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# The Maritime Medical News.

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A MONTHLY JOURNAL OF  
MEDICINE and SURGERY.

VOL. VII.—No. 11.

NOVEMBER, 1895.

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The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1895, on Tuesday September 24th and will continue until the beginning of June, 1896.

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About \$100,000 have been expended during the last two years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Library, which contains over 15,000 volumes.

**MATRICULATION.**—The entrance examination of the Medical Boards of the different Provinces in Canada, is accepted by the University as equivalent to the Matriculation examination, which is held by it in the months of June and September.

**COURSES.**—The regular course for the degree of M. D., C. M., is four sessions of about nine months each. Arrangements have been made with the Faculty of Arts of McGill University, by which it is possible for a student to proceed to the degree of B. A., and M. D., C. M., within six years, the Primary subjects in Medicine, i. e., Anatomy, Physiology and Chemistry, being accepted as equivalent for Honour Natural Sciences, of the Third and Fourth years of the Arts course.

**ADVANCED COURSES.**—The Laboratories of the University, and the various Clinical and Pathological Laboratories connected with both Hospitals, will after April 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A Post-Graduate course for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

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# The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII.

HALIFAX, N. S., NOVEMBER, 1895.

No. 11.

## Original Communications.

### ANTERIOR ABDOMINAL NEPHRECTOMY.

By JAMES MACLEOD, M. D., Charlottetown.

(Read before Maritime Medical Association, at Halifax, 1895.)

Miss J. C., aged 51 years was admitted into the P. E. I. Hospital on May 15th last. She had a poor physique, was anaemic and emaciated. One knee was ankylosed the result of arthritis, no doubt tuberculous twenty years ago. On examination the left kidney was found enlarged to about the size of a four month's gravid uterus. The tumor caused the anterior portion of the lumbar region to project forwards noticeably, and this could be made much more prominent by pressure from behind. The patient complained of much pain in the region of the kidney. This pain also radiated upwards into the chest and downwards into the groin on the least exertion. She had been aware of the existence of the tumor for about ten years, since which it gradually enlarged, and her condition of health also steadily deteriorated. While under observation in the hospital, for ten days, her temperature

ranged from 99° 5' to normal or subnormal,—on one occasion to 96° 5'. Her pulse ranged from 80 to 96. Her urine was acid and contained no albumen, the quantity varying from 24 to 38 ozs. per diem, sp. gr. 1016 to 1025, although on one occasion it fell to 1005, the result of much mental and nervous excitement caused by the news of the sudden and unexpected death of a sister.

The operation took place on the morning of the 25th May. Chloroform was administered in preference to ether as less likely to interfere injuriously with the function of the remaining kidney. Langenbuch's incision at the outer edge of the rectus in the linea semilunaris was made. The abdominal cavity was easily reached with scarcely any loss of blood. The right kidney was examined. It was somewhat enlarged, due no doubt to compensatory hypertrophy, and a few rough nodules or cysts could be felt on its surface, but in view of the urinary tests the operation did not appear to be contra-indicated. The colon, which was lying external to the tumor, was drawn towards the median line and held there by sponges. The outer edge of the mesocolon was then divided, avoiding a few large veins traversing it. The enucleation of the mass was effected with some difficulty as far



as the finger could reach, but as it was deemed undesirable to enlarge the wound of the meso-colon any more than was absolutely necessary, two turns of an elastic ligature were made to embrace the tumour as deep down as possible, but where it was still in calibre as large as a normal kidney. This elastic ligature was guarded from slipping by passing two hysterectomy pins external to it. The thick strong fibrinous cortex was then cut through, when a semi-solid creamy-yellow but odorless material escaped. Some time was lost in packing iodoform gauze around the mass to protect the peritoneum and abdominal cavity from this septic material, and still more time was consumed when the portion embraced by the ligature was cut off to render the stump antiseptic. This having been done, the iodoform packing was removed, and the enucleation of the remaining portion of the sac proceeded with. Here new difficulties were encountered from inflammatory adhesions and matting down of the kidney to the adjacent parts, notably a strong thick band attaching the capsule firmly to the left crus of the diaphragm. This was tied with a strong double catgut ligature and cut through. When all the adhesions were disposed of the pedicle was reached and tied in two bundles with stout silk and finally one of the ligatures was thrown around both halves together. A strong pair of forceps was made to grasp the pelvis and the pedicle cut through between this and the ligatures to prevent escape of septic material. A double drainage tube was passed out through the loin by pushing a pair of forceps from the site of the kidney through the loin to the skin where it was cut down upon. The abdominal cavity was then thoroughly irrigated with a salt solution and the abdominal wound closed, first the peritoneum with fine catgut and then the superjacent tissues and skin with silk-worm gut. The patient was on the table about two hours.

For the first twenty-four hours after the operation she rested comparatively easily. Urine passed by catheter 10 oz., temperature, highest 100°, lowest 99°; pulse 94-113.

*Second day.*—Urine 26 oz., highest temp. 101.8; pulse 113-120.

*Third day.*—Troubled with flatulency, the colon through its whole length being much distended. Ordered quin. sulph. gr. 5 per rectum and calomel gr. 2½, to be repeated in four hours. Eight hours after the second dose of calomel, the bowels not having moved, a seidlitz powder with magnes sulph. drs. 2, was given and later on an enema of one ounce of castor oil followed by soap and water was ordered. This was followed by the passage of a small hard faecal motion. A second seidlitz powder with magnes sulph. drs. 2, was ordered. This was followed by a soft and natural motion. Urine 38 oz. highest temp. 101° 4 pulse 115-120. Rectal tube inserted which gave great relief, much flatus passing through it. The colon was still much distended and could be traced in its whole length from its distension. There was no general tympanitis however or any tenderness on pressure.

*Fourth day.*—Passed several small watery stools, which towards evening, became bloody, one evacuation containing about 5 ozs. of blood. An enema of starch and laudanum checked the discharges temporarily. Highest temp. 100° 8, pulse, 116-137. Patient showing signs of collapse, stimulants and an astringent mixture were ordered.

*Fifth day.*—Three or four evacuations, containing blood and mucus. Odour very offensive. Toward morning patient restless and bathed in a cold perspiration. Highest temp. 101° 8; pulse, 137-140. Increased stimulants.

*Sixth day.*—A pustular eruption on face and chest, evidently septicaemic. Ordered flushing of rectum and colon with douches containing alternately Labarraque's solution, listerine and

permanganate of potassium after every foul motion. Urine could not be saved or measured.

*Seventh day.*—Bowels moved frequently, the discharges still of a foul and gangrenous odour, but no fresh blood. Much flatus passed through the rectal tube. Temp. 99° S, pulse 137.

*Eighth day.*—Fair amount of sleep, patient more comfortable, two small motions. No blood, and less offensive odour.

*Ninth day.*—The abdominal sutures removed. The line of incision healed by first intention and perfectly aseptic. No correct estimate of quantity of urine could be made for the last few days on account of diarrhoea. At night became delirious, refusing absolutely to take any food. Highest temp. 99°, pulse 130.

*Tenth day.*—Continued quite flighty and excited during the day, at night developed acute mania. Threatened violence to the nurses, attempted to get out of bed, tossed arms about, and once or twice, in spite of the vigilance of the nurse, left temporarily alone, passed one hand under the bed clothing with the most untoward result as the sequel will show. At two o'clock the Matron was called up. She found the patient in a state of collapse, and on investigation, discovered that the bandages were loosened, the abdominal wound torn open and the intestines protruding therefrom. I was hastily summoned by telephone and on arrival found the patient lying on her back with a coil of the colon beside her and in contact with the sheets. I hastily removed all the bandages and found lying under the iodoform dressing a still larger portion of the colon, some omentum and a large portion of the smaller intestines extruded through the wound—a condition of things the like of which I had never before witnessed, nor read of, unless indeed it be the case of Judas Iscariot of whom it was recorded that all his bowels gushed

out. Using all possible antiseptic precautions I returned the extruded bowels and omentum with some difficulty and closed the wound with strong silk sutures, the patient bearing the pain remarkably well without any anaesthetic, her pulse at the close of the operation being 120 fairly strong and regular, and strange to say, no shock followed, but on the contrary, her cerebral symptoms seemed to improve, but sedatives were continued until all these symptoms disappeared.

