A PHYSICIAN'S INTEREST IN ANTISEPTIC SURGERY.*

By T. CLIFFORD ALLBUTT, M.A., M.D.,

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[IN acknowledging the honour of his election to the presidential chair, Dr. Clifford Allbutt spoke with warm gratitude to the profession in Yorkshire for the kindly welcome which he received on coming to Leeds nearly twenty years ago, and for the generous confidence and friendship extended to him from that time to the present. He spoke of the sense of brotherhood existing among the medical men in the neighbourhood, which he attributed to the example of those fathers of the profession who founded the Leeds Medical School. He said, continuing.]

"I can never forget the admiration with which, on my first coming to Leeds and visiting the operating theatre of that hospital, I saw Mr. Samuel Smith, Mr. Teale and Mr. Hey, all as earnestly and self-forgetfully busy with the operations of each as three schoolboys might be with their Latin verses; not hesitating to counsel and correct each other, not caring to claim shares in a common success. And the world knows how great were the successes of these distinguished surgeons. As it was then, so it is now at the Leeds Infirmary; caring more for their art than for themselves, the triumphs of each are the honour of all. This perfect freedom of intercourse and the ready passage not only of public, but also of private patients from one member of the staff to another favour the progress of surgery and medicine, and purges them of individual narrowness. It is my good fortune, by entering into this comradeship with my fellows, to have found material and found help in working with the ophthalmoscope and in labouring at many difficulties which lie on the confines of medicine and surgery."

Dr. Allbutt went on to say that a physician's interest in antiseptic surgery was profound. That, while the study of the humane arts had taught men the grandeur and also the subtlety of human actions and human thoughts, modern science was teaching not only the grandeur of creation, but also that other infinity—the infinity of the infinitely little. By the genius of Professor Lister, he had been shown a new study by Holbein—the phantom of death grinning stealthily over the shoulder of the most skilful surgeon in Europe. We had learnt that the mountain may have less to tell us than the grain of sand, or the breath of a vapour more than the whirlwind—that a pint of seemingly clear water or a curve in a leaden pipe may be as terrible to him whose eyes are open as the sword of Azrael.

The speaker next put the question—How far are not only surgical operations, but maladies and childbirths, dependent upon the atmosphere which surrounds them? Normal vitality is generally stronger than atmospheric impurity, and defeats the latter; moreover, the body is largely adaptable, and a town-bred person falling ill in a town may do better than a country-bred person under like conditions. Yet this adapted state is probably less vigorous than the normal state. But in many cases the swing of life is feeble, whether of operation, disease or childbirth, and atmospheric impurity may turn the scale against this numerous class. He had recently attended a lady in puerperal fever, who had come to reside in an old house, the drainage of which was simply unknown and had not been investigated within human memory, and no other cause of infection could be discovered. A servant maid was at the same time lying ill in a room alone in the second week of enteric fever. Omitting specific impurities—the causes of fevers, diphtheria, and the like—the speaker spoke more at length on phthisis, laryngitis, bronchiectasis, empyema, scrofulous adenitis, pyelitis, spinal caries, and cystitis.

He referred to the development of phthisis in towns, of the poisoning of the otherwise perhaps transient pulmonary lesion by foul air, as a transient sore-throat becomes foul and incurable in a badly drained house. He then pointed out that such cases, where softening begins, die of local corrosion and of septicæmia caused by the fermentation of the masses in the lung. He had found antiseptic inhalations and respirators disappointing, probably because they are intermittent in action. And he admitted that, even in thought, it seems impossible surgically to reach or scour out the cavities, save in a few very rare cases. The best treatment he had discovered was that by the air of Alpine heights, proved by Professor Tyndall to be aseptic.

Phthisical laryngitis, he found, was best treated by frequent local washings—twice daily—with mild antiseptic lotions on a sponge-probarg. The sputa of phthisis should never be swallowed, for fear of intestinal ulceration.

