

anchylosed elbow. Sabourin<sup>1</sup> reports five cases in which retention supervened as a complication of various accidental injuries, and adds some remarks upon the nature of the disturbance. The injuries which in his cases were followed by temporary retention of urine were the following: a supra-condyloid fracture of the femur; a contusion of the rim of the pelvis; a fracture of the ribs; a contusion of the hip; a fracture of the leg. In all these cases retention of urine occurred soon after the infliction of the injury, and lasted a day or two. In one case it lasted five days.

Temporary retention occurring under such circumstances has been attributed to a reflex spasm of the vesical sphincter. Sabourin, however, taking into consideration the absence of any obstacle to catheterism and the feebleness of the stream issuing from the catheter, infers that the inability of the bladder to evacuate its contents is due to a temporary paralysis of the nervous centre from which the muscular fibres of the bladder derive their stimulus.

## Hospital Practice and Clinical Memoranda.

### MASSACHUSETTS GENERAL HOSPITAL.

#### CASES OF ACUTE PNEUMONIA IN THE SERVICE OF DR. MINOT.

REPORTED BY WILLIAM N. BULLARD, M. D.

**CASE I.** Michael M., an Irish laborer, forty-six years old, and living in Taunton, entered the hospital February 28, 1880. He was a strong, vigorous-looking man, and had always been well until the present illness. He was not accustomed to use alcoholic liquors. Five days previous to entrance he had had a severe rigor, followed by the usual symptoms of high temperature, and two days afterwards severe pain in the left side on long breath. No cough had been noticed until the day preceding entrance. On entrance he was flushed and cyanotic, and lay in a stupid condition. The skin was lemon-colored all over the body, and there was a slight tinge of yellow in the conjunctivæ. The expectoration was moderate in amount, thick, viscid, and of a brilliant grass-green color. The tongue had a thick green coat. Examination of thorax showed dullness, bronchial respiration and bronchophony over the lower lobe of the left lung. The evening temperature was 102.8° F.; pulse 97; respiration 40. The patient was placed on milk diet, and ordered ten minims of compound tincture of ipecacuanha every four hours during the night, as required.

February 29th. On examination of the urine a trace of bile pigment was detected, and there was the usual evidence of passive renal congestion.

For several days after entrance the patient lay in a drowsy condition with marked cyanosis and dyspnoea, but the evidences of jaundice gradually decreased, and the temperature grew steadily lower, until on the 4th of March, the eleventh day of the disease, it was only 99° F. both in the morning and evening. Modified respiration, however, still remained over the lower left back, and subcrepitant râles were only noticed in the upper portion of the dull region. From this time the temperature was nearly normal, and the patient recovered rapidly. The jaundice disappeared entirely

and the other symptoms steadily improved. On the 28th of March there still remained a circumscribed point just above the lower angle of the left scapula where there was modified respiration with subcrepitant râles. On the 3d of April the percussion and respiration were normal everywhere and the patient was discharged, well. No medicines were given throughout the whole course of the disease except the liquid Dover's powder to restrain cough and restlessness in the beginning; and later, after convalescence was fairly established, the tincture of the chloride of iron as a tonic.

**CASE II.** On the 19th of March, 1880, Edward C., seventy-four years old, a cooper, born in Maine but now living in Boston, was brought to the hospital with the following history: He had for a long time been addicted to drink, and was in the habit of going off for several days at a time. He had had a cough for a long time, but in spite of this had considered himself well, and had seemed so six days previous to entrance. Four days before entrance he was brought home in a very weak condition and vomiting, and since then he has had high fever, cough, dyspnoea, and delirium. On entrance the patient was very feeble, signs of consolidation were found in the upper lobe of the right lung, and evidence of bronchitis throughout the whole chest. The morning temperature was 99° F., the evening 107.8° F.; pulse 112; respiration 32. The patient was placed on liquid diet (milk with lime water or beef tea) and the liquid Dover's powder was ordered morning and evening. On the next day, on account of extreme prostration, carbonate of ammonia, five grains, was given every four hours. There was no expectoration. The urine contained a trace of albumen, and had a specific gravity of 1011. Subcrepitant râles were heard over the right front on the second day after entrance. On the 24th of March, the tenth day of the disease, the temperature suddenly descended, being only 97° F. in the evening, and after this it remained between 97° F., and 98° F. for six days. The patient was very weak and both micturition and defecation were involuntary. At this time he had an attack strongly resembling delirium tremens. After this he gradually improved; the carbonate of ammonia was omitted on the 30th of March, and he was allowed the usual hospital diet. On the 4th of April percussion was everywhere normal, but there was modified respiration with moist râles under the right clavicle. The patient could only move with difficulty on account of weakness, and his pulse was scarcely perceptible. He was now allowed a moderate amount of whisky, and on the 12th of April, having entirely recovered from his pneumonia, though with signs of threatening trouble below the right clavicle, was discharged.

**CASE III.** This case is also that of a laborer, a native of Boston, thirty-five years old. He had never been ill in his life until six days previous to entrance, when he had a rigor followed by fever and cough with reddish sputa. On entrance he was much flushed. His lips were dry and covered with herpes, and the tongue was coated. His temperature was 104.6° F.; pulse 78; respiration 29. His mind was clear; there was consolidation of the lower lobe of the right lung. He was put on milk diet, and a flaxseed poultice placed over the back. Two days after, on the eighth day of the disease, the temperature had descended to 97.6° F. both morning and evening, the pulse was 52 and the respiration 29. The sputa were viscid and of the color

<sup>1</sup> Archives Générales de Médecine, 1879, page 395.

of prune juice. From this time he convalesced steadily. On the twelfth day of the disease his respiration was normal and he was able to take ordinary diet. He was given some quinine and four days after discharged, well.

