

while closing an outside shutter (blind) one windy night, had it catch her on the back of her hand. Thinking it a small matter, she applied simple things, but, in a fortnight's time, the hand was in such a serious condition that a doctor (namely, myself) was sent for; the condition was as follows (July, 1880): erysipelas (intensely deep red color) of hand and forearm, almost up to elbow; swelling of hand, semi-œdematous, more on the back than in the palm; had had shivering, previously; now a slight fever, great weakness; mind tranquil, but evidently averse to any exertion that was not strictly necessary; a good deal of pain, but, as she bore pain well, bystanders did not think she suffered as much as was really the case.

The case was one evidently of phlegmonous erysipelas; I told her I thought the only thing to be done was to make good incisions. The night (10 p.m.) of that same day, I took up my old friend Dr. Sheppard (of thirty years' large practice, both surgical and medical), who gave chloroform, while I made one incision on dorsum which, according to him would empty out the whole thing; but my opinion was that three or four incisions would be necessary. We left her, he telling me that she would not live more than four days; it certainly looked bad. In about three days as that incision had done no good, no pus having come out, I took him there again, patient anesthetized a second time, and I effected four good (*i. e.* very deep and long) incisions over the metacarpals, merely on the dorsum; then applied a common poultice (although I do not like poulticing as a general rule), telling her at the time her life was hanging by a thread; after this, pus exuded in abundance, but did not seem to relieve her condition; some nights she was flighty. I then intimated to her that, although she might get well, the chances were against her, and that I should consequently advise amputation of forearm (as I did not wish to get blamed, although I had a little inkling in my own mind that she might possibly pull through): to this she would not consent, preferring death unmaimed; I answered "very well, you will have to die." Now for the treatment and the anatomical condition of the hand. In about ten days or so, I let off poulticing (as I am not in favor of that mode of treatment if one can possibly do without), and kept hand wet with double rag, dipped in dilute nitric acid lotion (hospital strength, of old fashioned times—20 years ago) every hour, as it was intensely hot weather, and the wraps soon dried—temperature of circum-

ambient air was between 90° and 100°. The poulticing had the effect of causing the whole top (dorsum) of the hand to slough off, nothing to be seen but the tendons (of the extensors). For the first few days, dorsal veins of hand (venous arch) were still discernible; they then shrivelled, and finally sloughed away, like the other tissues. Now, here was a practical question: if she got well, what use could she expect of her hand; and, another, where was the skin to come from with which to cover the same?

I was then taken sick myself, and did not see her for some weeks afterwards, when I found that the natural skin had stretched (or relaxed) over back of hand, and in centre was a longish red cross (cicatrical tissue) which will very likely soften, and get paler, inside of a year.

Her arm and her life were saved; and I should suppose if there ever were a case where carbolic acid would be tried, this would be one of them.

The motions of her fingers are still limited, but will doubtless improve in time. During my attendance, the smell from the hand was perfectly terrible—yet even so, I did *without* the carbolic acid.

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## Correspondence.

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*To the Editor of CANADA MEDICAL RECORD.*

SIR,—In reading the *Star* the other evening, I noticed a paragraph describing an operation performed by a surgeon of this city. The operation was so described, and the description given of the tumour so minute, that, were it not for the *well known* aversion of the operator in question to public puffing, one would have supposed he had given the details to the reporter.

This, following so shortly after a similar puff of an operation performed in one of our hotels, makes one think that the practice is in quite accordance with the rules of Medical etiquette.

Perhaps these rules are meant only to be applied when the older men are giving wise lectures to the younger fry in what they should or should not do; much in the same way that some parsons tell their parishioners, "don't do as I do, but do as I tell you." In a good many instances, this appears to have been the custom in this city.

If a younger practitioner should be guilty of allowing his name to appear in connection with