

begins its deadly flight and diffusion. Improvements in drainage, in cleanliness, in the general healthfulness of a city do not destroy it, as is fully demonstrated in Washington. There is no city in the world, perhaps, which is kept more rigorously clean than this, and where the work of systematic improvement has been accomplished more rapidly. There is no commerce, traffic, or manufactures to generate disease from filth and the overcrowding of a large labouring class. The negro population, it is true, live under the worst sanitary conditions, and, but for this, the death-rate would be much lower than it is. But, notwithstanding this drawback, epidemic and contagious diseases have here no great severity or prevalence. And yet typhoid fever is not decreasing, but is becoming, as in other Atlantic cities, *the* endemic fever.

The following conclusions include the chief points which it is desired to draw attention to in this communication:—

1. As malarial diseases are lessening, typhoid fever is increasing in Washington, the increase being largely due to the greater number of cases of mild and irregular type, which, if properly treated, are rarely fatal.

2. Mild and irregular forms of typhoid fever are still erroneously regarded as malarial in nature.

3. By adopting a more rigid discipline and more appropriate treatment, based upon this conclusion, to mild forms of fever of negative character, now called “malarial fevers,” “bilious fevers,” “remittent fevers,” or “gastric fevers,” the mortality from continued fever would be much diminished.

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#### ARTICLE VI.

A CASE OF AMPUTATION AT THE HIP-JOINT, IN WHICH PROF. TRENDLENBURG'S METHOD OF CONTROLLING HEMORRHAGE WAS RESORTED TO WITH RECOVERY OF THE PATIENT. By THEODORE R. VARICK, M.D., Surgeon to Jersey City Charity Hospital, and Medical Director of, and Surgeon to, St. Francis's Hospital, Jersey City, N. J.

WM. F., æt. 13 years, was admitted to St. Francis's Hospital February 14, 1882, on account of a comminuted fracture of the right leg and thigh. The integument being intact, it was determined to make an effort to save the limb. The endeavour proved abortive, as profuse suppuration ensued, with necrosis of the bones, accompanied with severe hectic symptoms. A consultation of the hospital staff was held, and it was decided to amputate at the coxo-femoral articulation.

In view of the extreme prostration of the patient, and the manifest necessity of reducing the loss of blood to a minimum, I determined to resort to Prof. Trendelenburg's method of controlling hemorrhage in this operation. I accordingly had manufactured by Tiemann & Co., of New

York, the instrument which is thus described: "A steel rod 38 ctm. long, 6 mm. broad, biconvex on section, and 2 mm. thick at the centre, with blunt edges, but provided with a movable lance-shaped point 5 ctm. long."

The operation, as performed by Prof. Trendelenburg, is to pass the rod obliquely through the soft parts in front of the joint, in the same way as the two-edged knife in the well-known method of Lisfranc, only 2 ctm. higher. The rod enters, therefore, about 4 ctm. below the anterior superior spinous process of the ilium, passes between the femur and the femoral artery, and emerges at the fold of the scrotum. The point is now removed, and an elastic tube or band firmly wound in figure-of-eight fashion round the ends of the rod, and passing in front of the thigh. In this way the great vessels of the thigh and all the soft parts in front of the joint are compressed. Lisfranc's knife is then introduced 1 to 2 ctm. below the rod, and by cutting from within outwards in the usual way, the anterior flap is formed. Having ligated the vessels, and removed the compressing band and rod, Prof. Trendelenburg next disarticulates the joint, and then forms the posterior flap in a similar manner. For further particulars regarding Prof. Trendelenburg's method the reader is referred to the number of this Journal for April, 1882, pp. 582 and 583.

June 13, 1882, in presence of Drs. J. E. Culver, Finn, McGill, McLoughlin, and W. W. Varick, of the Medical and Surgical Staff, and Dr. H. A. Long, Assistant Surgeon of St. Francis's Hospital, Drs. R. F. Chabert and Gillman, of St. Mary's Hospital, Hoboken, also Dr. Bidwell, of Jersey City, and Mr. Jos. Wolfson, medical student, the patient was fully anæsthetized and the rod introduced, and compression applied as described above.

The anterior flap was made by transfixion and cutting from within outwards. There was a discharge of venous blood from the dilated veins on the distal side of the incision, and one artery at the bottom of the wound required a ligature, not being included in the compression.

Thus far the operation followed the steps of that of Prof. Trendelenburg. Instead of disarticulating the joint at this time, I passed the rod through the posterior part of the limb, grazing the cervix femoris posteriorly, and brought the point out one inch below the point of egress of that of the anterior flap. Compression was applied in the same manner, and the posterior flap formed by cutting from without inwards, the incision commencing about half an inch below the point of egress, and carried through the integuments and muscular tissue to the bone, and terminating as near as possible at the point of entrance of the rod. The capsular ligament was opened posteriorly, and the limb being carried across the abdomen, the joint was readily disarticulated. Two or three small arterial branches were ligated, after which the compression was removed.

Excepting the unloading of the enlarged veins on the distal side of the site of operation, there were not two ounces of blood lost. The wound was left open, and dressed with carbolyzed vaseline and oakum; after which an anodyne was administered, which produced several hours of refreshing sleep.

Thirty-six hours after the operation the wound was dressed, and bals. fir substituted for the vaseline.

On the tenth day the last ligature came away, and as granulations were springing up rapidly, adhesive straps were applied, gradually approximating day by day the edges of the wound.