On the 26th day the patient was placed in the general ward.

Now, the 33rd day, the wound is completely healed, temperature normal, pulse 74 to 84. Urine passed varying somewhat in quantity and sp. gr. some days as much as 49 ozs. being passed with sp. gr. 1015. Other days quantity not so great and sp. gr. higher. Her diet now includes fresh fish, meat, fowl, broth and all the cereals; also eggs. In the matter of the bleeding from the bowels and diarrhoea, I have no doubt these were the results of the wounding of the meso-colon, together with the handling and exposure of the colon itself.

Indeed necrosis and sloughing of the colon is one of the contingencies to be dreaded after an abdominal nephrectomy. The paralysis of the colon was well marked before any purgatives were administered.

The bleeding and the gangrenous condition of the discharges would seem to indicate a necrotic process going on in the mucous coat of the colon near the site of the wound of its peritoneum, although fortunately confined to the mucous coat of that viscus, at least not extending through to the serous coat of which fact I had an ocular demonstration at the time of the accident which I have described. The septicæmic symptoms met with would also be accounted for by absorption from a sloughing process in the interior of the bowel and on no other

supposition, as the wound was perfectly aseptic throughout. If then the all but fatal results from interference with the blood and nerve supply of the colon was caused by the adoption of the abdominal route, necessitating as it does the opening of the meso-colon, should the lumbar route have been taken?

Dr. E. Harry Fenwick's article in the International Medical Annual 1894, commenting on the success of Dr. Schede of Hamburg who reported seventeen cases with but one death as contrasted with the statistics of Gross showing a mortality of 44.6 per cent, of Brodeau 44.4 per cent and of Czerny 44.4 per cent, adds "since the extirpation of renal tumours by means of the various retro-peritoneal incisions has been successful and the much more dangerous abdominal incision has become almost *obsolete* we are certainly justified in looking for more favorable results of kidney extirpation."

On the contrary Lange of New York holds that dogmatic rules about which incision should be used in nephrectomy should not be laid down. The size and especially the position of the organ also the nature of the disease decides one or other of the two routes to be preferable."

Mr. Morris of London, (no better authority) points out from his own experience that the consequent mortality varies more with the nature of the disease than with the mode of operating.

Mr. Jacobson in his "Operations of Surgery" summarizes the advantages and disadvantages of lumbar and abdominal nephrectomies respectively:—

*Lumbar Nephrectomy.*—Advantages.

1. The peritoneum not opened or contaminated.
2. Efficient drainage is easily provided.
3. The structures interfered with are much less important.

4. In the case of its being unwise as in abscess or in tumour affecting the surrounding tissues to proceed to removal, it is less serious to the patient.

6. The lumbar incision, if converted into a T-shaped one or prolonged by König's method, will give sufficient room for meeting most of the conditions which call for nephrectomy. Thus modified it will suffice for new growths in their early stages.

If these are operated on later, one of the abdominal methods will probably have to be made use of.

Disadvantages.

1. It is usually thought that too little room is given by this method for the removal of large kidneys, &c., &c.

2. In a fat subject the organ may be difficult to reach.

3. The pedicle is less easily reached.

4. If the kidneys be very adherent, important structures, e. g. the peritoneum and colon, may be opened into unless great care is taken.

5. The condition of the opposite kidney cannot be examined into.

*Abominal Incision.* Advantages.

1. Additional room in case of large kidneys.

2. More easy access to the pedicle.

3. The possibility of examining the other kidney.

Disadvantages.

1. The peritoneal cavity is opened.

2. The peritoneal cavity may be seriously contaminated, &c.

3. The intestines may be difficult to deal with, &c.

4. The handling and interference with the contents of the peritoneum may cause considerable shock.

5. The vitality of the colon may by interference with its blood supply, be endangered.

6. It is more difficult to deal with any dense adhesions which may exist behind the kidney.

7. Effectual drainage is less easily provided in case of any contamination

of the peritoneal cavity or of oozing after the kidney is got out.

These last two objections do not appear to me to have much force.

8. The *after-complication* of ventral hernia is much more probable by this method.

Of all the objections to the abdominal route the danger of interfering with the vitality of the colon, as happened in my case, will be the strongest, but its advantages are manifest where there is much difficulty in getting out the kidney, and in cases of old inflammations where by the lumbar incision it would have to be dug out by touch with very little help from sight.

Mr. Jacobson advises the removal of cases of strumous pyelitis or pyonephrosis explored previously and drained by nephrotomy but in which a sinus and discharge persists when the following conditions are favourable, viz., the age and strength of the patient, the absence of visceral infection tubercular or lardaceous, and, if possible, a date not too long deferred, for the additional reason that the kidney will be increasingly matted down and difficult of removal while its fellow may have become involved in the disease.

Moreover we have found that in advocating in favour of the lumbar incision converted into a T-shaped one or prolonged forward by König's method, he says "Thus modified it will suffice for new growths in their early stages." "If these are operated on later one of the abdominal methods will have to be made use of."

Now to return to Dr. E. Hurry Fenwick whom I have already quoted, it would appear that there *are* cases requiring "the much more dangerous incision" as he calls it, and that there is no prospect that the route "will become almost obsolete."

In my case the thickened and adherent capsule would inevitably have to be left behind had the lumbar incision

been adopted. To remove the capsule, a second operation would be necessary if the patient did not in the meantime succumb to the drain on her system, and this second operation would have to be made through the abdominal cavity.

I confess however if I were doing the operation over again, with my present experience, I see where much valuable time could have been saved. Having by incising the tumour ascertained the nature of its contents I might have removed the elastic ligature, drawn the sac well out of the abdominal wound and emptied the contents as in an ovarian cyst. This would have afforded more room to enucleate the sac later on and to tie the pedicle. It would also have caused less danger of contaminating the peritoneal cavity. Also a smaller wound in the meso-colon would have sufficed, or at least that organ would have been subjected to less handling and violence. But not knowing the strength or extent of the adhesions, below the point to which the finger could gain access before emptying and cutting off the portion anterior to the elastic ligature, I feared any undue dragging on the pedicle. We learn by our mistakes, and if these are fully and candidly recorded others may learn the lesson as well.

As you will be interested to know the pathological conditions presented in this case, I herewith give the report of Dr. Adami of McGill College, to whom the specimen was submitted.

#### Diagnosis.

Chronic Tubercular Pyonephrosis.

To the naked eye, the portion of kidney presented numerous cysts,—some empty, others containing whitish inspissated material. Many of the cavities in the substance of the tissue appeared to communicate with what I regarded as the pelvic area of the organ. Microscopically: Very little kidney tissue proper remained. Here

and there in between the capsules of the cysts were a few normal tubules with considerable infiltrations of small round cells. The cysts had thickened fibrous walls. Sections cut in celloidin and preserving the contents of the cysts shewed these to be formed of caseous cell debris. No giant cells were visible or recent tubercles outside the cysts, nor on treatment with carbolised Fuchsin were any tubercle bacilli to be detected. There are conditions which one would expect to obtain in a case of old tuberculosis of the kidney and the general appearance of the sections is fully in harmony with such a diagnosis. A condition like this had probably been present for months if not for years.

#### NOTES ON ABDOMINAL TUMORS.

By P. CONROY, M.D., Charlottetown, P.E.I.

(Read before Maritime Medical Association at Halifax, July, 1895.)

How to distinguish morbid growths of the ovaries from those of the uterus is often a matter of very considerable difficulty. When, however, these two conditions are associated in the same patient the diagnosis is rendered doubly perplexing.

The well-known contention of Lawson Tait, that one can never tell what is to be met with in the abdominal cavity until the belly is opened, is practically true, as can be attested by the experience of those who have had much to do with abdominal surgery. The following history may be somewhat interesting.

