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ORIGINAL ARTICLES.

ONE YEAR'S SURGICAL OPERATIONS IN THE
WESTERN INFIRMARY, GLASGOW. ✓

By ALEXANDER PATTERSON, M.D.,
Surgeon and Lecturer on Clinical Surgery.

(Read before the Glasgow Southern Medical Society).

It may be premised that the small surgical wards under my charge, one for females and two for males, are situated on the upper floor of the hospital; they are well lighted, thoroughly ventilated, and, like all parts of the house, kept scrupulously clean. The beds in the three wards number collectively only 19, although frequently they contain twenty patients. The antiseptic treatment was faithfully carried out in every case admitting of the practice.

✓ *Nephrotomy.*—A. W. D., æt. 38, female, was admitted to Dr. Finlayson's Wards on the 7th September, 1877, suffering from "surgical kidney." She was reduced almost to skin and bone, had the left leg flexed on the thigh, and the thigh on the abdomen. An obvious tumour existed in the left lumbar region, which Dr. F. clearly diagnosed to be a perinephritic abscess, and which, at his request, I opened on the 29th September, giving vent to about 20 oz. of pus. On the 27th December a distinct tumour, corresponding to a dilated kidney, was observed in the left lumbar region. After consultation and careful consideration of the case, it was resolved that the organ be cut down upon and into, or removed altogether, as circumstances might seem to warrant at the
No. 7. B Vol. XII.

time of operating. On the 8th February, 1878, patient was taken into the theatre, and placed under the influence of chloroform, when, being kindly assisted by my colleagues, Professors Macleod and Buchanan, I began the operation by enlarging the sinus, which remained in connection with the perinephritic abscess, about midway between the last rib and crest of the ilium, immediately outside the erector spinæ muscles. The knife was carried carefully downwards to the ilium, thence along the crest, extending altogether about 6 inches. On reaching the meshy layer of fat and cellular tissue enveloping the kidney, I cautiously scratched through this with the nail of the forefinger, when the glistening, plum coloured organ could be seen lying deeply in the bottom of the wound. The covering was separated as far as could be reached with the finger tip, and the gland palpated to find if fluctuation could be detected. About an inch from the lower end of the kidney, and along the convex border, a softer spot was made out, and into this was thrust, with much anxiety, an ordinary hydrocele trocar and cannula; on removing the trocar, thick, healthy looking pus welled through the cannula. The instrument was now withdrawn, and a probe-pointed curved bistoury inserted into the puncture, and the opening enlarged downwards so as to admit the finger. I introduced my forefinger into the abscess, and picked out, with the nail, two small uric acid calculi. The contained pus was probably about two drachms. There was no hæmorrhage from either the superficial or renal wound. A drainage tube was inserted and the wound dressed. The woman was taken into ward 14, where she continued to improve until her dismissal on the 3rd April, 1878.

She called on me on the 2nd of this month (June, 1879), and she now looks a hale, hearty woman, and states that she is in excellent health. The sinus still remains patent.

Osteotomy—6 operations. Successful.

Strangulated Hernia—5 cases. Herniotomy performed in all with a successful result. 3 in males and 2 in females. Oblique inguinal in 1 male patient; the remaining 4 were femoral.

Ligature of the femoral artery—3 cases. Successful. All performed for the cure of popliteal aneurism—in one patient the aneurism recurred, necessitating the tying of the vessel in Hunter's canal.

Amputation in the thigh—9 operations. 1 female, who was brought in with a leg sloughing from knee to ankle, died; the others recovered.

Amputation at the ankle joint—6, of whom 2 died, and both from tetanus; the one, a man of twenty-four, whose foot was removed on account of disease in the ankle; the other, a boy six years, whose foot had been crushed into pulp by a waggon wheel.

Amputation of great toe—3 cases. Well.

Amputations in upper arm—1 for a smash, and 1 for sarcomatous tumour of hand. Both recovered.

Amputations of fingers—3. Well.

Excision of mamma—8 patients. All successful.

Excision of tumours over parotid—2, both of which patients made very rapid recoveries.

Excision of epithelioma—2—1 on the scalp and 1 on the lower lip. Well.

Excision of cervical glandular tumour—1. Recovered.

Lithotomy—3 cases. 2 succeeded and 1 died. The latter, a man aged 69, was suffering from chronic phthisis, and a few days after the operation his spit became tinged with blood, and he sank on the eighth day from his chest affection.

Lithotrity—1 case. Fatal. The man was doing perfectly well, after the crushing of the stone, when I was informed one morning that he was seized with erysipelas. The patient lay next the door in ward 8, which is situated at the head of the western stair, and into this ward most of our outdoor male patients make their way, for the purpose of having dressings applied. On making strict inquiry as to where the erysipelas had come from, I discovered that an out-patient, who was suffering from slight traumatic erysipelas of the forearm, had been in the habit, for some mornings, of sitting down at the bedside and chatting with the lithotrity patient.

