

A YEAR'S SURGERY AT THE LONDON TEMPERANCE HOSPITAL.

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When in July of last year I had the pleasure of taking the distinguished President of the American Medical Association, and Professor Dennis, over the wards of the London Temperance Hospital, Dr. Flint extorted from me a promise to send a short paper to the Washington meeting of the American Medical Association, containing some account of my surgical experience at that hospital. It is therefore in redemption of that pledge that I venture to lay this brief communication before this distinguished audience.

In 1873 a house was taken in Gower street, London, and converted into a hospital for "the medical and surgical treatment of the sick, without the ordinary administration of alcoholic compounds;" and in 1882 the institution was removed to its present well-found and commodious building in the Hampstead Road. At first only 52 beds were opened, but at the present time, building operations are being carried on, and before the close of the year it is hoped that a hospital of over 120 beds will be in full working order.

In the autumn of 1882 I was asked by the Board of Management to undertake the charge of the surgical patients, and I entered on my duties on Jan. 1, 1883. I propose to lay before you a few facts derived from my experience since then, and will base them upon all the cases admitted under my care during the year 1883.

I must, however, make one or two preliminary observations to explain the nature and the mode of the work done at this hospital.

1. The patients are not all teetotallers; all the necessitous sick are alike admissible to the wards; and personally I may say that the fact of being an abstainer or the reverse never influences me in recommending a patient for admission. Practically a large number of abstainers seek admission, and I find that among my patients during last year they amounted to 74, or 39 per centum.

2. No selection of patients is made except such as is employed in every hospital, that is incurable cases and cases of infectious disease are the only ones inadmissible.

3. Alcohol is not given as an article of diet under any form or under any pretext; nor is it used in the preparation of tinctures, infusions, or other medicinal compounds.

4. The visiting staff are free to administer alcohol in any form and in any amount to any patient under

their charge, when they deem fit. The only restriction being that in such cases careful notes should be made of the condition of the patient before the alcohol is given, the amount of alcohol taken, and the effects observed.

I am anxious that it should be clearly understood that alcohol is not excluded from the hospital altogether, but only as an article of diet and as a vehicle for other drugs.

In the early days of an hospital, and especially such an one as the London Temperance Hospital, it is not possible to keep the surgical wards full of acute or severe cases. But during the year 1883 I find that there were 190 cases admitted under my care. Of this total 9, or just 4.73 per cent. died.

I cannot, in the time allotted to me, give details of the individual cases, and I propose, therefore, to attempt only a brief classification of them, and to add a table of operations; details of the fatal cases, and then, finally, make some remarks upon the value of alcohol in surgical practice.

There were in all sixty-seven (67) cases of injury admitted into the hospital. Among these were five (5) cases of compound fracture, fifteen (15) cases of simple fracture, two (2) dislocations, sixteen (16) wounds, including wounds of scalp and a wound of the temporal artery with severe hæmorrhage; twelve (12) contusions, five burns and scalds. Of these 67 cases four died.

The cases of disease amounted to a hundred and twenty-three (123) with five (5) deaths. These included thirteen (13) cases of disease of the joints, fourteen (14) cases of disease of bones, twenty (20) cases of disease of the alimentary canal, twenty (20) cases of disease of the genito-urinary system, sixteen (16) cases of abscess, eleven (11) cases of ulcer, nine (9) cases of tumor, and twenty (20) cases that may be grouped as miscellaneous.

In one of these cases, to be mentioned directly, alcohol was given, but not in any of the remainder.

In addition to minor and trivial operations there were forty (40) operations performed which may be here detailed:

Amputation of thigh,	1
do of leg,	2
Colotomy,	1
Gastrotomy,	1
Castration,	2
Removal of tumors,	5
Rapid lithotrixy,	1
Radical cure of hernia,	1
Excision of varicocele,	1
For hæmorrhoids and prolapsus ani by clamp and cautery,	10
Opening knee-joint,	3
For epithelioma of lip,	2
Excision of tongue and submental glands,	1
For genu valgum (MacEwen's operation),	2
Excision of tarsus,	1
External urethrotomy,	1
For fistula in ano,	3
For necrosis,	2