B. M. age 49, unmarried, admitted to Charlottetown Hospital, April 2nd, 1895; she presented a large abdominal tumor, asymmetrical in form somewhat flattened below, more prominent above. Indistinct fluctuation or marked elasticity could be made out over

a certain area. A distinct sulcus running obliquely could be felt between the upper and lower parts of the tumor. No uterus could be made out and it was supposed to be drawn up beyond the reach of the finger. Through the vagina a large hard mass could be felt occupying the whole pelvis.

The diagnosis of a semisolid dermoid cyst of the ovary was made subject to correction when the abdomen was opened. Patient gave the following history. Tumor began to grow on the right side about six years ago. No great inconvenience was felt until within the last year, menstruation was never disturbed and passed away normally with the meno-pause. There was considerable shortness of breath and discomfort, due to the great bulk and weight of the tumor. No measurements were taken. The kidneys were acting normally. An operation for the removal of the tumor was performed on the 10th of April.

An incision was made from the umbilicus downward about five inches. The tumor was reached, some adhesions separated and the tumor tapped with a large trocar. A quantity of purulent coloured fluid escaped with some gelatinous matter, but the mass diminished but little in size.

It was then seen that the tumor was a multilocular cyst and was pushed up against the diaphragm by a Fibroid tumor of the uterus about the size and shape of an ordinary football. It was found necessary to tap the different cysts in situ, by means of a long curved trocar. The sac was then brought out and the pedicle tied.

The uterine tumor was so intimately adherent to the bladder that it was necessary to inject that viscus with water in order to be able to define its outlines. Careful dissection succeeded in releasing the bladder, but not without injuring its peritoneal covering. The broad ligament was then tied off

# LIQUID BREAD.

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in sections and the tumor removed at the vaginal junction.

The vagina was sewed with interrupted silk stitches and the abdominal wound with silk worm gut. A glass drainage tube was inserted and the patient put to bed.

The operation lasted nearly three hours. Next morning the tube was removed as there was no discharge through it to signify. The patient was feeling fairly well.

On the 5th day a slight attack of localized peritonitis took place in the right hypochondriac region at a point where the ovarian tumor had formed adhesions somewhat difficult to separate.

Apart from this slight complication, patient made an uneventful convalescence and was discharged well on the 15th of May.

The ovarian tumor was not weighed, but its weight could not have been less than 30 lbs.

The uterus weighed 5 lbs. and was solid throughout, showing no trace of a cervix or uterine cavity.

Different views are entertained by the most expert operators as regards the best way of dealing with the stump of tumors of the uterus. Some still prefer the intra-abdominal method, others advocate the removal of the whole organs in every case, and still there are others, who, in suitable cases make the incision through the cervix and cover the stump with peritoneum. It is generally conceded that the intra-abdominal method is in all cases the more satisfactory way of treating the stump, and the complete extirpation is to be performed in all cases where such can be done.

In cases where the uterus is not large and is moveable as in cancerous affections in their first stages, provided that the uterus can be brought down close to the vulva by the aid of strong vulsellum forceps. The simplest and most convenient was to my mind of

removing the organ is to detach it through the vagina at the utero vaginal junction and then finish the operation by an abdominal section. The uterus can then be brought easily out of the pelvis and well up in the wound. Then there is less danger of wounding the meters and greater ease in tying the arteries.

### REPORT OF A CASE OF MYXŒDEMA.

By C. J. Fox, M. D., Pubnico.

Read before Maritime Medical Association at Halifax, July, 1895.

I trust that no apology need be offered for bringing before you a report of a case of myxœdema since it is a disease, I think but rarely met with in this province; at least I have never seen a case reported, nor have I heard of any occurring; and for that reason the more easily overlooked as it is something we are not expecting to meet.

Besides its rarity it possesses a peculiar attraction in that, though it has no doubt occurred for ages it is only within very recent years that any account of it has been published.

As lately as 1886 in Pepper's System of Medicine, the atrophy of the thyroid gland, while it is mentioned among the accompaniments is not classed in a causative relation; and in that article the writer says: "recovery does not occur," and the treatment given is merely palliative. It was in 1889 that the first experiment was made of the treatment by transplantation of the gland with partial success. Since that time the principle has been developed until now we find that in order to bring about and keep up a condition of improvement it is sufficient to feed the patient with the gland or some preparation of it.

I will not go further into the literature of the subject as that is as easily within your reach as mine; but will



merely refer to the fact that this is one of the few instances in which a method of treatment has not been previously stumbled upon and its *modus operandi* afterwards ascertained.

Mrs. J. S. had not been well since the birth of last child about three years ago. Was formerly very slight weighing about 118 lbs., but has since that time been increasing in size, so that when commencing treatment she probably weighed about 180 lbs. She always felt cold and never sweated; there was a constant feeling of lassitude, the patient while not entirely incapacitated for household duties, had no energy to perform them. She presented a marked dulness of expression which became more pronounced as time elapsed, and which gave me the first clue to the nature of the malady; this together with the peculiar slowness or dragging in the speech was quite characteristic. I may say that when the case first came under my notice I was misled by the apparent anaemia and effusion in the tissues to suspect nephritis, but examination of the urine proving negative, I fell back upon the assumption that it was a case of simple anaemia and put her on *Tinct. Ferri et Nuc. Vom.* at the same time attending to a retroverted uterus and erosion of the os. Under this treatment she improved slightly and the case was for some time lost sight of; and when next seen some six months later, I was struck by the change for the worse in her appearance.

It was then that I was satisfied that it was a case of myxoedema and at once sent for P., D. & Co's. desiccated thyroids, but the druggist not having it in stock sent Armour's instead. Of this preparation six grains represent one average gland; and as I was uncertain as to the reliability of the article, I concluded to give enough to produce some effect if it proved efficient.

I gave three grains night and morning, and a week later saw her again when she reported herself as feeling, and indeed, she looked much better, though she complained that the powders were "too strong" as they made her feel uncomfortable after taking them, producing pain in head with dizziness and restlessness.

I then gave her half the quantity and with this later on she expressed herself perfectly satisfied, saying that she had never taken any medicine which had done her so much good.

While taking the first powders she sweat profusely, something she had not done for years.

I have since still further reduced the amount of thyroid one half, which would be equivalent to one gland every four days, which I think will about supply the needs of the system. For some days she was without any, and expressed herself as going back, so that she sent for a fresh supply and since that she has steadily improved. During the treatment there has been exfoliation of the skin of the hands and feet as marked as in many cases of scarletina.

The pronounced effects obtained in this case were very gratifying to myself as well as to the patient, and the more so as it is but recently that these cases were considered as hopeless, rendering the patient useless to themselves and those about them, and finally terminating in death after ten or fifteen years.

In conclusion I would say that in the administration of thyroids or the extract, we appear to have a rational treatment for the disease under consideration, and one which has given eminent satisfaction apparently to those who have employed it. As for the other much vaunted extracts, Cerebrine, Cardine, &c., it is hard for the average mind to see in what way they merit serious consideration, much less the support of the profession.

### CASE OF DELAYED LABOR, DUE TO DROPSICAL EFFUSION.

BY C. P. BISSETT, M. D., ST. PETERS, C. B.

On April 14th I was called to see a woman age 40, ill, labour since ten or twelve days. I had a distance of 20 miles to travel, and on arriving at the house at 3 o'clock, found a condition of things which made it not difficult to believe that the statement as to the duration of labour was correct.

The os was fully dilated, the abdomen still larger than at first term, though the membranes had been ruptured since eight days. The feet were presenting at the valva, both ankles dislocated by the traction employed, and the skin peeling freely from such parts of the foetus as could be examined. The woman was still quite strong. The most violent pains conjoined with traction did not cause the foetus to descend one inch. In order to clear up the case, I passed my hand far up into the uterus and found the following conditions present. Both hips were pressed over the pubic arch in front. The whole lower uterine zone filled with an elastic fluid tumour. The umbilical cord was traced to its insertion into the tumour and the diagnosis established. On puncturing the abdominal walls with Smellin scissors, fully two gallons of fluid escaped. The foetus then descended easily until the head came to the brim, when it also was discovered to be dropsical. A strong bistoury was used to cut into the spinal canal and a stiff catheter passed on to the cranial cavity. A large quantity of fluid escaped and delivery easily accomplished. The foetus was in a state of decomposition and emitted a most powerful odour. The placenta came away naturally with no hemorrhage. The parts were then flooded with a solution of tincture of iodine—and full doses of quinine prescribed.

