

to nervous derangement, and this electricity has a beneficial effect upon. The whole treatment may be described as of an "alterative" character, and in order that it can be carried out fully and faithfully I should recommend by all means that the patient should enter some such institution as the Woman's Hospital, and remain there for at least three or four months.

#### CASE III. OPERATION FOR LACERATION OF THE CERVIX IN A CASE OF PROCIDENTIA UTERI.

You will now have an opportunity of witnessing one of those operations which I told you previously it would be impossible for me to show you at this clinic, on account of the difficulty of any considerable number of individuals seeing anything through a speculum; but this is a very exceptional case, since I can perform the operation for the repair of laceration of the cervix while the uterus is entirely outside of the body. Such being the fact it can be seen in a more or less perfect manner by even such a large class as that now before me, and I may premise that the operation is to be performed in precisely the same way as if it were done through a speculum at the upper part of the vagina. As I have provided a carriage in which to take the woman home, she will incur no risk in thus having it done at the college.

The patient now being brought in, thoroughly anesthetized, you can perceive that the uterus has been kept up in very good condition by the pessary which she has worn during the week that has passed since she was here, and when I now permit the organ to descend by removing it, I think you will all be struck by the marked improvement which has resulted simply from her wearing the instrument for a week. The uterus has, apparently, diminished in size to the extent of one half, and the edges of the lacerated cervix are much less everted and swollen than they were a week ago to-day. All of you, however, I think, can perceive the rent, which is of quite an extensive character. You no doubt remember the rough simile which I used in describing the nature of the operation for the repair of laceration of the cervix. It is just as if you were going to form an adhesive union between two fingers, for instance, and, in order to accomplish this, you would first denude the surfaces to be united, and then secure them in apposition by means of sutures.

I think it best to begin at the lower part here, and having pared the two surfaces by means of the scissors, I plunge the needle, threaded with silk, in on one side, carry it across, and bring it out on the other side. A silver wire suture is then drawn through to take the place of the silk, and care having been taken to see that the parts are in perfect apposition, I twist it by means of the little instrument I show you here, and my first suture is completed. The other sutures are put in and secured in the same manner, and now you perceive that I have completely closed this portion. I next proceed to the upper part, and, having pared the surfaces, bring them into apposition, and put in my sutures as before. Finally, the laceration on the other side of the cervix is treated in the same way, and then the operation is finished. Most of you can now see, I think, how perfectly this lesion, caused by parturition, has been removed. The cervical canal has not been interfered with by the operation, and there is not the slightest danger of its becoming closed or rendered smaller, for the reason that its walls have

not been denuded, and there is, therefore, no danger of an adhesive union taking place between them.

The operation is a prettier one, and requires the exercise of more skill, when the cervix is in its normal position instead of outside the body, as in this instance, since it is then impossible, of course, to use the fingers to such an extent as I have done here. It also demands a perfect familiarity with the use of Sims' speculum on the part of the operator. This is a comparatively trivial operation, and yet it does a great deal towards the cure of such a case as this. The patient is now to be kept quiet, and injections of carbolyzed water should frequently be made through the speculum. At the end of about nine days the sutures will be removed, and the woman will then be ready for the next operative procedure. The second step in the case will be the taking of "a gore," so to speak, in the anterior wall of the vagina by the operation known as elytrorrhaphy, and then the final operation will consist in the restoration of the destroyed perinaeum, after which I think the case can be discharged perfectly cured. These two latter operations are, of course, of too serious a character for me to think of performing them here at the college, but I shall hope to have the pleasure of affording some of you, at least, the opportunity of witnessing them elsewhere.

### Original Articles.

#### A CASE OF ABSCESS OF THE LUNG.<sup>1</sup>

BY C. E. INCHES, M. D.

APRIL 14, 1881. Visited for the first time B. A., aged eighteen years, who, from the report of his mother, has been a very hard-working young man, having during the past three months, in addition to other work, spent a portion of each day in a fishmonger's, where it was necessary to have the temperature nearly as low as the outside air. During all this time he suffered from constant headache and also from constipation and malaise. There was no cough. His habits appear to have been good with the exception of excessive smoking with constant spitting.

