

four hours; and I confess I was injudicious in selecting for the first punctures skin the dusky appearance of which indicated low vitality, but I hoped that, by relieving the tension at these points, the skin might recover itself and sloughing be prevented.

The effects of this large and rapid drainage were very pronounced. The anasarca and ascites were both wonderfully reduced; the kidneys, which had almost ceased to act and refused to respond to large doses of digitalis combined with other diuretics, now actively renewed their function; the abdominal pain and vomiting, which had been most severe and constant, abated; and food, stimulants, and digitalis were freely administered. In spite of being reduced by her disease to the lowest ebb, she rallied greatly for a few days, and expressed herself most grateful for the relief and comfort that had been afforded her. The condition of the heart, however, necessitated a speedily fatal issue. Although the four punctures in the lower extremities continued to leak, the stasis of the systemic circulation caused rapid refilling. On August 11th another cannula was placed in each leg, but, owing to the great restlessness, without attaching the tubing. On the 14th the fluid in the pleuræ and pericardium was increasing quickly, and on the 15th she died.

This case is very instructive, although not the most satisfactory, because any permanent or prolonged relief was impossible. The wounds which, for very sufficient reason, formed on the feet, the rapid reaccumulation of fluid, and the degraded vitality of the tissues, through imperfect circulation and being so long stretched and soaked in fluid, preventing the healing of the punctures, rendered the process, after the withdrawal of the first two tubes, less cleanly than it would otherwise have been; but with the first tubes it was perfect in this respect, the legs being kept quite dry, all the fluid running through the tubes into the vessel outside the bed. But even with this disadvantage the old proceeding of scarification or of acupuncture is so decidedly inferior both for cleanliness and efficiency that it will never again be resorted to by me.

The flow through the cannulæ introduced on the 11th was not nearly so abundant, although the œdema had increased again, and this fact, in conjunction with the rapid and large drainage through those first used, shows what a powerful syphon action is exercised by the fine rubber tubing attached.

There is no doubt, and the syncope confirms it, that much prostration was caused for the time by the rapid withdrawal of so large a quantity of fluid, and shows that this method of relieving dropsy is very powerful, and must be used cautiously. A knot loosely tied in the rubber tube, or a bit of thread applied so as to slightly constrict it, will easily regulate the flow. The good effects produced by the tapping, of which the marked lessening of the ascites is worth notice, render it probable that, had not the patient's condition been so extreme, the exhaustion would have been more than compensated for by the revival of suspended functions and the restoration of the power of retaining and digesting food. As it was, but for this operation the girl must have died several days earlier from accumulation of fluid which killed her at last.

I greatly regret that I was not allowed to employ the instrument much sooner, for had I done so the stagnation of the systemic circulation would not have lasted so long, nor strained the already enfeebled heart so much; the vitality of the tissues generally would not have become so impaired by deficient supply of healthy blood and the long soaking they endured; the quantity of the dropsical fluid being smaller, the weakening produced by its abstraction would have been correspondingly lessened; the recuperative power would have been greater, the relief afforded more perfect, and the length of life increased.

The applicability of this invention to the dropsies of acute diseases is sufficiently apparent, and it seems especially indicated in renal dropsy, where, by withdrawing the poison-loaded serum, it seems probable the fatal termination may be postponed. I believe the instrument will lead us to change our mode of dealing with these accumulations, and that henceforth they will be combated in an early stage, instead of, as at present, left until feeble attempts at palliation end abortively. I am able to confirm all that Dr. Southey claims for his instrument. That it is efficient the above illustration amply proves, and I am satisfied as to its cleanliness and toleration by the skin when sound.

The following instructions were given me by Dr. Southey: "Use antiseptic precautions; cleanse the cannula in strong

carbolic-acid lotion and boiling water before you introduce it; oil it well in carbolised oil, and plunge the trocar parallel to the surface of the skin, not perpendicularly."

I may add that the pain of introduction is not greater than the prick of the hypodermic syringe, and that, when introduced and the trocar withdrawn, the rubber tube is easiest put on by holding the end of the cannula with one dissecting forceps and sliding the tubing over the end with another.

