

Clinical Records
of

The
Dumfries and Galloway
Royal Infirmary

Satisfactory & useful. (Style defective)



By
Thomas Brisbane

Si condoluit tentatum frigore corpus -

Aut alius casus lecto te afficit: habes qui

Assideat, fomenta parat - medicum traget - ut te

Suscitet, ac reddat nativae carisq; propinquis Horace

Such is the inscription on the foundation stone of the "Dumfries and Galloway Royal Infirmary" - within whose walls have occurred those cases the subject of my Thesis -

This Institution is at present in its 86th year so that it has lived to harbour many in sickness and distress, and afford those comforts which medical knowledge can supply -

May its efforts be ever fruitful - but anon of the future - let us think of the past - pry into its recesses, think over what has been done and transacted within its walls, an occupation which curiosity tempts and which occasion befits

Fever Statistics

Years.	Dumfries Highway	Edinburgh Highway	Years.	Dumfries	Edinr.	Dumfries
1787	5		1824	57	177	1857 = 11
1788	8		1825	22	341	1858 = 2
1789	17		1826	57	450	1859 = 6
1790	6		1827	67	1875	1860 = 7
1791	10		1828	57	2013	1861 = 23
1792	6		1829	46	771	
1793	2		1830	38	346	
1798	3		1831	46	758	
1799	13		1832	29	1394	
1800	21	329	1833	13	878	
1801	87	161	1834	19	690	
1802	34	156	1835	20	826	
1803	16	232	1836	23	652	
1804	6	323	1837	161	1224	
1805	34	175	1838	165	2244	
1806	9	95	1839	20	1235	
1807	49	110	1840	68	782	
1808	26	111	1841	106	1372	
1809	19	186	1842	113	842	
1810	25	143	1843	142	2080	
1811	12	96	1844	110	3339	
1812	38	103	1845	112	683	
1813	35	75	1846	14	693	
1814	4	87	1847	215	3688	
1815	18	96	1848	276	4693	
1816	19	105	1849	165	726	
1817	68	485	1850	66	520	
1818	257	1546	1851	125	959	
1819	186	1088	1852	65	691	
1820	86	638	1853	19	574	
1821	44	327	1854	65	168	
1822	27	355	1855	20	201	
1823	17	102	1856	12	180	

As reported by
Dr. Christman

Such are the statistics of Fever in Dumfries Infirmary so far as I have been able to ascertain them

The calculations previous to 1826 were made out of the general register of admission & diminution &c. — At that time (1826) medical reports commenced to be added to the usual yearly report of this Infirmary — so that since then the number of cases of Fever have been copied out of these reports — and these have been already published by Dr. Grieve one of the Physicians to the Infirmary

I have placed the fever statistics of the Edinburgh Infirmary beside those of Dumfries as a means of comparison and it will be seen at a glance how very much they correspond

In the early years of the Dumfries Infirmary the annual reports were published from May to May those of the Edinburgh Infirmary from December to the 1st day of January to the end of December — This may explain the seeming increase of Fever in the Dumfries Infirmary in 1801 which was actually the epidemic of 1800

The next epidemic 1814-1820 also corresponds as also do the epidemics in 1827-1829 1837-1839 ÷ 1841-1845 ÷ 1847-1849 - 1857 and still more slightly to a slight extent during last winter when there was a considerable increase of Fever patients both in the Edinburgh & Dumfries Infirmary

It is curious to notice how much poverty - want of employment - and increase in the price of provisions caused by a failure in the crops tend to produce such marked effects on the health of the population — The fever epidemics of 1817-20 - 1826-29 and 1847-49 have been traced by Dr. Cruskison and

Cause of Fever Fever
Causes of Fever

Change of type in Fevers

other to these causes—

That causes of a physical nature have also had much to do with the origin and spread of these epidemics is not to be doubted— Special closes (or narrow alleys) were continually sending in their fever patients to the Infirmary— and Dr McEllan one of the late physicians of this Infirmary speaks of having attended no less than 23 cases in a small close during the epidemic of 1838 It is a fact well known that filth and fever go hand in hand— so that when the water was introduced into the town in 1852 rapid declination in the number of fever cases was what was simply expected and which after results most satisfactorily proved

Measures of sanitary police were thought of in 1848 and were slightly acted upon but nothing much was done in this direction until 1857 when farther but not complete measures were taken and it is also hoped that these means will materially aid the health of the population in this respect

That fevers and other zymotic affections do change in point of frequency & severity is— I believe allowed on all hands— Dr Grieve the Senior Physician to the Infirmary tells me that he remembers the time when they had constantly to leech and blister the abdomen and to leech the temples— operations seldom or never required in those cases of fever which have been admitted here for some years past

That there is a change of type in inflammation is another question— some have sought to make out an analogy but when we consider that the lesions met with in fever are not constant

Fever

Epidemic of 1800

Epidemic of 1817-20

that sometimes no lesion whatever is found and that even when lesions are found the fever is out of proportion to the local affection - I can see no reason why diseases obviously so contrary in their nature should be supposed to be similarly influenced by a change of type in disease - I do not say that inflammation has not changed its type - but I see no reason for supposing that - because epidemic zymotic affections are fluctuating in their severity and character - that inflammations should be so also -

During the epidemic in 1800 in this Infirmary - the Matron - the cook and one of the nurses were all laid up of fever - and the same nurse had not enjoyed above three months of her recovery when she was again similarly seized.

Dr. Christison thinks that the commencement on a great scale of that migration of the poorest class of the Irish which has streamed more or less since into the great towns of Scotland - overstocking them with labourers. Condensing their population and planting among the native citizens habits of uncleanness - overcrowding and improvidence had great effect in giving rise to the epidemic of 1817-1820 -

Investigating this point I found that out of the 87 fever cases admitted in 1801 into the Dumfries Infirmary only 3 belong to Ireland while in the epidemic of 1817 no less than 23 out of 68 fever patients are entered as having no distinct place of residence but belonging to Ireland -

Water epidemic of 1817-20
Epidemic of 1817-20 continued

On looking over the fever case books corresponding to this epidemic (1817-20) fatigue cold and exposure to damp- are seen to be pretty frequently mentioned as causes of the complaint. That contagion had great influence in the spread of the disease is proved by numbers of the same family and numbers from the same place being admitted.

On reading over the individual cases I find them to be generally abrupt both in their invasion & termination the complaint being generally ushered in with severe rigors and the patient laid prostrate all at once — also that relapses were occasional although not general but that the relapse had no stated time from the period when the patient was considered convalescent but so far as I have seen in looking over the case books for a period between the 12th and the 20th day after the patient was considered convalescent.