This case made a complete recovery, contrary to the opinion I had entertained, and without any subsequent medical attendance.

### A CASE OF PENETRATING WOUND OF THE ABDOMINAL CAVITY, WITH PROTRUSION OF INTESTINES AND OMENTUM.

BY A. C. HAWKINS, M. D., HALIFAX.

August 15, received a telephone message that C. K., a boy 9 years old had been gored by a cow. Found the boy lying on a lounge very much scared, but apparently in not much pain. He had his hands clasped over the lower part of his abdomen. The child's clothing was scanty only a shirt and pants, on releasing the pants from the suspenders and turning up the shirt a large coil of small intestine and caecum of the large intestine covered partly by omentum was exposed to view. The mass covered half the abdominal wall. The boy's pulse was good and no apparent shock.

The history of the accident as detailed at the time was that, the boy while playing in a pasture a short distance from his home had been gored by a heifer who has a local reputation for viciousness. After being gored the boy got up and ran about 300 yards crawled under a barbed wire fence to the street. He then walked about 400 yards when his cries attracted the attention of his mother who carried him to his home where I first saw him about 20 minutes later.

I judged the boy's chances of recovery would be greater from an immediate operation than to wait for assistance or to transport him to the V. G. Hospital. So I decided to return the intestines and suture the wound forthwith employing chloroform as an anaesthetic.

While preparing my carbolized solutions, etc., I covered the exposed

bowels with iodoform gauze. On examination I found the gut was not injured, but the omentum was torn. I found a large superficial laceration irregular in outline of the abdomen in the right iliac region. The wound through the abdominal muscles and peritoneum was not more than one to one and one quarter inches long, to expose the aperture to the abdominal cavity I had to extend the superficial wound about two inches. I first washed the exposed intestines and abdominal walls in 1% carbolic solution, removing all clots and stains. The intestines to the touch felt cold, applied several relays of towels wrung out in the hot carbolized solution, and after satisfying myself that there was no internal injury to the bowels, attempted to return the protruding intestines which I succeeded in doing by taxis over a towel after having the body raised in Trendelenburg's position. After the intestines had been returned to the abdominal cavity the tear in the omentum began to ooze, to obviate this I ligated with a double cat-gut suture, the omentum above the tear removing the portion (about 3 inches) of omentum close to the ligature, returned the stump of omentum, put in three cat gut sutures including muscles and peritoneum, thus closing the deep opening. Sutured the skin flap with cat-gut and dressed with iodoform gauze. I used a few strands of cat-gut for drainage under the skin flap. The subsequent history was uneventful. No shock and no rise of temperature followed the operation. I noticed the edges of superficial wound where extended healed by first intention, while the rest of the wound did not heal so kindly.

I report this case to illustrate the utility of prompt surgical procedure in cases of severe injuries. I might detail the histories of a number of cases in my practice during ten years to make this point more cogent, but I feel sure that every surgeon's practice is fertile in such cases.

## A RETROSPECT OF PEDIATRICS.

G. CARLETON JONES, M. D., M. R. C. S.

The "Treatment of diphtheria by Antitoxin" is the title of a most interesting paper by Dr. Welch, recently published in the Johns Hopkins Bulletin. It is difficult to do justice to this contribution in our limited space, but we will give as briefly as possible an extract from it.

Dr. Welch says: "I shall endeavour in this paper, after a brief historical introduction, to present some of the more important general considerations bearing upon the treatment of diphtheria by antitoxic serum, together with statistics of results already reported.

In July 1889, Babès and Lepp in an article entitled "Recherches sur la vaccination anti-rabiques," published results of experiments undertaken to solve the question whether the fluids and cells of animals which have been rendered by vaccination immune have not become vaccines and capable of protecting other organisms. From these experiments, the authors concluded that "one must admit the possibility of vaccinating with the fluids and cells of animals which have been rendered refractory to the disease."

He next refers to the publication made by Behring and Kitasato in 1890, in which the immunizing and curative property of the blood and blood serum of artificially immunized animals was demonstrated for tetanus only, but the application of the same principle to diphtheria was indicated in the same article, and in a second paper by Behring in the following number of the journal, in which the article was published.

At the Seventh International Congress of Hygienic and Demography, held in London in 1891, Behring made the first public announcement of the demonstration of the power of the blood serum of animals artificially immunized against diphtheria to protect and cure susceptible animals.

inoculated with the diphtheria bacillus or its poison. Then came the article published by Behring and Wernicke in 1892, in which these experiments were described, and which sets forth the fundamental principles underlying serum therapy of diphtheria. Dr. Welch goes on to say: That the first trial of immune serum in the treatment of human diphtheria was made in Bergeman's clinic in Berlin in the autumn of 1890, the trial being of a tentative nature and made with weak serum and insufficient doses.

The author then traces the history of antitoxin during 1893 and the early part of 1894. It was at the International Congress in Rome 1894, that Heubner reported the results of his experience with the serum treatment of human diphtheria. His observations, however, were made in cases treated with much weaker anti-toxin than is now recognized as suitable. During these years various articles appeared concerning antitoxic serum.

"It is evident," says Dr. Welch, "from this brief historical summary, that the general principles of serum therapy of diphtheria were fully established and its application to human beings in active operation before Roux delivered his memorable address at the Eighth International Congress of Hygiene and Demography at Budapest, Sept. 1894." He says, however, that Roux presented the subject with such cleanness and force, as to draw the attention of the great body of physicians throughout the world to the healing power of diphtheria antitoxin.

In speaking of the theory of antitoxic treatment, the author says, that unless one denies absolutely the causal relation of the Löffler bacillus to diphtheria, it must be admitted that the treatment of this disease by antitoxin rests upon a sound experimental basis. The laboratory does not furnish any more impressive experiments than those which demonstrate the power of antitoxic serum to

prevent and to cure the disease caused in animals by inoculation with the diphtheria bacillus or its poisons. The serum arrests the spread of the local processes and abates the symptoms of general toxæmia. And in relation to human diphtheria, he remarks: "It would be difficult to understand why an agent with the specific property of neutralizing in the bodies of animals the effects of these toxic substances should be unable to neutralize in human beings similar effects of the same toxic substances, provided that agent can be administered in the proper dose at the right time. Dosage and timely administration are factors of prime importance in determining the efficacy of antitoxic treatment. It is our inability to conform to the demands of these factors which has rendered thus far the treatment of tetanus by antitoxine in human beings disappointing."

"Only clinical experience can determine what practical difficulties there may be in the way of the successful employment of antitoxic serum in the treatment of human diphtheria; but there is no doubt, in my mind, that the results derived from experiments on animals justify, nay, demand the most careful and thorough trial of the new method of treatment upon human beings."

In speaking of the theories of the action of antitoxin, he mentions two prominent theories,—one may be called the chemical and the other the vital theory. The chemical is, that the antitoxin directly neutralizes, in a chemical sense, the toxins. The experimental evidence is in favour of the other theory, viz: that the antitoxin acts through the agency of the living body, and probably in the sense that it renders the cells tolerant of the toxin." This would explain why the introduction of antitoxin is not always followed by certain and precise effects. The cells must be in a condition to respond, in a proper way to the introduction of the serum. He emphasizes an import-

ant point when he says: "Antitoxic serum exerts no bactericidal effect upon the bacillus, although, when administered in proper quantity, sufficiently early in the disease, it arrests the spread of the local inflammation, which is caused by the bacillus. Virulent bacilli may persist in the throat days and even weeks after recovery following injection of antitoxin."

He says that the dose of antitoxin in human diphtheria is necessarily empirical, for we do not know the dose of the toxin. The main factors determining the dose being the age of the patient, the assumed duration of the disease up to the time of administering the remedy, and the apparent severity of the disease.

He lays great stress on the fact that the chances of recovery are greatly increased when the remedy is given early in the course of the disease.

