

## INDEX OF SURGICAL PROGRESS.

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### GENERAL SURGERY.

#### **Treatment of Surgical Tuberculosis by Boiling Water.**

By Dr. JEANNEL (Toulouse, France). Jeannel reported four cases before the Academy of Medicine of Paris which he had treated with boiling water. Two cases were followed by a cure and the other two only by improvement. In the two cases of recovery where a successful result was obtained, the disease occupied cavities where the affected tissues were capable of retaining the boiling water for some time and thus constituting a method of sterilization capable of giving very favorable results.—*La Semaine Médicale*, No. 29, 1893.

### NERVOUS AND VASCULAR SYSTEMS.

#### **I. Pulsating Exophthalmos Following a Fracture of the Base of the Cranium; Direct Compression; Recovery.**

By Dr. PICQUÉ (Paris). Picqué reports the case of an old woman, of sixty years, who, after being run over by a cab, was picked up unconscious and with hæmorrhage from the right ear and nostril. Recovering consciousness half an hour after the accident, she began to complain, a few hours later, of violent headache and a painful sawing sensation above the right ear. Toward the sixth day he observed symptoms pointing to the development of a phlegmon of the right eye, with a very considerable swelling of the lid, very pronounced ophthalmia and a well-developed chemosis. At the same time she complained of acute lancinating pains in the eye. Eight days after the beginning of these symptoms the pain had become so unbearable that a puncture at the middle of the orbito-palpebral cavity was made

which only gave issue to a little blood, with little improvement. The next day the pains having aggravated the point of puncture was enlarged and only slight amelioration followed after a flow of blood. The next day pulsations with a thrill were made out, and an arteriovenous aneurism diagnosticated. Direct compression was tried, with success, so that in eight months the exophthalmos has considerably diminished, though very pronounced pulsations are to be seen at the inner angle of the eye. While the luminous perceptions have disappeared, the upper lid retains a certain degree of ptosis. Gayet, of Lyons, in the discussion that followed the presentation of this case before the Paris Surgical Society, mentioned a similar case, in a drunkard, who had received a violent injury to the cheek and entered the hospital without presenting any special symptoms in this eye. Several days later there developed an arteriovenous aneurism of the right side for which digital compression of the right carotid was done for several hours. Amelioration not setting in, ligature of the vessel was to be tried when a pronounced improvement became apparent and was followed by a progressive movement toward recovery, which was finally complete. He has observed another analogous case, with Prof. Tripier, where an exophthalmos developed spontaneously, for which no cause could be discovered. The patient died, and nothing abnormal was found either in the carotid artery or the cavernous sinuses. Prof. Tillaux had a patient under his care who had contracted an arteriovenous aneurism of the right eye after a pistol shot. Applications of ice produced great improvement and he was discharged.—*La Semaine Médicale*, No. 29, 1893.

**II. Diagnostic and Therapeutic Value of Puncture of the Spinal Canal.** By V. ZIEMSEN (Munich). As is known, Quincke, of Kiel, recommended puncturing the spinal canal in hydrocephalus in order to decrease the pressure by drawing off a portion of the accumulated fluid. Ziemssen has tried this procedure in several cases of tuberculous cerebro-spinal meningitis, brain tumors,

etc., and can confirm Quincke's statements. The operation is done during general anæsthesia. To increase the interspace between the vertebral arches the spine should be flexed. The fluid flows off more or less rapidly, according to conditions of pressure. In simple hydrocephalus the resultant fluid is clear; in a case of epidemic cerebro-spinal meningitis the fluid was turbid, with fibrine flocculi and diplococci. In both diseases, after tapping, the cerebral pressure decreased. In a case of tuberculous meningitis, after puncture, a pronounced improvement was noticed. In this case it was repeated four times. Diagnostically, possibly, examination of the fluid might yield definite results. Prof. Bruns, of Hanover, in three cases of cerebral tumors, in order to reduce pressure did extensive trepanation with good results in two cases. Quincke, who has performed the operation twenty-two times, said that one must not expect too great results to follow, as the fluid rapidly re-accumulates. From examination of the fluid obtained he has attempted to draw some diagnostic and prognostic conclusions. He found in simple hydrocephalus that the fluid contains less than 1 per cent. albumen; a per cent. above 1 per cent. speaks for an inflammatory exudate; one over 2 per cent. is sometimes found in tuberculous exudates. In one case with admixture of blood there was cerebral hæmorrhage, with penetration into the ventricles. The states of pressure vary greatly. He regarded the puncture as indicated in acute exudates of a serous or tuberculous nature. To prevent re-accumulation he makes a slit in the dura and institutes a sort of drainage. In two cases of chronic hydrocephalus in children, the fluid was continuously evacuated into the surrounding tissues. Ewald, of Berlin, finds puncture to bring about but transient improvement. Sahli, of Berne, has often done puncture in tuberculous meningitis. He introduces a small elastic catheter which may be bent up to stop the flow. A metallic tube easily becomes clogged with clots of blood. He recommends opening the canal more freely with the thermocautery. Naunyn, of Strasburg, has done the operation seven times. In one the fluid would not flow on account of its being purulent. He never has seen an

increased amount of albumen in tuberculous exudates. It is easily done; no anæsthesia is necessary, and the dorsal muscles do not impede one.—*Wiener Medizinische Presse*, No 19, 1893.

FRANK H. PRITCHARD (Norwalk, Ohio).

## HEAD AND NECK.

**I. Preliminary Ligation of the External Carotid in Operations Upon the Face.** By Dr. CHALOT (Toulouse, France). After having considered the inconvenience of ligaturing the common carotid, and its being followed, in a quarter of the cases, by softening of the brain, the writer proposes preliminary ligation of the external carotid in operations for cancers of the face and the upper portion of the neck. He goes into the details of the operative procedure, speaks of the uncertainty of finding the hypoglossal nerve, the importance of doubly ligating the superior thyroid vein which, if not cut between two ligatures, will inundate the field of operation, and render further progress difficult. He bases his considerations upon thirteen cases in which he has done this procedure within eighteen months.—*Le Progrès Médical*, No. 15, 1893.

**II. Contribution to the Treatment of Cleft Palate.** By Prof. KUESTER (Marburg, Germany). Kuester reported on his results in the treatment of cleft palate, before the German Society of Surgery, at their Twelfth Congress. He has, in all, operated on twenty-two cases, of which thirteen were females and nine males, and varying in age from two and a half to thirty-six years. The last ten patients were all cured by a single operation. He employs Langenbeck's method, anæsthetizing the patient and operating with the patient's head hanging down. He modifies the freshening up of the edges in that he pierces the middle of the uvula by a two-edged knife and forms a flap, extending on both sides, to the posterior border of the hard palate. In this manner the velum palati and the uvula are lengthened and broadened so that it is easily