

## ABSTRACT OF DISCUSSION

DR. ZABDIEL B. ADAMS, Boston: I had an opportunity of going to a school in France, just outside of Paris, where the French were reclaiming the men who had been slightly wounded or who had been discarded in the draft; and there, the apparatus used was very much the type that has been described in the paper—that is, apparatus that was made out of practically anything found on the premises. They had a few things that have not been thought of, apparently, in this country—at least, not described in this paper—which were original and simple. One of these was a double inclined plane, which they used to increase the flexion of the hip, knee and ankle. It consisted of a plane made of two boards, about ten or twelve inches wide, sloping up to 33 cm. in the center, and about eighteen feet long. The men took hold of a rail attached to the wall and, putting one foot on this inclined plane, and keeping the other on the floor, would start with the foot at a low level on the plane, and gradually push the lame foot up and swing back and forth; so that when they got to the top of the inclined plane, they would have complete flexion of the knee, ankle and hip. Then they had a very fine apparatus for limbering up the hand, consisting of a wooden bottle; and for supination and pronation, a machine something like that described here, with a handle like a shovel, which they twisted. They used, also, the chest weights and rowing machine.

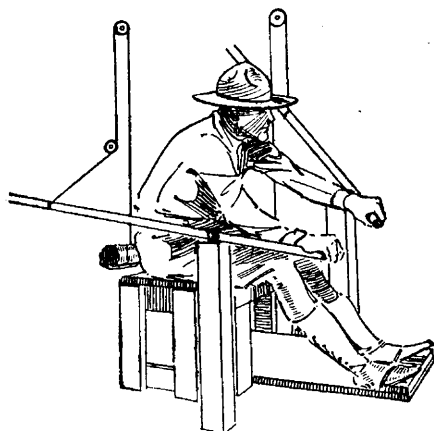


Fig. 8.—Rowing machine.

DR. RUDOLPH S. REICH, Cleveland: We had a great many other devices there that I did not describe. We felt that by improvising apparatus we could construct almost anything that the condition we happened to be dealing with might require. We could improvise apparatus that would be applicable to any condition that we were confronted with. Another thing that I should like to mention is the practical application of this to civilian orthopedic work. Many hospitals cannot afford to buy expensive apparatus; and very good articles can, I think, be constructed, which will serve the purpose very successfully, although they may, perhaps, not be quite so elaborate as the purchased apparatus.

**The Rat.**—A recent bulletin of the U. S. Public Health Service discusses the increasing depredations of rats. It is estimated that there is one rat at least for every person in the United States. The annual cost of the rodents is probably \$180,000,000 per year. However, the rats are not only a severe economic loss, but also a public health menace, since they have been incriminated as carriers of several diseases; for example, plague and more recently icterohemorrhagic spirochetosis. Rats are frequently found infected with intestinal parasites, such as tapeworm and with trichina. It is stated that there are three kinds of rats in this country included in the survey. Chief of these is the brown or Norway rat, which has largely superseded the other varieties. The primary measure suggested for destroying rats is the rat-proofing of buildings.

## Clinical Notes, Suggestions, and New Instruments

### A MODIFICATION OF ANDREW'S BOTTLE OPERATION FOR HYDROCELE

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This modification differs from the original only in the skin incision, evacuation of the contents of the sac, and delivery of the testicle. Some time ago it occurred to me that an incision beginning over the cord, near the spine of the pubis, extending outward and upward along the ligamentum inguinale, might have certain advantages over the usual anterior scrotal incision of the older operations:

1. With this procedure it is not necessary to hold the scrotum in the gloved hand in order to draw the skin tense over the hydrocele while making the skin incision. Since, because of its very nature, the scrotal tissue is difficult to sterilize properly, this lessens the liability of infection. Some infected wounds of scrotal tissue heal readily; some do not. If the incision is made in such a manner as not to involve the scrotal tissue, the convalescence may be more rapid.

