

system act in harmony—that is, as soon as the association fibers become invested by medullary sheaths—the brain is at its very best and, mechanically speaking, a perfect machine. If now we determine a table of doses of medicinal drugs capable of definite stimulation of sensorial areas, we shall have arrived at the proper dose for the healthiest human organism. Empiric practice has ascertained and recorded this table under the head of minimal doses. Let us also remember the table of adult doses of powerful drugs, and account anatomically for the great difference between infantile and adult toleration of drugs.

Instances are on record where minimal doses produced the most alarming toxic symptoms in adults, and rumor has it the cause of all this was an idiosyncrasy on the part of the patient. We are then driven to the conclusion that along with precocity and unbalanced mind should be recognized idiosyncrasy, a condition in which the adult sensorial centers have retained their pristine purity and responsivity.

How are we to regard anatomically and physiologically a patient who, as experience shows, reacts only to heroic doses? In the same light in which we regard an engine which, when new, consumed ten tons of coal and two gallons of oil, but which, after twenty years' wear and tear, consumes a hundred tons of coal and twenty gallons of oil in a given time. What is the practical deduction regarding idiosyncrasy? Begin every new case on minimal doses, for who knows which patient may not be idiosyncratic. Herein lies the value of the family physician, for he knows the patient's peculiarities. The physician who has no time to understand the patient by confirming or disproving idiosyncrasy is a dangerous man to society and on a par with one who swears on skeletal evidences to sex, regardless of the scientific findings of the influence of contrary sexuality on the osseous system.

The precocious youth, the man of unbalanced mind, the idiosyncratic patient are victims of developmental processes. The first is not responsible for his scintillating wit, the second is not to be held accountable for his childish actions, the third should not be treated with indifference if he succumbs to a dose of medicine prescribed for his baby.

"When I became a man I put away childish things," were possibly as reliable a definition anatomically for man as jurisprudence can summon for insanity. Manhood can not be said to have begun until there is evidence of judgment, discretion and control of the impulses under trying circumstances; here childhood ceases; here have the association centers of Fleschig obtained a dominating influence over the sensorial areas.

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Clinical Reports.

SUTURE OF THE GREAT SCIATIC NERVE.

REPORT OF A CASE.*

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MINNEAPOLIS.

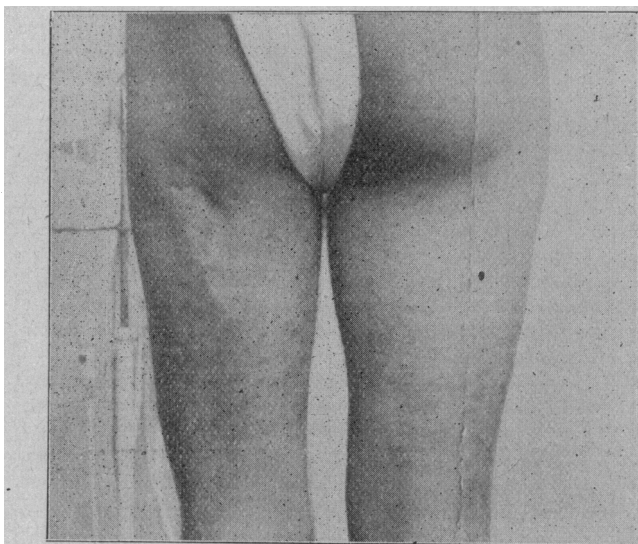
Wounds and suture of the great sciatic nerve are perhaps sufficiently rare to lend some interest to the following case:

J. S., an Irish farmer boy, aged 19, was struck by a scythe in the hands of a younger lad who was swinging the instrument on a level with his own waist. The lads were facing each other and the blade entered the outer side of the patient's left thigh,

passed back of the femur, and the point emerged on the inner surface of the thigh just below the crotch. Between the points of entrance and exit the blade slipped under the skin and severed most of the muscles to the bone and divided the great sciatic nerve just below the gluteal fold. In removing the blade it was turned and the wound of entrance was slit downward some two or three inches.

The accident occurred July 18, 1898. Dr. J. B. White of Montgomery, some miles distant, was summoned hastily and found hemorrhage severe, and complete paralysis of motion and sensation in the sciatic distribution. He arrested the bleeding and dressed the leg as skilfully as possible, and on the next day brought him by rail to St. Mary's Hospital, where he arrived in the evening.