A week ago, on April 7th, Fast Day, he visited the theatre with some male companions and in scrambling hurriedly over the seats to obtain a good place he fell, striking his right side against the back of a seat. He described the blow as very severe, felt ill, and the pain and distress grew rapidly worse. At the termination of the performance he went home to bed where he has remained since, now one week. According to the statement of his mother, a very intelligent woman, he became suddenly very ill the night of the 7th; vomited constantly after eating or drinking; was in a high fever; had great pain in head, epigastrium, and right side; he also suffered from wakefulness, delirium, cough, and loss of appetite. As far as can be learned this was the history of the case during the week. A physician had been called in who pronounced it a case of typhoid fever and recommended that he be sent to the hospital for treatment.

At my first visit I found the patient in bed lying on his back, which was raised to an oblique angle. He had suffered a great loss of strength. The seat of the injury from the fall, as pointed out by the patient, was

<sup>1</sup> Read before the Boston Society for Medical Observation, June 6, 1881.

over the epigastrium and below the right breast, principally about the sixth and seventh ribs, and there was pain in breathing and coughing and on pressure, but a most careful examination failed to detect any deviation from the normal position of the bones, at this place. Percussion over them and in the vicinity showed dullness, and on auscultation there was diminished respiration with crepitant râles. The abdomen was flat with no rose rash and there was no gurgling in the iliac fossæ. Headache severe; intelligence good; stomach less irritable, though he often vomits; pulse 120, but character not bad; temperature not taken, but to the hand felt hot.

April 16th. No apparent change in any of the symptoms, except that the vomiting has ceased and he is now able to take a considerable amount of milk; pain severe in epigastrium and right side; morning temperature 101.2° F. in right axilla.

April 18th. Reports himself as feeling better; his eyes are bright and he looks intelligent, though there is delirium at night; morning temperature 100° F. in right axilla; tongue thickly coated except a narrow raw-looking strip around border.

April 20th. He appears better to his attendants and states that the pain in right side is less severe, and is now of a dull heavy character when he has one of his rather numerous paroxysms of coughing.

May 2d. Has not been seen since April 20th, twelve days. His attendants report that he improved slowly until yesterday, when his cough became severe and distressing; his appetite, which had been good, was lost, the delirium returned at night and there was a recurrence of the severe pain in side; respiration 32; pulse 96; no dyspnoea.

May 5th. Was summoned early in the morning, the patient being reported as much worse, and found the patient in a half-recumbent posture in bed, pale, exhausted, coughing at times violently, and raising large mouthfuls of greenish pus mixed with a rather small proportion of mucus of the same color and having a fetid odor; on inquiry I found that on the previous evening, feeling somewhat oppressed in breathing, he blew his nose forcibly and that over a pint of a foul-smelling fluid poured from his mouth without vomiting, and that during the night he continued to raise large mouthfuls of the same fluid, which was of a most sickening odor. Percussion showed no tympany, but on the contrary marked dullness over right back from the fourth rib down. Along the abdominal border of the chest the note was clear. On auscultation crepitant and subcrepitant râles were heard over the second and third lobes, increasing in the latter. The intercostal spaces retain their concavity. There is not now nor has there been at any time jaundice. Respiration 30; pulse 96, weak and fluttering; no febrile action, the skin quite clammy; no abdominal swelling. An increase of sputa is reported, some of a reddish hue, and in the most recent several small clots were noticed.

May 6th. Patient perspiring freely, sputa profuse, of a green color and frothy, and streaked with blood; no sleep on account of constant and severe cough and pain; tongue is clearing and moist; respiration 27; pulse 96.

May 7th. For the first time the sputa has been kept, there being over twelve ounces for the past twenty-four hours. It is all of a greenish color, moderately fetid, none dark-brown or blackish, but some of a reddish color. There is still dullness on percussion and

natural resonance cannot be found in the right chest. Over the lower part of left lung are heard now bronchial râles, though heretofore nothing abnormal was observed except at times exaggerated respiration. Patient cannot sleep; cough and pain very severe; pulse 98, small.