As regards the pulses in this fever — I find that in these case books the pulse is generally entered as full and quick in its character. The number of its pulsations in the male patients were generally from 100 to 120 per minute while in the female patients the number of beats seldom average as low as in the male and occasionally rises to 132 and upwards — and this is in accordance with the well known physiological law that the pulse of the female generally averages about 10 beats more than in the male and here also in disease with increased pulsations — the same law continues in correspondence with the increased number of beats.

Climate of Dumbfries Fever
Climate of Dumbfries

Treatment of Fever

In a pamphlet published by a late physician to the Infirmary (Dr. McEellan) he states the prevailing characteristics around Dumfries to be in general mildness and humidity of atmosphere — The most frequent winds are from the south and south west easterly winds prevail in spring but are not so severely felt as on the north and east coasts of Scotland. The situation of the town is low on the banks of the river With. in the lowest part of the valley known by the name of With — To the south the town is open to the breezes of the Solway Firth — and on all other sides to the distance of five or eight miles is surrounded by a range of low and sheltering hills — In consequence of the humidity of the air — the streets lanes and closes in winter are in a very damp and dirty condition.

The prevailing type of fever is Typhus and it is very rarely indeed that a case of Typhoid or gastric fever is seen.

Dr. Grievie one of the physicians to the Infirmary has stated in a published paper in the Medical Times & Gazette that formerly all fevers were highly inflammatory — but that now there is a change of type which has necessitated a change of treatment. Dr. Grievie describes his own treatment as eclectic neither stimulating over-much nor bleeding over-much.

Intermittent Febr Intermittent Fever

As regards intermittent-fever. Dr. Guene states that since his appointment to the Infirmary he has never seen Ague of Dumfriesshire growth— now a period of thirty years— Most of the cases occurred among drovers, who had driven cattle to the eastern Counties of England and who were often obliged to lie out all night. It is then that malaria is most active and although they are not prostrated at the time yet they bring the seeds of the disease with them to Scotland to be developed sooner or later according as they are exposed to the predisposing causes.

I have found also that in the old journals about the end of the last century most of the cases occurred in labourers who had been in England— but I found no special places in the neighbourhood mentioned as giving rise to the disease. I found several reports of cases in which it was not stated where they had been exposed to the malarious miasm and most probably these were cases originating in the district.

I have never heard of cases connected with Lochan maf in their origin— a large damp tract of mossy ground below Dumfries but which is now being gradually drained and encroached upon— indeed Dr. Guene has remarked that those living on the precincts of the moss are remarkable for their health and longevity.

Pneumonia.

Pneumonia.

Averages of cases of Pneumonia from 1788 to 1870

Pneumonia I find by a medical dictionary of 1794 to mean an inflammation of the contents of the thorax. The species are the peripneumonia and pleuritis which last includes the inflammation of the Heart Pericardium - Mediastinum and Diaphragm.

There is nothing surely definite in such a meaning - it does not seem to mean any particular disease but to include the whole of the diseases that may affect the chest. The term was a general one and might or might not be applied. In the old admission books of the Dumfries Infirmary - it frequently occurs in some of the books and is absent in others. For instance from 1803 to 1810 I do not find a single case of Pneumonia recorded - but in that year (1810) it is entered no less than ten times.

Other and plainer words expressed with equal accuracy the same meaning - and the use of the term "Pectoral Complaint" was noticed to be frequent in those years where Pneumonia was absent.

From 1788 - to 1820 omitting a few years whose registry I have not been able to find sixty cases of Pneumonia are entered in the admission books - of these seven died - that is one death in $8\frac{1}{4}$ - The average duration for each of these patients in the house was 27 days.

In the next period I refer to 1820 - 1836 the term Pneumonia had assumed a more definite meaning but still it is very doubtful if all the cases of Pneumonia were termed so and so entered. Many of the cases now called Pneumonia would most probably be entered as other Complaints - Febricula &c. a more general diffusion of a knowledge of auscultation and percussion was yet awaiting.

Pneumonia

Averages of cases of Pneumonia from 1820 to 1836

I name Febricula as I think it the most likely -
knowing in my own experience that the first case
of Pneumonia I had in my dispensary practice was mis-
taken for a case of Febricula - There are also
many other diseases with which it may be easily mistaken
and of course finding Pneumonia now! in our days -
where before it was not supposed to exist and all
this by our extended means of observation and diagnosis
tends considerably to lessen our old mortality averages
in Pneumonia -

In the admission books of the Dumfries Infirmary
from 1820 to 1836 I find seventy one cases of Pneumonia
entered - including all the cases mentioned as
Pneumonia whether complicated or not - of
these cases there were fifty nine cures and
twelve deaths - that is a mortality of one in 5
The average duration for each of these cases
was twenty two days - During this interval
the Venesection system was in vogue and faithfully
believed in

Diabetes

Diabetes

Case treated by Baths & Opium

I shall now proceed to consider a few of the cases of Diabetes Mellitus which have been admitted into the Hospital

I have taken the trouble of counting the number of those found in the registry books - and find them to be 24 - I have not found a death in any of this number and consequently there is no record of a post-mortem

All of these cases belong to different places in the neighbourhood -

The nature of the disease being essentially chronic it is difficult to find a full history which consequently extends over several case books and these not continuous

The first case I shall notice is that of a man named James Wilkinson admitted May 11th His previous diet had been almost exclusively vegetable consisting of Porridge, Potatoes, water, wheaten bread and fat - On admission he passed daily about 320 oz - the sp gr was 10.40 - The urine gave the characteristic reactions of diabetic urine by the usual tests and all the other symptoms of Diabetes were well marked -

He was ordered animal diet - occasional purgatives - Lemons daily - frequent baths and the following powder every night

R Pulv Opii gr \bar{ii}
Antipot Tart gr \bar{ss}
Pulv Capsici gr \bar{ii}

Under this treatment he very much improved and on June the 7th the last report I can find of him - the urine daily passed is stated to amount to be 232 oz and the sp. gr. 10.38

He was dismissed much relieved but after dismissal the symptoms again increased

Diabetes

Case treated by Baths + Opium

Case treated by Tinct Lyttae

and he was readmitted on April 23rd that year.

He was again placed under the same treatment and was dismissed much relieved in the month of August following.

Another case is that of a man named Robert Mitchel admitted February 10th. His previous diet had also been almost exclusively vegetable — The urine gave the characteristic reaction of diabetic urine by the usual tests and all the other symptoms of Diabetes were well marked —

On admission the quantity of urine passed in the 24 hours was 3430g and the sp gr. 1042.

He was ordered Animal diet — baths and the Opium treatment — On May the 22nd he was relieved and passed then about 2500g sp gr 1042 — The opium was then ~~omitted~~ omitted and he was ordered —

Tinct Lyttae gr̄ xviii ter in die —

Milk and Lime water Mod. for Drink

To continue otherwise as before —

He continued this treatment until August the 13th when he was dismissed at his own desire — At this time the amount of urine daily passed was 2660g and sp gr 1040.