Excision of knee joint—3 cases. 1 successful; 2 had to be amputated afterwards.

Excision of elbow joint—6 cases. All successful.

Tracheotomy—3 cases. 2 performed for croup succeeded; 1 for diphtheria failed—patient sinking from exhaustion.

Abscesses and sinuses opened—15 in number. Of these 1 lumbar abscess, and 1 arising from disease of os innominatum, were discharging when the patients left; the remainder left well.

Removal of dead bone—15 cases. 1 case, in a foot where amputation was declined at first, had to be amputated; the others did well.

Hydrocele tapped and injected—2. Radical cures.

Hæmorrhoids removed—2 cases. Well.

Fistula in ano—2. Recovered.

Vesico-vaginal fistula—1 bad case, somewhat improved by operation.

Castration.—Tumour of testicle. Successful.

Ruptured perineum—2 operations in a girl of 6. The child was exceedingly restless, and it was found to be very difficult to attend to the bladder. Neither operation succeeded.

Tenotomy—4 cases. Successful.

Housemaid's knee—2 patients. Both well.

Joints opened—3. Knee, successful; loose cartilage removed from the joint—did well; and an elbow joint which was ultimately amputated.

Dislocations reduced—2. Humerus and lower jaw.

Removal of warts on penis—1 case. Well.

Breaking femur after vicious union.—Successful.

It will be seen from the foregoing operations that the year's work, extending from the 1st November 1877, to the 1st November 1878, was both varied and interesting. The indoor cases alone are included, and the statistics may be given shortly thus:

Total number of indoor patients admitted,	234
Do. operations performed,	119
Do. deaths succeeding operations,	6
Do. beds,	19

Average stay of each patient in wards during year, 30 days.

Besides the above, there were 110 outdoor patients, upon whom 47 operations were performed, without any untoward result.

Remarks.—Up till this year no death occurred in any case of stone in the bladder, in which I operated; and the same is the case, so far as I can recollect, with regard to Syme's amputation, one of the safest of all operations. By the way, it seems probable that, in the course of time, all amputations in the leg (especially in working men), between the knee and ankle, between Carden and Syme, will be abandoned. It is only now and again that a stump, sufficiently firm to support the weight of the body, is to be met with in leg amputations; in the great majority, a wooden pin, upon which the head of the tibia rests, is used, and the stump projecting backwards at a right angle, is neither useful nor ornamental.

A death-rate of 5 per cent of the patients operated on in Hospital Ward Practice may be considered low; yet I hope, by the exercise of greater care and vigilance, to be able to make it less. Since I had the honour of being appointed to take charge of Wards in the Western Infirmary, I have not prescribed an

ounce of whisky for any patient, not a dozen and a half have been placed on brandy, and the stimulant list for May, 1878, stood at 20 oz. of sherry for the month, or exactly one ounce of sherry per month for each patient, as we had twenty patients in the nineteen beds. There has not been a case of pyæmia in my wards since they were opened, now three and a half years ago. Of course, the most rigid economy of time and space was exercised to enable us to get through such an amount of work.

I venture to affirm that, in all general surgical hospitals, a high death-rate will accompany a large expenditure of stimulants; in other words, the more stimulants the more deaths. This does not by any means depend upon the severity of the cases treated, but upon their being kept antiseptic or the reverse. It may be inferred from this statement that a treatment which, *when properly carried out*, enables the surgeon to save more human lives and limbs, which leaves the managers of an Infirmary a much diminished wine bill to settle, and which curtails the board and lodging of each patient in hospital to thirty days, can scarcely be termed an expensive mode of treatment. The results of the year's work, on the whole, speak well for the antiseptic treatment, as well as for the salubrity of situation and sanitary condition of the Western Infirmary.

June, 1879.

ON A CASE OF DISSEMINATED SCLEROSIS OF THE BRAIN AND SPINAL CORD (MULTIPLE SCLEROSIS).

BY JOSEPH COATS, M.D.

THE following case, which occurred in the Western Infirmary while I was temporarily in charge of Dr. Gairdner's Wards, presents so characteristically most of the symptoms commonly met with in this disease that I have thought it worthy of detailed description. I would, in the first place, recall the principal points in the pathology of this disease, without which the symptoms can hardly be duly appreciated. In fatal cases it has been found that grey patches are present in the central nervous system, distributed with apparent irregularity in the spinal cord or the brain, or more frequently in both. These patches extend into the substance of the portion of nervous tissue concerned, and, as the nervous tissue proper is greatly destroyed in them, it is to be presumed that the