

# A Mirror

## OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

### ST. THOMAS'S HOSPITAL.

DISEASED TARSUS; "PEREGOFF'S OPERATION."

(Under the care of Mr. SIMON.)

WE have had an opportunity this month of observing a case of diseased tarsus at St. Thomas's Hospital, in which Mr. Simon had recourse to the new kind of operation, lately brought into notice by Mr. Syme, as tried in St. Petersburg by Peregoff—a modification of Mr. Syme's, and as far as one case goes, (if the patient may not have a false joint—a result not at all anticipated,) an operation of very great interest and importance.

It is curious what a multitude of surgical experiments have been tried on the ankle-joint and foot. It was only in the year 1814 that M. Roux, in a tour through English hospitals, first showed our elder surgeons what was then well known on the Continent as "Chopart's operation." Since then we have adopted it as well as Syme's; we have also had the operation of Mr. Wakley, and the one performed by Mr. Teale, of Leeds, to all which we recently referred, (*ante* "Mirror," p. 67.) To these is now added "Peregoff's operation," a very obvious improvement in those cases adapted to it. We need scarcely say that where the calcaneum and astragalus are not diseased, Chopart's is best; if these two bones are very much diseased, then Syme's operation; if the calcaneum be sound, then Peregoff's. It is objected against the last-named operation, that this bone is very liable to caries, and it is not desirable that any of it should be left. It has been stated that the operation is more difficult than the more familiar one of Syme; that the use of chain-saws, &c., is more tedious. Much of this is obviated by the use of the saw used by Mr. Simon, known as the "Dublin saw," with which in the present case he incised the calcaneum with the greatest ease and quickness, dispensing entirely with chain-saws, &c.

The young man, the subject of the operation in the present instance, stated that the disease of the bones of the foot had existed eighteen months. There was a large fungus hæmatodes-looking mass sprouting from the inside of the sole of the foot, the back part of this articulation being apparently healthy. The patient did not appear emaciated or much worn down by the disease; the foot and tarsus were much swollen, but not more than in ordinary cases; the foot, in other words, presented all the usual signs of very much diseased tarsus, the probe going down deep into a mass of carious bone, the red-looking mass, however, being rather congealed blood than true fungus hæmatodes.

The operation very evidently differs from all these already mentioned, as being not so much an amputation, as suggested by Syme and Chopart, as resection of the ankle-joint. One sees at once that, with the two bony surfaces exposed, it is a modification of the idea of resection of the knee or elbow; indeed, in the dead body, quite an admirable stump or new foot is formed; but we were not prepared, it must be confessed, for such a perfect operation as that performed by Mr. Simon last Saturday—the coaptation of the sawed end of the bones and the excellent stump struck many persons present as being something very novel, but apparently more useful. With respect to the slowness with which improvements in surgery make their way, the history of Chopart's operation is sufficient evidence. "If one may not be thought unpatriotic in these bellicose times," Mr. Simon quietly observed to his class before the operation, "in having any communication with the enemy, or adopting anything from St. Petersburg, we certainly have here a very nice and very new operation, not before performed perhaps in this kingdom. One observes the

idea of advance well marked, or what one is familiar with now in surgery as conservative operations." Surgeons are very slow, no doubt, to adopt any suggestion, from the fact of its mere newness or "novelty," so highly prized in Medical Societies, of which we have had a memorable instance in compression in aneurism; the improvement must bring its own recommendation in being an improvement.

The operation, in its earlier steps, was almost identical with that of Syme's; it appeared to us, however, to be done in half the time, as the most expert surgeon will now and then get into the hollow of the calcaneum, in disarticulating this bone; whereas Mr. Simon, in the present case, the moment he had cleared the astragalus, cut through the calcaneum quite easily and rapidly with the new saw. The man having been placed carefully under chloroform, one could observe each step of the operation, as if it were one of Mr. Fergusson's surgical operations on the dead body. The usual transverse incision was first carried across the sole of the foot, from the external malleolus to the opposite point on the inner malleolus. This incision must not be carried too far forwards, or the surgeon will have too much flap; the second incision is carried rapidly across the instep in the usual manner, meeting the ends of the former. The astragalus, apparently healthy, was next forcibly disarticulated, the foot forcibly held down till the lateral annular ligaments, flexor tendons, with the accompanying posterior tibial nerves, vessels, &c., were freed. We observed also that Mr. Simon cleaned the line of incision for the saw, so as not to lacerate the periosteum. The incision, as we said before, was then run rapidly through the end of the calcaneum. One very thin slice also was almost shaved off the ends of the tibia and fibula, removing, of course, the cartilage and malleoli, when these two freshly-cut bony surfaces seemed to come together almost as perfectly as if cut from a pattern to do so. One or two very small vessels, previously controlled by the tourniquet, were tied, the parts brought together by ligature, some adhesive straps, and one gutta percha splint also applied, and the man removed to bed. Some of the older surgeons, as Chopart, waited to tie each artery as soon as it was divided, on the instep, the anterior tibial, and in the sole of the foot, the plantar arteries, the patient writhing in pain; but this is easily obviated by a tourniquet on the thigh. If the present method should be adopted as preferable to amputation, it has the obvious advantage of leaving one limb almost as long as the other.