2. The incision over the cord obviates the careful dissection necessary when approaching the hydrocele through the scrotal tissue. When the cord is exposed, slight traction with gauze will bring the funicular portion of the sac into the lower angle of the incision. Gentle pressure with the index finger will indicate a point of fluctuation. A needle is introduced at this point without danger of injury to the cord, testicle or epididymis. The contents of the sac are withdrawn, and the testicle and sac, of any size, may be delivered without the least difficulty. If the needle is left in the sac during and after its delivery, the identification of the tunica vaginalis testis resolves itself into a simple matter.

3. The operation is completed in accordance with the technique of the usual Andrew bottle operation, and the testicle is returned to its former bed.

305 Boyle Building.

### EXFOLIATIVE DERMATITIS, COMPLICATED WITH CELLULITIS, OBLITERATIVE ARTERITIS AND GANGRENE OF TOES, DUE TO ARSPHENAMIN(?)\*

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Superintendent, State Infirmary

S. J., colored woman, aged 28, married, was arrested, Oct. 30, 1918, and sent to the house of correction for six months on a charge of lewdness and wantonness. She was a strong, robust young woman without any special organic trouble. Her blood gave a Wassermann test of +++ by cholesterin and +++ by alcoholic extract of guinea-pig's heart. Specific trouble of any known character was denied. Nov. 15, 1918, she was given 0.3 gm. of arsphenamin intravenously in the left arm, and some of the drug entering into the adjoining tissues set up a marked local inflammation, with contracture of the tendon of the biceps. This condition of contracture called for energetic treatment by massage and mechanotherapeutics, such as carrying a weight in the hand and daily increasing the load to overcome the tendency to contract. In connection with this local infection she had a severe systemic disturbance. The second injection was given, Jan. 31, 1919, and no severe reaction was noted, nor was there from the third and fourth. February 24, she reacted badly to the fifth injection, and the left arm showed a neuritis and inflammation. After the sixth treatment of 0.3 gm. of arsphenamin, March 7, the patient showed an eczema of the skin, which gradually became more marked, and showed desquamation of the skin in large flakes, especially about the

\* Case presented at the Clinic held at the State Infirmary, Howard, R. I., for the Annual Meeting of the Kent County Medical Society, June 19, 1919.

hands and feet. The skin previous to the desquamative process was of a glowing, dusky red, and a sharp rise in temperature was noted. A diagnosis of exfoliative dermatitis was made, and corroborated by Major Harry W. Kimball, member of the Public Health Service and director of venereal clinics of Rhode Island. Between the dates of March 7 and April 6, the patient had suffered greatly from pain in both feet resembling rheumatism, and a marked cellulitis made its appearance. The face, hands and feet were the worst affected. This trouble finally cleared up with medication of alcohol dressings. The pain and numbness in the limbs became localized in the right foot; numbness and tingling were prominent with a marked puffiness of skin over half of the dorsum of the foot, involving the proximal ends of the toes. A darkened, fan-shaped area developed, spreading over the skin of the four greater toes. This became more boggy, and broke down with the tissues beneath looking gangrenous. In spite of medicaments, this process became more firmly localized, involving the four larger toes, and the tip of the little toe.

The gangrene soon assumed the characters of the dry type with a fair line of demarcation at the metatarsal joint. May 1, the four toes were amputated. The tissues of the foot were gangrenous and "porky" in character, and hardly any hemorrhage occurred. No hemostatic forceps were needed. The flaps were sutured with catgut, and heat was applied to the feet. We were under the impression at the time of operation that a secondary or Lisfranc operation would have to be performed because of the bloodless condition of the tissues, even beyond the line of demarcation. During etherization the patient had a peculiar tremor which was most marked in the lower limbs, and more especially the left, and the opinion was that this might be epileptic in character, as the patient seemed to be of a neurotic type. The tissues, since the operation, have healed very slowly, responding best to an ointment containing red mercuric iodid, other dressings causing a painful burning sensation of the stump. At this date (July 16, 1919), she can get about with the aid of a cane, is in good physical condition apparently, and on April 6 her Wassermann test proved negative.

