

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

MASSAGE AS A CURATIVE AGENT.

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FROM the recent regrettable associations with which massage as a means of cure has been brought so much before the public there is a danger that it may be brought into discredit, and its undoubted advantages lost, at least for a while, even though recommended by medical men in whose standing and judgment patients have the fullest confidence. While on the Continent last winter I had the fullest opportunities of judging of its merits, having studied it practically under Professor Von Mosengeil in Bonn, and also in Vienna. It may, therefore, be premised that I know its value. But to demonstrate rather than dogmatise I beg to submit a few cases from my own practice.

CASE 1.—A man sixty-five years of age. He had had frequent attacks of gout, but the last attack was so severe that he kept in bed for three months. He was sent to me by a medical man under whose care he had been on account of swollen joints. Examination showed both shoulder-joints to be swollen, stiff, and painful. He could not put his hands behind his back to button his braces or put on his coat. His wrists and elbows were also painful, and he could not close his hands. His ankles had been much swollen all the time he was ill. The malleoli were concealed by the swelling, the right measured twelve inches and a half in circumference, and the left twelve inches and three-quarters; the first metatarso-phalangeal joints of both feet were inflamed and extremely tender, rendering walking painful and difficult. After twenty-four days of baths and massage the patient went home perfectly well. "No pain anywhere," every joint free and useful as before the attack, and power of walking quite restored. The right ankle had been reduced half an inch and the left five-eighths of an inch in circumference.

CASE 2.—A woman forty-nine years of age. She had ailed from time to time since childhood. When she came under my care her condition was as follows: she suffered from pemphigus, gout, neuralgia, rheumatism, menstrual derangement, retroflexion uteri, &c. She was very stout and weighed 14st. 9lb.; both ankles were weak, there was much swelling, and she could walk a very little way only. Within one month, by a judicious combination of baths and massage, this woman was able to walk "a mile and a half with delight."

CASE 3.—A single woman fifty years of age; the patient was very stout and lame. On Aug. 28th, 1893, she fell over a rope on a stone pier and hurt her left knee very badly. Immediately after the accident she was placed under treatment. Her leg was put in splints and ice was kept to her knee night and day for six weeks. For three months afterwards she went on crutches and never put her foot on the ground. She fell again in April, 1894, and was obliged to use crutches till the end of May. On July 31st the patient came under my care. Both knees were swollen and painful (the right having suffered in trying to save the left), and neither could be flexed very much—the right about forty-five degrees from the straight, the left still less. The synovial membranes were distended with fluid. The interarticular cartilages were eroded, and a crepitating sound was heard when flexing was attempted. She could only hobble about with a stick. On Sept. 15th, after six weeks' treatment, the synovial fluid was completely absorbed and both knees had become quite normal in size and appearance. The right knee could be completely flexed, and the left nearly so. The patient could walk perfectly well, and never used a stick.

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NOTES ON LITHOTOMY.

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I WAS educated in the faith that it was a fatal error to cut through the prostate in lithotomy. This doctrine was founded

on what was stated to be a dictum of Scarpa—namely, that by so doing the recto-vesical fascia would be injured, and so infiltration of urine was very likely to occur in the sub-peritoneal tissue. In 1856 it occurred to me to submit one of my dissections to Professor G. V. Ellis and to remark that Scarpa's fear was groundless, inasmuch as the fascia in question was attached to the side of the prostate superiorly. Professor Ellis remarked that he well knew the truth pointed out, but said that it was not accepted in certain quarters. When in 1860 I took entire charge of the Geelong Hospital my cases of lithotomy were numerous indeed. The operation had never previously been performed there. No hesitation was ever felt in cutting freely through the prostate in withdrawing the knife, or in introducing a probe-pointed knife and as largely incising the right side in cases where the stone was abnormally large. In no case did any evil arise from this cause. The calculi that it came to my lot to extract were generally very large. Patients had suffered for years hundreds of miles from an operating surgeon, and in many cases the health was very much impaired when they eventually reached Geelong. The following two cases might be considered exceptional.

CASE 1.—An elderly man was admitted into hospital at night suffering from retention of urine. The bladder was much distended, and the patient had been brought in a bullock dray a distance of eighty miles. No catheter could be passed, but a large, hard mass was found in the perineum. On making a free mesial incision a large cyst-like cavity was opened, from which a globular calculus was extracted of about the size of a small potato. Urine trickled out of the wound, and, the patient being relieved, a fine catheter was passed into the bladder and fixed there. Dilatation was carried out, the wound closed, and fifteen years afterwards the man was in good health. He remembered as a boy, more than fifty years previously, being taken to the Edinburgh Infirmary to have a stone removed. The incision was made, but no stone was to be found. Could the then small stone have escaped into the perineum with the first gush, been overlooked, and been the cause of the cyst-like formation communicating with the urethra, and thus gradually enlarging for half a century?

CASE 2.—A powerful young man aged nineteen years was treated at the hospital for difficult micturition. A small sound could be passed, and what felt to be a very irregular calculus was found firmly impacted in the prostate. There was a scar over the right tuber ischii, which the patient stated represented the position of an old running sore from which numerous pieces of bone had escaped. He dated his urinary troubles from the healing of that sore. The incision for mesial lithotomy was at once made, and with great care an irregular pronged solid body was removed. On then sounding, a very large calculus was found in the bladder; but, being phosphatic and soft, it was easily crushed and extracted without enlarging the wound. The prostatic obstruction was pronounced to be a piece of necrosed bone which had penetrated the prostatic urethra and become altered by long exposure. The patient was killed by a horse accident ten years after.

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HYPERPYREXIA IN PUERPERAL SEPTICÆMIA.

By L. W. BURTON, L.R.C.P. LOND., M.R.C.S. ENG.

I WAS called to attend a woman aged thirty years in her fourth confinement at 5 A.M. on Oct. 23rd. On my arrival I found that the child had been born a few minutes and that the placenta was in the vagina; the placenta was expressed without difficulty. The labour was in every way easy and natural, but she complained of after-pains on the following day. She went on very well until the morning of the 26th, when she complained of sickness, with abdominal pain and tenderness. The temperature in the axilla was 103° F., secretion of milk was arrested, and the lochia were scanty and somewhat offensive. I thoroughly explored the cavity of the uterus, but found nothing retained. I washed it out with Condy's fluid in the morning, and in the evening with a 1 in 50 solution of carbolic acid, with iodoform (five grains to the ounce) suspended in it, and ordered quinine and opium every four hours, brandy (half an ounce) every two hours, and a diet of milk, eggs, and beef-tea. There was no diarrhoea, and the bowels were opened by enemata. This treatment was continued for the next two or three days, the temperature ranging between 101° (morning)