A PHYSICIAN'S INTEREST IN ANTISEPTIC SURGERY.*

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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 feebleness, 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 enucleation. 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 military 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.*

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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.