

SURGERY.

Naso-pharyngeal Fibroid Tumor. Chas. L. G., æt. 14, first noticed a year ago a tumor growing in the naso-pharyngeal cavity, which gradually increased in size, so that at the time of operating it was about as large as an orange, and seriously interfered with both deglutition and respiration. After etherization, the obstruction was removed by pulling the soft palate forward with a blunt hook, and tearing away the tumor with forceps and fingers. Nose was syringed with a solution of the persulphate of iron, and a sponge saturated with the same introduced into the posterior nares; mouth was afterwards washed out with calendula water, and patient put to bed. Returned to his home in four days; in thirty he was substantially well and no tumor visible. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 8, p. 347.)

Trephining. A stout young man received a fracture of the skull, right side, temporal region. The outer table of the skull was depressed a distance of an inch and a half, the edges of the fracture comminuted; some pieces of bone were removed and the wound dressed. After consciousness returned it was observed that motion in the left arm was entirely lost, partially so the left leg. Sensation also somewhat impaired; the right side of the face drawn to the left, tongue when protruded also curved to the left; occasional strabismus, dilated pupil and deafness on the right side. Seven weeks afterwards he came again under treatment for epileptic convulsions, which were evidently on the increase. He was trephined and the depressed bone raised. After the operation he made a good recovery, having but one more epileptic seizure. (S. B. Parsons, M. I., v. 10, p. 350.)

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Staphylorrhaphy. A young girl, æt. 19, congenital cleft of hard and soft palate. Greatest width half an inch, narrowing gradually and extending to the incisors. Using Whitehead's gag, seizing the uvula and putting the parts greatly on the stretch, the palato pharyngeus, a muscle most concerned in drawing the velum, was horizontally severed at the tonsil by stout scissors. The palato glossus was divided by transfixion. Placing a narrow double edged bistoury, curved in the flat, against the back of the velum, the levator palati was divided by cutting downward and outwards toward the internal pterygoid plate. The tensor palati was severed by transfixing the soft palate internal to the hamular process, and cutting from me, having the double object of relieving muscular action and making an opening to allow the parts to be brought together without much strain. The cleft was pared and four sutures introduced, the needles passing well back from the sides of the cleft, using small half curved needles, silver wire and the ordinary lever holder. The wire was compressed and flaps brought together by an adjuster, and secured by perforated shot. Neither ice water nor styptics were used, as detrimental to union; the line of union was kept clean of pus and blood by a small wet sponge probing. The wires were cut and withdrawn on the seventh day, union being firm, complete, and success perfect. A month later, in order to close the hard palate, incisions parallel to the cleft, and nearly opposite the alveolar process were made, and by a blunt raspatory motion from the incision, raised the covering from the hard palate on either side, and joined the flaps in the median line. Sloughing in the sutures took place, and this was not an entire success. An opening yet remains five lines in length near the incisions. (M. Macfarlan, A. J. H. M. M., v. 6, p. 425.)

Myeloid Tumor of the Gum, of two years growth, issuing from the mouth; greatest measurement from the border of the upper lip around the tumor, lengthwise to the lower lip, being eleven and three-quarter inches. Smallest circumference near the lips, eight inches. Externally it was twisted and bent upon itself, with the apex turned towards the right. The jaws were separated to their utmost, and the tumor as it grew displaced forwards and thrust out the front teeth. The growth looked like the end of a large elongated potato held in the mouth of slightly lobulated, but smooth surface, dark red color, yielding or elastic on pressure; there was but trifling pain. On account of its vascularity the whole mass was removed by the ecraseur, piece by piece, until the

bone was reached. The body of the inferior maxillary was found greatly expanded, consisting of merely a thin shell from within, which in the cancellated structure the tumor had originated, and as it enlarged burst its bony covering. The remaining particles of fibro-plastic and osseous matter were gouged out, leaving the right ramus in position. The cleaned cavity was crowded with styptic cotton, which stopped the free oozing of blood. No return of growth. (M. Macfarlan, A. J. H. M. M., v. 7, p. 479.)

An Epithelioma on the left side of the bridge of the nose, growing rapidly and threatening to encroach on the inner canthus of the eye, was promptly and perfectly cured by cauterization. Liquid carbolic acid was applied several times at one sitting, letting it dry between times; the operation was repeated every two or three days. The hard, dry, dead substance was removed partly by forceps, partly by poultice; the suspicious border was removed in the dry way. (J. C. Morgan, M. I., v. 10, p. 296.)