#### PNEUMONIA; RENAL DISEASE; SUDDEN DEATH.

**CASE IV.** William E., a teamster, sixty years of age, born in Vermont but living in Boston, entered the hospital in May, 1880. He had always been a strong man, except for rheumatism and intermittent fever during the war, with neither of which he had been troubled since. Five days before entrance he felt sore all over and had fever, cough, and dyspnoea, but no chill. On entrance the lower lobe of the right lung was found to be affected, and there was a friction sound near the lower angle of the scapula. There was no evidence of any cardiac disease. The treatment was similar to that in the preceding cases, that is, he was given liquid diet, and an occasional dose of liquid Dover's powder (ten minims) when needed. The next day there being some prostration whisky was added. On the second evening after entrance the temperature was 103° F.; the pulse 124; and the respirations 43. During the night the patient became wildly delirious, and finally jerked himself up suddenly in bed, and immediately died. The urine had a specific gravity of 1011, and contained a trace of albumen. The sediment consisted of numerous hyaline and large and small granular casts, some with fatty renal epithelium adherent, a few fatty casts, free renal epithelium cells, and a few pus and blood globules.

The foregoing cases illustrate fairly the method of treatment of pneumonia which has been long employed in this service. Uncomplicated cases, in patients who were previously healthy, receive little or no medicine beyond anodynes, which may be required for pain or cough. The diet is simple and nutritious, and as abundant as the patient desires, but he is not urged to take more than is agreeable to him, especially during the period of consolidation, when there is usually an aversion to food. Stimulants are freely given in cases of prostration, and to those who have been accustomed to their use. External applications are rarely made, the relief afforded by them being insignificant compared with the fatigue they occasion to the patient. In complicated cases, of course, the treatment varies according to the indication. The treatment in intemperate patients and those affected with chronic renal disease is usually unsatisfactory, and a large number of such cases die.

### Reports of Societies.

#### PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.<sup>1</sup>

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DR. CHADWICK, in continuing the discussion, said: Dr. Graham seems to me to have given expression to the general opinion current in the profession that gynaecologists exaggerate the influence of uterine affections upon the general system, and hence devote their attention too exclusively to local therapeutic measures. This opinion I am fain to confess has been too often true. Dr. Wing, however, only insists upon the

<sup>1</sup> Concluded from page 208.

importance of a thorough understanding of the condition of the pelvic organs as indispensable to a proper discrimination in treatment; this full knowledge of the local condition, he affirms, is rarely obtained by the general practitioner, so that in a large proportion of cases he fails to cure his patient. That this assertion is true I have daily illustration in practice. That specialists are not more largely recommended and employed is undoubtedly due to the fact that their charges are higher than those of general practitioners. For this difference I have never been able to see any justification. One man's time should have no greater pecuniary value in consequence of his devotion to one branch of medicine than another's whose sphere of work is more comprehensive, provided their ability, industry, and opportunities are the same.

But to return to the facts adduced in support of his position by Dr. Graham. He cites the results obtained by Dr. Asp by the use of massage in seventy-two cases of chronic uterine affections. These simply go to prove a fact well known to all but the most narrow-minded specialists, that certain classes of cases can only be treated by measures adapted to influence the general system. His results in cases of anteversion merely confirm the conclusions already tardily reached by gynaecologists, — after indiscriminate mutilations of the womb, it must be confessed, — that the dysmenorrhœa, so often present, is of purely nervous origin, and rarely due to organic causes. Incision of the cervix for dysmenorrhœa has had its day, and been at length very generally discarded. To be sure, the pendulum has swung to the other extreme, and we are just now urged to sew up the lacerated cervix as a universal panacea; yet I already see signs of a healthy reaction from that practice, and predict its speedy abandonment except in extreme and rare instances.

Massage of the womb, so called, I believe to be a misnomer, the effects obtained being attributable, not to alterations in the muscular or vascular system of the womb, but to the breaking up of perimetrial adhesions of inflammatory origin, and the consequent restoration of the womb to its normal position and mobility. Dr. Graham's own cases hardly support his claims of the benefits of massage in the treatment of uterine affections, for he expressly states that "no local trouble had been found" in any of them, and yet there were local symptoms. This apparent contradiction is dissipated when we reflect that of course the pelvic organs participate in conditions which affect the entire body, whether through derangement of the general, nervous, vascular, lymphatic, or other system. The most perplexing cases to which any practitioner can be called are those in which there is profound disturbance of the nervous system, together with uterine disease or displacement. To determine whether the nervous perturbations should be regarded as reflex phenomena dependent upon the local lesion or the uterine symptoms are merely the local manifestations of the general neurasthenic condition will tax his utmost powers, and the decision must govern his whole course of treatment and determine its success. In illustration of this point I will briefly cite two cases which have recently come under my care, in which the local conditions were identical and yet my conclusions diametrically opposite.

The first case has been alluded to by Dr. Graham in his paper. About eighteen months ago I was summoned to New Bedford by Dr. Fairchild to see a young unmarried lady who had been a miserable invalid for