In cases of gun-shot wound, or gangrene of the foot from frost-bite in the army, it does not seem more tedious than other operations. The fact of leaving a limb as long, or all but as long, as the opposite limb in walking, would be a very manifest improvement over the more ordinary operation of amputation, and high-heeled shoe. It may appear to many rather singular why this very obvious operation never suggested itself before—why we should be indebted to a Russian surgeon for a plan of removing a diseased foot, that almost lay in the road of so many experimenters. We believe the secret is to be found in the more general use of chloroform in operative surgery, as we previously mentioned (page 432) in reference to resection of joints. Resection was all but unknown previous to the discovery of anæsthetics. Since, then, all good surgeons have familiarised their minds with the fact of resection, and adopted in practice the coaptation of newly-cut bony surfaces, as in the elbow and shoulder; the operation of Peregoff being nothing more than a further, and, as appears to us, on the whole, a valuable, but, of course, still new and speculative extension of the same principle.

We have seen two cases lately where the os calcis, or part of it, was removed, at the inferior and back part of the foot, one by Mr. Hilton, at Guy's; the second by Mr. Paget, at St. Bartholomew's. It does not appear to us that this bone is particularly subject to sloughing; much will depend, of course, on the age or other condition of the patient, together with the hard brawny character of the integuments of the heel. These conditions, however, will apply, perhaps, to Syme's operation as much as Peregoff's.

### AMAUROSIS FROM SUPPOSED COUP DE SOLEIL.

(Under the care of Mr. SOLLY.)

CASES of amaurosis are very common in hospitals. We were lately struck very much, in an instance of this kind, by some remarks of Mr. Lawrence, who finds many such cases to depend on debility, and are cured by generous diet, with porter, and ten grains of the ammonio-citrate of iron, three times a day; continued for a long time, say six or eight weeks. Other cases liable to be confounded with amaurosis, he believes

depend on partial paralysis of the ciliary nerves; these are benefited, in most cases, by small doses of blue pill, occasional aperients and blisters behind the ear. We give the experience occasionally of some of our very oldest surgeons, as somewhat of a counterpoise to the many-coloured abstractions and new theories, which, like *ignes fatui* in our new school of German ophthalmic surgery, lead so many persons astray. The following case is one where Mr. Solly looked rather to the brain itself as seriously implicated, and if so, probably beyond all means of cure. Cases are not wanting where hydatids have been found in the optic nerve, thickened neurilemma, abscesses in the optic tract, &c. That fearful disease, fungus hæmatodes, is also too often discovered; these, no doubt, are all familiar to the clinical observer. In this case, which has resisted all means of cure, exposure to the strong heat or glare of the sun, not very different from *coup de soleil*, seemed to Mr. Solly the exciting cause.

George K—, aged fifteen, was admitted March 13th, 1855. He gives the following history of the origin of his sufferings:—He has been in the habit from his childhood of working all day in the open fields; often exposed to the heat of the sun on his unprotected head. He has also been in the habit of stooping in his work a good deal, as when hoeing, &c. About three months previous to his admission, he began to suffer from violent pains in the head, around his orbits, and across his forehead. This continued for nearly two months, after which he began to find his eyesight fail him; he found his vision hazy, and as if a gauze was placed before his eyes. This became gradually worse, until he was at last obliged to leave his work and apply at the hospital for admission.

On admission he was in the following condition:—He still suffered from occasional violent pain across the forehead; this was accompanied with considerable loss of vision. He could, if a hand was held up in front of his face, tell the presence of some object, but he could not distinguish its form, or the number of fingers held up.

March 14th.—Mr. Solly ordered him one scruple of rhubarb with mercury immediately; mercury with chalk, three grains, every night; twenty leeches to the temple; head to be shaved, and cold lotion applied.

From this time he still continued in much the same state, with the exception that perhaps the pain in the head was rather aggravated. He had, previous to his sight going, constant *muscæ volitantes*. As the pain in the head was much increased by the

17th,—he was ordered to repeat the leeches. It still, however, continued, and on the

27th—he was ordered ice in a bladder. From this time up to the present he has continued to get gradually worse. He cannot see at all now, and although the pain in the head has left him almost entirely, yet he has occasionally slight attacks. He has informed Mr. Solly that some little time previous to his admission he had almost constant vertigo, and that once he fell down in the street, having for the moment lost his senses.

April 24th.—He was ordered to repeat the leeches, as he again had some little pain in his head on this date; he was also ordered the powdered mercury with chalk, one grain, every night.

He still continues in the same state, having entirely lost his vision, but being in little or no pain.