No good effect had resulted from the use of the Tinct Lyttae — This patient was also ordered Eggs along with his animal diet but he stated that they made him thirsty and they were discontinued.

Another case is that of a man named John Stewart admitted March 14th.

All the symptoms of Diabetes were well marked — There is no notice taken of his previous diet.

On admission

Diabetes

Case treated by Animal diet and Porter

Case treated by Opium and Mist Creasch.

Case treated by Rennet

Case treated with the Bicarbonate of Soda—

the amount of urine passed daily was 232 oz
and the sp gr 1042 — He was
ordered animal diet and Porter —

By the 24th the symptoms had been rather
increasing and he was then ~~ordered~~ ^{passing} 254 oz of
urine daily — He was then ordered Iodide of
Potass and Cod Liver oil — Disliking the Porter
he was allowed 3iv of Whiskey instead

Under this treatment he continued much
the same — and on the 4th of May. He was
ordered in addition

Gum Opium gr̄ss ter in die

On May the 19th the urine was reduced to 168 oz
The Iodide of Potass and Cod Liver oil were then
omitted — and he was ordered

Must Creasot ʒss ter in die

After this he continued in much the same condition
until May the 27th when he was dismissed

Another case is that of a mason named
Memorine admitted May 9th —

All the symptoms of Diabetes were well
marked and the urine gave the characteristic
tests —

On admission he passed 258 oz of urine in the
24 hours — and the sp gr was 1038

He was placed under the Bennett treatment
and ordered warm baths and Bran bread

By June the 7th the urine was reduced to
168 oz

The Bennett effected
a considerable diminution in the quantity
of urine at first but it had again
been rather increasing of late — It was
therefore omitted and he was ordered

Sodae Bicarb gr̄ss ter in die

with occasional doses of Dover's powder at night

On Diabetes

Case treated by Animal diet and Venesection

Under this treatment he very considerably improved and at his dismissal on the 22^d July - the urine was reduced to 84 oz and the sp gr 10.30

In 1818 I find a case treated by Blood letting - This patient (W^m Brown) had been under treatment for ten weeks previous to admission being ordered nothing else but animal diet - His previous diet had been vegetable - Under this treatment the quantity of urine had been very considerably reduced - On admission 18 English pints of Urine were passed in the 24 hours -

He was kept on animal diet - and had Venesection to ~~3~~ performed every other day for eight days after his admission -

He was dismissed relieved at the end of four weeks - the amount of Urine remaining steadily at 9 pints for some days previously -

As a specimen of the animal diet referred to which was ordered in these cases I may refer to that ordered in the case of Robert Mitchell

Breakfast A crusty roll and Tea without Sugar
1/2 lb of Meat

Dinner 15 oz of Beef Tea - with Bread
Some Cabbage. 1/2 of Meat

Supper A crusty roll with Milk
Some cheese and an Egg -

Tetanus

Injuries in traumatic tetanus the history of

Case something approaching to Idiopathic Trismus Lateralis

Referring to that terrible malady, Tetanus I have found at least the histories of six cases —

All of these were traumatic — one case arose from a wound of the thumb — another from a punctured wound at the big toe — the third from a lacerated wound of the foot — the fourth from a burn of the fore-arm — the fifth from a case of mortification of the leg and the sixth in the case of a little boy admitted with a compound fracture of the left femur at its lower third.

A case something approaching to Idiopathic Trismus occurs in 1841 — It is I believe entered in the registry book as a case of Trismus and dismissed cured —

It is as follows.

Hugh Campbell

Oct 42 — At 10 Pm on Thursday last whilst at work felt prickling of the fingers and stiffness of the lower jaw. Between 12 + 1 Pm today was suddenly seized with pricking pains of the right cheek — and immediately the lower jaw began to be forcibly drawn to the right side and remained in a state of spastic rigidity.

For nearly five minutes the patient suffered extreme pain in the right cheek and the countenance exhibited remarkable lividity. The fingers were at the same time affected with pricking pains and swelled considerably. The right side of the neck was also rigid and corded and the head was drawn forwards that shoulder — The liii^{rd} Ammoniac was assiduously rubbed behind the ramus of the jaw during the attack he thinks with relief —

About 6 Pm was similarly affected for about the same time but the jaw was not drawn laterally and altogether this attack was rather less severe.

On recovering from this second attack he walked to the Infirmary.

Tetanus

Exciting causes of the Tetanus

Period of appearance of tetanic symptoms from reception of injury

Condition of wound when tetanic symptoms appeared.

For many years back has been subject after hard work and long foot-journeys to cramps in the calves of the leg while in bed —

On admission his appearance presented nothing remarkable but he felt the right cheek sore and it was tender to pressure —

R^y Pil Colocynthis N^o iii

Statim

M. Crotonis $\text{gr} \text{ i}$ ss

9 P.M. Medicine not operated

R^y Magnes. Sulph ʒi
Spir. Turbith ʒi

Hab. pro enema — statim Aq. Ferid ʒi

This case is continued in another book which I have not been able to find

As regards the traumatic cases of Tetanus already referred to — in two of the patients alone did any exciting cause seem to exist — cold and exposure to damp in one (Clark) and severe exertion in another (Hume) — The tetanic symptoms appeared at no fixed period from the reception of the injury and appeared at from intervals varying from three to thirty nine days —

In two of the cases at least (August & Brien) if not in more — the sore had just assumed a healthy appearance when the insidious symptoms of this disease appeared — Well do I remember this in the case of August which occurred under my own care as on the very first day the sore was dressed and healthy granulations were appearing she complained of pain in the stump of a lower molar where no stump was visible In another day stiffness of the jaws had set in and the other symptoms of acute tetanus soon followed —

Tetanus

Case of Tetanus which recovered—

Nothing has been more unsatisfactory than the treatment of these cases. One alone seems to have got better and this as far back as the last century — but on looking over the list of Home-patients for 1824 I find the case of a little boy aged 9 years called John Glover. Residing in Brewery St entered as a case of Tetanus and dismissed cured —

Believing that the history and progress of the case of Tetanus occurring in 1794 will be interesting I proceed to relate it as copied out of the case book for that period.

