

ten-grain doses every hour for six hours. In five hours the temperature had fallen below 100°. During the next twenty-four hours the antipyrin was given in the same dose every three hours, and after that she took another half-dozen powders, one every four hours. Thus in two days and a quarter she had taken eighteen powders of ten grains each, the temperature being kept down the whole time. At the end of this period her other symptoms had very much improved, the pain and tenderness had nearly gone, the swollen condition of the abdomen had disappeared, the appetite had returned, and she could move freely in bed. On the fourth day after I saw her she had a sharp attack of diarrhoea, which sent up the temperature to 106°, but a mixture of soda, bismuth, and opium soon relieved her and stopped it. She afterwards made a good recovery, no further bad symptoms supervening.

The symptoms in the other three cases, as I have stated, were almost identical, except that none had diarrhoea after the antipyrin. The treatment also was the same, and the results. In all there was immediate lowering of the temperature, followed by gradual amelioration of all the bad symptoms. It will be noted that the irrigation of the uterus and the hot linseed poultices were continued during the administration of the antipyrin, and, indeed, for a day or two afterwards; but it must be remembered that these had been used for several days before the drug was given, and that the patient was going from bad to worse. As auxiliaries no one would be justified, I think, in omitting them, but I have never found irrigation of the uterus with an antiseptic solution and poulticing alone cure puerperal fever. I feel satisfied that in antipyrin we have a remedy which, if given boldly and judiciously at the outset, will enable us to treat these cases with more hope of success. I do not wish it to be thought that I consider it a specific for puerperal fever, but I have had such good results myself that I am anxious for others to try it. No doubt in certain cases a larger dose may be given at the beginning of the treatment, but in the case detailed above ten grains answered every useful purpose. I generally order each powder to be dissolved in two teaspoonfuls of brandy, and then a little cold water added, so as to make a draught of about an ounce and a half. To my mind, antipyrin acts as an antiseptic as well as an antipyretic, and it may possibly be of use in other cases of septicaemia or blood poisoning besides those arising after childbirth.

Swindon.

## A Mirror

OF

## HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

### MIDDLESEX HOSPITAL.

#### OPERATIONS IN INFANCY AND OLD AGE.

(Under the care of Mr. J. BLAND SUTTON.)

WITH regard to the extremes of life at which operations may be successfully performed, and of which these cases (for an account of which we are indebted to Mr. Leopold Hudson, surgical registrar) are examples, there are numerous recorded instances where recovery has followed operations of considerable severity, but success is not the rule; much depends on the individual. Amongst the more recently recorded successes may be mentioned one by Mr. Maddin,<sup>1</sup> who amputated the thigh of a child, aged three days, for gangrene of the limb. When considering the recovery of aged people from the illnesses and accidents of their earlier life, Professor Humphry<sup>2</sup> writes: "Doubtless the qualities which lead to old age are those which best promote complete recovery from illness, as well as complete nutritive reparation under other circumstances." Dr. Wharton<sup>3</sup> has recently

recorded the successful amputation of the leg in a patient of more than eighty years old, and amputation of the arm in one of eighty-four. Montennis<sup>4</sup> has published a case of amputation of the thigh in a man of seventy-five. Murdock,<sup>5</sup> an excision of the elbow-joint at the age of seventy-six for disease following punctured wound of the joint. We have seen the forearm successfully amputated for disease of the wrist at the age of ninety-two.

CASE 1. *Strangulated hernia in a boy twenty-eight days old.* (From notes by Mr. Montagu Trench, house surgeon.)—Cecil M— was admitted on March 29th, 1889, with a hard tense swelling in the right inguinal region and extending into the scrotum. This swelling was dull on percussion, very tender, gave no impulse when the child cried, and was not translucent. It had been noticed by the mother seven days previously, and had been gradually increasing in size. Three days before admission the child began to vomit, and when admitted the vomited matter was distinctly feculent. Chloroform was administered and an attempt made to reduce the hernia by gentle taxis; this failed. The swelling was then explored, and found to consist of a knuckle of small gut, very tightly nipped at the internal abdominal ring. This was, after a little trouble, returned, the sac dissected out, and the pillars of the ring drawn together by two gut sutures. Next morning the vomiting had ceased, and in four days the wound had so far healed that the mother and infant were sent home. The child was seen some months later, and as there was a slight bulging in the line of the scar it was thought desirable to recommend a truss.

