

the limb. It is our aim, further, in our management of the case to be quite certain, whatever we do, not to leave a condition possibly worse than what we find.

Of late years the shibboleth has been "*rest, rest,*" immobilization and fixation, or the free and almost indiscriminate employment of the scalpel.

Rest, or the support of an injured joint is indispensable in a considerable number, but as the panacea some would have us believe, it is a fallacy. By surgical operations, the aid of anesthetics and aseptics very many limbs and lives have been saved which formerly were lost, though even here every unbiased observer must admit there is altogether too much cutting being done for joint lesions.

Our great aim in treatment should be to attempt the arrest of morbid processes before they have advanced to the point of destruction, or in other words, at an early date apply energetic prophylactic measures.

Among those in my own experience there is no single remedy so prompt, positive and potent in action as the local abstraction of blood, either by acupuncture, leeching, scarification or deep puncture.

Fashion rules in medicine as in the social world. Hahnemannism and the homeopathic school came and blood-letting went; not only that for constitutional maladies, but every phase of disease, so that it is difficult today to find a recent graduate in medicine capable of performing phlebotomy or wet-cupping a patient.

In order to recognize the class of cases appropriate for local depletion and have a proper appreciation of the morbid condition existing, a familiarity with the various pathologic phases of the lesion is necessary.

It is furthermore important to always bear in mind the fact that various states of the constitution influence local joint inflammation, which will early yield after those have been treated.

It may be briefly stated that the class of cases most appropriate for local exsanguination is that succeeding injury of the joints, those in which recovery is retarded by a hysteric element and many other conditions by no means well understood, nor is it necessary to employ it until other palliative measures have been thoroughly tested. It is immaterial whether inflammation be present or not. In fact, in some of the most rebellious cases the source of the greatest pain and degree of infirmity are in those joints entirely devoid of evidence of the presence of inflammation, nor is it any consideration whether the patient is anemic or plethoric. In the local abstraction of blood but a small quantity is removed. In any event what our patient in most cases needs is not more blood, but better. Relief from apprehension, restoration of sleep and use of the limb will soon stimulate nutritive energy of the system into renewed action. And furthermore, it is a well-known physiologic fact that the vessels always carry a surplus of blood, which if not discharged excessively is very soon regenerated.

Mode of procedure.—In all cases, having decided on the vascular depletion of a joint, it must be done thoroughly, with a free and firm hand. In many the leech alone or the scarification suffices, but in severe or chronic cases my own preference is for the long narrow-bladed bistoury, carrying the point down to and through the periosteum, the perichondrium, or even through the capsule. It is only necessary to be aseptic and to clear the main blood trunks. No anesthetic of any description should ever be employed, for the psychologic effects on the sensorium is undoubt-

edly the most potential element in relief; nor is it desirable to occupy time with detailed preliminaries lest the patient lose heart at the last moment and refuse operation.

By whatever means we proceed precision and rapidity are important. The parts are sensitive and the deep punctures painful, hence the demand for celerity of action. The blood should be permitted to flow as freely as possible and when it ceases simple dressings are to be applied, when the patient should be encouraged to use the limb as freely as possible. In certain cases it may be necessary to repeat the local exsanguination.

It may be remembered that it is only recommended as an adjuvant to other regular systematic treatment, but it is one of the most valuable. One has but to amply test it to be convinced of its efficacy in a class of arthroses often exceedingly trying to the patient and surgeon alike.

While recognizing the salutary influence of affecting the emotions in all cases, especially those in persons of a hysteric tendency, the *rationale* of this procedure may be further explained by the direct effects on the soft parts extrinsic to an articulation. There is generally in the greater number of the most painful cases a congested state of the capillaries, conjoined with a phlebitis which involves the subcutaneous, the sub-aponeurotic and deeper trunks. In the venous circulation of the extremities all the valves from within open toward the periphery, so that when the reticulated meshwork in the integument is freely opened all the deeper congested vessels are freely drained outward, tension is relieved and large territories of static over-congested vessels emptied.

