited her and reapplied the splints, reassuring myself by careful examination that there was no other displacement of bones and no fracture anywhere. At this visit she refused further attention at the house, saying she would come to my office, or would send for me if needed. I remonstrated with her, telling her it was not a safe way to deal with so serious an injury, but to no purpose. She insisted on paying me for those two visits, and being considered as an office-patient thereafter. Finding I could do no better, and feeling that it was my duty to do the best I could under the circumstances rather than abandon the case, I directed her to present herself at the office in two days—three at most. Toward the end of a week she came to my office; wrists doing as well as could be expected. In a few days more she came again; probably ten to fourteen days after the injury. Still nothing to cause uneasiness; only the swelling and tenderness natural to such injuries. On this occasion she asked if I thought it safe for her to go to Lawrence and stay with her daughter a few weeks. I said she might as well be in one place as another; “*but*,” I said, “wherever you go you must put yourself at once under the care of a competent surgeon, who should see you at least twice a week.” I explained the necessity for skilful supervision with passive motions and the like, telling her that if she neglected it the results were almost certain to be unsatisfactory.

She left town soon after, and I did not see her again until the 28th of August. Then she presented herself at my office with wrists distorted by contractions of tendons, and bound in their abnormal positions by adhesions; fingers almost immovable, and the hands practically useless. I asked if she did as I told her,

and she said that after she had been in Lawrence three weeks or so, she had consulted “the best doctor in Lawrence” (she referred to Dr. C. N. Chamberlain), who told her that “as far as he could see the wrists were all right, but needed straightening,” that is, there was no displacement of bones, but the adhesions and contractions should be dealt with. He offered to etherize her and operate, but she declined his proposition, saying that she would not take ether anyway, and would go back to Holden for treatment. That his judgment was correct could not be doubted; but, as she would not consent to take ether, I could not proceed radically to break up the adhesions and restore the mobility of the joints, but was forced to content myself with the slower method by passive movement with massage, etc.; and right here I may add that, as the sequel shows, I believe this method would have resulted as favorably as the more radical plan. She came to me only once more, however; at that visit the wrists and smaller joints of the hands showed decided increase of flexibility, and left no reason to doubt the ultimate restoration of the usefulness of the hands.

Not content with this, however, she went soon to a “bone-setter,” one Sweet of Worcester, who, with the assistance of a homœopathic practitioner of the same city (Dr. J. K. Warren), broke up the adhesions under ether (to which she at last consented), and after about six months of treatment left her with fairly useful wrists.

At the trial plaintiff claimed to have paid me at *each* of the two visits at her house, claiming it was her custom to pay her bills in that way. She admitted, however, that she had not paid the “bone-setter” in that way, and my records of the case sustained my statement that she paid me for both at the second visit. A witness also corroborated me by saying that she heard plaintiff direct me not to go to her house again. Another witness heard her say, a few days after the accident, that her wrists “were doing nicely”; whereas she claimed to have suffered severely and continually with them from the first. My evidence relative to directing her to put herself under treatment at once on reaching Lawrence she flatly contradicted, and neither could be corroborated.

But the chief interest of the case centred in the remarkable testimony of the “bone-setter.” When asked about the condition of the wrists when she went to him, he said there was a *dislocation in both wrists!* Only a few days after I had seen the patient, only a few weeks after the “best doctor in Lawrence” had pronounced the wrists all right—save for the adhesions—this “man of intuition” discovers that both wrists are dislocated! And further discovers a fracture of the radius one-half inch from its lower end! And Dr. J. K. Warren—whose memory by the way was very poor, and who unfortunately made no notes of the case—*thought* both wrists were dislocated, and said on the stand that “he had an impression that it was his impression at the time that there was a fracture of the radius” (only he located the fracture in the opposite wrist as regards his colleague’s evidence)! The “bone-setter” was unable to explain what he meant by a dislocation, but thought “some of the small bones of the wrist were out of place.” He further thought “that if only one or two of the small bones were displaced it would be a partial dislocation,” and that a complete dislocation meant “the displacement of

all the bones." He appeared totally ignorant of the fact that dislocation of one or two bones of the carpus from the others of the carpus is one of the rarest of accidents, and well nigh impossible as the result of a fall upon the hands. In fact, he admitted that he is entirely innocent of scientific surgical knowledge and of anything more than the most superficial knowledge of anatomy, and yet laid himself out before the jury with an arrogance and an assumption of superiority over common, educated surgeons—such as has not often fallen to my lot to witness. Of course, it was not difficult to show by competent surgeons that the fracture of the radius sworn to would undoubtedly leave a callus at its original site—particularly if it had remained unreduced for two months; but neither Dr. S. B. Woodward nor Dr. J. B. Rich, who were summoned as experts, could find any evidence of previous fracture. These gentlemen also gave valuable evidence touching the surgical points raised, and in such a manner as to make themselves fully understood by the jury.