Rachel Mickleboys Aet 34 — On the 22^d Feb. 1794 fell while in an epileptic fit into the fire and sustained a severe burn of the right arm and fore-arm — On the 6th of March she first felt stiffness and uneasiness about the jaws which increased during the next three days — Since then she has been only able to open the teeth as far as to get in the blade of a knife —

She was admitted into the Infirmary on the 11th of March and at that time suffered from violent spasms and twisting of the body occurring every few minutes — She was ordered a warm bath — an anodyne balsam to rub the jaws and temples and the following draught every night

R^y Aquae Menthae ℥ij
Solut Tart ʒi
Laudanum Liquid
M^{ix}et Carui $\frac{ss}{\text{ss}}$

13th March — Contortions less frequent — To have the draught as before with $\frac{ss}{\text{ss}}$ of Laudanum four times a day —

14th March Contractions less frequent Complaints of pain and stiffness in the abdominal muscles which are hard to the feel — Apply fomentations

Tetanus

Treatment of Tetanus by Opium

Treatment of Tetanus by Belladonna

Treatment of Tetanus by Cannabis Indica

Treatment of Tetanus by Tobacco enemata

Use of Stimulants in Tetanus

To have the draught three times a day —

15th March — Contractions not so frequent

30th March Few or no contractions since last report
Sores considerably diminished — No occasion
for the anodyne for some days —

Of the other cases two were treated by Opium.
In one of these (Brien) it had not the slightest
effect — When this patient was unable to swallow,
it was administered by enema but with a similar
result — In the other case — that of Clark
it did relieve considerably for a time — and
hopes were entertained that the patient might
recover — but the symptoms again increased
and the patient died — At this juncture
Belladonna plasters were applied and Belladonna
given internally until full dilatation of the pupil
had been produced but without the slightest
effect — The case of the boy, Wells was
also treated with Belladonna — Full dilatation
of the pupil was produced but without the
slightest relief to the spasms, which continued
nevertheless to increase and to carry him off.

Cannabis Indica was used for a
few days in the case of Angus. — The physiological
effects had been fully produced and she was
dreaming pleasantly but it had no effect
on the disease.

Tobacco enemata were used in the
case of Bume but with no good effect.

Stimulants were used pretty freely
in the cases of Angus & Clark but notwithstanding
the quantity taken — nothing like the slightest
appearance of intoxication was produced.

Use of Purgatives in Tetanus

Treatment of Tetanus by Henning's Sol. Aconiti

Case of Tetanus following an amputation

Purgatives had been freely used, in all but in none of them does anything particular appear to be noted down about the stools — In a general way something more than draughts was required to bring about free action of the bowels and enemata had frequently to be given —

Fluening Tincture of Aconite was used in the case of Angus, but the quantity taken was enormous, and without in the least producing any physiological effect — Within 5 days she took 118 Minims an amount equal to 240 drops as having measured ten minims I found it equal to twenty drops —

Dr Scott, Surgeon to the Infirmary, and who had charge of the case, said that he had never prescribed Aconite before in such large doses

Another case which occurred about 1835 was that of a man who had received a severe gunshot wound of the hand where amputation was performed but the patient afterwards succumbed to Tetanus

One of the previous cases already referred to — viz that of Mary Brien is so interesting not only from the fact of its being a case of Tetanus but from other reasons that I shall record as entered in the Journal kept at the time by the House Surgeon —

Case of Morbus cordis with obstruction - Mortification -

Morbus Cordis a Septe

Arteritis with obstruction

Mortification of limb

Tetanus -

and Autopsy

History

Mary.'Brien. Servant Act 21
Admitted 27th November 1835

Is of a delicate habit of body and for some years past has complained of dyspnoea on smart exercise and on ascending a stair - There is also a degree of confusion - vertigo and Primitis aurium on stooping. Complains occasionally of a stitch in the side and occasional tightness but has never had a fit of palpitation - Sometimes had a dry cough - Her feet & legs were sometimes swelled more particularly towards evening and her sleep is sometimes disturbed by unpleasant dreams.

Heart's action rapid: Percussion of Cardiac region considerably duller. Between 2^a & 3^a costal cartilages of left side a morbid murmur is heard.

Between three & four weeks ago had a rigor - which was suddenly succeeded by a pain in the nape of the neck - This pain continued for three days, then shifted and attacked the chest

After continuing the thumps for two days in the chest it left and fixed in the whole length of the spine where it remained but for a short time

It then went to the wrists and arms. but in 24 hours left and fixed in both the lower extremities from the knees downwards, but it only continued in the left one for about an hour and during that time altho' it was the seat of much pain yet it was deprived of all sensation & motion and was quite cold. These with the pain left the extremity sound as before the attack

The pain & other symptoms continued to increase however in the right lower extremity - and in the same night of the attack of pain (12 days ago) the whole of that extremity became much swelled and the pain was most severe in the thigh bone -

She cannot say whether the swelling was hard or soft -

Case of

Morbus Cordis

Arteritis with obstruction

Mortification of Limbs

Tetanus

and Autopsy

History continued,

- but states that the integument was colourless.

At this time the sensation was so perfectly & suddenly lost that she unconsciously destroyed the integument of the toes by the artificial heat from a fire at which she was sitting near.

Cannot give a correct account as to when the gangrenous action commenced or where it did so. but thinks the skin became first discoloured in the middle of the leg -

At present the whole integument of the part and even to within two or three inches of the knee joint (where the line of demarcation is well marked) is discoloured; in some parts of a dark brown colour in others of an ash grey - and portions of it appear very withered - and very like a piece of integument desiccated and dried with the blood in the veins coagulated.

This portion of the extremity is quite cold and void of all feeling excepting for a few inches below the line of demarcation where the discoloration is of a purple colour and where there is considerable swelling.

For about two inches above the line of demarcation the integument has a yellow hue and the whole thigh is very much swelled - feels hot and is much pained to the touch.

A little above the knee, the skin of the thigh is perfectly colourless -

She can raise the leg by her own efforts. The femoral artery of that extremity cannot be felt pulsating and the pulsation of the opposite femoral is weak.

The countenance is pale & expressive of anxiety and debility much complained of.

Of late there has been no vomiting. Sleeps ill. Tongue moist slightly coated - Bowels open. Pulse 120 regular.

