

# THE STANDARD.

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General Secretary for India and the East,  
CALCUTTA.

## Original Communications.

### PRECIS OF OPERATIONS PERFORMED IN THE WARDS OF THE FIRST SURGEON, MEDICAL COLLEGE HOSPITAL, DURING THE YEAR 1890.

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#### VII.—REMOVAL OF FOREIGN BODIES.

1. *Extraction of a piece of wood from the neck.*—Hindu male, *æt.* 40. Fell from a tree six months ago on to some dry twigs, one of which entered the root of the neck right side and broke, leaving a piece behind. A sinus persisted, through which a hard substance was felt by the probe. The sinus was enlarged, and a cylindrical piece of wood  $\frac{3}{4}$  inch long and  $\frac{1}{2}$  in diameter was extracted. Patient spat a little blood after the operation. The wound healed in 15 days.

2. *Extraction of a stem of grass from the male bladder.*—Hindu male, *æt.* 24. Was in the habit of passing a stem of grass into the urethra to relieve retention, and one day he lost hold of it, and it slipped in. He complains of a pricking sensation in the bladder and occasionally passes blood. He has increased frequency of micturition, and the urine contains mucus and phosphates. Nothing could be detected with a sound. A small lithotrite was introduced under chloroform, and a stem of closely jointed grass withdrawn. It measured  $6\frac{3}{4}$  inches in length. No irritation or constitutional disturbance ensued, and he left hospital in two days.

#### VIII.—REMOVAL OF VESICAL CALCULI.

1. *Litholapaxy.*—i. Mahomedan male, *æt.* 45. Symptoms of six years' duration. The stone was crushed and *débris* removed by Bigelow's method. Five introductions were necessary. Fragments weighed  $7\frac{1}{2}$  drachms. Had slight fever and cystitis for a few days. Discharged in 15 days.

ii. Mahomedan male, *æt.* 35. Symptoms appeared two years ago. One introduction sufficed; *débris* weighed 50 grains. Discharged in five days.

iii. Hindu male, *æt.* 35. Symptoms appeared nine months ago. Two introductions; *débris* weighed 20 grains. Discharged in four days.

iv. Hindu male, *æt.* 50. Symptoms of three years' duration. Three introductions; two small stones. Discharged in two days.

v. Hindu male, *æt.* 50. Symptoms of six years' duration. Three introductions. Very hard oxalic stone weighing 7 drachms 10 grains; slight fever and cystitis for a few days. Discharged in seven days.

vi. Hindu male, *æt.* 46. Has had urinary trouble for five years. Urine offensive; containsropy mucus and phosphates. Urethra narrow and prostrate enlarged; instruments passed with much difficulty. Five introductions. Five drachms and 40 grains of *débris* evacuated; fluid observed to be highly sanguineous towards the last. Next day he was low and had passed no water, and a full-sized catheter failed to relieve him. There was considerable supra pubic dullness. Suspecting that the bladder was filled with clots, the perinæum was divided and the bladder easily entered. It was empty with exception of a few blood clots and grains of stone. He grew worse and died of collapse on the third day. On *post-mortem* examination a rent was found in the roof of the bladder opening into the prevesical space. Through this fluid (water, blood and urine), and some calculous *débris* had passed beneath the peritoneum as far as the loins. The membrane was injected.

\* \* It would have been better to have cut this man. The urethral difficulties had probably caused the beak of the lithotrite to come into sharp contact with the bladder roof at the moment of slipping in. A jerk was experienced, as the prostatic resistance was overcome by firm pressure, but no suspicion of the occurrence of any accident was entertained. The distance to which the fluid travelled was due to the aspiration.

vii. Hindu male, *æt.* 35. Symptoms of four years' duration. Eight introductions. *Débris* weighed 2 drachms and 49 grains. Slight cystitis. Discharged in nine days.

2a. *Lateral lithotomy.*—i. Hindu male child, *æt.* 4. Has suffered from urinary difficulties for a year. A stone weighing 1 drachm and 45 grains was extracted by the lateral method. The wound healed in six days. Patient discharged in nine days.

ii. Hindu male, *æt.* 50. Symptoms of two years' duration. Urethra would only admit No. 6 sound. A cutting operation was therefore preferred, and a stone weighing 6 drachms and 30 grains was removed by the left lateral method. The wound healed in 19 days, and patient was discharged in 22 days.

iii. Hindu male child, *æt.*  $3\frac{1}{2}$ . Symptoms of stone observed about a year ago. A stone weighing 1 drachm and 40 grains extracted by left lateral incision. Wound healed in 18 days.

iv. Hindu male child, *æt.* 3 years. Symptoms of two months' duration. Left lateral litho-

tomy; stone weighed 1 drachm and 52 grains. Smart bleeding occurred on the fourth day, which was stopped by passing a catgut loop round the left pudic artery. Wound healed in ten days. Discharged in 16 days.