The following table indicates the diurnal pulse and temperature:—

	Pulse.						Temperature.	
	A.M.	P.M.					A.M.	P.M.
June 14.	120	.	.	.	.	.	98 $\frac{1}{2}$	99 $\frac{1}{2}$
" 15.	130	.	.	.	.	.	100 $\frac{1}{4}$	99 $\frac{1}{2}$
" 16.	120	.	.	.	.	.	99 $\frac{1}{2}$	99 $\frac{1}{2}$
" 17.	120	.	.	.	.	.	98 $\frac{1}{2}$	99 $\frac{3}{4}$
" 18.	120	.	.	.	.	.	99 $\frac{1}{2}$	101 $\frac{1}{2}$
" 19.	118	.	.	.	.	.	99 $\frac{1}{2}$	99 $\frac{3}{4}$
" 20.	110	.	.	.	.	.	99 $\frac{1}{4}$	99 $\frac{3}{4}$
" 21.	110	.	.	.	.	.	99 $\frac{1}{2}$	100 $\frac{1}{4}$
" 22.	100	.	.	.	.	.	98 $\frac{1}{2}$	101
" 23.	100	.	.	.	.	.	98 $\frac{1}{2}$	100
" 24.	110	.	.	.	.	.	99 $\frac{1}{4}$	100 $\frac{1}{4}$
" 25.	100	.	.	.	.	.	98 $\frac{1}{2}$	100
" 26.	96	.	.	.	.	.	98 $\frac{1}{2}$	99 $\frac{1}{4}$
" 27.	96	.	.	.	.	.	100	98 $\frac{1}{2}$
" 28.	94	.	.	.	.	.	98 $\frac{1}{2}$	99
" 29.	90	.	.	.	.	.	100	99
" 30.	90	.	.	.	.	.	98 $\frac{1}{2}$	98 $\frac{1}{2}$
July 1.	90	.	.	.	.	.	98 $\frac{1}{2}$	98 $\frac{1}{2}$

The occasional temporary increase of temperature was no doubt due to the intensely warm weather which prevailed at the time.

The subsequent progress of the case presented nothing worthy of note, being one of uninterrupted recovery. The patient was discharged cured July 31.

Apart from the fact that this case adds one more to the list of successful amputations at the coxo-femoral articulation, the main interest centres in the comparatively bloodless character of the operation.

The risk of compression of the nervous structures contained in the abdominal cavity by the use of either Lister's or Pancoast's tourniquets is avoided, as is also the repulsive method by means of Davy's lever. The compression of the part is absolute, and from the fact that the rod lies in a channel of its own making, slipping is impossible. It will be observed that there is a narrow tract between the anterior and posterior points of insertion of the rod which is not subject to compression at the time of operation, and from which it is possible for some arterial hemorrhage to occur.

In this case one vessel of considerable size, probably a branch of the profunda, required ligature; the rod in its anterior insertion passing in front of the vessel.

Excepting one or two small muscular branches, which were controlled by torsion, this was the only artery from which a drop of blood was lost.

It seems to me, instead of bringing the point of the rod out "at the fold of the scrotum," that if it was directed more posteriorly or nearer the tuber ischii, the risk of missing any of the larger arterial branches would be avoided.

The experience of this one case, which so far as I know is the only one in which this method has been resorted to in America, is eminently satisfactory, and commends itself as fulfilling the indications more perfectly than any heretofore described.

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ARTICLE VII.

EUCALYPTUS GLOBULUS IN GYNÆCOLOGICAL PRACTICE, TOGETHER WITH AN ACCOUNT OF SEVERAL CASES IN WHICH IT WAS USED. By ANDREW F. CURRIER, M.D., of New York.

THIS drug is destined to play an important part in gynæcological therapeutics. It is only since 1865 that its therapeutic action has been tested, and, with the cloud of new remedies constantly before the attention of the profession, it has not received the full trial which it is sure to get eventually. (See an article upon the subject by Vogl in *Real-Encyclopädie der Gesammten Heilkunde*.)

It first excited investigation on account of the real or supposed action of the growing tree in countries where it is indigenou, as a dissipator of *malaria*. From Australia, its home, it has been transplanted to other countries, primarily on this account. Its transportation to the domain of experimental medicine was an easy and natural step. An oil was extracted from its large and beautiful leaves, fragrant and powerful. The physiological experimenters, chief among whom was Mosler, found that it was useful not only on account of its antiperiodic effects, but as an anti-phlogistic, its function being to diminish the action of the heart, and the blood pressure. When applied to the mucous membrane of the mouth, it caused a sensation of heat, followed by that of dryness. On mucous membrane, in general, it was found to be stimulant, astringent, and antiseptic; hence a wide variety of uses was suggested, as in diptheria, various lung troubles, gonorrhœa, and, in general, inflammations of the mucous membrane, of the bladder, vagina, and rectum. Mees affirmed that it held the highest place as an antiseptic (*loc. cit.*). Schultze says its oil is not only a powerful antiseptic, it also stimulates granulations. Its solution not being readily effected, he gives, as a formula for an emulsion: Ol. eucalypti, 3 parts; alcohol, 15 parts; water, 115 parts. (*Centr. für Gynäkologie*, No. 34, 1881.)

In May, 1881, at a meeting of the London Clinical Society a fatal case of carbolic acid poisoning was reported, following an operation done with antiseptic precautions. Mr. Lister was at the meeting, and admitted that the facts were undoubtedly as stated. He then announced that in Eucalyptus Globulus was found an antiseptic almost entirely free from danger,