In some cases wherein all the signs of inflammation are absent, except pain, the dominant pathologic change is evidently in the nerves and the absorbents. We have a multiple neuritis, with muscular spasm and hyperesthesia. In these cases surface or deep scarification with free vascular depletion is a remedy of the highest value.

There is nothing novel in the line of therapy here recommended. It is only a plea for a time-honored powerful remedy, which the writer is 'old-fashioned enough to recommend and which has no rival. It goes without saying, that all cases must be carefully studied and their nature well understood before submitting them to the plan of treatment described.

The above may not be regarded as progressive science, but we know that of late years the therapy of many infirmities and maladies as laid down by several authors is to do *nothing*, but wait and "*rest.*"

INTERESTING STONE CASES.

BY D. M. B. THOM, M.D.

MARDIN, TURKEY IN ASIA.

Case 192.—An Arab from the Plains, about 55 years of age, came to the hospital April 17, complaining of pain in urinating; had suffered for some time, as many scars of the hot iron over the region of the bladder testified. He was of good build, fairly nourished, but had a terrible dread of the knife, and would not listen to the operation by lithotomy. I explained to him that if the stone was sufficiently friable I could remove it without cutting, provided it was not too large to be grasped by the lithotrite. So on those conditions he became an inmate of the hospital, and the work of crushing began. The stone was found to be very large, but I was able to grasp and crush portions of it. After crushing as much as I thought advisable at one sitting, I proceeded to withdraw the lithotrite (Thompson's), which was accomplished with considerable difficulty, the female blade being so impacted as to make it impossible to

screw the male blade home, causing some laceration of the mucous membrane of the urethra. I also had to enlarge the meatus in order to withdraw the instrument. It caused him but little inconvenience. He was ready for another sitting the second day. He had passed quite a number of pieces, and seemed very much encouraged. We had some five sittings, crushing a tremendous amount of stone, but each time experienced greater trouble in withdrawing the lithotrite, until I suggested completing the operation by lithotomy. He said he could not listen to that; as he was afraid that after cutting he would not be able to do horseback riding again, and that he would go to a friend's house in the city for a few days and see how he felt. That is the last I have seen of him. It is reported by his friend that he passed great quantities of debris, and that he was now fully recovered.

Case 196.—An Arab, about 60 years of age, a tall, lank, lean, gaunt-looking specimen of humanity, ill nourished, but possessing great nerve power and endurance. Some six years ago he presented himself complaining of pain in the bladder and difficulty in urination, but for some reason he disappeared, and did not show himself again until May 20 of this year. On again examining him I found he had a stone of large size. He confessed that he had been troubled with it for twenty years, and there was certainly proof enough over his abdomen that it had been there for some time. From the pubes to the ensiform cartilage there was not a spot as large as a silver dollar that had not been scarred by the red hot iron. He was informed that the stone was large, that its removal would be difficult; but he insisted on saying that it was not large, as he had measured it himself by passing his finger up the rectum. The same day he was examined he was present at an operation where a stone was removed measuring 9x10 centimeters; he said, "Mine is no larger than that." After trying the lithotrite and being unable to get it between the blades, I urged him to allow me to perform the suprapubic operation, but he would not listen to that; so on the following day, after making another ineffectual attempt to grasp and crush it, I cut down through the perineum, entering the bladder, and to my consternation found the organ full, a solid mass, immovable in any direction. My incision was as large as the parts would admit, expecting to meet with a large stone, but not a boulder. I took the large forceps applying it in different ways, hoping I might be able to move it, but to no purpose. I again tried the lithotrite, but the blades would not come near each other. So using the forceps as a fulcrum to press the stone up over the pubes, I cut down in the median line. Coming on the bladder I found it greatly thickened, resembling a muscle rather than the bladder. An incision fully three inches long had to be made before it could be extracted. Much of it was crumbled off in the effort to withdraw it, both above and below, but I succeeded in removing a solid mass weighing 80 drachms, measuring 9.5 by 7.5 inches. Fully 20 drachms of it was thus lost, so that we had the stone lying in the bladder, before touching it, weighing 12½ ounces. The upper wound was closed in the usual way, leaving the lower to do the draining, which to my mind, was what saved him, he being in the balance for a day or two. He began to show signs of gaining, and made a fairly good recovery, leaving the Hospital March 22 with only a small opening in the lower wound, which he had begged of me for a number of days to sew up as I had done the wound above.