In speaking of the bacteriology of diphtheria, Dr. Welch observes: "The Löffler bacillus has been found in healthy throats, although only very exceptionally, unless the person has been exposed to diphtheria. This same bacillus may cause all grades of inflammation of the throat, from a mild erythematous angina to the gravest pseudo-membranous inflammations. It would of course be absurd to say that a person who harbours in his healthy throat Löffler bacilli has diphtheria, just as it would be equally ridiculous to consider a person infected with the pneumococcus or the streptococcus when these latter bacteriæ are present under similar conditions." In referring to a large number of cases, diagnosed on clinical grounds as diphtheria, and which, by bacteriological examination, are proven to be caused by other bacteriæ than the Löffler bacilli, he remarks: "Our experience in Baltimore has been, that not five per cent of the cases which the clinician would confidently diagnose as diphtheria are false diphtheria or diphtheroid." In reference to mixed infection,

he says: "There is an important difference between experimental diphtheria and many cases of human diphtheria, a difference of great significance in determining the scope of efficiency of treatment of antitoxic serum. Experimental diphtheria is a pure uncomplicated infection in which only the diphtheria bacillus and its toxins are concerned. On the other hand, in many cases of human diphtheria there are complications and mixed infections due to other microorganisms, against which, when duly developed, the diphtheria antitoxin is powerless. The most common and dangerous complicating micro-organism is the streptococcus pyogenes.

Without doubt, the remedial rôle of diphtheria antitoxine is materially restricted by its inability to combat developed streptococcus sepsis, and broncho-pneumonia and other complications referable to secondary infection, or to stop impending suffocation by immediate removal of mechanical obstacles in the form of false membranes in the air passages, but the antitoxic serum is the most powerful agent we possess to prevent the development of these complications and secondary infections. The timely administration of the healing serum by antagonizing the effects of the Löffler bacillus, antagonizes in large part the causes of the increased susceptibility to secondary infections and thus greatly lessens the frequency of their occurrence." Another obstacle to the treatment of diphtheria of which he refers to, is the inability of antitoxin to restore cell life, which has already been seriously damaged by the action of the diphtheria bacillus or its poisons. The researches of Oertel upon human diphtheria, and those of Flexner and the author himself upon experimental diphtheria, demonstrate that the toxins of the diphtheria bacillus are most powerful poisoners of cells, the internal lesions of pure diphtheria being especially characterized by unduly distributed

areas of cell deaths. We have no way of gauging accurately at any given period of the disease the extent of the damage already inflicted upon the cells of the body. If the nerve cells or their axis-cylinders have already been so damaged that paralysis must follow, or the cardiac nerve cells or muscular fibres have been similarly injured, or the renal epithelium so affected that degeneration and nephritis ensue, the administration of antitoxin cannot restore these cells which are already on their way to degeneration and death.

Dr. Welch then turns to the examination of the evidence which has hitherto been published concerning the efficacy of the antitoxic treatment of diphtheria. It is impossible for us to even give a synopsis of the elaborate tables which the author furnishes, tables which show the treatment in a favorable light—when we take the aforementioned conditions into consideration. He says: "The principal conclusion which I would draw from the paper, is that our study of the results of the treatment in 7000 cases of diphtheria by antitoxin, demonstrates beyond all reasonable doubt that anti-diphtheritic serum is a specific curative agent for diphtheria, surpassing in its efficacy all other known methods of treatment for this disease. It is the duty of the physician to use it. The later reports show in general a decided improvement in the results of the treatment over the earlier ones, and there is every reason to believe that the results of the second year's employment of the new treatment will make a much more favourable showing than those of the first year. We shall come to a clearer understanding of the mode of action of the healing serum. Improvements in the methods of preparation and preservation of the serum, and possibly the separation of the healing substance, at least from other ingredients which produce the undesired effects, may be expected. The discovery of the heal-

ing serum is entirely the result of laboratory work. It is the outcome of the studies of immunity. In no sense was the discovery an accidental one. Every step was taken with a definite purpose and to solve a definite problem."

These studies and the resulting discoveries mark an epoch in the history of medicine. It should be forcibly brought home to those whose philo-zoic sentiments out-weigh sentiments of true philanthropy, that these discoveries which have led to the saving of untold thousands of human lives, have been gained by the sacrifice of the lives of thousands of animals, and by no possibility could have been made without experimentation upon animals.

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A SUCCESSFUL OPERATION OF PURULENT PERICARDITIS.—Surgical intervention in pericarditis is so rare as to render the case operated by Eiselberg, and reported in the *Wiener klin. Woch.*, of especial interest. The case was that of a boy of seventeen who developed a purulent pericarditis after a stab wound of the pericardium. Puncture of the pericardium having been performed several times without relief, the surgeon decided upon incision. The cartilage of the fourth rib on the left was resected and the thickened pericardium exposed. After exploratory puncture it was opened by a transverse incision four centimetres in length, and two litres of sero-purulent fluid were evacuated. The cavity was washed out with warm salicylated water, the borders of the pericardial incision stitched to those of the wound, and to drainage tubes inserted. Complete recovery took place in four weeks. Examination of the exudate showed the presence of an organism resembling the colon bacillus, but it was of course impossible to say whether its presence was primary or the infection took place through the wound. The writer insists upon the importance of suturing the pericardium to the lips of the wound, the advantages of which procedure in preventing infection of the pleura are evident.—*Boston. Med. and Surg. Journal.*

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## EDITORIAL.

### PASTEUR.

The death of Pasteur the eminent French chemist, physicist, and biologist has called forth tributes of respect from every quarter of the civilized world. Every where he seems to be recognized as one of the greatest benefactors of humanity. The benefits conferred upon humanity as a result of his long series of researches have been so striking and direct that for many years his name has been a household word. Seldom has the man of science lived to see his work yield such abundant fruit. The influence of his work in surgery need scarcely be referred to, in medicine it will be even greater yet years must elapse before this becomes apparent to all. "It would be useless" says Paget, "to imagine the probabilities of what will now follow from the researches that have already followed

"the discoveries of Pasteur." Agriculture and many important industries received immense advantages from his researches, and his investigations in chemistry have opened new fields for workers. It is not surprising therefore that honours were showered upon him during life and that his memory was honoured by a national funeral with its imposing ceremonies. The French people built and equipped a magnificent institution where under his inspiration incessant warfare is being waged against the many invisible foes of man and the domesticated animals. The current report that his mortal remains will finally rest beneath the Statue of Infilie which stands before the main entrance of the Pasteur Institute would seem to indicate that he regarded his studies of hydrophobia as his master piece.

The following eulogium from the *Lancet* is very fitting and appropriate:

"Pasteur was a man of a century. He had a great mind and an infinite capacity for detail; he had great tenacity of purpose, though his horizon was limited by no narrowness of vision. That he was a true Frenchman goes without saying, but his discoveries belong to the world. No man has contributed so greatly to our knowledge of the fundamental principles that govern the course of disease processes and few have had so little to retract of what they have published.

Such a result could only have been the outcome of accurate working, clear thinking and lucid exposition. It is interesting to note of such a man that his religion, his simplicity and his affection for his parents, and for his family were maintained unaltered in their purity through all changes and controversies. His was not the wisdom of the agnostic, but the faith of a clear sighted man who, interpreting much through his grand intellect, was still conscious of a world beyond that which he had probed deeper, perhaps than any of his fellows.

# SYR. HYPOPHOS. Co., FELLOWS,

## — CONTAINS —

The Essential Elements of the Animal Organization—Potash and Lime:  
The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a Slight Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

### NOTICE--CAUTION.

The success of Fellow's Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles, the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL  
WHOLESALE AGENTS.



# WYETH'S

## Compound Elixir of Kola.

KOLA, CELERY AND COCA.

In deference to the growing popularity of Kola Nut and its preparations, we have for some time prepared it in the form of Compressed Tablets and a plain Elixir as well as the well-known and extensively used Fluid Extract. At the suggestion of several eminent practitioners we have devised the above combination which has given the most satisfactory results.