26. *Median lithotomy.*—i. East Indian male, *æt.* 51. Has suffered from occasional retention for two years. A stone was detected in the prostatic urethra. Extraction by forceps failing, the urethra was opened by perinæal section and two small calculi weighing respectively 8 and 6 grains removed by dressing forceps. The bladder was explored, and no other stone detected. A full sized catheter was passed every fourth day to maintain patency of the urethra. Discharged well in 31 days.

ii. Hindu male, *æt.* 45. Suffered from gonorrhœa resulting in perinæal abscesses and fistula 17 years ago. Perinæal section was performed in this hospital, the urethra fully dilated, and patient taught to pass instruments. He remained well till eight months ago when he had a perinæal abscess followed by a sinus in the middle line, which has continued patent, and discharges urine mucus and pus freely. A large stone was detected in the bladder. The perinæal sinus was enlarged, and the finger introduced into the bladder. A large stone was found. The bladder was contracted and fasciculated and lined with a fibrinous membrane studded with phosphatic grit. The stone was crushed and removed by scoop, and the membrane scraped off the interior of the bladder, which was carefully syringed out with warm boracic lotion. A tube was tied in. He had very little constitutional disturbance. The bladder was regularly washed out with dilute acid to prevent phosphatic deposit. The urethra was kept patent by occasional passage of full-sized instruments. He left hospital 67 days after operation in good health with the perinæal opening almost closed.

#### IX.—INCISIONS.

1. *Laryngo-tracheotomy.*—This was resorted to as a preliminary in the case of Kocher's operation already related (see VI. A. 1 b). The tube was removed on the 13th day, and the wound closed on the 21st day.

2. *Laryngotomy.*—Hindu female, *æt.* 40. Admitted with high fever and great dyspnoea from œdema glottidis. The larynx was opened through the crico-thyroid membrane by Surgeon J. R. Adie. The breathing was relieved, but patient died of exhaustion 13 hours afterwards.

3. *Herniotomy for strangulation.*—i. Hindu male, *æt.* 68. Right scrotal hernia of 30 years' standing. Has worn a truss for 16 years. The rupture descended in unusual bulk 33 hours before operation, and could not be returned. The symptoms of strangulation well marked. Ice and taxis tried before admission without effect. Sac laid open, contained sanious fluid, and about

a foot and a half of gangrenous small intestine. The mesentery, which was also gangrenous was tied in six segments and removed. The gangrenous gut was amputated, and the openings of the intestine stitched to each other and to the upper end of the wound. He began to pass stools through the wound on the second day, and seemed to do well till the sixth day, when symptoms of tetanus set in. These became rapidly worse, and he was removed by his friends in a moribund state on the seventh day.

ii. Mahomedan male, *æt.* 30. Right scrotal hernia of 18 years' standing, came down 30 hours before operation and could not be reduced. Taxis tried without effect; symptoms of strangulation well marked, patient very low. Sac opened, and a knuckle of ecchymosed small intestine returned. A bit of bruised and matted omentum was removed. The sac was left and wound stitched. He lived for two days, but never rallied properly. Died of exhaustion.

iii. Hindu male, *æt.* 30. Right inguinal hernia existed from infancy. Came down on morning of admission, and could not be reduced. Taxis tried without avail. Suffering from shock. Sac laid open. Stricture in neck divided and contents returned. Operation completed as for radical cure. Made an excellent recovery, and was discharged in 26 days.

iv. Hindu male, *æt.* 25. Right inguinal hernia of four years' standing. Came down ten days before admission, and has remained unreduced since then. Very low; abdomen tympanitic. Sac opened. Stricture in neck divided. Intestine, which was inflamed and claret coloured but firm, returned. Operation completed as for radical cure. Patient did not rally. Passed several loose stools. Exhaustion progressive. Died 24 hours after operation.

v. Mahomedan male, *æt.* 50. Right scrotal hernia unreducible for five days with complete obstruction. Patient very low. Sac laid open. Intestine, highly congested but firm, returned. A mass of congested and matted omentum removed. Operation completed as for radical cure. Patient passed several stools but continued to sink. Died 16½ hours after operation.

vi. Hindu male, *æt.* 55. Right inguinal hernia of four years' standing. Came down about 19 hours before operation. Ice and taxis failed. Sac opened by Dr. Pilgrim. Stricture at neck divided, and intestine returned, neck of sac isolated and tied, fundus left. Died of persisting shock 17 hours after operation.

\* \* The foregoing is a very sad record. The fatal result in five out of six cases was undoubtedly due to delay in applying for relief. The only case in which any reasonable prospect of success existed made a good recovery.