CASE 2. *Imperforate anus; operation; success.* (From notes by Mr. E. E. Lewis, house surgeon.)—Herbert S—, a few days old, was admitted with imperforate anus. The defect was noted at the time of birth by the medical attendant, who found the anus merely represented by a cutaneous dimple. On pressing deeply into the perineum a bulging could be felt; to relieve this, the doctor plunged in a trocar and cannula, allowing a small quantity of meconium to escape. Such a small opening was of little use, and the child was sent to Mr. Bland Sutton for more appropriate treatment. Chloroform was administered, and the track of the trocar carefully followed until the bowel was reached. This was drawn down, freely opened, and stitched to the skin margins of the wound. The child made a good recovery, and the mother was taught to keep the orifice patent by daily inserting her index finger anointed with vaseline. Six months after the operation the anus had contracted so as to give rise to constipation. This was remedied by forcibly dilating the parts under an anæsthetic and carefully impressing upon the mother the necessity of keeping the parts from contracting. The child was again seen a year and eight months after operation; it was plump, well grown, in good health, and the anus causing no trouble.

CASE 3. *Rectal cancer; colotomy.* (From notes by Mr. J. F. Molson, house surgeon.)—Robert B—, aged eighty-one, was admitted on account of frequent painful defecation and discharges of blood from the anus. On examining the bowel with the finger it was possible, after drawing down the folds of mucous membrane, to distinguish a hard, rounded, and ulcerated body projecting into the gut. Left lumbar colotomy was performed on Sept. 25th, 1889. The patient rapidly recovered, and was able to enjoy a walk and smoke in the garden twelve days after the operation. He was then transferred to the male cancer ward, where he was able to get about comfortably, and without pain for nearly five months. After this he became gradually weaker and bedridden, and died on March 13th, 1890, from pneumonia. At the post-mortem examination a cancerous stricture involving three inches of the rectum was found. The lower edge of the growth was within four inches of the anus.

CASE 4. *Fungating sebaceous cyst of the scalp.* (From notes by Mr. J. E. Molson, house surgeon.)—Catherine G—, aged eighty-four years, was admitted on account of a large, ulcerating, foul mass, which occupied the left side of the head near the junction of the occipital and parietal bones. The tumour was as large as an orange, and was regarded by the admitting officer as epithelioma, especially as there was a large gland in the neck on the same side as the tumour. Mr. Bland Sutton, on examining the patient, came to the conclusion that it was a fungating

<sup>1</sup> Medical Record, April, 1889.

<sup>2</sup> Report on Aged Persons: British Medical Journal, 1888, vol. i., p. 511. Ibid., July 30th, 1889.

<sup>3</sup> Sajous, vol. iii., 1889.

<sup>4</sup> Journal des Sciences Médicales, August, 1889.

<sup>5</sup> Journal of the American Medical Association.

sebaceous cyst, and a few days later freely removed it with the scalpel. It was firmly adherent in one part to the pericranium, and the bone was exposed for a space equal in size to a florin. The patient was much relieved by the operation, and notwithstanding her great age exhibited no evidence of shock. The wound quickly granulated, and in five weeks she left the hospital with the wound firmly cicatrised, excepting a patch the size of a threepenny piece. The enlarged gland in the neck was not interfered with at the operation, and as the wound healed this gland gradually dwindled to its natural size.

*Remarks by Mr. LEOPOLD HUDSON.*—The cases that are brought together form an interesting group, and illustrate the success that may be hoped to attend the application of surgical measures to patients in the extremes of life. The truth of the fact that infants recover speedily and well from operations has never been seriously contested, but surgeons have often asserted their belief that senility implies of necessity a great impairment of the reparative powers. Professor Humphry has conclusively shown that this failure of vitality has been much exaggerated, and Mr. Bryant's success in the treatment of intra-capsular fracture of the femur is in itself a practical demonstration of what can be accomplished in the way of repair by the tissues of old people. Nevertheless, though the tissues of the very old and the very young appear to preserve power of self-restoration to a degree nearly equal with those of the adult, the actual process of repair in point of time varies considerably. A question that has often been raised and never yet satisfactorily answered by an appeal to recorded cases is the remote effect of shock after operations. It would seem that in the infant, the physiological mechanism of which is so delicately balanced that the application of only a slight stimulus will produce an oscillation considerably beyond and within the mean, the effect of shock should be well marked. And if this be so, the remote results of the shock should be correspondingly pronounced, and should at least be sufficiently apparent to arrest the attention of an acute observer. Yet surgeons of great experience<sup>6</sup> will only commit themselves on this point to the generalisation that people who have undergone any of the greater operations and who have recovered from the immediate effects probably do not live as long as those who have not sustained a mutilation. It seems that the truth lies in the fact that as the introduction of anæsthesia has abolished absolutely the immediate dangers of the shock produced by an operation, and lessened the shock existing previously, so it has so minimised the remote dangers that they may be disregarded. It would be a matter of much interest to follow up cases of strangulated hernia and other operations attended with shock in infants in which complete recovery had followed to ascertain whether their length of life was above or below the average, and whether they showed any impairment of vital power that could be reasonably regarded as the remote effect of shock.

### SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

DISLOCATION FORWARDS OF THE FOURTH CERVICAL VERTEBRA; DEATH SIXTEEN HOURS LATER FROM ASPHYXIA.