The introduction of Kola as an active Cerebro-Cardiac tonic and stimulant was inaugurated some years ago. Its popularity has rapidly increased until now it is recognized by the profession as a most valuable remedy in the treatment of various forms of nervous disorders. In conjunction with the invigorating action of Coca and the well merited stimulating properties of Celery, it presents a combination which we think cannot fail to enlist the attention of the medical profession, generally. This preparation is specifically indicated in cases of nervous prostration occasioned by over excitement and fatigue of mind and body, imparting to the system under extreme physical exertion and strain, a vigor and buoyancy that is most marked. Its administration will be found particularly valuable in counteracting the distressing consequences of undue indulgence in alcoholic stimulants, smoking or other excesses, relieving the morbid depression which invariably follows; promoting a healthy tone and vigor in the patient's condition. It also exerts a direct action upon hepatic functions, augmenting the secretions of urine, and stimulating the nervous system and heart.

In the treatment of nervous exhaustion, melancholia, and atonic dyspepsia as well as in various forms of heart disease, asthma, sea-sickness, etc., it will be found to afford great relief. The flattering reports which we have already received, regarding the therapeutic action, and the remarkable increase of its use, are sufficient to attest its undoubted merit as well as to justify the claims which we make.

Each fluid ounce contains 48 gr. Kola, 48 gr. Celery and 64 gr. Coca.

DOSE.—A dessertspoonful every two or three hours, or as may be required according to the condition of the patient; in cases of extreme prostration a tablespoonful may be given as the preliminary dose.

JOHN WYETH & BROTHER.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

GENERAL AGENTS.

"France may well mourn the loss of such a man; and all men, irrespectively of nationality, who have a love for truth and an admiration of directness of purpose and keenness of intellect must mourn with her."

### HALIFAX BRANCH B. M. ASSOCIATION.

The annual meeting of Halifax Branch B. M. A. was held on Oct. 3rd at the Queen, there being a fairly large attendance. Routine business occupied the greater part of the evening. The report of council indicated that the attendance had been better and the number of papers presented greater than in any previous year. Some members had dropped out, but this would be more than offset by accessions. A number of changes were suggested, and most of them adopted.

The officers elect for 1895-96 are :

President,	Dr. Thomas Trenaman.
Vice President,	Dr. Murdoch Chisholm.
Treasurer,	Dr. M. A. B. Smith.
Secretary,	Dr. Carleton Jones.
Council,	Col. Surgeon O'Dwyer,
Drs. Farrell, Almon, Campbell, Kirkpatrick, Milson and Tobin.	
Representative, General Council,	Dr. William Tobin.

The branch was organized in 1886 mainly by the exertions of Dr. William Tobin, and is the oldest in Canada. The recent claim of Ernest Hart of having founded the first branch in this country is erroneous.

It has been more successful in enlisting the co-operation of army and navy surgeons serving in Halifax, than any previous society. Evening sessions are held twice a month from October to May, and the time is entirely devoted to scientific work. The Branch is fortunate in having a very capable Secretary, Dr. Carleton Jones, who is untiring in his efforts to promote its best interests.

### HOSPITAL REPORTS.

By N. E. MACKEY, M. D., M. R. C. S., Esq.,  
etc., Surgeon to V. G. Hospital.

*1.—Uterine Fibroids: Abdominal Hysterectomy: Recovery.*—On the 5th September, 1893, M. L., age 36, single, was admitted under my care into the surgical wards of the V. G. Hospital, suffering from uterine fibroids. Patient was never very strong, but had been able to do her work as dressmaker until her present illness began 10 years ago. Since then she has been suffering from pain in lumbar region, and in right and left iliac regions, and across the lower part of the abdomen. For the first five years of her illness she only suffered from these pains by turns, but during the last five years they were almost constant, and so intense was her suffering that she was obliged to remain in bed most of the time. She was unable to do any work. Menstruation was always regular, but the flow has been very profuse of late. She was in the hospital before, and had her uterus curetted, but this gave her little or no relief. Examined patient under an anaesthetic, and discovered a hard tumor, the size of a large orange, in the anterior wall of the uterus near its fundus, and a smaller one—the size of a hen's egg—in the left cornu of that organ. The uterus was of normal length.

Operated on 18th September, 1893. The abdomen was opened by the median incision, and the tumor and uterus were lifted from the pelvic cavity out through the abdominal incision, and given in charge of an assistant. There was no adhesion. The uterus was now carefully separated from the bladder on a level with the internal os. While this was being done a sound was introduced into the bladder to guard against wounding it. The wire of the serre-noeud was now passed

around the uterus, on a level with the internal os, so as to include the tumor, ovaries, tubes and broad ligaments. In tightening the wire care was exercised not to include the ureters or any portion of the intestines or bladder in the loop. When the wire loop was well tightened the pedicle was transfixed by two pins, which were passed through it parallel to each other, and close to the wire on its distal side. A guard was put upon the point of each pin. The uterus with the tumor was cut away about an inch above the wire and the parts around the pedicle and wound were thoroughly cleansed, and all clots removed. Special care was used that no clot remained in lower angle of wound or between the anterior part of the pedicle and the bladder and pubes. On cleaning out the peritoneal cavity thoroughly the pedicle was held well down against the pubes by an assistant, while the abdomen was being closed as in ovariectomy. The stump was now trimmed down until just sufficient tissue was left to prevent the pins from tearing out, and the edges were stitched across from one side to the other. This was done to make the stump as small as possible, and to prevent its edges from everting over the wound, and thus lessen the chances of moisture and sepsis. Throughout the whole procedure the serre-noeud was continually tightened by turning the key. There was enormous tension on the transfixion pins. This was because of the shortness of the pedicle, and because of the fact that the abdominal muscles were unrelaxed. The wound and stump were now thoroughly and scrupulously cleansed, and a small pad of iodoform gauze was placed under the pins on either side of the pedicle, and also under the nozzle of the serre-noeud. The stump and its surroundings were well cleansed and dried thoroughly, and dusted with iodoform and dressed with iodoform gauze. The stump was examined daily, and to

guard against bleeding, as well as to prevent it from getting moist, the wire was tightened every 24 hours. Whenever a slough appeared it was immediately removed, and the tissues were thus kept dry. On the 30th September, 12 days after the operation, the serre-noeud was removed, and on the 20th of October the stump was free from shreds or discharge. Owing to the great tension on the pins they caused sloughing of the integument on either side of stump, but not to any depth.

The general treatment was much the same as after ovariectomy. The catheter was used every 4 hours. Nothing was given her by the mouth for the first 24 hours. She was given nutrient enemata every 4 hours. On the 2nd day she began to vomit a little, and it continued getting worse in spite of all we could do, until the 5th day, when it became so alarming that I was obliged to empty the stomach with the stomach-tube and wash it out well with a weak solution of bicarbonate of soda (warm) when the vomiting ceased at once, and henceforth the progress of the case was uneventful and very satisfactory. Wound granulated nicely. The highest temperature registered was  $101\frac{1}{4}$ . She made an excellent recovery, and was discharged well on the 24th Nov. All her symptoms have been relieved, and she has enjoyed excellent health ever since.

*II.—Uterine Fibroid: Abdominal Hysterectomy: Death.*—E. B., age 35, single, was admitted under my care in the V. G. Hospital, on the 10th of August, 1894, suffering from a fibroid tumor of the uterus. The following history was elicited: Mother died of carcinoma of the breast; had enjoyed good health until present attack; menstruation had been regular until recently; for the first time felt a tumor in lower part of abdomen about a year ago. Since then it has gradually increased in size, but for the last two

months it has grown very rapidly. Has had flooding off and on for the past 4 months. Has been troubled with frequent micturition for some time, and with severe pains across the lower part of the stomach and up the right iliac region. Abdominal examination revealed an oval tumor the size of a baby's head attached to fundus of uterus—rather imbedded in its tissue. The growth, with the uterus, was freely moveable. By palpation a small irregular tumor was found in right iliac region, which was very tender to the touch, and apparently adherent to the main growth. The uterus was normal in length, and the direction of its axis was normal.

