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SURGERY.

MEDULLARY CANCER CURED BY ARSENICAL MUCILAGE.

The following is a good example of the kind of cases for which arsenical mucilage treatment, introduced by Dr. Marsden, Surgeon to the Cancer Hospital, is most preferred. The tumour being a medullary cancer of comparatively small size, situated on the exterior of the body, and not penetrating deeply into the tissues at the base, all the conditions as to nature, size, situation, and connections, combined to favour the use of the remedy, and the result was as successful as could be desired.

The tumour grew from the skin over the trapezius muscle near its anterior edge, about midway between the head and shoulder. It was quite circular at its base, with a diameter of nearly an inch, and rose about three-quarters of an inch above the level of the skin at its highest point in the centre—closely resembling, in fact, a large strawberry in size and shape, as well as in colour, the whole surface having a red fleshy appearance, cut up by fissures of various depths, and thickly covered by large round granulations. It was so closely encircled by skin, that it overlapped a little at the edges; the skin, however, around the base was not otherwise perceptibly altered except in colour, there being here simply an areola two or three lines in breadth, of a purplish hue, in the direction of which the veins were visibly increased and enlarged. It bled on the slightest touch, and, being extremely sensitive, was the source of constant pain. The history of the case showed that, about three years before, a small tumour appeared at the site of the present one, and, on being lanced, discharged blood freely. It continued to bleed more or less occasionally until the wound closed, when, in consequence of its increase and the pain arising from it, it was excised; soon afterwards it reformed, and was excised, but still kept on growing; and, at the time of the patient's admission into the hospital, on February 22, 1872, presented the characters described. The patient was a moderately healthy woman, 42 years of age,

As the patient was in tolerably good health, there was no occasion for delay on that ground; accordingly, on February 23, the arsenical paste (consisting of arsenious acid and mucilage of acacia, in the proportion of two drachms of the acid to one drachm of the mucilage, made into a thick paste) was laid over the whole surface of the tumour, and covered with cuttings of lint in the usual way. In three days, the diseased mass was quite movable, and a sulcus lay between it and the skin, leaving it attached only at a small portion of the base. Bread-and-water poultices were then applied and changed every three or four hours; and on the fourth day (February 27) the whole mass came away in a lump, leaving in place of the tumour a conical cavity with slightly

indurated edges. The wound was poulticed in the same way as before for a few days, and then dressed with weak spirit lotion. Healthy granulations sprang up over the whole surface of the cavity, and by the 23rd of March its size was reduced to about a third, and the induration had entirely disappeared, and the only indication of the former disease left was the cicatrix and an increased vascularity of the skin around it. The patient remains quite well up to the present date (October 8).

Another case with a tumour, as near as possible in resemblance to the above, situated on the chest near the middle line immediately above the breast, is at present in the hospital under the care of Mr. Porter, for which the same method of treatment is being employed. This patient is a feeble old woman, 70 years of age, and has had the paste twice applied; the first application, although it appeared to remove the whole of the disease, being followed by a slight return of the growth when the wound was nearly healed. It is now, after the second application, progressing favourably, without any symptom of a return of the disease. Dr. Combie, the house surgeon, remarks that, during his residence at the hospital, he has seen other cases of recovery by this treatment continuing well at considerable intervals afterwards, although in one instance the disease removed from the cheek had appeared on the tongue about three years afterwards.—*Brit. Med. Journal*

THE ANTISEPTIC SYSTEM AT EDINBURGH.

By RICKMAN J. GODFREY, B.S., Surgical Registrar at University College Hospital.

(Continued.)

The result of providing an insufficient exit for the discharge is the occurrence of tension from its accumulation in the wound, and its tension gives rise to a degree of inflammation that not only causes a considerable increase in amount of serum thrown out, but may even lead on to suppuration. This was all illustrated in the case of J. McB—, who was admitted under Mr. Lister's care with an ununited fracture of the shaft of the humerus of some months' standing. The operation, which took place on Feb. 12th, 1873, was, owing to the obliquity of the fracture, a very tedious one, and involved a very free handling of the soft parts. After the ends of the fragments were removed, they were firmly brought together by a piece of stout silver wire passed through holes drilled in them, the ends of which were tightly twisted together and left exposed in the wound. Contrary to Mr. Lister's general custom, sutures were then applied in the upper half of the incision. The amount of serum thrown out during the first twenty-four hours was very great, and, as it did not find a sufficiently free exit, a small amount of inflammation was set up, which was indicated by a slight blush round the wound on the second

day, and on the third by a little pus which could be squeezed from the deeper parts. This increased somewhat in amount in the few following days, but remained free from putrefactive odour, the silver wire in the wound being quite unaltered, and the man suffering no constitutional disturbance whatever. The subsequent progress has, I am informed, been in all respects satisfactory.

The consideration of this case leads to the observation that it is a great mistake to suppose that in none of Mr. Lister's cases does suppuration occur, and still greater for any surgeon to relinquish the antiseptic treatment of a wound the moment a spark of pus appears in it. Mr. Lister lays great stress on the fact that suppuration may be caused by any abnormal stimulus whatever, whether the indirect or nervous, as in ordinary inflammation, or by the direct action of a chemical irritant, the latter class including that which results from the stimulation of an antiseptic salt as well as that which is caused by the products of putrefaction.

It is obvious that it is the occurrence of putrefactive suppuration alone, that involves the failure of the antiseptic treatment. Suppuration, as the result of direct stimulation, far from being the exception, is seen in every granulating sore treated antiseptically, its amount being dependent on the frequency of the dressing and the strength of the lotion used, as well as on the fact that where carbolic acid is employed, the present protective does not form a perfect obstacle to its passage from the dressing to the surface of the wound. The innocuous character of the pus thus generated under the stimulus of an antiseptic salt is well illustrated in the process of skin-grafting, which in Mr. Lister's hands has attained a state of great perfection. The granulating surface to be operated on is first freed from putrefaction by careful dressing with carbolic or boracic acid for some days previously (the use of the protective being in its case of course dispensed with), and the part from which the grafts are to be taken is also purified by washing with a solution of carbolic acid. A small piece of epidermis is then raised with a sharp scalpel passed only just sufficiently deep to draw blood, and divided on the thumb-nail (which has been washed with boracic lotion) into pieces not larger than a small pin's head; these are placed on the granulating surface, which is covered with a dressing of protective and boracic lint. During this process and at subsequent changings of the dressing, boracic lotion is used in the form of spray, so that the small grafts may not be disturbed by the flow of liquid over them. In this way twenty-one grafts were in one case obtained from a shaving not larger than half a threepenny-piece, and I am informed that out of such a number nearly all may be expected to succeed. One cannot help being struck by the difference in the behaviour of the epidermis when