4a. *Radical cure of inguinal hernia.*—i. Hindu male, *æt.* 45. Admitted with large left hydrocele from which 11lbs. and 10 ozs. of fluid

were evacuated. He also had a right and very large scrotal hernia, for which he implored an operation, which was performed after some hesitation, because he suffered from chronic bronchitis. On exposing and opening the sac it was found to contain small intestine and a mass of omentum which was adherent to the interior of the sac. The gut was reduced, and the omentum separated by knife, and its cut edge stitched with a continuous suture. It was then reduced within the ring. The operation was then completed in the usual way by tying the neck of the sac, isolating and removing the rest of it, bringing the pillars together with strong catgut, making an opening in the fundus of the scrotum and inserting a drainage tube into it, and finally applying an antiseptic dressing. The wound remained aseptic and promised well, but the man got broncho-pneumonia on the third day, and died of it on the fifth day after operation.

ii. Mahomedan male, *æ*t. 31. Right inguinal hernia of four years' duration. Operated on in the usual manner. Inguinal opening laced. The external wound healed in nine days. Discharged with a truss in 31 days.

iii. Chinaman, *æ*t. 30. Right inguinal hernia of 27 years' standing. Usual operation. Wound healed in 14 days. Detained in hospital by an abscess of the face. Discharged in 59 days.

iv. Eurasian male, *æ*t. 22. Right inguinal hernia of two and half years' standing. Usual operation. Wound healed in nine days. Discharged with a truss in 33 days.

v. Hindu male, *æ*t. 49. Right inguinal hernia of six or seven years' duration. Usual operation. Wound healed in 12 days. Discharged with a truss in 23 days.

vi. Mahomedan male, *æ*t. 55. Right inguinal hernia of two years' standing. Operation as usual. Wound healed in nine days. Discharged with a truss in 29 days.

vii. Mahomedan male, *æ*t. 55. Admitted with an incarcerated right inguinal hernia which was reduced by taxis. He wanted to be cured by operation, and in a few days the usual procedure for radical cure was resorted to. Wound healed by first intention in ten days. Detained for 35 days for the treatment of a gluteal abscess.

viii. Mahomedan male, *æ*t. 45. Underwent operation for right inguinal hernia three years ago. Another rupture appeared on the same side, which was operated on successfully seven months ago. A small hernia then existed on the left side, which has grown large and troublesome. This was subjected to the usual operation. The wound healed in 12 days. Discharged with a double truss after 40 days' detention.

\* \* The man underwent three operations for hernia, two on the right, and one on the left side. The result of the second operation on the right side was satisfactory when he was admitted for the third time.

ix. Hindu male, *æ*t. 46. Right inguinal hernia of 15 years' duration. He was operated on in the usual way. He fell into a state of dementia on the second day, refused food, removed the dressings, and passed his excreta in the bed-clothes. The wound gaped and healed by granulation. He was removed by his friends 72 days after operation. He subsequently returned, in his senses, to have the ulcer closed.

This occurred after a short residence, and the final result was satisfactory.

\* \* This was the third case of post operation dementia observed during the year. The other two were cases of scrotal elephantiasis. Such cases are not uncommon. There was no pyrexia in this case.

x. Hindu male, *æ*t. 35. Admitted on 9th July, with double inguinal hernia, right side of four years' and left of one year's duration. The right side was operated on the 13th of July in the usual way. The wound healed by first intention in nine days.

xi. The left hernia, which was very small, was operated on 23rd of July, ten days after the right. The wound healed in 12 days. Patient discharged on 27th September (49 days) with a double spring truss.

xii. East Indian male, *æ*t. 50. Right inguinal hernia of 18 years' standing. Usual operation. Recovery delayed by an abscess, which formed in the scrotum. Discharged with a truss 69 days after operation.

xiii. Hindu male, *æ*t. 25. Admitted on 11th August with a left inguinal hernia in a strangulated condition. It was reduced by taxis after application of ice, and an operation for radical cure was performed on the 16th. Wound healed in 16 days. Discharged in 20 days.

xiv. Mahomedan male, *æ*t. 50. Right inguinal hernia and varicocele. Admitted on 17th August with strangulated hernia. It was reduced by taxis after application of ice. The hernia was operated on on the 23rd in the usual way. The varicocele was removed at the same time after ligation above and below. Wound healed in 14 days. Discharged on 6th of October.

xv. Mahomedan male, *æ*t. 30. Right inguinal hernia of five years' duration. Had undergone operation by Dr. O'Brien in October 1889. The hernia recurred in six months. The usual operation was performed. There was a scar at the fundus of the sac giving evidence of the previous operation. Wound healed in 13 days. Discharged in 27 days.

