

myelitis must be present. Cases which perish from septicæmia usually do so by absorption of septic elements passing up the open tissue of the marrow connective tissue. Acute periostitis in other parts of the body frequently leads to osteomyelitis.

I have seen and treated four cases of deep abscess of the thigh. All were in children between eight and fourteen years of age. Two were boys, and two were girls. Three arose in poor, destitute, and neglected children; one in a child in excellent circumstances and good country air. One was lost sight of, one was amputated and recovered, one was amputated and died, one died of exhaustion early in the disease. I have little doubt that the one which was lost sight of died. If so we have a mortality of three out of four.

CASE I. A little girl, admitted to the City Hospital. Great swelling and œdema of the thigh; exhaustion, pain; unknown history. Pus having been recognized, free openings were made, and a great suppuration found up and down the thigh. In the centre was the femur, absolutely denuded of all tissues, and crossing the cavity of the abscess, as bare as a broomstick, even at the *linea aspera*, for some eight or more inches. Amputation was advised, and refused. The mother took the child away. I never saw it again.

CASE II. A country lad of twelve years was seen at his home after he had been ill two months. At first thought to have slow fever, and then presenting the aspect of acute rheumatism, he had languished for weeks without a positive or a verified diagnosis. During the eighth week two attempts had been made to aspirate the thigh without result. When seen he was in a high fever, with hectic exacerbations. He was feeble, irritable, emaciated, and dependent on opiates. The whole thigh was largely swollen, œdematous, and very tender. No trouble below the knee. Deep fluctuation was detected, and a cautious opening made with the knife. The flow of pus was enormous. The finger was passed into an immense cavity. The thigh bone was found denuded, partially, on the inner and under surface, and towards the ham. A large opening and counter-opening were made, and good drainage secured. Under this treatment, with daily irrigation of the abscess, tonics, and the freedom from pain secured by the knife, he rapidly improved. The sac ceased to discharge largely, and he was got out-of-doors on a splint and with crutches. After some weeks the femur broke under an accidental, though slight, strain. His thigh was amputated by another surgeon, and he made a good recovery.

This case must have begun as a periostitis, soon becoming also an osteomyelitis.

CASE III. was a boy of nine years, an Italian, seen in consultation at the North End. He was intensely sick, delirious, typhoidal, very rapid pulse, and a petechial eruption. The thigh presented the same appearance as in the other cases. An opening was made through the fascia, a little above the knee, and at the edge of the *vastus internus*. Great flow of pus; large abscess sac; denuded femur. This child died on the third day, of exhaustion.

CASE IV. A feeble girl of fourteen years, of weak mind, and no history. The usual symptoms at their height when she was finally brought to the hospital. On opening found a large quantity of pus and a denuded and roughened femur. In spite of the best care in irrigation and drainage the child depreciated, and the pus burrowed into the ham. Next a septic abscess

appeared over the ulna of the opposite arm; then the femur fractured spontaneously. Extension was put on, but not endured. The upper fragment then ulcerated through the fascia, rectus muscle, and skin, and the bone protruded; then severe secondary hæmorrhage came on. At this time, after the child had rallied, I insisted on immediate amputation. The parents refused, and took her away. After two weeks she was returned to the hospital, and amputated by my successor in service. She lingered a few weeks and died.

Here we had osteomyelitis secondarily, and purulent absorption through the medulla.

Treatment. The difficulties and the supreme importance of an early diagnosis are illustrated in these cases. To recognize the disease and to act gives a chance of saving the limb, provided the inflammation started in the connective tissue of the thigh. If it began beneath the periosteum a very early incision might abort suppuration, or render it tractable. It does so in suppurative periostitis of the tibia. It is, however, too much to expect that the surgeon can diagnose a diffused periostitis of a bone so deep in the tissues, and so small in shaft as the femur, and that he would care to risk a deep cut over the inner surface of the thigh bone through swollen tissues; yet early and free incisions give the only relief to the tense fascia lata and to the bone. As to the latter, a necrosed femur, from any cause, gives a bad prognosis for healing the limb and restoring the bone to health. The risks of an opening are increased by the fact that it is generally indicated by fluctuation on the *inner* surface of the thigh, because here the fascia is thinner than on the outer side. Pus, then, seeking the way of the least resistance, distends and points (finally) on the inner side.

Aspiration is useless for treatment; it may aid diagnosis, it may not. An exploratory incision should be made by Hilton's method, cutting cautiously down to the fascia, nicking it, and then boring the way into the pus cavity with a blunt instrument or the *finger*. Very free openings and counter-openings are required. Entire cleanliness, rest in bed, and abundant food are indicated. Where the shaft of the femur is *largely denuded* we should *amputate*. The prognosis is grave from the beginning. Mr. T. Holmes well says, "there are few cases where art can do so much, and nature so little."

WOUND OF PERINÆUM EXTENDING INTO VAGINA; COMPOUND SEPARATION OF SYMPHYSIS PUBIS, WITH PROTRUSION OF BLADDER.¹

BY C. D. HOMANS, M. D.,
Surgeon Boston City Hospital.

JENNIE R., a negress, twenty-three years old, married, was brought into the City Hospital at about nine A. M. April 19th, with the following story: The night before, at about twelve M., she fell from the eaves of a house while trying to escape from the police. She fell about four stories, and struck upon the end of an empty wooden ash-barrel, with presumably her left leg inside. She was brought in in a state of shock and under the influence of opium. The pulse was weak and frequent, respiration shallow, pupils contracted to a pin-hole, skin cold and moist. There was history of

¹ Read before the Surgical Section of the Suffolk District Medical Society, February 7, 1883.

profuse hæmorrhage, but after she entered the bleeding was slight.