Case of

Morbus cordis

Arteritis with obstruction

Mortification of limb

Tetanus

and Autopsy

Progress of Case

States that the appetite has become rather improved of late — There has been nothing particular in the kind of diet she has been accustomed to

The bread she used was sometimes the second quality but was perfectly sweet and considered good

Hab. Sol Mur Morph gr viii
Apply a Poultice

28th Nov^r

Ordered gr vii quaque tertio hora —

Beef Tea —

29th Nov^r Pain of leg not increased Bow open
Beef steak for Dinner

30th Nov^r Had a more restless night — Complains of more pain in the foot and leg There is no extension of pain or inflammation upwards. Thirst less. Pulse 108

1st Dec^r Pain of foot and leg increased
Complains of pain & tenderness around the knee joint — Bow open Tongue as yesterday
Foment the knee —

2^d Dec^r Had the opiate — Slept well during the fore-part of the night — however there was considerable incoherency

The appearance of the integument covering the foot and around the arch little changed that covering the upper part now void of all heat There are vesications on several parts and there does not appear to be any feeling from the line of demarcation downwards —

The swelling above the line is considerably less than it was, is more tense but not more painful

The femoral artery cannot yet be found pulsating but that of the external Iliac is distinctly felt immediately above Poupart's ligament

Bow open. Tongue coated — Dry at centre —

Case of

Morbus Cordis

Arteritis with obstruction

Mortification of limbs

Tetanus

and Autopsy

Progress of Case - continued,

(2^d Dec^r cont) Much thirst - Cheeks flushed - Skin hot -
Pulse 120 full & regular - Continue as before

R^x Sol. Opii ℥j

Aquae ℞viii ℥ss ft. lotio

lotion to be applied warm to the knee and a little way above it
3^d Dec^r

Lay very quiet and complained very little of pain
having slept the greater part of the previous day

The cuticle is becoming detached: the textures are
becoming softer and exhale an odour peculiar to sphac-
-elated parts - The integument for an inch or two
above the line of demarcation and around the whole
circumference of the limb considerably redder

Ulcerative inflammation appears to be going on between
the living and dead parts. The temperature is also
increased - and in some parts a little below the line
of demarcation there is a little heat

Bowels open yesterday morning - Cheeks less flushed
Skin not so hot - Pulse 110 not so full: regular
Bruit de Râpe distinctly heard between 2^d & 3^d Costal Cartilage
of left side

12 noon. Heart's action distinctly heard to be irregular

℞ab. Enema Communis statim

Add to each dose of Ammon Carb. ℥ss xviii ℞ Opii

R^x Calomel. gr̄iij - at bed-time

Omit the poultices R^x Acid Acet dil ℥ij

Mist Camphor ℥viii

Sol - Opii ℥j ℥ss

To be constantly applied from the knees downwards -
4th Dec^r

Slept well - The femoral artery of the right
side can be felt to pulsate a little below Poyparti
ligament and along two inches of the course of the
upper part of the femoral artery

A mixture of the bruit de râpe and de soufflet is

Case of

Morbus cordis

Arteritis with obstruction

Mortification of limb

Tetanus

and Autopsy

Progress of Case continued

distinctly heard - the bruit de rapté loudest over.

Poupart's ligament

Over the opposite femoral artery a similar sound is heard
Sphacelation is spreading on the gangrenous portion of the
limb - Swelling of the thigh nearly gone

Bowels were moved freely by the enema

5th Dec^r Slept well during the fore-part of the night but
was restless afterwards from pain of the leg -
Sphacelation continues to advance on the gangrenous portion
The skin is rather hotter - Cheeks more flushed -
Pulse 110 regular. Heart's action irregular. Thirsty
Bowels open this morning Tongue coated behind & dry
To have Soda powders -

6th Dec^r Passed a good night - Sphacelation continues
to spread - No increase of the gangrenous inflammation
Cheeks keep a little flushed - Bowels open twice this morning
Tongue loaded at Centre Pulse 120 regular. Heart's action
regular

Rj Lunae Disulph gr̄iii
Vn Rub ʒij ss
in die

Evening

Some purulent matter escaping - and on
turning the limb which has been lying on its
outer side - the integument for three or four inches
in extent along the line of demarcation is ulcerated
completely through exposing the muscles and some
nervous twigs which on being raised on a probe
do not give pain

Let simple dressing be applied to the ulcerative part
7th Dec^r Ulceration going on and sphacelation still
spreading - Pain not much complained of excepting
on motion - Had a good night Cheeks still
a little flushed - Bowels open this morning -
Tongue dark & coated at the centre Thirst greater
Pulse 114 regular Heart's action regular. Morbid murmur
not so distinctly heard these two days - Chicken Broth

Case of

Morbus cordis

Arteritis with Obstruction

Mortification of Limb

Tetanus

and Autopsy

Appearance of tetanic symptoms

Appearance of Tetanus

- 8th Dec^r Rested well - Had porridge & porter for supper which she relished but has tired of it and took to Coffee again this morning for breakfast Bowels open - Ulcerative action going on - Pulse 120 regular
- 9th Dec^r Rested well with the exception of being for a short time sick - Ulcerative action going on very rapidly Feels very little uneasiness excepting occasionally that cutting pains pass through the leg Cheeks lep. flushed Bowels open - Tongue the same Pulse 114 regular - Relished the chicken broth
- 10th Skin ulcerated through all around - excepting a small part over the spine of the tibia - and ulceration of the muscles rapidly advancing Bowels open - Tongue the same - Appetite pretty good. Pulse 118
- 11th Rested badly and complained of pain in the sole of the diseased foot During the night commenced to complain of a feeling of stiffness of the neck & jaws which has gradually increased - The jaw can only be opened for a very short way and the tongue cannot be protruded - The head is a little bent back and the countenance has a peculiar appearance There is much difficulty of swallowing and a feeling of choking - Very little pain is complained of The separation of the dead from the living parts considerably farther advanced - The discharge does not appear to be so copious - Pulse 120 regular - but varies in its frequency at short intervals - Heart's action regular - Bowels open
- Sol Mar. Morph $\text{gr} \frac{1}{4}$ statim
and to be repeated every two hours -
Omit Mist T^r Opii et Ammon Carb -
R^g Ext Belladonn $\text{ʒ} \frac{ii}{3}$
Tinct Camph $\text{ʒ} \frac{ii}{3}$ M
To be applied along the spine several times a day

Case of-

Morbus cordis

Arteritis with obstruction

Mortification of limbs

Tetanus

Autopsy

Autopsy

(11th Dec^r Cont-) Evening

Tetanic action increased

There is now a great degree of opisthotonos — Every effort at deglutition produces a feeling of suffocation

To have an opiate enema —

12th Dec^r Slept none and required the head to be constantly supported and preped forwards — from the great increase of pain and extension which follows the want of that support

Since the morning, the skin has been bedewed with a cold and clammy moisture — The spasms have been frequent and severe. Not very lasting Cannot separate the jaws in the least — Dysphagia is complete — Cheeks flushed. Countenance expressive of much anxiety Pulse regular — Separation of the dead from the living parts continues to increase There is some discharge but it is less abundant than it was before the tetanic action commenced — Had an opiate enema at 8 Am To have immediately eight ounces of strong beef tea as an enema Opiate enema to be repeated every two hours Died at 4 Pm

Autopsy Twenty Four Hours after DEATH

Pericardium adherent in every part and firmly to the Heart — The whole Heart a little larger than the fist Vegetations on the mitral valves. — Aorta as far down as its bifurcation healthy with the exception of all the coats of the different portions of the abdominal aorta which were stained of a bluish colour Two inches of the superior mesenteric artery at its origin was distended with a firm coagulum — The right-external iliac and the superficial femoral in its whole length as well as the accompanying femoral vein was filled with a firm coagulum of a bright colour

Case of -

Morbus cordis

Arteritis with obstruction

Mortification of limbs

Tetanus

Autopsy

Autopsy

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Case of.