ALTHOUGH fatal injuries to the cervical spine are only too commonly seen in the practice of our large hospitals, they are usually the result of a fracture dislocation of the bones, and not of a simple dislocation. So rare is the condition of simple dislocation of any of the vertebræ that Abernethy denied the possibility of its occurrence without some fracture in any of the regions of the spine—cervical, dorsal, or lumbar. Malgaigne collected a series of forty-five cases of dislocation of the cervical vertebræ, ten of which were examples of displacement of the fourth vertebra. With regard to these injuries, Hamilton<sup>1</sup> writes: "There is usually present, however, in the dislocation, whether partial or complete, a peculiar fixedness or rigidity of the spine, which serves to distinguish this accident from a fracture of the spine as plainly as the preternatural rigidity of the limb in dislocations of the long bones serves to distinguish these accidents from fractures of the same bones, and in the neck the transverse process becomes an important

guide in the diagnosis." This rigidity does not seem to have been evident in this case, but other symptoms, especially those of injury to the cervical part of the cord, were very pronounced, including the peculiar rocket-like temperature. For the following report we are indebted to Mr. W. Gifford Nash, house surgeon.

E. D—, aged seventeen, was admitted on Oct. 5th, 1890, at 6 P.M. He stated that in the afternoon about 4 o'clock he was playing in a football match. At half time he ran after the ball, and a friend, a spectator, ran after him and caught him round the waist from behind. He bent forwards to throw his friend over his head, and fell forwards on to his head, which was bent underneath him. The other man fell on the top of him. He felt something give way in his neck, and at once lost all power and sensation in his arms and legs. He was removed to an adjoining farm-house, and afterwards taken home in a cab, and seen by a medical man, who ordered his removal to hospital, where he was brought in a cab. On admission, the patient was a strongly-built muscular lad, with a very thick neck. He was quite conscious, and complained of complete loss of power and sensation in his arms, legs, and trunk. Respiration was entirely abdominal, 48 to the minute; pulse 66, weak and soft. There was a tender spot at the back of the cervical spine about the level of the fifth cervical vertebra, and some thickening was felt. The spinous processes could not be distinguished. There was no hyperæsthetic line. The pupils were equal and slightly dilated. The temperature at 8 P.M. was 96° and at 9 P.M. 97°. At midnight his face looked swollen and flushed, the skin being shiny and burning. Respiration continued entirely diaphragmatic, expiration being very short and sudden, just like a hiccough. A catheter was passed and about 8 oz. of urine drawn off. There was no priapism. His temperature gradually rose until death. At 1 A.M. it was 101.4°, at 5 105.6°, at 6 107.2°, at 6.45 107.8°, at 7.15 108.4°, and at 7.45 108.6°. At 6.45 his pulse was 160, respiration 36, and he was very cyanosed. At 7.45 he vomited a large quantity of blood and died of asphyxia. The necropsy was performed on Oct. 6th, thirty-two hours after death. The body was much distended by gas, due to post-mortem decomposition, which was rapidly advancing. There was marked hypostatic lividity. All the superficial veins showed up clearly as brown stains. A large quantity of blood flowed from the mouth on turning the body over. The muscles at the back of the neck were dissected out, and the back of the spine exposed. The neck was very muscular, and swollen by extravasated blood. The fourth cervical vertebra was dislocated forwards half an inch on the fifth cervical vertebra, carrying with it the head and vertebræ above it. The inferior articular processes of the fourth cervical vertebra had slipped forwards in front of the superior articular processes of the fifth cervical vertebra. There was no sign of a fracture. The œsophagus was exposed from behind, and was uninjured.

### Medical Societies.

#### CLINICAL SOCIETY OF LONDON.

*Aneurysm of Aortic Arch, for which the Left Common Carotid was tied. — Tubercular Meningitis. — Cerebral Tumour. — Negro Lethargy.*

AN ordinary meeting of the Society was held on Nov. 14th, the President, Mr. C. Heath, in the chair.

Dr. ELWIN HARRIS read the notes of a case of Aneurysm of the Arch of the Aorta for which the Left Common Carotid was tied. The patient, a carpenter aged thirty-eight, was admitted into the Infirmary, St. George's-in-the-East, on Jan. 23rd, 1890, complaining of a painful swelling on the left side of the neck and upper part of the chest, of six weeks' duration. He was found to be suffering from an aneurysm of the arch of the aorta, which caused the left side of the manubrium sterni and adjoining costal cartilages and inner end of the clavicle to bulge forwards; it also projected upwards through the root of the neck to just above the left clavicle. Pulsation was visible, and was expansile in character. The pulses were unequal; the left was much the smaller. The pupils were equal. He was ordered rest and low diet, 9 oz. of solid, and 17 oz. of fluid in the twenty-four

<sup>6</sup> Vide Erichsen: Science and Art of Surgery, vol. i., p. 51.

<sup>1</sup> Fractures and Dislocations, p. 648.