

ties of medicine in Brazil, one at Rio and the other at Bahia, towards which the state contributes from thirty thousand to thirty-five thousand pounds per annum. It appears that the profession is very popular in that country, and that young men of good fortune, who have no serious intention of practicing, not unfrequently graduate as doctors of medicine, much as the same class in England are called to the bar. The course of both faculties extends over six years. A total of seven hundred and fifty students matriculated in 1874, and eighty-five degrees of doctor of medicine were conferred in the same year. Foreigners who wish to practice are required to pass an examination, for which a diploma from any recognized European medical college qualifies.

— MESSRS. EDITORS, — Doubtless many of your readers remember, among the various relics on the walls of the room of the Massachusetts Medical Society, a large old engraving of the room — “In Bolt Court” — of the Medical Society of London, and some twenty of its leading members attentively listening to the famous Dr. Lettsom, whose lank, tall figure in Quaker dress is standing in the foreground. The print was published in London in 1801. Many years since, during one of my frequent strolls among the old book and print shops and stalls of New York, I discovered that, singularly enough, the original “copper” was owned by Mr. A. Dexter, 50 West Thirty-First Street, in that city, but I was unable to obtain an impression. A few days since, Mr. Dexter sent me word that he had struck off ten copies. One of these I have just received. The plate is evidently little worn, for my copy is quite a good one. It is possible that some of the readers of the JOURNAL may be interested to know the facts that I have stated. The twenty-two heads are all portraits, and the names are inscribed in the margin of the print. Among them are Jenner, Lettsom, Woodville (the famous vaccinator), Ware (the ophthalmologist), and Sims (the president). The likeness of Jenner is a good one, as indeed are all those of which I am able to judge by comparison with portraits of acknowledged excellence.

H. A. M.

27 DUDLEY STREET, November 8, 1877.

BOSTON CITY HOSPITAL.

SURGICAL CASES OF DR. GEORGE W. GAY.

[REPORTED BY O. H. MARION.]

CASE I. *Amputation of Arm for Railroad Injury; Torsion; Recovery.* — E. H., age eight years, was found on the railroad track with his right arm crushed, September 24, 1877. He was brought to the hospital in a semi-conscious state, unable to give any account of the accident. The right arm was crushed at and above the elbow to within three inches of the shoulder-joint, and was attached only by the large vessels and nerves and a small strip of skin. There was a scalp wound over the right parietal bone, extending through the pericranium and laying the bone bare for an inch. The boy was pale and restless, and had a pulse of 80, of fair condition, with warm extremities, and there was no vomiting. Ether having been administered Dr. Gay amputated the arm, sawing the humerus about two inches below the shoulder-joint. The

arteries, three in number, were readily secured by torsion, and no ligatures were applied. An irregular external flap was made, a portion of it being composed of the skin torn up by the car wheel or whatever caused the injury. It was accurately and carefully closed by silk sutures, and no provision was made for drainage. A compress wet in compound tincture of benzoin was applied and secured with a bandage. The scalp wound was dressed in the same manner.

The patient vomited several times, and had five thin stools during the night. He was put upon enemata of milk and brandy, with a little laudanum, until vomiting ceased. Forty hours after the operation the wounds were redressed. They were dry and free from any discharge, and the patient was very comfortable indeed. Diarrhœa and vomiting had stopped, and he was taking food well.

The next day (September 27th) there was considerable oozing of a thin fluid from the stump. Two sutures in the centre of the wound were removed, and a small silk seton was gently introduced. The same dressing was continued. Six days after the operation the sutures were all removed; the discharge was slight, and was of an oily nature like synovia; the flaps were united in two thirds of their extent; there was and had been no pain, chills, or any other unfavorable symptoms whatever.

October 11th (seventeenth day). The little fellow was out of his bed, feeling well. He was discharged in twenty-nine days entirely recovered.

[*Remarks.* This is the second case of amputation for railroad injury to the arm in children in which we have used the flap of skin made by the train with success, and, furthermore, we have as yet seen no bad results from such a course. Even if the flaps do slough, a patient, in many instances, is safer in undergoing two moderately severe operations, one of them being secondary, than he would be if the shock of the injury were increased by that of an amputation through comparatively sound tissues. The patient's safety is the *first* question for consideration, and a comely stump the second.

This is the thirteenth major amputation in this hospital in which the hæmorrhage has been controlled by torsion. This method has never failed, with one exception, and has in no case been followed by hæmorrhage. The essential point for its success is to thoroughly separate the artery or vein from its sheath. The only failure experienced by us occurred in the first case in which the method was tried, and was due to our neglect of this precaution.

Dr. Fifield has used torsion in two cases of amputation of the arm, two of the leg, and one of the thigh. We have used the method in one amputation of the arm, two of the fore-arm, three of the leg, one of the knee-joint, and one of the thigh. After a little practice a vessel can be twisted almost as readily as it can be tied. Small vessels which cannot be easily separated from their sheath are not suited to this method, and had better be secured in some other way.

If future experience should prove that catgut does not act as a foreign body in a wound it would seem that that material must supersede all others for securing vessels. Mr. Holmes, in his last work on surgery, gives his preference to this material as a ligature over torsion for the reason that most sur-

geons would feel safer in knowing that the vessels had been tied with something than that they had been simply twisted. — G. W. G.]

CASES II. and III. *Inguinal Herniæ treated for Radical Cure by Heaton's Method.* — O. McL., a waiter, age twenty-four years, had a reducible hernia of six months' standing. He had worn a truss. The rupture was oblique and situated on the right side. The external ring very readily admitted the forefinger and invaginated scrotum a considerable distance.

September 9, 1877. The hernia having been reduced Dr. Gay injected about ten drops of the white-oak bark solution. A firm compress and bandage were applied, and the patient was put to bed.

M. S., a sailor, age, thirty-four, entered the hospital September 8, 1877, with a rupture similar to that of the preceding patient, of seven months' duration.

It was reducible, and he had never worn a truss. The same operation was performed upon this man as in the last case, and on the same day. The two patients were treated precisely alike. Neither patient had much pain during or after the operation. Ether was not used. Opiates in very small doses were required for a few days to keep the bowels quiet. There was no subsequent tenderness or swelling over the hernia. At the end of three weeks the external ring in both cases was reduced fully one half in size, and the bowel showed very little tendency to come down when the patients stood up. The first patient was discharged in five weeks, wearing a bandage. The second was discharged in four weeks, and advised to wear a light truss, as his work as a sailor is very laborious.

[*Remarks.* These two cases are reported, not as cases of curé, but to show the condition of the parts at the end of a few weeks. There was certainly great improvement, but it is to be feared that without some support the rupture will return. The operation would seem to be comparatively free from pain and danger, and furthermore to promise a certain amount of benefit. It deserves further trial. — G. W. G.]

LETTER FROM PHILADELPHIA.

MESSRS. EDITORS, — Business interests, as a rule, are dull enough at present in Philadelphia, and show scant signs of speedy amelioration. Judging, however, from the unusual numbers of students in attendance upon our various hospitals and the college lectures, we conclude that medical matters are decidedly prosperous, in so far, at least, as the success of our schools may be taken as the measure or exponent of that prosperity. At Jefferson College it is already evident that the class of last year will be equaled, of which it was said that "it was a larger number than ever convened, at one time, in any other medical school in the country." The new experiment of the University of Pennsylvania, just inaugurated with the opening of the present session, has been already — we hope not too hastily — pronounced "all that could be desired. There are one hundred and thirty first-course students entered for the three years, and the general paying class is as large as it was last year."¹

¹ Philadelphia Medical Times, vol. viii., p. 35.