May 8th. Has slept a little during the night, which is the first since the discharge of pus on the night of the 4th. The region of the injury is still sensitive on pressure; sputa eleven ounces during the twenty-four hours; respiration 32; pulse 108; profuse perspiration.

May 9th. The chest was measured this morning and the two sides were found about equal; he slept six hours last night, though his rest was disturbed by moans and mutterings; the right hand and arm have been swollen and useless for several days, but he is able to use them this morning; pulse 88, weak and intermittent; sputa over ten ounces.

May 10th. Was quiet yesterday until night, when cough commenced and continued until five A. M., with an expectoration of a pint of sputa containing at least an ounce of blood. Early in the morning he was so exhausted that a fatal result was feared from inability to raise the secretion, but at ten A. M. he seemed brighter and stronger. The body is bathed in perspiration and there is a miliary eruption; pulse 99, feverish, not intermittent; amount of urine increased.

May 11th. Passed an easier night; sputa, eight ounces, odor not remarkable for several days; respiration in left lung rather coarse but nowhere deficient; pulse 80; tongue moist and clear; appetite good.

May 12th. Has slept six hours; cough less; sputa six ounces; pulse 78; urine normal in appearance.

May 16th. General appearance much improved; breathing in left lung vesicular; respiration quick; appetite excellent; sleeps well, as cough has diminished; pulse 84.

May 23d. Sits up in bed, and attempted yesterday to get out of it, but legs were unequal to the task; dullness over right back diminished; on auscultation bubbling of fluid was found, subcrepitant râles, and at different places what appears to be vesicular breathing can be distinguished; cough is less; sputa three ounces; his appetite, which has improved recently, is now enormous; pulse 96; tongue clean; respiration 25.

*Treatment.* In a case of this description, being called a week after the beginning of the attack, and after the febrile period was nearly over, active efforts were in order to reduce it by cold water, quinine, etc., and there was little else to be done except to quiet the pain and support the strength. The former indication I was not very successful in meeting, as I did not feel justified in giving to a very considerable extent opium or chloral, especially after the bursting of the abscess. At that time the secretion was excessive, and was raised with difficulty, and it was not justifiable to quiet the cough, the active agent of its removal. The diet was principally sherry wine and milk, but not taken together. At the worst periods he often drank during the twenty-four hours twelve ounces of the former and twelve glasses of the latter. The right side was constantly painted with the tincture of iodine, and was soon blistered and kept so. This, though beneficial by exhalation of the vessels of the skin, perhaps conferred a greater benefit on the mind of the patient, who was enabled to refer some of the pain of the diseased lung to his blistered side. The body was sponged

frequently with alcohol and warm water, and the bowels kept open on alternate days by enemata unless they moved naturally.

This was probably a case of croupous pneumonia in the first instance. The sudden seizure the night of the 7th of April with the symptoms then and afterwards, as narrated by the family, the subsidence of acute symptoms about the eighth day, the time of my first visit, and the gradual convalescence from that time until the formation and breaking of the abscess again endangered the patient's life, are quite compatible with such a diagnosis. He was a sick man at the time of the injury at the theatre, and the disease would have exploded whether that had happened or not, even if the ragged edge of a broken rib had been forced into the right lung. The only stress to be laid on this injury is that the constant pain and tenderness on pressure, lasting between four and five weeks, over the sixth and seventh ribs, in front, render it possible that there was contusion of the lung, it being inflated at the time of the accident, and from this contusion sprang a localized pleuritis, which at no time was anything else but local, since from the patient's account, whose head was always clear in waking hours, no history of pains spreading and radiating over whole of right chest was obtained, and, moreover, the contused lung tissue might have been the nidus of the subsequent abscess. It is true, of course, that local pleuritis and pulmonary abscess are sequelæ of croupous pneumonia. This abscess was situated in the third lobe of the right lung, an unusual place, since the usual recorded habitat is in the first, but the first in this case was not affected except by bronchial râles, probably due to a great amount of secretion coming from below. I regret not finding accounts of the size of such abscesses judged from their contents. This one must have been very large to contain all the pus coming from it. The family insist that during three weeks he spat a gallon of muco-pus, and when the abscess broke their estimate was two quarts. Even to me, knowing how much more in quantity a fluid appears when spread upon bed-clothes, towels, etc., the amount was surprising. I know there is difficulty in thinking such a cavity could exist in the lung sufficient to allow of so great a discharge as that of the 5th of May. With the subsequent abundant daily discharge there is less trouble on account of the well-recognized secreting power of the walls of a pulmonary cavity. An empyema might, by breaking through the pleura pulmonalis, have accounted for it, but too many symptoms are adverse; these were: absence of general pain in the affected side; of dilatation either from effusion or pneumo-thorax, later; the dullness which did not alter on change of position, though percussion, to verify this, was not tried till some time after the bursting of the abscess; the want of unnaturally loud and deep resonance on percussion, such as would have existed had the air gained admittance through a rent of the lung into the pleural cavity, which it always does; neither, which is about as invariable, was there collapse with cyanosis. Was it pulmonary gangrene? There were no dark-brownish or black sputa. The fætor, which soon disappeared, never possessed a true cadaveric odor, but was similar to that of the contents of a large and neglected abscess elsewhere, nor was it manifested in the breath; and there was an absence of symptoms of systemic poison, as would be likely to arise were so large an extent of lung tissue gangrenous.