It is only needful to add particulars of some of these cases. The amputation of the thigh was for advanced central sarcoma of the lower end of the femur. The patient, a lad aged 18, was up ten days after the operation, and left the hospital on the 22d day quite well. The first case of amputation of the leg was in a man 66 years of age, admitted with a compound fracture of tibia and fibula, for which secondary amputation through the upper third of the leg was performed. There was a little necrosis of the tibia, and a troublesome abscess and neuralgia in the stump, and the man was in the hospital 115 days after the amputation. The remaining amputation was at the same site for incurable ulcer of the leg in a woman, aged 55. The stump healed up without complication. The cases of colotomy and gastrotomy are elsewhere referred to. The patient upon whom rapid lithotritry was performed was 32 years of age, with a small stone. The knee-joint was opened in one case for the removal of a loose cartilage, with complete success. In another patient both knees were opened for very long standing hydrops articuli. The joints when apparently nearly healed suppurated, and the girl got into a hectic condition, and was removed from the hospital by her friends. I have since heard that she has recovered. In a third case I opened the knee-joint and removed the whole of the greatly thickened synovial membrane. This patient died. The only other operation of gravity was a removal of the tongue behind the circumvallate papillæ, by the scissors, and excision of infiltrated submental and submaxillary glands for advanced epitheliomatous disease. This patient, æt. 66, recovered well, left the hospital 35 days after the operation, but has since died from recurrence in the cervical glands.

The fatal cases were nine in number:

1. The first was the case of a laborer, 41 years of age, admitted with strumous synovitis of the left knee-joint, of four months' duration. He was a tall, thin, pallid, delicate-looking man. For two months he was treated with rest, extension, counter-irritation, and the usual remedies, but his local and general condition becoming worse, I was compelled to resort to operation. The man absolutely refused amputation, and I accordingly performed antiseptic erosion, making a free incision into the joint on each side, and removing the thickened synovial membrane. This was not followed by any effort at repair, but there was profuse suppuration, the discharge was scant, but the temperature ranged high, and he gradually sank and died from exhaustion. At the autopsy an old cavity was found at the apex of the left lung, miliary tubercle in the right lung, amyloid degeneration of the liver and kidneys; the articular cartilage of the knee-joint was all eroded.

His appetite continued good until a week before death.

2. The second case was that of a woman, aged 62, admitted with intestinal obstruction of fourteen days' duration. There had been vomiting three and again two days before admission, which was stated to be fæcal. But it was not until four days after admission that she vomited again, when she brought up several pints of liquid fæcal matter. Accordingly, as I had

administered copious enemata repeatedly without avail, on May 26 I opened the colon in the right flank, and liberated at once about two pints of liquid fæcal matter. The woman, however, died next morning from collapse. At the autopsy a cancerous stricture of the middle of the transverse colon was found. The intestines were somewhat congested, but there was no lymph on them, or loss of polish anywhere, nor any evidence of peritonitis. There was hypostatic congestion of both lungs.

3. The third case was likewise one of intestinal obstruction in a young child aged $3\frac{1}{2}$ years, admitted on May 27. There had been vomiting and constipation since May 22, and it was stated that "blood and slime" had been passed the day before admission. I first saw the child on May 29, and immediately opened the belly in the middle line, and found a small intussusception in the right iliac fossa, which I reduced. The small intestine was extremely distended, and in attempting to return that which had escaped through the incision, the peritonæum was torn. The child sank and died in nine hours. At the autopsy there was lymph on the coil of intestine which had been wounded, for a length of two or three inches. The intussuscepted gut, which was the lower end of the ileum, was purple in color, but not inflamed.

4. The fourth fatal case was that of a woman, aged 31, whose night-dress caught fire and was completely burnt off her, inflicting burns of the first, second and third degree, extending over the whole of the right upper limb, the left forearm, right side of the face and neck, and the right half of the back, chest and belly. She died on the seventh day, the temperature ranging between 102° and 104° Fah. for five days, and standing at 105° at the time of death. At the autopsy there was found some congestion, but no ulceration of intestines; hypostatic congestion of the base of both lungs, with acute bronchitis.

5. The fifth case was that of a little girl æt. 8, admitted on June 16 with caries of the spine and iliac abscess; the abscess was aspirated on several occasions. She died on July 30 from tubercular meningitis. At the autopsy there was found an enormous abscess connected with the diseased bodies of the vertebræ, and some gray granulations scattered through the lungs and pia mater.

6. The next death was a woman æt. 65, who suffered from a scald of the third degree, of the buttock, the right and left thighs, and the right leg. The sloughs separated and the wound began to granulate well, but 3 weeks after admission she became delirious, constantly muttering or crying out, although she could at times be roused and answer questions. She died from exhaustion 5 days after these symptoms set in. At the autopsy the only notable change found was the hypertrophy of the bladder, with pus in both ureters and the pelvis of each kidney, and a small abscess in the left kidney.

7. The seventh case was that of a man 67 years of age who was brought to the hospital with a subcoracoid dislocation of the right shoulder. While attempting reduction by Kocher's method, the surgical neck of the bone snapped across, but under chloroform the head of the bone was replaced in the glenoid

cavity and the fracture "set." The patient was made an out-patient on the third day. Unfortunately, he was a man of intemperate habits, and after a debauch he fell and sustained an impacted fracture of the neck of his right femur. For this he was readmitted and treated with rest in bed and a long splint. He was a very troublesome patient. For a time all went well. Then he sank into a low state with muttering delirium, and died 33 days after his readmission.