Case 201.—June 19, 1897, a child three years of age was brought, complaining of pain in passing water; he was examined and found to have stone. He was at once operated on, and being anxious to remove the stone without introducing my finger, I entered the bladder all right, grasping the stone, which went to pieces under the forceps, I removed everything I could find with the instrument and washed out the bladder with great care, hoping, yet doubting, that all had been brought away. The child was making a fair recovery, yet the old symptoms were as prominent as ever, so in July he was again brought and examined, and there was stone still remaining. I enlarged the former wound, making it large enough this time to introduce my finger. I found the bladder in the form of an hour glass, with the stone in the upper half. Expanding it with an injection of water, I removed about twice as much as I did the first time, my finger being within the bladder. I could find nothing more, yet he is not free from the old symptoms. It is a nice operation, if the stone can be extracted whole, not to introduce the finger, but when the stone is crushed in the extraction, nothing can give the positive evidence that the bladder is free from all debris but the introduction of the finger.

Case 202.—Our misfortunes, or unfortunate cases, do not look as well in print as the more fortunate and brilliant ones do; but it is through the misfortunes of one that others learn

to avoid them, and for that reason it is our duty to give them publicity with the same candor we do our more successful cases. For that reason I will close with two of what I call unfortunate cases. This last case was operated on yesterday, the second of the kind in 202 cases of calculus it has been my fortune—and some of my patients' misfortune—to operate on. A child of three or four years of age, well nourished and in fine health, was brought to the hospital some five or six days ago. The father, who was with him, says that for nearly a year he was troubled by spells of having pain in passing water. I examined him and at once got the click of the stone. Yesterday he came prepared for the operation. The father said that since he was examined he had been free from pain in passing water. On introducing the staff I again got the former click, and making the wound large enough to introduce my finger, imagine my surprise and utter chagrin on exploring the length and breadth of the bladder not to find a stone in it! The case is doing well, but what was it I mistook for a stone?

In looking back through my records I find Case No. 72, aged 3 years, Turk, a very delicate child. In sounding no audible click was heard, and for that reason was removed from the operating table. The symptoms continued the same. The parents insisted on my trying again, which I did, with the same result. The sound seemed to come in contact with something, but getting no clear sound I refused to operate. The child suffered so much from the pressure of water that the father insisted on my operating; I consented, giving it as my opinion that it was unwise to do so. On entering the bladder, no stone could be found! Inflammation set in, carrying off the little fellow in twenty-four hours.

All these, in fact all my operations, are done without any assistance, except as my servants help.

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THE TREATMENT OF HEMORRHOIDS BY THE INJECTION METHOD.

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I am sure that my experience is by no means unique, in that the majority of patients with hemorrhoidal troubles come to me greatly prejudiced against any operative procedure involving the employment of general anesthesia, and especially the use of the knife. These objections have been raised not only by the laity, but also by physicians who have been similarly affected. Such an argument should not and would not prove a factor in altering the character of advice to be given to a patient were I satisfied that only one plan of treatment could effect a cure; but where a choice of several methods exists for effecting the same or similar results it is not only our duty but a necessity for us to respect the patient's wishes.

In a number of instances, sufficient to convince me of the efficacy of the method and to enable me to place my opinion on record, I have treated internal hemorrhoids (in selected cases only) by the injection of carbolic acid. The results obtained in every instance have been entirely satisfactory to patient and myself.

I am thoroughly acquainted with the unsatisfactory experience and the unfavorable opinions expressed regarding this treatment by such authorities as Kelsey of New York, Mathews of Louisville, Ky., Allingham of London, and others of equal eminence, and I am, furthermore, free to confess that for a long time the weight of this evidence deterred me from giving the method a trial. On the other hand, I have diligently perused the literature, past and present, dealing with the other phase of the question, and after reading the excellent treatise on "Hemorrhoids and other Non-