Denuded Cranium, from a fall. Removed every hair before closing; kept scalp in apposition with the cranium by sutures and bandages. Erysipelas controlled by *Acon.*³⁰, *Bellad.*³⁰, *Silic.*²⁰, *Arnica.*, externally. (G. T. Charlton, Proc. H. M. S., Penna., 1873.)

Epithelioma. Operated on two old people, successfully excising V-shaped pieces from the lips. In one case ulceration was considerable, discharge profuse, thin, without lymphatic enlargement; used wire sutures, they being less irritating than silk. This affection is almost exclusively confined to the lower lip, and with few exceptions peculiar to men, oftener seen on the left side, generally beginning like a wart or discolored dry scale, terminating in an ulcer having everted edges, with a reddish, concave or bleeding base, discharging freely thin, corrosive ichor. There is little use of operative interferences when the poison has been absorbed by the lymphatics.

Medicines are useless. (M. Macfarlan, H. M., May, 1873, p. 476.)

Partial Excision of the Inferior Maxillary Bone after Gun-shot Fracture. (H. W. Fulton, Proc. H. M. S., Penna., 1873.)

Convergent Strabismus. Anna R., æt. 6, convergent strabismus of left eye, variation of three lines from normal vertical meridian; result of convulsions; no refractive medial defect. Performed tenotomy and divided conjunctiva to bring eye into proper position. Cured. (M. Macfarlan, H. M., April, 1873, p. 425.)

Double Divergent Strabismus. Mr. W., æt. 18, has had marked divergent squint since early childhood, both eyes being

greatly turned in; cause congenital. Some months ago had an operation which left his eyes turned outward, causing double vision and subjecting him to remark. Vision is normal. On looking at a gas flame six feet away, with a blue glass held before the right eye, he sees the blue flame to his left hand, ten inches from the white light and two inches below a horizontal; the distance between the flames increasing as he recedes from the light, and *vice versa*. With a colored glass held before the left eye he sees the opposite condition of things. A plane prism of four degrees with its base inclined inwards and downwards thirty degrees from the horizontal meridian corrected the inversion of the right eye; a prism of seven degrees with its base directly inwards suited the left eye. A pair of glasses thus made corrected the diplopia. (M. Macfarlan, H. M., Nov., 1873, p. 156.)

Operation for an Artificial Pupil, Coremorphosis. (Payr, J. Pr., 1873, p. 397.)

Enucleation of the Eyeball. L. H., German, æt. 19, employed in a foundry, received a blow on the right eye, which in twenty-four hours destroyed the eye. Subsequently the ball was enucleated. Gave *Acon.*¹⁰, afterwards gave instead, *Bellad.*³⁰. Case progressed rapidly toward recovery, notwithstanding at one time there was threatened meningitis and inflammation of the orbital tissues. (W. L. Breyfogle, M. A., p. 168.)

Cataract Operation, by Gräfe's modified linear method. In twenty-four hours inflammation set in, for which *Acon.* was given without effect. Then gave *Rhus*²⁰⁰, with rapid effect, and patient was able to leave her bed the fifth day. (W. L. Breyfogle, M. A., p. 168.)

Serious Injury of the Eyes. In a patient seriously wounded in other portions of the body, by the premature explosion of dynamite, the eyes were as follows: both lids cut and torn in every conceivable direction; the left eye badly burned, and filled with pulverized stone; the right eye was found to have a splinter of about three-fourths of an inch long, and a line and a half in breadth driven through the upper lid, and penetrating the ball at the upper and outer edge of the iris. The cornea and iris were completely cut through; the crystalline lens dislocated, the upper edge being dropped downwards and backwards, while the outer edge was presenting anteriorly. Through the opening thus made, the aqueous and vitreous humors had both partly exuded, and the ball was collapsed.

Notwithstanding the collapsed condition of the right eye, it was deemed advisable to save it. With a silver probe the dislocation of the lens was reduced, the edges of the wounded iris brought together, and the lids brought down over the ball, and confined by the free use of collodion painted on.

A light compress, moistened with calendula water, was kept upon the face for a few days. When after a few days, the lids were carefully opened a little ways, the right eye was found to be healing, by first intention; a second examination a few days later, showed the wounds closed, and the ball apparently refilling with humors. This eye continued to improve; it regained its natural size and shape, and the sight became as good as ever. The left eye did not recover as well, an opacity of the cornea undoubtedly an incipient traumatic cataract being the result. (G. M. Pease, M. I., v. 10, p. 284.)