After a preliminary examination she was put to bed, and treated with stimulants, heaters to feet, etc., under the direction of Dr. Edward J. Cutter, house surgeon, who kept very accurate records of the case.

On my arrival she had reacted somewhat, and a thorough examination was made, which disclosed injuries as follows:—

There was a deep jagged wound starting at a point a little to the left of the coccyx and following the gluteo-femoral fold to the posterior portion of the left labium majus; a rent through the posterior wall of the vagina; separation of the soft parts from the arch of the pubes; a rough wound through the mons veneris, through which protruded the separated ends of the pubes, and behind them fell the bladder. This was the principal injury. There were some scratches on the right labium. The hand could be passed freely up beside the rectum and vagina and into the subperitoneal space above the bladder. There was no evidence of any wound into the rectum or peritoneal cavity. The separation of the symphysis was made out to be about 2.5 inches.

The urine was drawn with great difficulty, and examined with the following results: Color dark, reaction acid, specific gravity 1028, albumen heavy trace, sediment considerable, flocculent, consisting of blood, pus, renal and bladder epithelium, hyaline, granular and epithelial casts.

A drainage tube was inserted, extending from above the symphysis, through the vagina and the wound, and emerging at the extreme posterior end of the latter. The bladder was replaced, the vagina tamponed, and the symphysis brought nearly together and confined by a canvas pelvic jacket.

A catheter was left in the bladder with tube attached, and oakum was packed about and between the thighs. She was put on a liquid diet—milk, beef tea, and egg-nog, with a liberal allowance of stimulants and opiates pro re natâ. The wound was thoroughly irrigated, and the bladder washed out every day with a one per cent. solution of carbolic acid.

During the first week her condition was very unpromising; the pulse varied between 120 and 130 per minute; the temperature had a mean daily variation from 2° to 3°, averaging between 100° and 103° F.

She complained constantly of pain, though given quite as much opium as was thought safe. She was very restless, turning constantly in bed, which interfered sadly with the position of the pubes. The parts were very swollen, the wound sloughy, and the discharge excessive and offensive. The urine continued albuminous, with pus, blood, and casts as before in the sediment. There was, however, little vomiting. The bowels were open, and no œdema of face or limbs observed.

From April 24th to April 28th her condition was considered to be very critical, but after that time she began to improve. The catheter was removed, and after the 1st of May was only passed occasionally.

During the week following the wound cleared off rapidly, and the pain subsided so that opium was required at night only. During the second week in May patient developed a cystitis, the urine becoming ammoniacal. This was treated by washing out the bladder with a one per cent. solution of carbolic acid, to which a little nitric acid was added, with good result.

May 23d. Urine normal. Examination shows the symphysis separated about one inch, the wound anterior to the vulva healed, the wound in the perinæum is closing in.

June 1st. Marked febrile action, with pain and tenderness over abdomen, and tympanites. Ordered: Poultice to abdomen, pil. opii gr. i. every three hours, quinia gr. x. at night, milk diet.

This attack, characterized by the above symptoms, with evening temperatures of 103° to 104° F., with nearly complete remissions every morning, lasted about a week. There was but once anything approaching a rigor, and only during the first twenty-four hours was there vomiting.

June 11th. There has been a complete remission since yesterday morning; no pain; tongue clear and moist; evening temperature 99°, pulse 80.

June 13th. Examination by vagina and rectum shows the parts to be in nearly a normal condition. The separation of the symphysis is wedge-shaped, the bones being nearly in apposition below. The wound in the gluteo-femoral fold is open only enough to admit the point of the syringe; discharge scanty.

June 27th. Patient sits up in bed nearly all day.

She was at this time very much troubled with vesical tenesmus, but the urine was normal. There was also some slight discharge from the vagina, which was treated with hot and astringent douches. She complained of severe darting pains in her back and left leg at times, requiring opiates.

Her general condition continued to improve, with no marked relapses, and on July 24th she sat up.

July 28th. Patient walks round on crutches.

August 13th. Can walk a short distance without crutches.

August 20th. Discharged, nearly well.

Patient was seen in October, some weeks after the last date, quite well, save for some leucorrhœa. She could walk on a floor or level ground very easily, but could not go up-stairs without difficulty. At the present date she cannot be found.

REPORT ON PROGRESS IN MENTAL DISEASE.

BY WILLIAM B. GOLDSMITH, M. D.

LITTLE that can fairly be called progress from a medical or scientific stand-point has attended the recent labors of alienist physicians; and the utterances of many competent and experienced observers are simply confessions of continued unsatisfactory result from various investigations and methods, which have been looked to very hopefully; but the benefit of these recognitions of failure is already evident in the tendency to a more catholic spirit now apparent in the study of mental disease, and in the relegation to their proper associated importance of certain departments of the work, like pathological anatomy and drugging, which over-sanguine anticipation as to results had given too high a place. The older alienists of the present generation revolted vigorously against the theologico-metaphysical system of studying insanity, which had proved its uselessness with their predecessors, and it is not strange that they devoted themselves to the investigation of somatic conditions with undue confidence and exclusiveness.