Operated on the 8th September, 1894. The *technique* of operation was much the same as in the preceding case. In this case, however, the broad ligaments were transfixed with double ligatures on a level with internal os, and separated before the wire of the serre-neud was applied. There was a cystic tumor on the posterior and lower part of the growth, the size of a large hen-egg, full of port-wine colored fluid, which broke as the tumor was being lifted out of the abdominal cavity. Some of the contents of this cyst escaped into the peritoneal cavity, which, notwithstanding the extra care exercised in the toilet of this cavity, may have caused all the mischief that followed. The small nodule felt in the right inguinal region was the left ovary, which was inflamed and adherent to the fibroid. There was great tension on the transfixion pins, as in the other case, arising from similar causes. Very little shock followed the operation. Patient did very well until the second day, when she began to vomit, and her temperature, which was normal up to this time, began to rise, and her pulse became correspondingly more frequent. There was little or no tenderness of the abdomen, which was only moderately distended. Energetic mea-

sures were used to get the bowels to move but failed. On the morning of third day patient was very restless, pulse very frequent and temperature going up fast, until it reached 107°, when she expired. Cause of death peritonitis. Unfortunately no *post mortem* was obtained.

These were my first two cases of Abdominal Hysterectomy, and *also the first we have had in the V. G. Hospital.*

*III.—Carcinoma of the Cervix: Vaginal Hysterectomy: Recovery.*—Mrs. C., age 52, was admitted to the surgical wards of the V. G. Hospital on the 20th September, 1894, suffering from cancer of cervix uteri. Her general health had been good until present attack. No history of cancer in family. Menses had always been regular until the menopause, which occurred at 49. Was married at 28; had two children; had been troubled with leucorrhoeal discharge for the past two years. At first the discharge was odourless, but for the last three months it has had a pinkish color and a slightly offensive odor. Has had pain in pelvic region for some time, which shot up in the left inguinal region. This pain has been worse lately. Patient is fairly well nourished.

Examination revealed an angry indurated ulcer, involving the anterior lip of the cervix, and slightly encroaching upon the anterior vaginal wall. It was hard to the touch and bled readily. The ulcer had been curetted two or three times before patient came to the hospital, and touched freely with pure carbolic acid as often. The uterus was freely movable and of normal size.

Operated Sept. 28th, '94. Patient was prepared in the usual way. To guard against any possibility of infection by cancer cells the ulcer was curetted thoroughly and cauterized with the actual cautery, and the vagina douched well with bichloride solution 1 in 1000. A whip-cord was then passed

through the cervix, high up, so as to bring the uterus down and hold it steady. An assistant was given charge of the cord. The uterus was now drawn downwards and forwards by an assistant, and Douglas's pouch was laid open by a semi-circular incision, close to the cervix, in healthy tissue, and a sterilized sponge was put in the wound. The womb was then pulled downwards and backwards so as to put the anterior vaginal fold on the stretch, and the vaginal attachment was divided also by a semi-circular incision, as close to the cervix as possible. The bladder was now separated from the uterus by the finger, aided by the handle of a scalpel and by scissors,—great care was taken to keep close to the uterus in the process of separation lest the bladder would be wounded—until the utero-vesical fold was reached. (A sound was passed into the bladder for a guide) This fold was divided at once. The broad ligaments—the only structures now holding the uterus in position—were tied off in the following manner: The uterus was drawn well downwards and to the right, when dealing with the left broad ligament, and *vice versa* when dealing with the right. With the finger in the posterior wound as guide, a strongly curved needle on a handle and threaded with size 3 sterilized silk, was passed from before backwards close to the uterus, so as not to embrace too much tissue and not to include the ureters. On bringing the thread out behind it was tied, and the greater part of the tissues grasped was cut. By thus tying and cutting successive sections of the broad ligaments the uterus was freed from its attachments and extirpated. The ovaries were not taken away. All the bleeding points were secured, and the sponge tampon was removed. The vagina was then gently but thoroughly irrigated with a solution of bichloride 1 to 6000, and the ligatures, which were left long, were gathered up—those from

each side separately—and pulled down, so as to bring the raw surface of the pedicles to which they were attached into the wound in the vaginal vault. The pedicles were retained in the wound so as to fill it up and thus help to prevent prolapse of the intestines. The wound was dusted with iodoform, and two or three tampons of iodoform gauze were loosely inserted into the vagina; they were left undisturbed for seven days. When the tampons were removed they were sweet but stained with thin sanious discharge. Vagina was douched as before, and a fresh tampon inserted. This was repeated every third or fourth day. For six or seven days after operation patient had good deal of pain in the pelvis, especially in the left side. The highest temperature registered was 101°: this was on 3rd day. The after-treatment was much the same as in a case of ovariectomy. Catheter was used every six hours, and bowels were moved on the fourth day by salines. Patient made an uninterrupted recovery, and was discharged well on the 15th Nov., and has enjoyed good health since. After the tenth or twelfth day each ligature was pulled upon separately every 24 hours until they all came away.

*IV.—Carcinoma of Cervix: Vaginal Hysterectomy: Recovery.*—Mrs. S., age 48, was admitted into the V. G. Hospital on 18th March, '95, complaining of offensive discharge from the vagina. The discharge was very profuse. Her general health had been very good until present attack began six months ago: has had no pain. No history of cancer in family: is the mother of — children. Heart's action is irregular. Examination revealed a large cauliflower mass growing from the cervix uteri, which filled the whole cavity of the vagina. It bled freely on the slightest touch. The growth did not involve the vaginal wall to any very great extent. Uterus was freely movable. No trace of an os could be found.

Operated the 31st of March. Patient was prepared in the usual way. The *technique* of operation was the same as in the preceding case. The cauliflower growth was removed by applying an ecraseur at its attachment to the cervix to prevent bleeding, and the growth was cut away with a knife. In doing this Douglas's pouch was laid open. The cervix was then cauterized with the actual cautery, and the vagina thoroughly cleansed and irrigated with bichloride solution 1 in 1000. The uterus was easily removed, as the vagina was roomy. The dressing was the same as in the preceding case, as was also the after-treatment. Temperature did not rise above  $99\frac{1}{2}$ . She had no pain, and made a rapid and uninterrupted recovery, and left the hospital well on the 3rd of May, thirty-three days after the operation. These were my first two cases of vaginal hysterectomy, and the first one was the first operation of the kind we have had in the V. G. Hospital.

They were both for carcinoma of the cervix uteri. The result so far has been very satisfactory, but whether we have succeeded in completely removing the disease time alone can determine. Before we could reasonably hope for this or for a non-recurrence of the growth, the disease would have to be confined entirely to the cervix at the time of operation. Unfortunately, cases of malignant growth do not, as a general thing, come to hospitals until advanced stages of the disease have been reached, and the chance of completely eradicating the disease by operation gone. Especially is this the case in carcinomatous affections of the uterus. At least such has been my experience. I think it will be admitted, all things being equal, that we ought to expect as good results after operations for the removal of a cancerous uterus as we get after removal of other parts similarly affected. Allow me to quote authorities on this point. Mr.

Keith, Edinburgh, says: "Operated on at an early stage uterine diseases will show results *not much inferior* to operations for cancers in other parts of the body." Again, Dr. Braithwaite, Gynæcologist to the Leeds' Infirmary, in a paper published in the "B. M. Journal," January 10th, 1891, says: "Three years ago I published my theory of malignancy. This has not yet been accepted by the profession, but it will be some day. According to this theory cancer of the uterus ought to show better results than the same disease in any other organ of the body removable by operation, and as a matter of fact it actually does. The uterine tissue is such a dense and closely woven fibrous network that it is probably penetrable with greater difficulty, by what may be called travelling cells, than any organ of the body. The chances therefore of a permanent cure of cancer of uterus by early removal is not, as said by Dr. Keith, "*not much inferior to*," but is actually superior to that given by removal of the disease in any other organ of the body."

Goodell, Professor of Clinical Gynecology in the University of Pennsylvania, says: "I am thoroughly convinced that the removal of the uterus per vaginam for cancer far surpasses in its results or permanent success, not all other operations for cancer of the womb, but also all operations for cancer in other parts of the body. Nor need we wonder at this, because the lip, breast, penis and rectum, which are the favorite sites for cancer, are integral parts and parcels of the body, while the womb is to the body only an appendage, which is merely suspended by stays and guys, and those of a different material."

