

of its growth, and as it has required many centuries to bring the mind of the people to its present condition, it will probably be many years before it can be changed. This being the case, there can be no doubt that the physician who practices medicine solely for worldly gain will probably succeed better by giving than he would by withholding drugs. The average man who opposes popular prejudice generally succeeds in making a martyr of himself, and the average physician, who would only give a medicine when he saw a clear indication for its use, would probably soon be so disgusted with his want of success that he would either leave the practice of medicine, or the practice would leave him. The English historian Macaulay says: "He is the successful man who appreciates the spirit of the age in which he lives." The word successful is here used in its commercial sense. If success is the measure of appreciation, there can be no doubt that the manufacturing chemist, the patent-medicine vender and the quack fully appreciate the spirit of this age. The evidences of their prosperity can be seen in their palatial residences and the imposing blocks which they have erected in most of our large cities.

Were I addressing a society of young men preparing for the practice of medicine, who desired success, simply in this commercial sense of the word, I would advise them to study the spirit of the age. I would tell them to take a six months' course of lectures at some cheap medical college, to supply themselves with the life of P. T. Barnum, a copy of "The Physician Himself," and take a journal on new remedies. With these three books, together with a handsome case well filled with placebos, and a fast trotting horse attached to a doctor's phaeton, he would have all that was necessary. Thus equipped, the young fledgling would be able to outstrip and ride down many men of ripe experience and rare attainments,—many modest, truthful, honest men, the latchet of whose shoes this impostor would not be worthy to unloose. But I trust I am addressing men who have a higher aim than the mere money which they can extract from the pockets of their patients. No amount of cheap notoriety or of ill-gotten gain can bring the happiness to its possessor which the conscientious man has in the faithful performance of duty. In the language of Dr. Flint, "The physician of the future will not be regarded as a mere therapist, but will be looked upon as a medical counsellor, whose duties embrace the preservation of health and the *prevention* not less than the *cure* of disease. When this time comes patients will congratulate themselves and be congratulated by their friends when it is decided by their physician that no drug is required."

If we can scarcely excuse the young physician struggling for a livelihood and for position for yielding to popular prejudices, we have no words which will express our contempt for the men in the front rank of the profession who resort to such contemptible practices. Authors of medical works, professors in our medical colleges, who take advantage of the ignorance of a patient to extort a paltry fee, are little better than impostors. We can never cure quackery

by resorting to the tricks of the quack. In this case, at least, the doctrine "*Similia Similibus Curantur*" will not work. So long as such customs prevail, the public cannot be educated into proper ideas regarding disease and its remedy; nor will they be able to distinguish between a recovery and a cure. When we give up the use of the placebo, and only prescribe a drug when it is clearly indicated; when we teach our patients the fact that the majority of diseases are self-limited, that others are necessarily fatal, and that there is still another class which can be greatly benefited by the judicious use of remedies; in a word, when we are honest with the public, we will receive the confidence which we deserve, and then, and not till then, will we rise above the charlatan, and all forms of irregular practice will be impossible.

Before closing, I wish again to enter my solemn protest against this continual interference with natural and salutary processes. I protest against it in the name of helpless infancy, whose cries for natural wants go unheeded; I protest against it in the name of sick and suffering humanity, whose natural desires and appetites are disregarded; I protest against it in the name of science, which is thereby disgraced; and finally, I protest against it in the name of God himself, whose wise laws are so ruthlessly violated.

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INCISED INJURIES OF THE PHARYNX, ŒSOPHAGUS AND TRACHEA, AND THEIR TREATMENT.

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Whatever may be the extent of incised injuries of the pharynx, the œsophagus or the trachea, they are not necessarily fatal. In the operation for tracheotomy incisions are usually made in a vertical direction, and in themselves are not serious; that is to say, the patient seldom perishes from the effects of the operation. In operations upon the œsophagus, where the incisions are also made in a vertical direction, statistics show that the percentage of deaths after such operations is small, and that the deaths which do occur are due to accidental complications, such as might occur after surgical operations in other portions of the body, rather than to any special predisposition which might exist in this particular œsophageal region.

That which applies to injuries of the trachea and the œsophagus and their treatment, also applies to injuries of the pharynx and their treatment. There is, perhaps, no class of incised wounds which the surgeon is called to treat, in which he experiences so much difficulty and hindrance to what we understand as "union by first intention," as in the class of injuries referred to in this paper. Especially is this true when the wounds are transverse; the principal hindrances to early union being the acts of respiration and deglutition, and the almost impossibility of fixing the head firmly.

