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TO CORRESPONDENTS.

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Very naturally, while the cholera has been spreading on the Continent, the English people have felt alarm at the possible introduction of the malady into the United Kingdom. The vast commercial activity of the mother country always makes this risk of importation a serious one. Happily, the precautions which have been instituted have sufficed to keep the destroyer at bay. Events, however, have shown the necessity of constant vigilance and precaution. Narrow escapes from the introduction of cholera have occurred at several ports,—notably at London, in the case of the Danes and other emigrant passengers from the North of Europe passing through infected districts: again at Southampton, in the case of a sailor who had fallen into the mud at Havre, thereby exciting a choleraic diarrhoea then prevalent in the French port; also at Hull and Liverpool, in the case of emigrants passing through England on their way to America. In all these cases the value of isolation and the disinfection of the faecal discharges, as practised by the health officers, in preventing extension of the disorder has been marked. Although from the very nature of the disease, in possessing, as it were, a stage of incubation, it is impossible, in these days of rapid transit from one port to another, to prevent the importation of apparently healthy persons who have nevertheless the seeds of cholera about them; yet it has been shown that much may be done to prevent the spread of the disease even after it has declared itself. Englishmen are apt to be very exacting of public officials; and some have grumbled that the precautions of the Local Government Board have been inadequate to exclude cases of cholera from the kingdom; but while this is impossible with anything like freedom to commerce, the system set in operation by the principal health officer is deserving of great credit for what it has accomplished in face of all the risks to which a commercial country like Great Britain is peculiarly exposed. If cholera cannot be shut out, it can at least be shut up and measurably restricted under the English system. Not only have the people of England to thank the inaugurators of this system for their present immunity from the scourge of cholera, but the people of North America likewise are deeply indebted to the hygienic progress which is making in England for our exemption

thus far from the importation of cholera. Our own government has been too passive. A real danger has not been sufficiently apprehended; but fortunately for us the very measures taken in view of conserving the public health in Great Britain have at the same time conduced to our safety. For a time the danger is past. Cholera is sensibly abating in Europe; and the fag-end of the epidemic is now the only source of infection. Possibly we may entirely escape; but there is still room for fear lest the fag-end even should light up afresh and renew a greater danger.

SURGERY.

BLOODLESS OPERATIONS.

Apropos of the remarks on the attainable limits of operative surgery referred to in another column, it may be interesting to describe a plan that has recently been adopted by Esmarch, and introduced into England by Mr. William MacCormac, of St. Thomas's Hospital, for preventing the loss of blood during operations on the distal portions of the extremities. The method is not exactly new, and was practised by Stromeyer and Langenbeck twenty years ago, and more recently by an Italian surgeon named Silvestri. The details are as follows. An elastic bandage, about two inches and a half in width and from five to ten yards long is firmly bound round the limb, commencing at the toes and fingers as the case may be, and is then continued upwards so as to drive the blood before it out of the veins and arteries. When the desired point has been reached, a strong india-rubber band, about half an inch in diameter, is tightly drawn two or three times round the limb just above the elastic bandage, and fastened by hooks. The bandage is then removed, leaving the tissues blanched and exsanguined. Not a particle of blood is lost during the operation, which is really more bloodless than when performed on the dead subject. After the operation is completed the rubber rope is removed, and the blood then finds its way into the vessels, which are ligatured or twisted according to the taste or inclination of the surgeon. On this plan, which has been carried out at St. Thomas's, Guy's, London, and St. Bartholomew's Hospitals, many operations have now been performed, including excision of the knee and elbow joints, amputations, and the removal of dead bone; and Mr. Wagstaffe has recently amputated through the thigh for gangrene of the foot on this plan, the precaution having been taken to commence the application of the elastic bandage several inches above the mortified part. No ill effects of any kind have hitherto been observed from the use of this contrivance. Although the durations of the operations have varied from a few minutes up to half an hour, and even more, during the whole of which time the circulation has been completely arrested, no evidence has been afforded of the formation of emboli or thrombi in any of the cases. But it is one of the possible evils of the device that the prolonged pressure on the vessels and complete stoppage of circulation may, under certain conditions, lead to the formation of a clot, which, on the re-establishment of the circulation, may be carried along the vessels, and arrested in some part of their course, giving rise to circumscribed inflammation or even gangrene. There is also considerable danger in applying the bandage over parts which are inflamed and suppurating, especially if decomposition be going on, lest some of the clots which are found in the bloodvessels of the affected parts be detached and forced into the blood-current. For such cases it would be well to employ in addition a modification of the plan which has been practised at Edinburgh for the last two or three years, and which consists in suspending the limb for some minutes before the operation, so that the blood may gravitate downwards. Then the bandage may be applied at the proximal side of the diseased part, thus avoiding all risks of septic poisoning or of embolism.

As to the condition of the limb on the removal of the rubber rope, it may be remarked that the blood shows itself at the wound in some cases immediately, and in others not for several seconds, or even a minute afterwards. The part then rapidly becomes very red, of a slightly livid hue, and somewhat swollen; which may be accounted for by the small vessels and capillaries becoming engorged before the *vis a tergo* is sufficiently restored to drive the blood up into the venous column.—*Lancet*.

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THE ATTAINABLE LIMITS OF
OPERATIVE SURGERY.

In his introductory lecture at University College Mr. Erichsen made the remarkable assertion that the attainable limit of manipulative and operative surgery had been nearly reached if not quite. Coming from one greatly experienced in the operative department of surgery, the statement is very significant and demands attention. The term "attainable limit," or "finality," as the lecturer called it, must, however, be accepted with a certain amount of reservation, lest by prematurely arrogating perfection we hinder further progress and retard a noble art. But it is only reasonable to assume that any merely manipulative art can be elaborated only to a certain degree, and that in time a point will be reached beyond which it is impossible to go. Varying conditions may suggest endless modifications, but the principles of the practice, so to speak, remain the same. If we remember that almost every artery in the body up to the aorta itself has been ligatured, that almost every articulation has been excised, that large bones have been removed, that organs previously considered inviolable have been extirpated, it must be acknowledged that something like finality has been attained. It is true that new methods of accomplishing a particular object in manipulative and operative surgery are constantly being devised; but in all these there is rarely a little more than the elaboration of some old principle. The valuable method lately adopted by Esmarch of performing bloodless operations on the distal portions of the extremities, and to which fuller reference is made in another column, is sufficient proof that progress is still being made; but even this recent plan is not new, for the same object