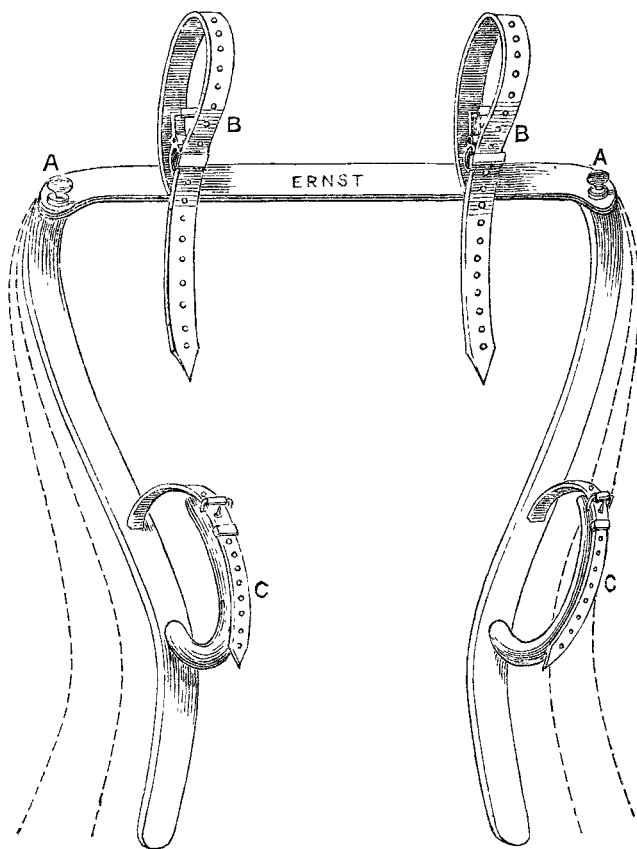
Faringdon, Berks.

## A BED-FRAME, FOR PREVENTING MOVEMENT OF THE BODY DURING THE EMPLOYMENT OF WEIGHT-EXTENSION TO THE LOWER EXTREMITY.

By F. R. FISHER,

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IN the employment of extension to the lower extremity by means of weight, cord, and pulley, the effects of this force are often nullified by the movements of the patient, especially if the subject under treatment is a child. By shifting the body to either side extension is no longer made in the straight line; by the patient getting down in bed the weight not uncommonly reposes quietly on the floor; by these and such-like movements of the body an excellent method of treatment is much reduced in efficacy. To counteract this evil I have lately used a simple and inexpensive appliance (which, for want of a better term, I call a bed-frame), and have found it answer the purpose very effectually.



The bed-frame consists of two flat iron bars, to which are attached the crutches C C; these bars are connected by thumb-screws (A A) with a transverse bar, to which are fixed two straps (B B). In use the bed-frame is laid on the bed, or cot, and fixed to its head by the straps B B; the crutches are placed in the axillæ and strapped over the shoulders of the patient, whose head lies comfortably within the frame. A bandage passed over the lower ends of the crutch-bars, and tied to each side of the bed, renders the frame practically immovable. By means of the thumb-screws the crutch-bars can be adjusted so as to fit any patient; a useful addition to the apparatus when required for hospital use, for the suggestion for which I am indebted to Mr. Ernst, as well as for other trouble which he has taken in the matter. When the patient is fixed in this contrivance all movements of the

trunk are prevented, whilst the restraint thus obtained is not in any way of an irksome nature.

Besides using this frame for hip-joint disease, I have found it most useful in other cases where enforced recumbency is necessary, such as Pott's disease of the spine; for, in spite of the enlightenment recently afforded us on the treatment of this affection, I still adhere to the recumbent treatment in the early stage.

Grosvenor-street.

## A Mirror OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

#### ST. BARTHOLOMEW'S HOSPITAL.

CASES OF AMPUTATION IN LOWER THIRD OF FOREARM IN  
ADVANCED PULMONARY PHTHISIS; GOOD RECOVERY  
FROM THE OPERATION, AND IMPROVEMENT OF  
PULMONARY SYMPTOMS.

(Under the care of Mr. SAVORY.)

THE following notes, for which we are indebted to Mr. Walter Pye, late house-surgeon, are extremely interesting, as showing that advanced phthisis need not be a bar to operative interference for the removal of a source of irritation.

CASE 1.—D. D—, aged twenty-four, was admitted into Kenton ward on October 20th, 1877. He gave the following history:—He had good health till towards the end of 1875, when some abscesses formed about the right wrist-joint. These got well in a few months, but his general health began to fail from the time of their appearance, and for a year he had suffered constantly from cough and wasting, although he had not had spitting of blood until the week previous to his admission. After the abscesses about his right wrist had healed—that is, fifteen months before admission—he began to suffer pain in the left wrist, not attributed at its commencement to any injury. This was followed by swelling, and then by the formation of abscesses, which broke and left discharging sinuses in the neighbourhood of the wrist-joint. The pain, swelling, and discharge had grown steadily worse up to the time of his admission.

On his admission he was ill-nourished, and had a very consumptive look, clubbed fingers, &c. The left wrist-joint was evidently the seat of destructive disease; there was enlargement of the lower ends of the radius and ulna, with a uniform swelling of the joint, which was fluctuating. In front and behind the joint were ulcerated openings of sinuses which led down to carious carpal bones and to the joints between them. The forearm and hand were much wasted from disease. He had copious night-sweats and constant pyrexia, his average morning temperature being 100° F., evening 101·2°. The cough was very troublesome; the expectoration mucopurulent. Urine free from albumen.