## COMMENT

In looking up the causes of the obliterative arteritis, which in this case evidently took place in the dorsalis pedis artery, we find that authors consider this condition rare. Allbutt<sup>1</sup> says:

"In amputations that have been practiced it has been noticed that the arteries do not bleed and the wound heals with difficulty unless the amputations have been made high above the seat of mortification. . . . The condition is rare; syphilis in some of the cases appears to have been the principal etiologic factor. The symptoms are various according to the arteries affected and the rapidity of the process of occlusion; if it be gradual there is time for the establishment of collateral circulation, and there is no functional defect."

In the case herewith recorded, the process was fairly rapid and the destruction of tissue complete. In those cases of obliterative arteritis that are mentioned by various authors, larger vessels are as a rule affected. We were inclined to believe this condition might have been due to syphilis, as suggested by Allbutt; but in the discussion that followed the presentation of this case to our clinic, Dr. Kimball gave it as his opinion that the obliterative process was caused by the

lodgment of arsenic in the circulation and tissues, and the case as reported by Latham<sup>2</sup> would bear him out in this statement; also the last Wassermann test of the patient, which was made, April 6, 1919, gave a negative reaction. This would lead us to the supposition that the cause was not syphilitic, but a case of arsenical deposition in the system.

THE EASY PENETRATION OF URETHRAL  
STRICTURES

OPERATING URETHROSCOPE OF THE GERRINGER TYPE

MAXIMILIAN STERN, M.D., NEW YORK

It is a mistake to make repeated and protracted efforts to penetrate an inflammatory stricture of minute caliber with filiforms and sounds, in a patient suffering with acute retention of the urine. He is generally in an anxious and desperate state, in consequence of hours of futile efforts on his part to void, and frequently because of the efforts of others to pass instruments.

To have at hand an instrument with which the penetration of a stricture becomes certain of accomplishment is a great comfort. This operating urethroscope consists of an ordinary endoscopic tube, slightly longer than those in ordinary use, into which the three essential working parts are inserted in one compact bundle. This bundle comprises the telescope, which is of the direct vision type, the light carrier, and the cannula or instrument channel. The bundle fits into the tube accurately by means of a water-tight sleeve, so as to permit of focusing backward or forward with the telescope and also the rotation of the inner bundle in efforts to catheterize a stricture from various angles, without the loss of water at the ocular end. This is an important feature, water pressure within the tube being essential. Dilatation of the stricture orifice with water makes it easy of identification and instrumentation, especially when bands or a cribriform opening

are present. The cannula is so constructed that the catheter or filiform is always directed toward the center of the field, so that by revolving the inner bundle while holding the tube firmly against the face of the stricture, one can approach it from any angle with a catheter. This is an advantage, because the lumen may be tortuous and the orifice eccentric.

The fact that all the moving parts are included in the inner bundle makes the necessary manipulations possible without changing the position of the tube against the face of the stricture.

I have selected a ureteral catheter rather than a filiform so that it may be fixed to the glans penis and be allowed to remain in the bladder for twenty-four or forty-eight hours. In this way, drainage into a receptacle is accomplished and the patient can obtain hours of undisturbed sleep.

The instrument here illustrated is also applicable to all the purposes of a direct vision cystoscope.

219 West Eighty-First Street.

2. Latham, J. R.: Exfoliative Dermatitis Due to Arsphenamin, J. A. M. A. 73:14 (July 5) 1919.

**Nasal Breathing.**—Every parent, as soon as he learns that a child has nasal obstruction, should have the child examined and treated by a physician and should take the necessary steps to restore the nasal breathing. Nasal breathing is Nature's safeguard against infection and lowered vitality.—*Pub. Health*, Michigan, September, 1919.

1. Allbutt, T. C., and Rolleston, H. D.: *A System of Medicine*, New York, the Macmillan Company, 6: 301, 1905.