In empyema, the speaker urged the primary importance of complete drainage, and spoke of cases in which persistent discharge was soon cured by a second opening, which had resisted antiseptic precautions. He exhibited charts, showing over and over again how promptly the thermometer rose when the thoracic opening was blocked, and how rapidly it fell on clearing the outlet. Septic poison is rapidly formed, rapidly absorbed, and rapidly excreted.

Scrofula, the speaker said, he had long discarded as a misleading term. He had taught for fifteen years that a scrofulous patient was simply a bad healer, one in whom light lesions were not easily thrown off and forgotten. The so-called scrofulous neck, long regarded as the expression of a special systemic vice, probably always took its rise as a bubo from some irritation of mucous membrane in the throat or ear. Mr. Teale and himself had treated several of these cases most successfully by free incision and eucleation. In some cases, this had been before the constitution had given way, and in these the results were brilliant. It was found that under the larger glands, often lay lesser ones, these in turn leading to some deep-seated, perhaps half-crietified "kernel", the unnoted offspring of some long forgotten tonsillar or other irritation. By antiseptic surgery, he thus would signify not only certain methods of a special kind, but in a general sense surgical cleansing. For, indeed, in a case attended by Mr. Corrie and himself, the rapid and fatal outburst of miliary tubercle was traced after death by Mr. Corrie's industry to a small suppurating gland in the mesentery, itself doubtless a secondary event.

Under the head of pyelitis, the speaker referred to Mr. Jessop's judicious boldness in cutting down upon the kidney; and he prophesied that this radical method would surely take an important place in the treatment of both scrofulous and calculous pyelitis. He thought it not unlikely that ere long surgeons tracing inguinal and psoas abscesses to their origin would attain to radical cure by cutting down more directly to their source, and securing complete drainage.

In cystitis, he urged the observance of purity in all sounds and catheters, and referred especially to Dr. Rolleston's warnings in this matter in his address given at the Oxford meeting of the Association.

Before leaving the urinary passages, Dr. Allbutt spoke with great interest of the results obtained by Mr. Teale of late in cases in which albuminuria had appeared. By the aid of antiseptic surgery, Mr. Teale had thrice ventured to operate after the appearance of albumen, and not only with immediate success, but with the consequent disappearance of the albumen.

In conclusion, he claimed for modern practitioners, no retrogression, but a great advance in therapeutics—a retrocession, indeed, from false positions, but a great advance towards the true and impregnable; and he urged that preventive and sanitary medicine meant the preservation of purity in the very citadel of the body as well as in the circumambient air.

A CASE OF DISLOCATION OF THE SACRUM.*

By J. THORESBY JONES, M.R.C.S. Eng.,

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H. J., AGED 55, a healthy powerfully built man, was admitted into this Hospital on January 17th, 1878. He had been knocked down by a traction engine. The nature of the accident was obscure; but it was stated in evidence that he had fallen in front of the engine, and that the wheel had pressed him to the ground but had not passed over him; he was unable to move, so he was brought here at once, where he arrived one hour after the accident.

On admission, he was found to have a fracture of the right humerus. There were bruises on the left thigh and leg and over the crest of the right ilium. On examining the pelvis, no signs of fracture or dislocation were elicited. There was no marked collapse, but he seemed a good deal shaken. The humerus was put up, and the patient removed to the ward. He was seen two hours afterwards, and he expressed himself as being quite comfortable, and in no pain. The shock had passed off, and he was able to take some beef-tea and milk. The urine, which was passed voluntarily, was quite free from blood. At 9 P.M., four hours after admission, he was again seen, and then for the first time he complained of pain, which he referred to the lower part of the abdomen. A poultice was ordered, and a draught of twenty-five minims of liquor opii sedativus was administered. The pain became more severe; the surface of the body became cold and clammy; the pulse was hardly perceptible; he sank rapidly, and died at 11 P.M., seven hours after the accident.