Morbus cordis

Arteritis with Obstruction

Mortification of limbs

Tetanus

Autopsy continued

Autopsy continued

The internal coats of both artery & vein were of a peculiar dark colour

All the soft structures of the mortified part had been separated from the living - and the extremities of the artery & vein was rounded off

The vessels of the left extremity did not contain coagulum and were apparently sound

See Sibbens

Illustrative cases, see cases

I now come to a complaint which in the former annals of this Institution was more common than Syphilis and which was at times epidemic, a complaint believed to have been imported from the Highlands where tradition says it was introduced by the soldiers of Cromwell when there put up in garrison. I mean what is commonly here called the Yaws and what to the medical world is known as Gibbens or Swiens —

The characteristic symptoms of this disease have now much faded and it has merged itself more into the form of Secondary Syphilis but still some of its peculiarities remain and the name is still used to designate this minor form.

Formerly it was otherwise. In 1769 a girl was said to have infected a whole parish where it was formerly unknown and the clergy thought it their duty to preach on the moral duties of those affected with it in reference to their neighbours, to visit those afflicted ^{in order} to urge seclusion and attendance on medical treatment.

In referring to the medical statistics published with the yearly Reports of this Infirmary — any casual medical observer cannot fail to notice that seldom a year passes without its occurrence.

Even until 1850 no fewer than 15 cases were admitted with this complaint — and prior to this the number is often considerably higher —

It well becomes us to inquire a little about the nature of this complaint and in order so to do. I think I cannot do better than copy the descriptions of this disease from a few of the Medical Case books —

Case I — Had first sore throat — afterwards hard warts appeared with round heads and narrow necks — along the margin of each vulva but there is not a spot upon the skin nor the least eruption upon the anus — It was caused by feeding a baby in a family where the disease was prevalent.

Sibbens

Illustrative cases - continued

Case II Syphilitic ulceration of tonsils — Dark bluish circle round anus covered with glistening mucus — Caused by living in a house which was full of the disease

Case III Syphilitic masses on perineum — and upper and inner aspect of both thighs of unequal size hard at the base and of a dusky yellowish hue — soft at the apex and of a yellowish red. Apex covered with a thin fetid ill smelling discharge. Intervening integuments hard moist and tender to the touch — Has also venereal sores in the throat — The disease was caught by impure coition about four weeks ago —

Case IV Two or three condylomatous masses round verge of anus — each having the appearance of a cut raspberry the cut surface being implanted as it were into the cuticle. Several suspicious looking excoriations perceived on corona glandis — No other evidence of Syphilis.

Contracted a gonorrhoea about twelve months ago

Case V Circular ulcer the size of a 6^d on the right amygdala — covered with white sloughs. — A considerable degree of fullness observed externally under the right angle of the lower jaw

Case VI A clean circular ulcer on the right tonsil apparently discharging little or no pus. but eating the parts as it were by absorption — It came on about two months ago from eating with a suspected person — Small excoriations on the glans penis and preputium came on about eight days ago —

Case VII Both tonsils in one contained foul ulcer discharging copiously thick yellow matter — There is also a small circular deep seated ulcer on the outer alveolar process of the first dens molaris of the upper jaw causing pain especially in mastication — Knows of no cause —

Sibbens

Siberian sore throat

Ulcers at the angles of the mouth

Case VIII Both tonsils very much enlarged — and speckled with white sloughs which are also seen to a slight extent on the fauces — Sibbenic excrescences round verge of anus — Caught the disease from impure connection and suffered at first from chancres which have now healed

These are descriptions of the disease taken heterogeneously as I could find them — all of them cases entered as Sibbens in the journals —

Cases of Sibbens do not seem to be entered in the old journals — although their admissions are frequent as found by the admission books of the period when it was quite usual for a family especially the younger members to be admitted as inpatients of this Infirmary all at once for this complaint

The forms of sore throat referred to in the above descriptions are in no wise distinct from the forms of Syphilitic sore throat except it be in their mode of causation —

The speckling of the tonsils and inside of the mouth is now and was formerly considered the most characteristic form — and it is to this form especially that the term Sibbenic sore throat is applicable —

In none of the descriptions I could find was there any mention of the ulcers which occurred at the angles of the mouth — one of the characteristic symptoms of the disease but I find on speaking to Dr Blacklock & Grieve the two oldest practitioners in Dumfries that it has been frequently observed by them — in the previous epidemics of this disease but that this has not been seen lately for some considerable time past

The peculiarity of these ulcers at the angles

Sibbens

Sibbenic sore throat - continued

Sibbenic excrescences at anus —

of the mouth is their proclivity to the formation of velvet-like projections which from their resemblance to a wild rasp - indicating those persons who had the disease and serving as a mark for to be shunned by others gave cause to the highlanders among whom the disease first appeared in Scotland as an epidemic to designate the disease by the name of Sioren the Gaelic name for a wild rasp.

This is the name by which the disease is known in all the old admission books of the Dumfries Infirmary but which in the course of time has corrupted into Sibbens the common appellation now for this disease.

Similar fungous productions to these at the angles of the mouth have been said to be common over the surface of the body and succeeding upon a form of *Morpes excedens* - but previous to 1769 no such appearances had been observed in Dumfries and I have not been able to ascertain of their existence in any succeeding epidemics.

When the disease has been primarily communicated to the throat of the person infected by eating and drinking with a suspected person or otherwise - the poison may enter the system and it has frequently as in the genital organs given rise to Bubo of the submaxillary glands.

What has been particularly taken notice of in the descriptions of Sibbens already referred to are the excrescences at the anus I remember as a pupil of this Infirmary when I first heard of the disease it was chiefly these excrescences at the anus that were complained of and I was long under the impression

Sibbens

Sibbens as it at present exists

that this was the characteristic symptom

It certainly is here considered a great peculiarity of the disease as it at present exists but I find no particular reference to this symptom in Mr Benjamin Bell's section on Sybberns in his work on the Lues Venerea — On this subject he simply recopies a statement of the late Dr Ebenezer Gilchrist of Dumfries — to the effect that sorenesses and excrescences about the anus were frequent These are the only two papers I have been able to get information from, in reference to the subject of Sybberns —

There is also a very common Syphilitic affection occurring in the same locality. I mean Condyloma — a Condyloma is described as slightly raised patches of skin with a red and moist surface like that of mucous membrane and exuding a thin acrid and ill smelling discharge The sybbernic excrescences differ from those of condyloma in being less flat — assuming a more rounded form generally narrowest at the base — The intervening integument generally is of a livid bluish colour —