8. The eighth case was that of a girl *æt.* 16, admitted on Dec. 22 with an alveolar abscess in connection with the lower jaw. When I first saw her this had burst into the mouth. The swelling gradually subsided, but some induration over the jaw continued for some time. On Jan. 14 all local symptoms had passed off, but she was very pale, anæmic and thin, and I ordered her some tonic medicine. Next morning she became cold and collapsed, complaining of diffused pain over the belly. I saw her and found her almost pulseless at the wrist, with retracted belly and no local indications of the cause of the collapse. I ordered hot applications, sinapisms, and hypodermic injections of ether. I saw her again at night, when she appeared to be moribund. On going to the hospital next afternoon I was surprised to find her alive, quite conscious and less cold than on the previous evening, but there was no pulse at the wrist, and it was only feebly felt at the groins. Thinking there might be some chance for her as she had lived so long, I gave her at once an ounce of champagne; the pulse at once became perceptible in the brachial artery; in an hour the champagne was rejected, and she appeared to be holding her ground, but soon afterward she suddenly fell back in bed and died. Unfortunately, we were not allowed to make any post-mortem examination.

9. The ninth and last case was of a woman who was admitted on the evening of Dec. 31, having been picked out of the Regent's Park Canal. She was almost dead on admission, and in spite of every effort at restoration, including sinapisms and injections of ether, she died just after midnight. No autopsy was allowed.

I have thought it right to give these details of all the fatal cases, and I do not wish to explain away the facts. I think, however, that they show that all classes of cases may be met with in this hospital, that a fair proportion of severe injuries and diseases come there for treatment, and that in so far the wards of the hospital will bear investigation. I cannot tell what impression the notes of these cases may make upon my hearers, but I may perhaps add that I did not feel in regard to any one of them *at the time* that alcohol would have saved or prolonged life. As stated, alcohol was given in one case, and in none of the others was it withheld on account of prejudice, but solely for want of a sufficient indication for its employment.

I cannot convey any impression as to the way in which the patients progressed day by day while under treatment without alcohol, and the cases are too few to warrant the employment of the statistical method, and with a far larger number I should hesitate to

adopt it. But it is not too much to say that they show the hospital to be actively engaged in the treatment of the same class of cases found in the surgical wards of any of the larger metropolitan hospitals, and that therefore its work is worthy of the careful attention of the profession. My object in this paper is not to show that alcohol may be or ought to be excluded altogether from surgical practice, but to show to how large an extent it can be dispensed with, with safety; and to express my conviction that its employment is not attended with advantage in a large majority of cases, while in many it is positively and seriously injurious. There is no stranger fact in the present-day therapeutics than the position held by alcohol. There is no disease and scarcely a single pathological condition for which it is not prescribed. It is a drug that never fails in the hands of the majority of practitioners; when cases improve the alcohol administered is invariably and without question accredited with no small share of the favorable result; when patients pass from bad to worse and die, the alcohol may have been given too late, or in too small doses, or have been overcome by a too-strong foe, but it certainly prolonged life and exerted a beneficial influence! Such, practically, is the argument of not a few practitioners, even if they hesitate to formulate it. The scepticism applied often so ruthlessly to other drugs has scarcely dared to hint that alcohol is not an all powerful remedy, able in one way or another to cope with any of the diseases of our frame. When the results of prescribing alcohol so widely come to be closely questioned, I am confident that it must lead every candid surgeon to restrict very largely the use of this drug. Without entering into a consideration of the physiological action of alcohol, or attempting to apprise its value in every class of injury and disease, I would submit the following propositions in regard to it:

1. *That alcohol is contraindicated in all cases where it is important to secure physiological rest!* I am aware that alcohol is a powerful *narcotic*, but I believe it to be a very rare conjunction of circumstances which permits of its successful employment as such without attendant evil from its *stimulant* effects.

2. *Therefore in the period immediately following operations and injuries*, especially large wounds such as in amputations and excisions, compound fractures, and severe hæmorrhage, *alcohol is contraindicated*. It is only admissible in those extreme cases where life is in immediate danger from failure of the heart, and in these cases we have in subcutaneous injections of ether a more potent stimulant.

3. *For exhaustive diseases alcohol is contraindicated except as a temporary stimulant*, and for the following reasons:

- a. By increasing the frequency and force of the heart's action without at the same time proportionately increasing the nutritive activity of the heart, it hastens the exhaustion of that organ.