Senile Cataract. Mrs. S., æt. 78, cataract of seven years' duration, in right eye; slight perception of light and shade, showing retina to be good; other eye affected; extraction by linear method gave in a fortnight vision equal to one half. The lens became displaced upwards and backwards during laceration of the capsule, and the vitreous escaped. Fished out the lens. R. *Mezer.* for ciliary pain. Cured. (M. Macfarlan, H. M., April, 1873, p. 424.)

Opacity of Cornea—Canthoplasty. H. A., æt. 21. Eight years ago a cloudiness of the right cornea was first discovered by a friend, gradually increasing without assignable cause. After several years the opacity appeared like three irregular milk-white clouds in the middle layers of the cornea. Conjunctival layer not affected; vision much impaired. Use of eyes produced pain in right eye. A scratching feeling about the centre of the upper lid was the most prominent symptom. Close observation would detect no cause except a slight projection of the affected eye-ball, over which the upper eyelid was drawn unduly tight. The outer canthus was slit and stitched in the usual manner, thereby relieving the tension. Forty-eight hours afterward seventy-five per cent. of the opacity was gone; in two weeks the cloudiness could not be seen except upon close inspection. *Calc. carb.*³⁰, two doses a day for one month completed the cure. The same remedy was given before the operation without effect. (T. P. Wilson, M. A., Sept., 1873, p. 403.)

Traumatic Cataract. Boy, æt. 14, cataract of right eye caused by a blow from a stone. Opaque lens; cannot count fingers six inches distant from the eye, but clearly distinguishes light and

shade when objects are passed before him. Fully dilating the pupil, I incised the capsule with a knife-needle, and by operations performed once a week forced and coaxed portions of the lens into the anterior chamber. When absorption took place in five weeks without suppurative or injurious iritis, the vitreous and aqueous were freely commingled, the iris kept well dilated during the treatment, and *Bellad.*²⁰ given. The boy with a seven inch convex glass can read Snellen No. 1½ ten inches off. Measured with larger type his vision equals two-thirds. (M. Macfarlan, H. M., June, 1873, p. 523.)

Caries of Femur. Frank M., for a long time has had offensive discharge from fistulæ on inside of thigh. The probe showed caries. R. *Silic.*²⁰, one dose per diem, for a week. Then an incision six inches long was made down to the carious bone. The carious surface extended nearly around the bone and for several inches along the shaft. Scraped and chiselled it off thoroughly, and closed the wound. R. *Arnica*, and then *Silic.*²⁰, two doses daily. Healed in four weeks. (J. H. McClelland, H. M., March, 1873, p. 357.)

Encephaloid of the Thigh. Mr. E., æt. 62, tumor extends externally from great trochanter to below middle third of left thigh; two years old; two attempts at extirpation. The parts, six inches in width and double that in length, were in a state of open ulceration, surrounded by a wall of whitish cauliflower or fungous ridges; the centre of this enormous deep sore had an irregular rugged appearance, the interspaces filled up with blood-clots and purulent matter, free bleeding occasionally taking place. The discharge was ichorous, profuse, and so offensive as to pollute the whole house. Examination of the groin showed little glandular enlargement, the fungus to touch was soft, vascular, attended with slight pain. Aware of the threatened danger from hemorrhage, and that the operation was only palliative. Chloroformed patient, dissected out the cancerous substance down to healthy muscle exposing the bone; checked hemorrhage by the actual cautery, and ligating. In the removal of fungous cancerous growths, with persistent, and, if not checked, fatal oozing, thorough use of the hot iron is the best hæmostatic; and from trial in many cases, either *Zincum* and *Arsen.* as internal remedies. Patients are benefited by the constant application of a large fermenting poultice. (M. Macfarlan, H. M., May, 1873, p. 475.)

Vicious Cicatrix. Child, æt. 3, had been badly burnt some months before on one hand; the fingers were joined or fused

throughout, contracted on palm, partly imbedded in the hand. Chloroformed, stretched the parts, divided with a tenotom the tissue at its most resisting points, also the deeper contracted aponeurosis, making large unavoidable gaps which were allowed to heal by granulation. The tendons were not divided. When hemorrhage had ceased, the individual fingers and other portions were separately and loosely enveloped by small strips of linen dipped in olive oil, and thin splints applied to the palmar surface to maintain extreme extension, changing the dressings every two days. In a short time passive motion was resorted to, and the result was entirely satisfactory; no water was used. (M. Macfarlan, H. M., May, 1873, p. 477.)