A case of such a nature following upon impure connection and shortly succeeded by any of the forms of syphilitic sore throat already mentioned more especially if it be in the form of white sloughy ulcers — is what now exists as Sybberns —

It is considered that when the throat is first affected it has been produced by eating or drinking with a suspected person — or in some such similar manner — but when the sybbernic masses appear first — the case is regarded as having arisen from impure ^{coition}

Sibbens

Eruptions succeeding Sibbens

Propagation of Sibbens on May 1st

It is also thought that a case of Sibsens in the male would give rise to Sibsens in the female and vice versa and not alone to the ordinary forms of gonorrhoea or chancres - Filth has been regarded as a great agent in the production of the excrescences Cases of Sibsens have been observed to be much more frequent in females -

No secondary sibsentic eruptions have been observed so far as I can ascertain during the last thirty years - and when it does occur - it is analogous to the secondary and tertiary symptoms of Syphilis - Sibsens being a form of the venereal disease When the blood has thus been poisoned - the eruptions manifested present the same colour and appearances as in secondary Syphilis and affect almost similarly the same structures The yawny form following upon the Herpes exedens when it exists seems to be the peculiarity in these secondary symptoms

Long ago when the complaint was epidemic it was propagated by using the same spoons and knives - by wiping with the same cloth the infected have used - by drinking out of the same glass or cup - by smoking with the same pipe by sleeping with the infected or in the same bedclothes by handling their clothes by sucking or giving suck by saluting or kissing or fondling children &c

That such opportunities were easily afforded long ago is undoubted - and this consequently in a great degree tended to foster and maintain the disease Nothing was more common than for reapers eating and drinking promiscuously out of the same spoons and saucers and smoking out of the same pipe opportunities which also necessarily existed at the time - to a great degree in private

Sibbens

Contagiousness

Of course such opportunities for the spread of the disease did not occur among the rich — and greater cleanliness being attended to — the disease never gained much footing amongst them —

The peculiarity in the contagion was its contagiousness without solution of continuity. This contagious property is now very much diminished if it still exists.

Until somewhere about six or seven and twenty years ago the dishes used for patients with the Yaws were kept by themselves and were known by having a piece of wire twisted on them — Since then this practice has gradually fallen into dis-use and there has been no peculiar restrictions to the liberties of these patients from others of course each bed has its own spoon — and during the above period I have not heard of its being contagious in any instance.

That Sibbens is otherwise contagious in the same way as Syphilis I have no doubt and may in the same manner be communicated by a nurse to the child at the breast —

The sibbenic excrescences at the anus may also be contagious in the same way as condylomata are if there be solution of continuity. In proof of this I may instance the case of a late dresser to the Institution —

In giving me a note on the subject — he writes thus — One of the dressers who had a small boil on his neck one day after dressing a case of Sibbens happened carelessly to scratch the boil with unclean fingers on his way to wash them. In a day or two it presented all the appearances of an angry blotch

Sibbens

Treatment

with a yellowish centre - He became slightly feverish and was out of sorts for a few days. - It healed in about ten days. a piece of goldbeaters skin and two doses of Salts being the treatment - The neighbouring glands became much hardened thus shewing the presence of the poison

The treatment which has been pursued in this Infirmary and which has been found most successful is a Corrosive sublimate gargle for the throat gr¹/₄ - gr¹/₈ - to the ounce of water - as also using it as a wash for the sibilent excrescences at the anus - The Loto nigra has also been used as a wash for these excrescences -

Under these means the excrescences disappear and a quick recovery often occurs -

The constitutional treatment is the same as is pursued here in cases of Secondary Syphilis - viz Iodide of Potassium as a deobstruent to remove the poison from the blood - and Mercury in the form of a Plummer's pill given every other night until it slightly affects the mouth when it is discontinued

Statistics of the Major amputations
Gleanings from the old case books to
prior to the publishing an operation table
of an operation table

I shall now proceed to tabulate our statistics of the major operations of Surgery — The medical and surgical statistics of this Infirmary did not commence to be published with the annual reports until 1826 — and not in any way like a complete form until 1835 when an operation table was also added —

Anxious to know something about the operations previous to 1835 I made a search of the old journals and have found the following results which are only part of them but all I have been able to find —

I found records of seven cases of amputation of the Thigh performed for white swelling of the knee of this number there was only one death as regards one of the patients — She was very much emaciated and had suffered much from hectic and bedsores before she could make up her mind for the operation — She at last submitted and afterwards made a rapid recovery —

I found the record of a case of amputation of the Thigh for a cancerous tumour of the leg cured — and another a case of Osteo-Carcinoma of the Tibia cured —

I found the record of a case of amputation of the thigh for mortification of the leg following the old operation for popliteal aneurism which died

I found records of four amputations of the leg below the knee — two of which were in cases of severe compound fracture of the tibia and fibula one of which was cured and the other died — the other two were cases of caries of the tarsal bones and both recovered

Statistics of the Major Amputations Continued

As regards the upper extremity I found mention of a case of amputation of the arm. on account of mortification supervening upon a severe burn cured -

In 1835 operation tables were added to the annual report - and the results since then are as follows -

1834-5-

Case of Amputation of the Thigh for White Swelling - cured -

Case of Amputation of the Thigh for Compound Fracture of the Leg - Died -

In one of these two cases ligature of the Femoral was required for secondary hemorrhage -

There was also a case of Amputation below the knee - cured -

1835-6

Case of Amputation of the Thigh for White Swelling - Cured -

1836-7

none

1837-8

none

1838-9

Amputation of the Thigh 1 cured

1839-40

Amputation of the Thigh 1 - 1 cured
White Swelling

1840-41

Amputation of the Thigh 1 cured
Amputation of Leg below the knee 1 cured

1841-42

Amputation of Leg below the knee 1 cured

1842-43

Amputation of the Thigh 2 = 2 cured
Amputation of the Arm 1 = 1 Died

Statistics of the major amputations - continued

I was under the impression that I had all the cases of amputation ~~was~~ honestly entered having several times compared these tables with the annual reports but having deputed a friend to look over the results I find that in 1847-48 I have omitted an amputation of the leg below the knee cured. This however will not affect materially the cases considering that one of these amputations entered as remaining at the termination of the annual report in 1848-49 is added to the aggregate of amputations of the leg -

1843-44

Amputation of the Thigh 2 = 2 cured

1844-45

Amputation of the Thigh 1 = 1 Died of an affection of the Stomach & Bowels

1845-46

Amputation of the Thigh 1 cured

Amputation of the leg 1 cured

1846-7

Amputation of the Thigh 2 = 1 cured 1 Remains ^{deformed} _{debully}

1847-8

Amputation of the Thigh 2 = 1 cured 1 Died

1848-9

Amputation of the leg 2 = 1 cured 1 Amputated

1849-50

Amputation of the leg 1 = 1 cured

Amputation of the Arm 1 = 1 cured

1850-51

Amputation of the Thigh 2 = 2 cured

One of these was a case of severe compound fracture in which secondary hemorrhage occurred requiring ligature of the femoral artery