On the morning of July 20 we examined the patient together. Despite such antiseptic precautions as it had been possible to carry out at the scene of the accident, the wound was badly infected. After thorough cleansing I cut down on the nerve by the usual incision for stretching the sciatic at this point. (See illustration.) The severed ends were found retracted somewhat more than an inch. The ends were stretched, approximated and sutured by medium and fine catgut, three through-and-through sutures with the former and numerous sutures of the sheath



Scar of operation.

with the latter. Several of the severed muscles were also sutured with catgut, and extensive drainage employed in all three of the wounds. The extremity was dressed and fixed in slight flexion. The wounds had all fully healed by August 20. A superficial slough the size of a dime on the posterior surface of the heel had appeared despite attempts to prevent pressure.

September 1 there had been decided improvement in sensation, possibly some motor improvement, and he was allowed about on crutches.

September 10 a rubber muscle was stretched from the toe of his shoe to a band below the knee, and he was sent to his home in the country. He wore the rubber muscle till the following May, at which time the improvement, both motor and sensory, was sufficient for him to resume his work as a farm laborer without any artificial appliances.

I had no opportunity to watch and record the progress of the case very accurately, but the patient reported by letter from time to time, indicating that some lesser improvement continued up to the end of two years, since which there is no perceptible change. That is to say, the improvement was progressively greater during the first year and tapered off, so to speak, during the second, when it ceased. The early decubitus healed quite promptly and never gave further trouble.

In the summer of 1901, I chanced in his neighborhood and went over to his place to see and examine him. I found him working in the hayfield. On taking off his rather dirty shoe

* Read before the Hennepin County Medical Society, March 3, 1903.

and stocking I found he had a small perforating ulcer of the heel. This had come on during the past few weeks while working hard, and he thought it had been irritated by a wrinkle in the lining of his shoe. I secured a promise from him to visit me after his fall work was done, for a more complete examination than we could make in the field. In December, 1901, about three and one-half years after the accident, he appeared for examination, and Dr. W. A. Jones kindly examined him and made the following record for me: "There is some dulness of sensation in the external saphenous, external plantar and left half of the musculocutaneous, beginning at the ankle-joint region. Sensation above either nominal or slightly hyperasthenic; knee-jerk exaggerated in the left leg. Partial paralysis of the anterior tibial group only."

The right thigh measures 48.5 cm., the left 46.5 cm. The right calf measures 34.5 cm., the left 33.5 cm.

I have recently seen the patient, and his present condition, four and one-half years after the operation, is practically the same as last year, the ulcer has not healed, though a slightly better care of it has kept it at about a standstill. I believe it would heal if he were to lay up and attend to it properly. He has never done so for more than two weeks, during which time it showed improvement. It is a wonder to me that working as he does with dirty stockings and shoes, it has not proven more destructive and malignant.

The conditions for successful nerve suture were not good. The wound was forty-eight hours old, and badly infested. Prolonged drainage was necessary. The result is a perfect restoration of function, excepting decided paresis of anterior tibial group of muscles and consequent loss in extension of the foot, which, however, does not much interfere with his gait. Sensation is nowhere entirely lost, but slightly diminished on outer aspect of the leg, and quite decidedly so on the outer dorsal aspect of the foot. Trophic disturbance is indicated only by the characteristic perforating ulcer on the heel, which is about the size of a dime, very deep, reaching almost to the bone, and very indolent. The secondary factors of traumatism, infection and neglect, have been allowed full sway.

It has been a question in my mind whether it might not have been better to have first drained the wound, stamped out the infection and have made a secondary nerve suture, but I think not. The result is, I imagine, about an average good one. In the larger nerves some loss of function, especially motor or trophic, is, I believe, the rule.

A CASE OF RODENT ULCER.

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The following case of ulcer rodens I believe is worth reporting, because of the extensive destruction to the face and the compatibility of a fair degree of health extending over a period of ten years. The history of the case is substantially as follows:

The patient is a male, aged 56, married, father of five children living and well. The family history is negative. The personal history is negative, except that prior to the onset of ulcer patient drank considerably.