xvi. Hindu male, *æ*t. 40. Right inguinal hernia of six months' duration; hydrocele on same side. Usual operation. Wound healed in 14 days. Hydrocele subsequently tapped and injected. Discharged in 31 days.

xvii. Mahomedan male, *æ*t. 32. Right inguinal hernia of six years' duration. Wound healed in nine days. Discharged in 23 days.

xviii. Hindu male, *æt.* 40. Right inguinal hernia of ten years' standing. Usual operation. Did well for two days. On the third day patient removed his dressings, the wound putrefied, the temperature ran up, and on the sixth day gangrenous cellulitis set in. Broncho-pneumonia appeared on the 12th day, and lasted for a week. The cellulitis gave rise to a number of sinuses which suppurated freely. Died of exhaustion 43 days after operation. On *post-mortem* examination the peritoneum and bowels were found healthy. The sinuses were superficial.

xix. Mahomedan male, *æt.* 30. Right inguinal hernia of 19 months' duration. Operated on in the usual way. Wound healed in 10 days. Discharged in 15 days.

\* \* \* These ruptures were situated with two exceptions on the right side. The operation has been fully described in previous papers. The neck of the sac was transfixed as well as tied, and the sac removed in all cases. When the opening was large, it was closed by lacing the ring; the end of the first ligature being crossed and re-entered from within outwards higher up. An opening was made in the fundus of the scrotum in all but one case, and a drainage tube inserted. This was withdrawn after a few days. Drainage was also provided above by leaving the end of the pillar sutures long. The track of the tube and threads sometimes remained open after the wound had healed. Patients were detained until the parts had become quite callous, and invariably provided with a truss with instructions to wear it for six months. Two of the operations were for recurrence after previous similar operation. In one of the two fatal cases death was due to lung complication, which cannot be specially associated with the operation, and in the other, the succession of misfortunes, which ended in death, was due to the patient's own act in exposing the wound. This was the only case in which the wound became septic.

4b. *Operation for the cure of ventral hernia.*—European male, aged 40, a sailor, admitted into the medical wards with severe epigastric pain. A hernial protrusion was detected about two inches above the umbilicus. Patient emaciated; unable to sleep from incessant pain. He was transferred to the First Surgeon's ward to have the hernia operated on, as it was suspected that the pain, &c., were due to it. The lump was exposed by careful dissection and found to be a lobule of fat (subperitoneal), projecting through a hole in the linea alba. This was reduced, the aperture closed with catgut stitches, and the wound carefully dressed antiseptically. It healed by first intention. The pain was less for two days, and then recurred as severely as ever. He began to get epileptic fits five days after the operation, and died of exhaustion, caused by a succession of these, next day. On *post-mortem*

examination an aneurism of the coeliac axis was found. The wound had undergone aseptic repair. No peritonitis.

(To be continued.)

#### REMARKS ON THE THERAPEUTIC USES AND EFFECTS OF ANTIPYRIN.

BY SURGEON PATRICK HEHIR, M.D., F.R.C.S.E.

ANTIPYRIN, known to pharmacologists by the overwhelming and impracticable name of *Dimethyloxyquinizine*, is the term originally given by the proprietors and discoverers to one of the most popular antithermic remedies that have been introduced into our pharmacopœia within recent years. It is an alkaloid, synthetically prepared from chinolin.

Although the name given to this drug expresses the most significant of its therapeutic properties, it is now a well-known fact that to limit its employment to the reduction of febrile temperature would be considerably curtailing its sphere of usefulness. Whilst we cannot be too lavish in our praises of those excellent workers by whose indefatigable efforts our defensive agents against disease are being constantly enriched, we cannot lose sight of the fact that it frequently happens that in the original announcement of the discovery and description of a new drug, the enthusiasm of the discoverer often leads him to over-estimate the therapeutic properties of the new-born remedy, and thereby tends to cast discredit on those virtues which the drug actually possesses, or the drug rapidly rises in popularity on account of the eulogistic terms in which it is represented to the profession. So it was with antipyrin, early after its discovery by Knorr, and the first inquiry as to its uses in clinical medicine by Filchne (who rather under-rated or at least limited its therapeutic value), the number of investigations rapidly increased, and within a few years the published literature on the subject of its therapeutic applicability became enormous. It was considered by some to be a sort of panacea, a universal specific. But happily for the profession we have other diligent labourers constantly engaged in rectifying such discrepancies as these, men whom experience has taught to sift the wheat from the chaff, and who soon advise us as to the special benefits to be derived from all newly discovered remedies, and caution us where care and discretion are demanded.

But antipyrin is not accepted by all as an unalloyed boon. From many quarters one finds attempts made to depreciate its use, and I am convinced that amongst certain physicians at least, and these men of high standing in the profession, there is at the present day a prejudice against the use of all the more recently discovered antipyretics, especially those of the