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A RETROSPECT OF RECENT SURGERY.

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RECENT Surgery has been an Applied Pathology. The most striking advances in the art have been inspired by the Pathologist and appeal to the authority of experimental Pathology.

In all its departments Surgery has, during the past year, made advances, in many cases as well grounded and beneficent as they are brilliant.

Surgical Anatomy has made more precise and lucid the rules which guide the surgeon in the arduous task of operating on the brain, and even in the commonplace sphere of amputation has furnished ingenious suggestions.

Surgical Pathology continues to engross the attention of many of the ablest minds, and has been studied with remarkable success, notably in the investigation of tubercular conditions and in applying to the problems of Surgery the potent influence of the Germ Theory of Disease.

Operative Surgery has acquired various new procedures, and has advanced to the assistance of Medicine in directions once undreamed of.

Finally, as a concomitant and result of all this activity, Surgical Literature has been enriched by many contributions of great interest and value. We propose to glance briefly at some of the more recent phases of Surgery and glean indications for our own guidance in following the triumphal progress of our Art.

THE SURGERY OF THE BRAIN.

For daring, brilliancy, and success, the advances in this direction have been unsurpassed in the history of operative surgery. The cases reported by Mr. Macewen,* of the Glasgow Royal Infirmary, at the recent meeting of the British Medical Association came as a dazzling surprise even on those who have given some attention to cerebral surgery, and his paper has been characterized by high authority as "in many respects the most remarkable contribution to surgical literature which the present day has produced." In his statistical *resume* he has been able to say: "Of twenty-one cerebral cases, (exclusive of fracture of the skull with brain lesions or other immediate effects of injury,) in which operations have been performed by me, there have been three deaths and eighteen recoveries. Of those who died, all were *in extremis* when operated on. Two were for abscess of the brain, in one of which the pus had

already burst into the lateral ventricles; in the other suppurative thrombosis of the lateral sinus had previously led to pyæmia and septic pneumonia. The third case was one in which there existed, besides a large subdural cyst over the one hemisphere, extensive softening at the seat of cerebral contusion on the opposite hemisphere, accompanied by œdema of the brain. Of the eighteen who recovered, sixteen are still alive in good health, and most are at work, leaving two who have since died, one eight years after the operation, from Bright's disease, she in the interval being quite well and able to work; the other forty-seven days after the operation, after the abscess was perfectly healed, from an acute attack of tubercular enteritis."

These statistics, be it noted, are exclusive of ordinary surgical cases, such as fracture and its immediate results. His array of cases unmistakably gives Macewen the first place among those surgeons who have distinguished themselves by their operations on the brain. Among the more interesting cases operated on by others during the last two years are those for cerebral tumour by Horsley and Godlee, of London, and Wier, of New York; for cerebral abscess by Caird of Edinburgh, Stokes of Dublin, and Horsley and Barker of London; and one by Thornley Stoker of Dublin for subcranial hemorrhage without fracture.

The issue of these attempts to relieve disease of the brain, or to obviate the results of injury to it, must rest largely, mainly indeed, on the accuracy with which the exact seat of the lesion can be localized, and in this direction the well-known labours of Ferrier have been ably supplemented by the experiments of Horsley; but very much remains to be done. In the case, for instance, of a tumour, not only should we know to what part of the cortex we should direct our attack but we should know the depth at which the growth lies, and have some idea of its extent. It would appear that cases of abscess are the most encouraging. Here the etiology is of great importance, for example, whether traumatic, or due to otitis, and the treatment is the simplest. In cases of tumour the difficulties of localization are usually greater, and are complicated by uncertainty as to the nature of the tumour and the feasibility of its removal. In the operative treatment of epilepsy the difficulties are also great. In the present state of knowledge it is perhaps unwarrantable to operate except in simple traumatic, Jacksonian epilepsy, and it is scarcely necessary to remark that particular care should be taken to learn the exact seat of the earliest attacks of spasm.

* *British Medical Journal*, 1888, II., p. 302.