- b. By dilating the small vessels it increases the difficulty with which the circulation is carried on.

- c. By impeding the action of the digestive and assimilative organs it lessens the supply of nutritive material entering the blood. I have been much struck

by the appetite, the easy and regular digestion, and the absence of the common indications of gastric and intestinal trouble which patients who are not taking alcohol present.

d. By increasing the work thrown upon the lungs and the kidneys, the two great excretory organs of the body, alcohol hinders the proper depuration of the blood, and possibly hastens the occurrence of the hypostatic congestion of the lungs so prone to occur in these cases.

e. By its narcotic influence upon the central nervous system, it interferes with the due discharge of its functions.

4. *In alcoholism, whether acute or chronic, alcohol is contraindicated.*

RATE AND CAUSE OF MATERNAL MORTALITY IN 1,000 CASES IN PRIVATE OBSTETRICAL PRACTICE.

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While the rate of mortality, as given below, may be greater than that found in the experience of others, yet the writer apprehends that the causes as described, will make it appear that it is not excessive. The comparison between the same classes of cases in hospital and private practice, will show much more favorably if, as I think, due credit is given to the manifold obstacles which surround the practitioner in private circles. Called, as he often is, only "in extremis," when labor has progressed so far that a malposition which could have been readily corrected before the labor began, or in its early stages, has become an irremediable condition, is it any wonder that fatal results follow? Is it not the greater wonder that fatal results do not more frequently follow? Compelled to attend puerperal cases in the most unsanitary localities, and under the most unhealthy conditions, with no opportunity to remedy surroundings, or prepare the patients for the ordeal, is not the practitioner in private practice to be commiserated when comparison is made between him and those who serve in the hospitals surrounded with all the appliances of science and art to aid them; all the assistance required, either professional or otherwise, and in large majority of cases with time beforehand to prepare their bad cases for that which is before them, if, indeed, it be true that many of the fatal results follow uncleanness, this being the leading factor as at present taught in causing the septic troubles.

Hoping that others who have like statistics may present them for the purposes of comparison, and trusting that still others may have had yet smaller mortality rates, I offer this:

CASE 1. Woman, aged 23, first pregnancy, aborted

about the end of the fifth, or beginning of the sixth month. Septicæmia resulting from the detachment of a very firmly adherent placenta, leaving a very large portion of the uterine surface in an injured condition, and in whom neither internal medication, nor medicated injections locally produced the slightest relief.

CASE 2. Woman, aged 33, fifth pregnancy, was delivered in the same room in which lay two of the children of the family suffering from scarlatina. As she lived in a town ten miles away, and I was summoned by telegraph, arriving only to find her in the active throes of labor, and with no other place in the house to remove her to, she lay exposed to the scarlatinous poison, which developed in the characteristic pyrexia, eruption, etc., on the third or fourth day, and the end soon came. This case was attended for and in the absence of a practitioner who was already in charge of the scarlatina cases, and attended her after the delivery until her death.

CASE 3. Woman, aged 19, first pregnancy, was delivered in what bid fair to be perfectly normal condition, but who on the second day had a severe rigor, very high temperature, and in short time was covered with the scarlatinous eruption, dying on the fourth day.

CASE 4. Woman, aged 34, eighth pregnancy, who early in this pregnancy showed unmistakable signs of acute renal disorganization, fell into labor six weeks before the end of gestation, was delivered of a very small, feeble child, and in removal of the placenta, which gave no trouble, gasped, exhibited sudden indications of heart clot and expired, as it appeared to the writer, from the sudden absorption of additional urea into the circulation when the pressure exerted by the gravid uterus was removed.

CASE 5. Woman, aged 26, second pregnancy, had been under the care of a midwife, as they were all Germans, for 20 hours; when summoned, found it necessary to perform version, which was done, and delivery effected in a few minutes, patient left perfectly comfortable, although exhausted; as it was at some distance, the patient was not seen again, but was informed that she died in 24 hours afterwards—no history of excessive hæmorrhage, and attributed it to exhaustion or heart clot.

CASE 6. Woman aged 21, first pregnancy, labor only twelve hours in all, everything apparently normal until the end of the second day, when she had a very violent rigor, what was considered to be general peritonitis was developed, and she died at the end of the fourth day. There was a history of great mental depression here for a long time prior to the labor owing to unhappy marital relations.

CASE 7. Woman aged 36, in the 9th delivery, who had been greatly exhausted by frequent pregnancies and very severe labors owing to very marked pendulous uterus, was delivered by version after failure to put on the forceps, owing to the hydrocephalic condition of the head; was very much prostrated and notwithstanding every effort was made use of to aid her, the state of shock persisted for 19 hours, when she expired.

CASE 8. Woman aged 22 in her first labor, only