Necropsy.—The intestines and all the organs, both abdominal and thoracic, were in a fairly healthy condition, and none were injured.

* Abstract of Presidential Address to the Yorkshire Branch.

* Read before the West Kent District of the South-Eastern Branch.

After removing the small intestines, an extravasation of blood was found occupying the recto-vesical pouch and the loose tissue around; and on dissecting through this, the ilio-lumbar artery on the right side was seen to be wounded. The veins on this side were unhurt; but on the left side, the external iliac vein was wounded at a point opposite the left sacro-iliac articulation. On removing the rectum, bladder, the vessels, and loose tissue from the pelvis, it was at once seen that the sacrum was unusually prominent; and further examination showed that it was separated from its articulation with the ilium on each side. The anterior sacro-iliac ligament was ruptured, all but a few of its fibres. The anterior border of the articulating surface of the sacrum was at least a quarter of an inch in front of that of the ilium, on both sides. The posterior aspect of the articulation was then examined, and here the ligaments could not be well defined on account of the laceration of the gluteus maximus and the extravasated blood. A careful examination was then made of the whole of the pelvis, and at no point was a fracture discovered.

I have referred to several authorities on the subject of dislocations, but in two only can I find anything bearing upon the case under consideration. One is in Cooper's *Surgical Dictionary*, where it is said that "the sacrum may be driven forwards by pressure against the sacrum, the body being fixed; but", it goes on to say, "this is usually the least part of the injury, being usually complicated with fracture of the pelvis at some point or other".

The other reference I would make is to an article written by Mr. Birkett in Holmes's *System of Surgery*, in which it is stated that, in cases in which there is the greatest amount of displacement, viz., in dislocation of the sacrum from the ilia, the edges or borders of the articulations of both bones are usually broken off. In the case which I am recording we found no such condition.

I would draw your attention for a moment to Malgaigne's plates. Here there is a representation of a dislocation of the sacrum; but, as is usual, the dislocation is complicated with fracture of the pelvis. In the case under our consideration, there was a distinct separation, or, to use a term suggested by Dr. F. J. Brown, a disruption of the sacrum from the ilia, complicated with injury to the blood-vessels but with no fracture.

I have been unable to find a record of any case of this nature; and this must be my excuse for bringing the case under your notice.

THERAPEUTIC MEMORANDA.

TREATMENT OF GLANDULAR SORE-THROAT.

GLANDULAR sore-throat, by which I mean catarrhal congestion or inflammation in and around the glandulæ of the mucous membrane of the pharynx and larynx, is a very tedious and troublesome affection. It has been known as dysphonia clericorum; it is, in fact, the chronic sore-throat to which persons are liable who use their voices extensively, especially in large rooms or in the open air. I desire to draw attention to the usefulness of the topical application of borax in its treatment. I order a saturated aqueous solution, which the patient applies to his throat by the aid of Corbyn's throat-spray. The spray should be employed for several minutes thrice or more frequently daily, and midway between meals. If the larynx be much implicated, the patient should inspire deeply while the spray is playing upon his throat. I have lately found this very simple method of treatment of striking service. The cure may be expedited by the application of astringent solutions to the pharynx and larynx by means of suitable brushes. When there is much secretion, extract of eucalyptus is a good local astringent, which may be used in the form of lozenge. Half a dozen of Corbyn's or of Cooper's lozenges may be sucked slowly during the day.

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TINCTURE OF YELLOW JASMIN IN NEURALGIA OF THE FACE AND IN WHOOPING-COUGH.