If it be true, and I have no doubt it is, that we can get at least as good results after operations for cancers of the uterus as we get after operations on other parts of the body similarly affected. Our duty, as physicians and

surgeons, is plain. We should make a careful examination of every patient who may consult us for uterine disease, and especially those between 35 and 50 years of age. This should be done with a view, if possible, to eliminate the existence of carcinoma. In other words, to make an early and accurate diagnosis. It is not always easy to negative the existence of cancer in its incipient stage. We are not always able, by a vaginal examination, to do this or to prove its presence. Microscopical examination of scrapings from the cervical canal and ulcer (should one be present) is not as reliable and satisfactory as was at once hoped. We all know that the usual symptoms of carcinoma of the uterus are *profuse hæmorrhage, excessive secretion and pain*: but we also know that the non-existence of any or all these symptoms does not negative the existence of the disease. But, notwithstanding the difficulties which beset our paths in the incipient stage, still I think it will be generally conceded that the diagnosis of carcinoma of the cervix is generally easy after it has reached a certain stage, and that at a stage when it can be completely eradicated by operation. This being the case, our duty is to be on the alert for it. It often happens that patients do not present themselves for examination in time, when this occurs physicians must be held guiltless; but, on the other hand, when they do, and when we fail to discharge our duties, we must be held responsible.

Dr. H. A. Kelly, of Johns' Hopkins University, suggests the following measures by way of prophylaxis of carcinoma, viz. :—

1.—Within two or three months after each confinement every woman should submit to a careful examination, and the exact condition of the pelvic outlet and of the cervix should be noted. The examiner should particularly observe whether the cervix is lacerated infiltrated, or whether the lips are

everted, and should get a clear idea of the size and position of the uterus.

2.—Every woman with a deeply lacerated and enlarged cervix should be operated upon.

3.—Every woman with a family history of cancer, who presents a laceration of the cervix, no matter of how slight a grade, should present herself to a competent physician about every six months, in order that the cervix may be carefully inspected.

4.—Every woman, over 33 years of age, who has born a child at any time during her life, should be advised to submit to an examination; and she should be guided by the physician's statements about the condition of the cervix, as to whether it is advisable for her, even in the absence of symptoms, to present herself at stated intervals in the future for further examination.

In closing this paper, and in further urging upon physicians the importance to patients of an early diagnosis in carcinoma of the uterus, I cannot do better than to quote from a paper by Dr. Brewis, Lecturer on Gynæcology in the Edinburgh School of Medicine, which appeared in the "Edinburgh Medical Journal" of May, 1891, in every word of which I concur. He says: "I cannot help thinking that medical men are to blame for not often suspecting cancer of the cervix. Many cases might be recognized earlier if excessive menstruation, between the ages of 40 and 50, were not so frequently attributed to change of life. These patients should always be examined with a view to eliminating malignant disease. The need of such an examination should be impressed upon us, and as a result cancer of the cervix would be more frequently recognized at an early stage, and hysterectomy would be made one of the most successful and beneficial of operations."

P. S.—I do not wish it to be understood that I advocate the extra-peritoneal method of treating the pedicle in Abdominal Hysterectomy.—McK.

## Society Proceedings.

### HALIFAX BRANCH B. M. SOCIETY STATED MEETING Oct. 17th.

After disposal of routine business, Dr. D. A. Campbell read notes of a case of laryngeal diphtheria in which antitoxic serum had been used. The patient aged, had been ill two days when first seen, and nothing serious was suspected until the difficulty of breathing became urgent. The symptoms of croup were decided, and there were scattered patches of membrane on the tonsils and pharynx.

The patient was first seen on Sept. 22nd at 2 p. m., antitoxin being not then available. Calomel fumigation was prescribed and the same agent given internally.

At 11 p. m., 5 c. c. of Parke, Davis & Co's antitoxin was injected into front of left thigh with usual antiseptic precautions.

Sept. 23rd, 9.30 a. m. There being no improvement, a dose of Burrough, Wellcome & Co's dry preparation, equivalent to 10 c. c. of ordinary serum, was injected into the front of the right thigh. Three hours later all the symptoms were much aggravated, and there was convulsive twitching of the left arm and face. On the evening of the same the child seemed somewhat better.

Sept. 24. Great improvement. Symptoms of stenosis have disappeared. Temp. normal. Calomel fumigation which had been kept up hourly until this time, was discontinued.

Sept. 25. Child practically convalescent. During the past 24 hours has freely expectorated purulent matter, blood and flakes of membrane. Small doses of tinct. ferri were ordered to be given every 4 hours.

Recovery complete two weeks later except some paralysis of the soft palate. No unpleasant effect followed the injections, either local or general.

The free use of calomel had no doubt assisted the action of the antitoxin, but in no previous case treated by fumigation had such prompt action been observed. The first dose of the serum administered was evidently too small to obtain decisive effects. This view is corroborated by Dr. Cunningham, of Dartmouth, who saw the patient from time to time in consultation.

Dr. M. Chisholm reported two cases of diphtheria treated by antitoxin. The first case, a child aged five, had laryngeal diphtheria. The symptoms of croup had existed for some time before the child was visited. A dose of Burrough, Wellcome & Co's dry preparation equivalent to 10 c. c. of serum, was injected with the usual antiseptic precautions. Twelve hours later the child died of laryngeal stenosis. Felt sure that the result would have been different if either intubation or tracheotomy had been performed.

The second case occurred in the same family a few days afterward. There was delay in sending for medical aid. The child aged two, had been ill about 20 hours. When seen there was membrane in the throat, enlargement of the glands, temp. 102° F., and a rapid pulse. A dose of Burrough, Wellcome & Co's dry preparation equivalent to 7.5 c. c. of serum, was injected and Löffler solution used as a local application.

Next day the child was found playing in bed, and better in every respect, though the amount of membrane was somewhat greater. Recovery was speedy and uneventful.

Dr. John McMillan reported five cases of diphtheria successfully treated by antitoxin at Pictou. As soon as available a supply of the agent was purchased and arrangements made for its renewal from time to time. The antitoxin along with a suitable syringe for injection was placed in a drug store where it could be readily obtained by any practitioner who wished to



employ it. The results had more than exceeded his expectations.

In the first case the patient had been ill for some days before the disease was recognised. As no improvement took place after the first dose a second was given, after which recovery speedily followed.

In the other cases no time was lost and one dose was sufficient to bring about rapid improvement. The preparation used was that supplied by Parke, Davis & Co. who also furnished a suitable syringe.

In no case did any ill effect follow the injection. He was informed that Dr. Munro, Stellarton, had used antitoxin in two cases with marked benefit.

He was very favourably impressed by the rapid improvement which took place in all cases, and would feel in duty bound to use it in all future cases.

Samples of antitoxin and syringes were exhibited, after which a long and somewhat informal discussion took place on the subject.

Col. Surgeon O'Dwyer thought that some steps should be taken to secure the appointment of either a city or a provincial bacteriologist.

Dr. Farrell said that the Provincial Health Board at a recent meeting appointed a committee to consider the matter. This committee would gladly receive advice and information from this society. On motion a committee consisting of Col. Surgeon O'Dwyer, Drs. McKay, Hattie and Campbell, were appointed to deal with the subject. "\_\_\_\_\_."

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### Selections.

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DR. LAPHORNE SMITH, owing to pressure of work, has been compelled to retire from the management of the *Canada Medical Record*. He will be succeeded by Dr. McConnell. The journal will be enlarged and various improvements effected.

Dr. Smith has been appointed Professor of Clinical Gynaecology in Bishop's College, Montréal. He is an enthusiastic and most untiring worker in his department.

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### NEW WORK ON CONSUMPTION.

A new work under the title of "Consumption, Its Nature, Causes and Prevention" over 340 papers, is announced to be soon issued by William Briggs, the Toronto Publisher.

The author is Edw. Playter, M. D., for many years Editor of the *Canada Health Journal*.

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THE Archives of Pediatrics will commence its 13th year with the January number, under the business management of E. B. Treat, Publisher, of New York, long identified with Medical publishing interests. The "Archives" has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The new management propose several important changes in its make-up; increasing the text fifteen per cent. and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of the journal.

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