We have thus far referred chiefly to the wounds as made in operations on these parts. The class of

wounds which we are most often called to treat are those inflicted with murderous or suicidal intent. Wounds inflicted with the latter motive are in most instances of a transverse character, while those inflicted with the former motive are likely to be of varying direction. In the treatment of these injuries, too much care cannot be exercised in, first, the ligation of bleeding vessels; second, in the careful and thorough approximation of the cut surfaces; and third, perfect fixation so far as this is possible. The silk or animal ligature may be used for ligating or suturing purposes.

When there is a transverse severance of the trachea (especially when the severance is complete) several sutures should be placed in such a manner that the suture will be supported by a ring of cartilage above and below; for this purpose the animal ligature should be used, and the ends cut close; the other sutures used in the approximation of the trachea are, perhaps, as comfortable, and quite as efficient. When silk is employed, it should be passed through the muscular tissues upon the surface of the trachea only; one end should be cut close, and the other brought to the surface between the superficial sutures. The ligatures, if any are necessary, should be treated in a similar manner as the sutures last described. The advantage to be derived from this plan of treatment is, that by having several sutures embrace the cartilage, one is much more certain of securing the edges of the wound for a time sufficiently to secure union by first intention—at least at some points, if not throughout; and, by allowing the ends of the deep sutures and ligatures to pass to the surface, between the superficial sutures, a perfect drainage is established, thereby guarding against abscess formation, and consequent hindrance to the rapid union of the deeper parts; and yet so trifling an interference to the union of the superficial parts that it practically amounts to nothing. Another advantage in allowing the ends of the deep sutures to protrude, as suggested, is that when they become detached they are easily removed, and are no longer a source of irritation to the parts. The same applies to treatment of wounds of the œsophagus and pharynx when sutures are required; except that here the sutures should all be passed through the entire wall of the injured part, and be placed at intervals not exceeding one-quarter of an inch; this last suggestion should also be observed in placing sutures in the trachea.

The more superficial parts should now be cleansed of clots, and neatly approximated by interrupted superficial sutures, which may consist of any convenient substances. I have found the silkworm-gut suture an admirable article, producing, perhaps, less irritation than anything I have ever used in the way of a suture. Compresses and bandages, together with adhesive strips to secure the fixation of the head, complete the dressing, which should not be removed for at least three days; and if no particular indication for the removal of the dressing arise, it may be allowed to remain undisturbed for a longer time. The patient should be nourished *per rectum* during this time; afterward he may and should take food into the stomach through a suitable tube, until such

time as (when the œsophagus is the injured part) he is able to take liquid food in the usual manner, and without leakage through the œsophageal wound into the trachea, when the latter is involved in the injury. Should the parts not satisfactorily unite, much may be done to hasten the closure of the wound by scarifying the now granulated surfaces, and by re-suturing. In injuries of the trachea, or in operations such as tracheotomy, etc., the patient is best nourished by means of a stomach tube, when of such an age that he can be made to understand the advantage to be derived from this method of taking food. The advantage of tube nourishing is mainly the insurance of less movement of the parts than when food or drink is taken in the usual manner.

This plan of treatment was adopted, in the main, with excellent results, in the following case:

Adult male, aged about 30. About 2 A.M. cut his throat with jack-knife, bled and fainted; recovered consciousness, and about 6 A.M. cut it again, bled and fainted; recovered consciousness, and about 11 A.M. grasped the trachea with one hand and the jack-knife in the other and deliberately severed the parts between the upper portion of the larynx and the hyoid bone, so that when the head was thrown back there was a gap of several inches between the hyoid bone and the upper surface of the larynx, and only about an inch (in breadth) of the posterior wall of the pharynx remained intact, all the tissues from the carotid artery of one side to the carotid of the opposite side being severed, and both these arteries exposed to view. It may be here stated that the patient was discovered about 1 P.M. of same day, clothing, bedding and floor of room saturated with blood, and he almost pulseless.

Seeing what he had survived thus far, I gave it as my opinion that he had about one chance in a thousand for recovering. In this I was discouraged by the positive statement from two competent surgeons who assisted in dressing the wound that the man could not possibly recover, and that all the time spent in trying to thoroughly, properly and carefully dress the wound would be in vain. He recovered in a manner which was very surprising. The moral which may be drawn is: Always give the patient a chance for life; he is entitled to it.

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NOTE ON THE TREATMENT OF DROPSY BY CONCENTRATED SOLUTIONS OF SALINE CATHARTICS.

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In the London *Lancet* for April 21, 1883, Mr. Matthew Hay gives the details of an interesting case of dropsy treated by the use of concentrated solutions of saline cathartics. This was suggested to him by observing, during the course of an investigation of the physiological action of saline cathartics, the effect of the administration of such a cathartic on the concentration of the blood. He succeeded in "demon-