SOME time ago, in one of the medical journals, this drug was highly recommended in cases of neuralgia of the face. Since then, I have used it in about twelve cases; in all of them, neuralgic pains were complained of in the face and jaws. I prescribed it for an adult in fifteen-minim doses in an ounce of dill-water every four or six hours, according to the severity of the pain; and in no case were more than three doses required. Generally, one dose sufficed to relieve. In those cases where a third dose was required, the patient complained of sleepiness afterwards; this, I believe, was not owing to the action of

the drug itself, but because the system was worn out for want of rest, caused by the attacks of pain, for which, when relief was obtained, wearied nature succumbed to the soothing action of sleep. Besides cases of neuralgia affecting the face and jaws, I have used it in whooping-cough, with the effect of diminishing, both in frequency and severity, the paroxysms of coughing; this is no doubt due to its action on the neurotic element of the disease, but although it favourably influenced the attacks of cough, it appeared to have no curative effect on the fever, which is another element of this affection. However, as it is the severe cough which is so much dreaded, and for which relief is so often sought, I think that in this remedy the profession has at its disposal a means wherewith it can obtain this valuable result.

D. SCHLOSS BRADLEY, M.D., Barrow Hill, Chesterfield.

REVACCINATION.

By an excellent arrangement, in the JOURNAL of last week, is contained a series of papers on the necessity of revaccination, as a prudent precaution against the chance of an attack of small-pox.

As a practitioner of sixty years' standing, my memory carries me back to a period when the practice of vaccination was regarded as conferring an immunity from any future attack of variola, much more to be relied on than our more extended experience now leads us to expect, valuable as is the defence with which the genius of Dr. Jenner has supplied us. The result of modern observation and experience is the practice of revaccination, the efficiency of which, if efficiently performed, is, I may venture to say, fully established. To guard against an erroneous and dangerous conclusion, deceptive both to the patient and the doctor, being drawn from the circumstance of no specific appearance being the result of the punctures made in the operation of revaccination—leading the former to believe that he is proof against either vaccinia or variola—it has long been my practice, in cases of revaccination, whatever the number of punctures is intended to be, to make the first with a perfectly clean lancet, so that these may be the means of observing by comparison the results of the operation. If no specific appearance distinguish the vaccinated from the simple puncture, I conclude that the operation has failed, and that it ought to be repeated. This is by no means an unfrequent occurrence in ordinary primary vaccination, when, if the virus do not take, the operation is repeated. In revaccination, the cases are very few in which, if the specific virus be properly inserted, it does not show its specific effect, although differing altogether from the normal pustule following primary vaccination, but equally differing from that following a puncture with a perfectly clean lancet. Where, in either primary or in revaccination, no specific effect is the result of the insertion of the vaccine lymph in either case, the operation should in common prudence be repeated.

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SURGICAL MEMORANDA.

SAYRE'S PLASTER JACKETS.

A SHORT time ago, a writer in the JOURNAL complained of the way in which portions of the plaster-of-Paris bandages that were applied in Sayre's treatment of spinal curvature became reduced to powder by friction, etc. I have lately adopted the following plan with most satisfactory results. A few days after the plaster bandages have been applied, and when there is no longer any doubt as to their being thoroughly dry, I place an ordinary bandage of unbleached calico evenly over the plaster-cast, and brush this over with a solution of silicate of soda; and twice more, with an interval of one day between the applications, reapply the solution. The silicate is soon dry, though not absolutely hard for two or three days. The advantages of this application are: that it preserves the plaster bandages for an unlimited time; that it is an additional support (becoming extremely hard and strong); that it is more elegant in appearance than the plaster, and does away with the necessity of using so much of the latter; also, that it does not contract on drying. I have only recently adopted this method, but feel convinced it will be regarded by those who use it as a great advantage over the simple plaster bandages. I am quite aware that silica bandages have been used for a long time in the treatment of fractures, but do not know that any one has applied them as a help or addition to the Sayre's bandages. The silicate of soda, which is very cheap, and, I think, superior to the silicate of potash, may be obtained from Messrs. Hopkin and Williams, 16, Cross Street, Hatton Garden.

I may add that additional support may be obtained, if necessary, by using more of the tin splints under the silica bandage, without additional weight, as by this method so much less of the plaster bandage suffices.

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