Amputation of the leg - 2 = 2 cured

1851-52

Amputation of the Thigh 2 cured

Amputation of the Arm 1 Died

1852-53

Amputation of the Thigh 1 Died

Amputation of the Arm 1 cured

1853-54

none

1854-55

Amputation of the leg 2 - 1 cured 1 Died

1855-56

none

Statistics of the Major Amputations Continued,

1856-57

none —

1857-58

Operation Table omitted by mischance

1858-59

Amputation of the leg — 4 = 3 cured 1 Died

Amputation of the Arm 2 Cured

1859-60

Amputation of the leg 1 Died

Amputation of the Arm 1 Cured

1860-61

Amputation of leg 1 cured —

— " —

These statistics are carried up till Nov^r 1861 the date of the latest Annual report —

Since then four cases of amputation of the Thigh have occurred — One of these was in a case of white swelling of the knee joint The operation was performed by the circular method and the patient rapidly recovered — A second was in a case of acute necrosis of the tibia and tarsal bones with disease of the ankle joint This case afterwards died of Pyaemia, A third was in a case of Scrofulous disease of the leg latterly malignant where the patient died of Pneumonia — and the fourth was performed on account of traumatic spreading gangrene following a severe compound fracture of the leg This man also died from pleuro — pneumonia which was confirmed by an autopsy

Statistics of the major computations continued,

I have carefully read Prof. Simpson's most able article on the statistics of amputations in his edited work by Dr. Priestly & Storer

I have attempted a comparison between our amputations in a similar way before and after the introduction of chloroform. Since 1835 omitting from Nov^r 11th 1857 to Nov^r 11th 1858 of which I can ascertain no accurate results and which is consequently excluded — all the operations which have taken place being entered. Tabulating the results I find as follows —

1835-45 = 11 amputations of the thigh 2 deaths

1845-61 = 11 ————— 2 deaths —

adding 4 from Nov^r 1861 till now

15 cases ————— 5 deaths —

That is altogether 26 cases 7 deaths —

1835-45 = 3 amputations of the leg. all cured

1845-61 = 14 ————— 2 deaths —

I have not been able to find out the result in one which is entered as remaining at the termination of the year's report

adding 1 case from Nov^r 1861 till now

18 cases ————— 2 deaths

That is altogether 21 cases — 2 deaths

1835-45 = 1 amputation of the arm. Died

1845-61 = 6 ————— 1 died

That is altogether 7 cases — 2 deaths

Adding all these major amputations together the results stand

54 cases. 11 deaths —

a mortality of nearly 1 in 5

A case of amputation of the thigh 1846-7 — and a case of amputation of the leg 1848-9 are entered as remaining at end of annual reports

Chloroform in Major Amputations

1835-45 = 15 major amputations 3 Deaths

1845-March 1862 = 39

8

Mortality in both cases 1 in 5

Consequently the introduction of Chloroform has not with us in the least lessened the chances of life in these operations within the last six months. Two of the cases operated upon were very hopeless from the first - consent to the operations being a matter of difficulty - Both of them were performed at too late a period and considerably lessened the chances of survival.

Had I made my conclusions only to the date of the last printed annual report - a great advantage would exist in favour of Chloroform.

1835-1845 = 15 major amputations 3 Deaths.

1845-1861 = 35 ————— 5 Deaths —

giving thus a mortality previous to Chloroform of 1 in 5 - after its introduction 1 in 7

Besides how much more soothing now is it for a patient to look forward to the operation almost realising as Prof. Simpson has said - in this artificial abrogation of pain and suffering those dreams of the mystic and marvellous which the fervid and fresh fancy of our younger days was taught to ascribe to the enchantment of the Arabian nights and the spells and charms of bygone ages.

Or to think before the introduction of Chloroform of the mental strain to submission.

Dr Scott tells me that in the old days of the Dumfries Infirmary all the operations which could be delayed were performed on Sundays notifications of which were sent to the minister of St. Michael's Church. The minister prayed for skill courage and a steady hand to the operator and for patience and endurance on the part of the patient.

Chloroform in operations

How the unpleasant remembrances of an operation haunted the late lamented Prof. George Wilson

He writes thus I watched all that the surgeons did with a fascinated intensity - I still recall with unwelcome vividness the spreading out of the instruments the twisting of the tourniquet - the first incision the fudging of the sawed bone - the sponge pressed on the flap - the tying of the bloodvessels. the stitching of the skin and the bloody dismembered limb lying on the floor -

And this is the case with many. a great many more

Add to this that in this Infirmary in 1835 a case of amputation of the thigh was to have taken place on account of mortification of the leg. It is mentioned in the journal detailing the report of this case that the man actually died in a state of terror when going to be lifted from the bed to the operation table

Such cases did occur in such times

every now and again

At present let us be thankful that much misery and endurance of pain is spared the patient - less nerve required by the surgeon and everything in every respect more pleasant for both parties

I may mention that Chloroform has been very freely used in this Infirmary since its introduction and that - not in one single instance has it proved fatal -

It has been observed that pyaemia and internal inflammation have been here the most common causes of death after amputation - Of the three cases of death within the last six months - there was pyaemia in one and in the other two pleuropneumonia

Old Asylum

Conclusion

An asylum was formerly connected with the Infirmary previous to the building of the Crichton Institution and the two end wings of the building were the original cells. Here a keeper used them in the same unfeeling way which characterised the ideas of the period — Now they are regarded as fellow mortals in every respect deserving our commiseration and to be treated as still possessing the feelings, impulses and affections of man.

This Infirmary was instituted in the year 1776 when very few charities of a similar kind existed in Britain — and still it is the only one in the south of Scotland.

For the first ten years the average number of cases admitted was 180 — whereas for the ten years preceding 1817 the average was 322 and for the five succeeding years the average was 457.

At present this average ~~is~~ is between four and six hundred per annum but the number has exceeded this. Quietly and unostentatiously the Institution is fulfilling its benevolent purpose — affording shelter and the proper means and appliances for restoration and health to such as can be benefited by skilful treatment and medical experience, and to all its inmates the solace of kindly attention and a generous effort to assuage their sufferings; and indirectly benefitting the community at large by mitigating the ravages of disease which allowed to fester in the too often crowded and ill adapted dwellings of the poor — may spread its malignant influence over all but which timely treatment in the well ventilated wards of a public hospital frequently dispells.

Thomas Brisbane