Anchylosis of Right Ankle-joint. Miss B., æt. 27, fell, spraining her ankle, causing immobility of joint. Three months later at first visit broke up the adhesions by forced movements, keeping thumb pressed on "painful spot," which was in front, and to the inside of the joint. She before was unable to bear her weight on the foot, but now walked about the room without crutch or support. Passive movement a few days resulted in a cure. (M. Macfarlan, H. M., June, 1873, p. 522.)

Ganglion at both wrists, causing weakness of the parts was cured by elastic pressure from a thin, pure India rubber bracelet, fitting tightly and covering the enlargement. *Silic.*^{2o}, a few doses were given at the same time. (J. C. Morgan, M. I., v. 10, p. 295.)

Bony Anchylosis of the hip-joint of fourteen years' duration. Formation of false joint. A detailed description of the above case, together with the treatment adopted is reported at length, by A. G. Beebe. (M. I., v. 10, p. 43.)

Ulcerative Absorption of Bone, etc. (W. Owens, M. A., pp. 47, 151, 416.)

Displacement of the Long Head of the Biceps. (J. B. Bell, N. E. M. G., Aug., 1873, p. 360.)

Necrosis of Femur. Large pieces of bone have been removed; discharge fetid and ichorous; skin glazed, œdematous, purplish-red, tender to touch, pain deep seated, throbbing at night, tongue coated brown, with red tip and edges; pulse bounding, 120; metallic taste; constipation; emaciation. Relief from *Merc. viv.*^{2o}. Later *Silic.*^{2m} and 6^m. Cured. (C. M. Chamberlin, N. E. M. G., Nov., 1873, p. 490.)

Aneurism of the Superficial Femoral Artery, cured by Compression. Signoroni improved horse-shoe tourniquet was

applied on cardiac side of tumor, directly over the artery, and as far above tumor as possible. Sufficient pressure to retard, but not entirely stop the flow of blood into the sac was then made, and so continued for seventeen days and nights with the effect of gradually reducing the size of tumor. After compression an eczema appeared in the inner side of leg, and continued for some months. A cold taken, superinduced a phlegmonous inflammation of the sac, causing it to swell, and under the use of poultices suppurred and discharged a quantity of thick pus. In a year's time the leg was entirely well. The medicines occasionally used during the compression, were *Morphia* to induce sleep, and *Acon.* and *Digit.*, 1st atten., alternately every two hours, followed by *Ver. vir.*, 1st atten., every two hours, until the pulse became reduced in frequency and force. For the eczema, gave *Hepar s. c.*, 3d trit. The diet for the first four weeks was light, but after that he ate the most nourishing food. (Louis de V. Wilder, A. J. H. M. M., v. 6, p. 263.)

Neuroma of the Stump. (M. Macfarlan, H. M., July, 1873, p. 564.)

Congenital Nævus of the Leg. Geo. W., æt. 10, was operated upon for a congenital nævus extending from the dorsum of the foot, nearly up to the knee, and about an inch in thickness, by cutting off the super-abundant growth down to a level with the skin, and cauterizing the diseased surface with the hot iron.

The hemorrhage although severe, was rapidly controlled with the cautery. Cosmoline cerate used for dressing. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M., and S. J., v. 8, p. 456.)

Secondary Amputation of Thigh. Mr. B., æt. 30, Dec. 12th, 1872. On Oct. 2d, 1871 he fell into an ash-pit of a blast furnace, with the right lower limb resting on red hot cinders, and burnt it badly. Now the outer side of the limb from the lower third of leg to three inches above the knee, and from the middle antero-posterior diameter of the leg to the crest of the tibia (say fully three inches in width), secreting large quantities of offensive pus, requiring frequent dressing and the use of disinfectants to render the odor tolerable. Several spiculæ of bone have been detached and thrown off from tibia, one three inches long, and two-thirds of the patella gone; partial anchylosis of the knee and ankle-joints, the foot and toes drawn downwards, forming a semi-circle. The limb is painful and for the purpose of locomotion useless.

The general health is much impaired and the mind greatly depressed.