## UNIVERSITY COLLEGE HOSPITAL.

### HARE-LIP OPERATIONS WITHOUT PINS.

(Under the care of Mr. ERICHSEN.)

CASES of hare-lip in general are not very suggestive: the surgeon finds the same kind of deformity in almost every instance, single hare-lip, at the left side, or double hare-lip, as the case may be; the same irascible child, tearing the parts open by crying, the same pins and sutures, the same spattering of blood on the surgeon's dress. We are anxious, however, to notice at present one or two points of novelty in this operation, which we have recently noted in the practice of Mr. Erichsen, at University College Hospital. Chloroform must be used with very great caution in all operations about the mouth, lest blood should make its way into the trachea; partial anaesthesia, however, prevents the crying of the child, and if the coronary artery is well caught up in the sutures or pins, there is very little spattering of blood. The chief improvement tried recently in four cases, by Mr. Erichsen, with the most perfect success, is to dispense with the use of pins altogether; the parts are

well kept together by ordinary suture, collodion, adhesive plaster, and a particular spring, the invention of a Mr. Hainsbery. The spring, contrived something like a double truss, comes round the head of the child, and presses on the upper maxilla, puckering out the lip and prolabium, and thus prevents the parts being torn open. We have seen this spring also very extensively used by Mr. Fergusson, who has had ninety cases of hare-lip operation with only one failure. Hare-lip pins, we believe, are made of an irritant kind of hard steel, and while transfixing the lip Mr. Erichsen finds they rather act as setons, always leaving ugly marks of suppuration on the lip: the operation being one of what the French call "*convenance*," or for removing deformity, it cannot be done too nicely. Mr. Erichsen is an advocate for performing the operation early, before the period of dentition.

### ACTUAL CAUTERY TRIED AS A REMEDY FOR CHRONIC SYNOVITIS.

HAPPENING to be present lately on one of Mr. Erichsen's operation days, we found him using a mode of counter-irritation on which he lays great value in some forms of chronic enlargement of joints—namely, the actual cautery. There is something apparently so antagonistic to one's usual feelings in pencilling over a joint—the knee or shoulder, for instance—carefully with a red-hot iron, or what should be, perhaps, an iron at a white heat, that the operation is not one often adopted in private practice. It was quite remarkable, however, that, under the influence of chloroform, neither of the two patients, in the present instance, seemed to suffer in the least. Sir B. Brodie is a great advocate for "rest" in such cases, and the repeated application of a small number of leeches: too many leeches may weaken the patient; too few be of no use whatever. There is, no doubt, a great deal of good to be obtained from rest and leeches in hospital; but it need hardly be remarked, that six or eight months in an hospital is often a great tax on its resources, and if a "rough and ready" method is equally good, it should be tried.

The first case in which Mr. Erichsen applied the cautery was that of an old man with chronic enlargement of the synovial membrane and various parts of the right ankle, of two years' duration, for which the more ordinary remedies had been employed in vain. The cautery was carried round in crackling and black lines over all the parts usually engaged in Chopart's or Syme's operation; this was done on the 7th of March.

The second case was that of a man about the same age, who met an injury of the right arm, followed by paralysis of the deltoid. Here, also, the previous treatment proved ineffectual. Though the parts round the shoulder-joint were seared over again and again with fine interlacing lines, he did not seem at all to know what had been done. He had an indistinct suspicion, when removed to bed, that some one had been "rubbing a stick to his arm." These cases are of interest, as showing the wide field of improvement in surgery, opened up by the introduction of chloroform.

### MARYLEBONE INFIRMARY.

#### STRICTURE OF THE URETHRA (IMPERMEABLE?) TREATED BY DILATATION.

(Under the care of Mr. HENRY THOMPSON.)

If it be true, as there seems abundant evidence to show it is, that chloroform, notwithstanding occasional accidental deaths, has given rise to various new and improved methods of operation, like that of Peregoff and Erichsen just noted; it is at the same time not less clear, perhaps, that in lithotripsy, in perineal sections, &c., it affords too much facility in cutting delicate parts without sufficient cause. It occurs, too, every day, that a doubtful surgical case, veering between malignancy and the non-malignant character, (for many cases are benign in their origin, but malignant in their effects,) will be operated on by one surgeon who has no fear of chloroform, but let alone by another, who has no peculiar faith in anaesthetics. The local effects of ice or chloroform are never dreamt of in hospitals; indeed the stimulating effects of "pain," as urged at first in the army as an antidote to the depressing influence of chloroform; the mystery of chloroform itself to some minds, as well as the specific virtues of congelants in abating inflammation, may all be safely put out of view as only retarding the great question to which all others are secondary—viz., In what manner, or in how many modes, does death occur from chloroform? Through the brain, as we believe, in a case of death lately at the Moorfields Ophthalmic Hospital; through the lungs and right side of the heart possibly, as observed by Mr. Syme; through the general nervous system, as in a case at