The case is too recent to admit of decision as to whether this was acute tuberculosis. There is, however, no heredity in the case. The headache and malaise during the winter may have been due to overwork — and perhaps, also, to poisoning by nicotine, as he was an inveterate smoker — rather than typhoid fever poison.

September 24, 1881. Reëxamined to-day, and found slight diminution of respiratory murmur back from sixth rib downward; no râles, also slight loss of resonance on percussion in same locality; no retraction of right side of chest (three measurements); general condition excellent; has been at work for two and one half months.

## RECENT PROGRESS IN ORTHOPEDIC SURGERY.

BY E. H. BRADFORD, M. D.

### RESECTIONS OF JOINTS AND ANTISEPTIC DRESSINGS.<sup>1</sup>

ALL reference to the subject of antiseptic surgery is of particular interest at present, and the opinion of a surgeon of so extended an experience as Ollier upon the subject is of unusual value, as his judgment can embrace a series of successful results before antiseptic surgery was introduced. He claims for the advantages of "Listerism" that (1) a successful result is to be expected with greater certainty under antiseptic treatment than without, as the septic processes, leading to osteomyelitis and denudation of bone, can thereby be prevented. (2.) The reparative processes of the bone and of the periosteum in subperiosteal resection is greatly fostered by antiseptic measures. (3.) Secondary changes in the muscles can be better avoided in the new than in the old surgical method.

The writer, however, does not advise complete closure of the wound after antiseptic resection.

### THE QUESTION OF AXILLARY OR ISCHIATIC SUPPORT IN JOINT DISEASES OF THE LOWER EXTREMITY.<sup>2</sup>

Dr. Judson states his decided preference for a splint with ischiatic support for the following reasons: Locomotion with crutches requires the use of both hands, while both are free when the splint is worn; the hip-splint is always present, while crutches may be temporarily discarded, and also the ischiatic region is better adapted anatomically for a firm resistance than the axilla.

The persistent and long-continued use of crutches was first recommended by Mr. Edward Ford, and later by Mr. Brodie, and an ingenious apparatus of Mathieu was devised on the principle of axillary support (practically modified crutches).

Dr. C. F. Taylor advised, in 1867, the use of crutches, with an elevated sole on the well foot, a method of treatment which has been more recently advocated by Dr. Hutchinson, of Brooklyn, by Drs. Wyeth and Stillman, of New York, Dr. De F. Willard and Dr. Levis, of Philadelphia, and crutches form an important feature in the treatment advised by Mr. Thomas, of Liverpool.

Ischiatic support was apparently first applied in the construction of orthopedic appliances by Ambrose

<sup>1</sup> Ollier. *Revue mensuelle de Chirurgie*, December, 1880.

<sup>2</sup> Judson. *New York Medical Record*, July 2, 1881.