He was examined by Dr. Andrew, who diagnosed rapidly advancing phthisis at both apices of the lungs, the softening being most marked on the left side.

From Oct. 20th to 25th the patient was merely kept in bed, his cough being quieted by chlorodyne and an occasional dose of morphia. On the 25th the question of amputation was raised in consultation, and the general opinion was in favour of the operation.

Two days later, Oct. 27th, Mr. Savory amputated just above the wrist, chloroform being given instead of gas and ether, in consequence of the condition of the patient's lungs. The operation was performed in the usual way. The following are the daily notes for the first few days after the operation.

Oct. 28th.—Pulse 108; temperature 102·3° F. Stump not disturbed.

29th.—Pulse 116; temperature 100° F. First dressings removed. Edges of wound suppurating freely. Evening temperature 101°.

30th.—Pulse 100; temperature 100°. Stump looks well.

31st.—Pulse 94; temperature 99·7° F. Feels well in himself. Evening temperature 100° F.

He went on well from this time. On Nov. 4th his temperature was normal for the first time since his admission, and soon afterwards ceased to rise at all in the evening. His cough almost, and his spitting quite, ceased, while he gained flesh, and was much improved in appearance.

He was discharged to the Convalescent Home at Highgate Nov. 30th, with his stump soundly healed. Physical examination of his chest still gave abundant evidence of advanced phthisis.

CASE 2.—C. P—, aged twenty-four, a carpenter, was admitted into Abernethy ward Nov. 14th, 1877, with this history: When a boy he fell and sprained his left wrist. From that time he always had been liable to slight attacks of pain and swelling about the wrist, but had never been incapacitated for work by it till ten months before his admission. It then got much worse, became very swollen and painful, and in a short time was quite helpless. He gave a history of phthisical symptoms: cough, wasting, night-sweats, and occasional slight hæmoptysis, extending over a period of four years, during the whole of which time he had more or less dysphonia with pain on pressure about the larynx. Before his admission he was an out-patient for two months, and during this time his general health had somewhat improved.

On admission he was a very tall, ill-nourished man, of phthisical appearance. He stated his present weight to be 10 st. 10 lb., but that four years before he weighed over 16 st. Examination of his chest showed great flattening beneath both clavicles, with corresponding dulness on percussion. Auscultation gave the physical signs of double apical phthisis in the third stage, most advanced on the right side. The left wrist was much enlarged and shapeless. The carpus appeared to be separated from the radius by a considerable quantity of fluid in the joint cavity, while the ligaments were elongated, allowing of preternatural mobility. The circumference of the wrist was nine inches, against seven inches on the opposite side. There was forward dislocation of the carpus, and on movement distinct grating was felt. There was but little heat, and only a moderate degree of tenderness about the joint, in which, however, at times, the patient felt considerable pain. The morning temperature averaged 99° F.; evening temperature 100·4°. His cough was very troublesome; expectoration slight. Urine free from albumen.

He was seen in consultation Nov. 19th, and the general opinion was in favour of amputation in the lower third of the forearm.

On Nov. 28th Mr. Savory amputated above the wrist. The notes for the next few days are as follow:—

Nov. 29th.—Pulse 100; temperature 99·4° F. A little oozing from the stump. Patient feels well in himself. Evening temperature 101·2°.

30th.—Pulse 108; temperature 100·6°. Evening temperature 100·8° F. Stump looks well.

Dec. 1st.—Pulse 106; temperature 102·2°. A slight blush up the arm; no shivering or headache. Patient calls himself quite well.

2nd.—Pulse 98; temperature 99·4°. Evening temperature 100°. Is doing well.

3rd.—Pulse 90; temperature 98·6°. Evening temperature 99°.

5th.—Both morning and evening temperatures are now quite normal. The patient's general health has improved. He coughs less, and spits very little. The stump has healed kindly throughout.

His after progress while in the hospital was satisfactory, and he was discharged to the Convalescent Home at Highgate, Dec. 29th, with his stump healed and himself in fair health. While there, however, he had a very severe hæmorrhage from the lungs, and when last seen, Jan. 13th, his phthisis was evidently rapidly progressing. The arm had healed soundly.

*Remarks.*—It may be fairly concluded from these cases that advanced phthisis is not always a contra-indication for an operation such as amputation above the wrist. The risks of the operation itself are small, and in any case a clean wound is substituted for an abiding source of irritation. In both the cases the healing of the stump was not at all delayed by the condition of the patient's lungs, and the immediate results of the removal of the diseased joint were, diminished cough, improved nutrition, and lessening of hectic. The progress of the disease in the lungs was not expected to be, and was not, much affected by the operation.