Dec. 19th. Amputated by the antero-posterior flap method at the lower third of thigh. Used carbolized silk ligatures; joined the flaps with silver wire sutures; used a maltese cross of two thicknesses of old muslin saturated with carbolized linseed oil, for dressing the stump. *R. China*³, two hours. Used *Acon.*⁶, *Staphis.*⁶, redressed stump, etc., till Dec. 31st, when medicine was stopped. (J. C. Burgher, H. M., March, 1873, p. 363.)

Re-amputation of the Arm. Miss M., æt. 20, a year ago was thrown from a buggy, striking on her elbow, causing dislocation with injury to soft parts. An allopath needlessly amputated at lower third of humerus. Has had pains ever since in stump with discharge of pus. Sensory hallucinating pains in ulna nerve which was very sensitive to pressure. Made an incision four inches long in the course of the nerve to the stump-point. The end of the nerve was imbedded in connective tissue with a neuromatous formation as large as a chestnut, the nerve was double its normal size and sclerosed from sub-acute neuritis. Excised one and a quarter inches. The wound healed but without relief from the pain. More soreness at end of bone, pains and soreness continuing in stump. Opened up the whole extremity of the stump, found and excised another bulbous nerve. Sawed off three-fourths of an inch of bone, removed the old cicatricial tissue and closed the wound. Pains and soreness gone, general health better. (J. H. McClelland, H. M., March, 1873, p. 358.)

Amputation of the Leg. Henry M., æt. 10, when three years old broke left leg at middle third. Bony union failed, the lower portion was fixed at right ankles with the upper. Amputated at middle third by antero-posterior oval skin flaps and circular muscular division. Excised tibial spine and secured vessels. No bleeding, dressed stump. Soon after bleeding occurred, blood dripping from the entire cut surface. Used ligature, styptics, position, plugging, actual cautery, etc., with little effect; hemorrhagic diathesis; bleeding ceased p. m. of second day. *R. China* and *Ferrum*. After bleeding ceased the case did well. (M. Macfarlan, H. M., April, 1873, p. 422.)

Amputation of Frozen Toes. J. H., had all his toes frozen while teaming, and has had all sorts of applications made. Amputated close to tarso-metatarsal joint. Healed slowly, but their loss did not effect his gait. (S. W. Jones, H. M., Dec., 1873, p. 195.)

Luxation of Hip. Mr. M., æt. 32. Dislocation occurred two days ago from being thrown from a wall, ten feet to the ground; allopaths tried with ropes and pulleys to reduce it, without success. Luxation of left hip upwards and backwards upon dorsum ilii; limb shortened one and a half inches; thigh rotated inwards, adducted, partly flexed on pelvis, knee resting on right thigh, toes pointing to right instep. Anæsthesized. The ankle of the dislocated limb was grasped with the right, and the knee with the left hand, the leg flexed on the thigh and the thigh on the abdomen in the direction it inclined to take, the thigh gently rotated outwards by inclining the foot downwards and the knee outwards, and at the same time abducting the thigh; then the thigh was well flexed upon the pelvis by raising the knee upwards toward the face of the patient, and with a quick, gentle motion, increasing the abduction of the limb, the head of the femur slipped into its socket. A spica bandage was now applied around the thigh and pelvis, and rest in the recumbent position enjoined. *R. Arnica*³ every four hours.

The patient recovered the use of his limb rapidly, and left the hospital the seventh day after his admission, loud in his praise of the institution and the skill of its surgeons. (J. C. Burgher, H. M., March, 1873, p. 362.)

Inward Tibio-tarsal Luxation. G. W., æt. 40, fell on sidewalk, dislocating lower end of right tibia inwards, rupturing the internal lateral ligament. p. m. of same day considerable pain, ankle much swollen and discolored. Reduced dislocation, bathed parts in arnica, applied firm roller from toes to upper third of leg. Rapid cure. (J. C. Burgher, H. M., May, 1873, p. 465.)

Sprains. My treatment of sprains consists simply in strapping the affected part thoroughly, smoothly, and as tightly as possible with adhesive plaster. The English plaster spread on Sevan's down is the best.

The worst forms of sprains may be controlled by this means in from five to seven days. (A. G. Beebe, U. S. M. and S. J., v. 9, p. 43.)

Ancient Dislocation of the Shoulder into the Axilla. Caspar B., æt. 37, German, weighing 160 pounds, of muscular habit, sustained a sub-glenoid dislocation of the humerus from a fall of about twelve feet, from a pile of lumber, six weeks ago. His physician treated him for a sprain, carefully bandaging his arm, and applying liniments, etc. After waiting a sufficient time for