The plaintiff thus attempted to show, on the part of the defendant, a want of conception of the gravity of the injury, with consequent failure to adjust the parts properly, and hence improper treatment; the defendant maintained and held that the original diagnosis and treatment were correct and that the evil result, other than what could properly be attributed to the injury itself, was the result of the plaintiff's own neglect in refusing to allow defendant to treat the case as he saw fit, and in her failure to place herself under treatment in Lawrence after leaving him. The jury returned a verdict for the defendant.

REPORT ON THERAPEUTICS.

BY FRANCIS H. WILLIAMS, M.D.

ALCOHOL AND ALCOHOLIC SOLUTIONS IN THE ABORTIVE TREATMENT OF HERPES.¹

Dr. DUPAS, of Lille, gives the following directions for this common and often troublesome condition.

Alcohol of ninety per cent. strength, or a solution of two parts of resorcin to one hundred of alcohol, can be employed as a dressing; or, one per cent. of thymol or three per cent. of menthol in ninety-five per cent. alcohol. If the solutions cause too much pain, a little cocaine may be added. Compresses moistened in one of these solutions are to be applied to the lesions, and over this spread some impermeable material, or absorbent cotton may be used. These dressings must be changed frequently during the day. The herpetic eruption aborts rapidly under this treatment. The element of pain is also subdued, and it is not rare to see rebellious neuralgias from herpes-zoster give way in a few hours to this treatment.

ETHER AS A MENSTRUUM IN MEDICATION OF THE SKIN.²

Dr. Sawyer considers that there are in practice three obstacles to the absorption of a medicine through the skin; namely, the epidermis, the sebaceous secretion of the skin, and the relative insolubility of the drug which is employed in any particular case. The ointments and oily liniments are a better vehicle for the

introduction of medicaments through the skin than plasters which have lead-plaster as a basis. After some observation and consideration, ether was thought the best menstruum at our disposal for the solution of many remedies designed for epidermic medication, and after examining a large number of drugs he has selected belladonna, iodine, menthol, and capsicum as suitable for, external therapeutic employment in the form of ethereal tinctures. He prefers to have the ethereal tincture of belladonna made from belladonna root, with camphor, of the same strength as the belladonna liniment of the British Pharmacopœia, using the official pure ether in its preparation instead of rectified spirit of wine. To form an ethereal tincture of menthol, after many experiments, a strength of one drachm to the ounce was fixed upon. The preparation can be readily applied as a paint to the skin, and is an efficient means of using menthol for its local therapeutic effects, especially for the removal of superficial neuralgic pain. It should be lightly painted over the painful part. The quick evaporation of the ether gives a grateful sense of coldness which supplements the analgesic action of the menthol, and allows the easy application of a succession of coats, which leave pure menthol in a finely divided condition upon the skin.

TREATMENT OF DROPSY.³

At a meeting of the Society of Medicine in Berlin Dr. Furbinger discussed the treatment of cardiac and renal dropsy. The fluid may be got rid of in four ways: (1) by the sweat glands; (2) by the kidneys; (3) by the intestines; (4) by surgical means. In cardiac dropsy diuretics hold the first place as does diaphoresis in dropsy of renal origin. In renal dropsy he used heat as a diaphoretic; the chief contra-indication is its employment is cardiac weakness with dyspnoea. Pilocarpine had been abandoned on account of the dangerous symptoms sometimes caused by it; among diuretics, digitalis is still the sovereign remedy, and it was of service also in renal dropsy and even in glomerulo-nephritis, for here cardiac debility often played a part. In cases in which he had failed to obtain benefit from digitalis either in the form of infusion, powder, or pill, he had obtained excellent results with acetum digitalis in combination with wine of pepsin.

Drugs such as adonis, convallamarin, blatta and sparteine are superfluous; they too often failed, and there were frequently unpleasant concomitant effects produced by their employment. With lactose he had had no success, but to the following he gives some commendation: strophanthus, caffeine, theobromine, calomel, and the group of saline diuretics. The action of caffeine on the central nervous system was disagreeable, but this might be avoided by the use of sodio-salicylate of theobromine, or diuretine.

When drastic purgatives are employed the patient should be strong and have a good pulse.

TWO CASES OF POISONING FROM SMALL AMOUNTS OF ATROPINE.⁴

For a lad of twelve years Dr. Owens prescribed two or three drops of a solution containing two grains of atropine to the ounce of water to be instilled into the eyes three times within an hour on a Thursday morning, and again three times during that day, three times during Friday, and once on Saturday. Of these ten instillations the last two were omitted by his mother,

¹ Journal of Cutaneous and Genito-Urinary Diseases, No. 87.

² Lancet, July 12, 1890.

³ The Medical Press, April 23, 1890.

⁴ Lancet, vol. ii., No. 9, 1890.