Sixteen years ago a small pimple appeared over the right eye, becoming pustular and painful. The patient consulted a physician, who opened it with a needle, allowing the pus to escape. The margin now began to break down until the eyelid was threatened. Every effort of the physician to arrest the destructive character of the disease not only proved fruitless but seemed to aggravate it.

The patient, now thoroughly alarmed, sought the advice of several eminent surgeons of New York and Philadelphia, but in spite of every effort the disease progressed steadily, attacking skin, muscle, bone, eyes, nerves and all structures of the face. This continued six years, when the destructive tendency ceased. For the past ten years it has remained in about the same condition.

Examination shows the complete loss of the superior maxilla, including all the soft structures up to the horizontal portion

of the frontal bone. The tongue and remnant of the upper lip remain. In eating, he has his food minced and made into gruel with milk. This, with the aid of a spoon, he throws back on the base of the tongue, and it is readily swallowed. Words of the full vowel sound he utters distinctly, but with a peculiar horn-like pitch. He writes readily with slate and pencil, and in this way makes his wants known.

DR. GARCELON'S NINETIETH BIRTHDAY.

ITS CELEBRATION A PLEASANT FEATURE OF THE NEW ORLEANS SESSION.

Dr. Alonzo Garcelon, who is perhaps the oldest member of the Association, celebrated his ninetieth birthday at New Orleans May 6. Through the suggestion of Dr. L. Duncan Bulkley of New York, which was warmly seconded by others, Dr. Garcelon's birthday was not allowed to pass without a suitable memento from his many friends who were gathered at New Orleans. Over one hundred members each contributed one dollar, with which a loving cup was purchased. Subscriptions were limited to a dollar, so as to give a large number an opportunity to take part.

The presentation was a surprise to Dr. Garcelon; he had been informed that a few friends would come in, but he was not prepared for the surprise that awaited him. The loving cup was a beautiful present, on which was inscribed the following:

TO ALONZO GARCELON, M.D., ON HIS NINETIETH BIRTHDAY. IN LOVING REMEMBRANCE FROM SOME OF HIS FRIENDS IN THE AMERICAN MEDICAL ASSOCIATION, NEW ORLEANS, 1903.

Speeches were made by Drs. Bulkley, Lawrence, Bonifield, Gordon, Holton, Carstens, Montgomery, Marey and others. They spoke of their great love for Dr. Garcelon and their pleasure in having him at the Association session. They held up Dr. Garcelon as a model medical practitioner, and likened him to a tall, native pine tree, standing sturdily as a monarch of the forest.

Dr. Garcelon, in his response, spoke very appreciatively of the favor shown him, and added a few words about the difference in medical conditions between his early days and the present.

After this enjoyable presentation a second took place. A handsome gold-headed cane was given to the former member of that body by the Board of Trustees, together with the Secretary and Treasurer of the Association. The inscription on the cane was:

DR. GARCELON. FROM THE MEMBERS OF THE BOARD OF TRUSTEES OF THE A. M. A., MAY 6, 1903.

Dr. T. J. Happel, chairman, made the presentation. He reviewed Dr. Garcelon's long career as a Trustee, and spoke in appreciation of the untiring labors he had performed and the great interest he always took in watching over the affairs of the Association and of *THE JOURNAL*.

Dr. Garcelon, in accepting the cane, said that with the permission of Providence he hoped he would have the pleasure of greeting the members of the Board of Trustees and of the Association many years more.

This event was a very pleasant feature of the visit to New Orleans for all those who took part. Dr. Garcelon is worthy of these honors and of many more, and the realization of this made the speeches very hearty and lent emphasis to all the eulogies.

Population Statistics in Germany.—The official figures for 1901 have just been published and are quoted in the "Allg. Med. Ct.-Ztg." for April 25. The proportion of births was 42.31 per 1,000 inhabitants in 1875, and has since been gradually declining to 36.79 in 1900, but in 1901 shows a slight rise to 36.89. The number of illegitimate births is the lowest for thirty years, 8.57, and in the manufacturing district of Westphalia only 2.60. The number of stillborn infants is also the lowest for many years, 3.13. During 1901 there were born in all 2,097,838, the proportion of girls to boys being 100 to 106.1. There were 26,127 twin births, 241 triplets and one case of quadruplets.