Prof Goodsir — Thesis for Competition

to

Dr Christison

1858

to

Dr Simpson

to Allan

Dr Apthorn July 22

Prof Syme

Notes of Surgical Cases in the Edinburgh Hospital

Alexander Allan

The choosing a subject for a Thesis was to me, as to most students, a matter of considerable difficulty — The earlier part of my course was so occupied with the details of the various branches embraced in a medical education, that it quite precluded the possibility of my devoting such an amount of time, or of being possessed of the Knowledge which an original research would require; so I deferred the undertaking to the last moment, expecting that then I would have more leisure to consider the matter, and more facts to work upon; but this winter has been if anything the busiest of the four, as to my other studies are added the duties of Clinical Clerk in the Infirmary and the care of Dispensary Patients: so that the idea of prosecuting an original enquiry is as remote as ever and, disliking the drudgery and unprofitable nature of poring into the musty annals of medical lore from the time of Hippocrates downwards in order to produce

a compilation equally uninteresting and unproductive of good, I have considered the matter from a more utilitarian point of view, hoping that the course which I have adopted may meet with the approval or, at any rate, not call down the censure of the learned body to whom I have the honour of presenting the following notes -

Impressed with the remarks made by Professor Lyme, at the commencement of last session (1836-7), on the importance to a student of "Caretaking" I took careful notes of the different cases as they presented themselves at his lectures, and of the observations which he made on each: and the following pages will mainly be devoted to a resumé of some of the most important, rendering in this way more indelible the advantages which I have derived from his instruction.

During the session a great many patients were brought into the lecture-room

many of them labouring under the surgical diseases which are seen in common practice, other cases were such as are seldom seen except in an hospital or in the private practice of an experienced surgeon; and a few were rare cases which even this favoured class seldom see.

Even a brief notice of each of the cases which were considered, and of which I have notes, would extend beyond the limits of a Thesis; for, as Mr Lyne remarked at the end of the session, in a large Hospital like this there are more surgical cases brought under consideration in six months than most general practitioners see during their whole lives.

I shall not adhere to any strict plan, and the only sort of arrangement I aim at is to give a sort of Classification of the Common cases, and a separate notice of the most important, following as much as possible the order in which the cases were brought under the notice of the Class, though even from this there may be occasional deviations.

On the use of Chloroform at the Edin^r "Operations"

To a stranger or layman, who has been reading about the dangers of Chloroform, or who is tinged with the prejudice with which it is regarded in some medical schools, the first object of wonder would probably be the freedom with which it is used at our operating table; for in all suitable cases, which would be attended with pain, Mr Lyne places the use of Chloroform at the option of the patient who is only too glad to avail himself of the immunity from suffering which it ensures; but, perhaps, such an one's wonder would be heightened on being told that, notwithstanding the seeming lavishness with which it is used, such is the care in its preparation and administration that there has never been a fatal case in his practice. He quite discards the usual mode of administration by inhalers, and merely uses a handkerchief or folded towel, thus securing a due admixture of Atmospheric air which is of great importance

Cases of Hydrocele & Spermatocele.

The first case, which called for anything more than a passing remark, was that of a patient, about 40 years of age, labouring under a hydrocele which had existed for four years - On the right side of the scrotum was a reducible hernia, feeling exactly like a testicle; the testicle at the left side was at the fore part and about one-third from the lower end of the tumour: so that if in this case the rules of the books were adhered to it would be punctured: therefore always carefully feel for the testicle before operating, and puncture where there is fluctuation. The fluid withdrawn in this case was colourless, and if examined by the microscope would be found to contain myriads of spermatozoa - in fact it was a spermatocele, a variety which at one time, was considered not amenable to, but is now found quite successful under the ordinary treatment as this

case fully verified -
It was tapped and about 2 drachms of the tincture of Iodine were injected.

Jos Lyne made some remarks on the old methods of treating hydrocele, and recapitulated the various preparations which were in vogue for injection, none of which has been attended with the tithe of success following the use of Iodine which is now the one invariably used by him -

During the session there were two other cases of Spermatocele, and three of ordinary hydrocele which were all treated in the same manner.

Sinus over the Shoulder.

Two cases presented themselves, one on the 10th and the other on the 13th Nov, very similar in character - Both patients were stout healthy young men + they had running sinuses over the shoulder which had existed for some months, and which both attributed to injury received, in each case

six months prior to the breaking out of the sinus.

Why do not the sores heal?
Is it from the position of the opening, or is there any diseased bone?
Dr. Sy me enlarged the openings under Chloroform; in one case he discovered a slight exfoliation of the Scapula which was removed; in the other case there was no trace of diseased bone, therefore its remaining so long open is probably owing to the form of the sinus - A dependent opening was made and the case was dismissed - It healed kindly.
The one in which the exfoliation existed was more troublesome, the patient returned in February with a sore still discharging pus - Dr. Sy me again enlarged the opening and removed several small exfoliations from near the site of the former one:
after this the case proceeded favourably.

Inordinate muscular contraction often cause exfoliations; and Dr. S. was inclined to attribute this exfoliation to that cause.

from its site being so deep.

Case of badly set fracture

This patient, a strong man of 40, had eight weeks previously his Tibia & Fibula fractured, about an inch-and-a-half above the ankle joint; it was improperly set, or, rather not set at all: and though the bones are now united, yet from mal-position the limb is utterly useless.

Mr S. undid the union by making longitudinal incisions along the fibula and tibia and then using the bone pliers, he then dressed the wounds, applied a splint and set the new fracture.

This patient was dismissed with a very serviceable limb; his case brought out in bright colors the restorative or conservative surgery for which the Edinburgh school is famed

Obliteration and Stricture of the Urethra.

The next two patients were labouring under the same complaint, viz; obliteration of the urethra occasioned, in each, by an accidental fall on the perineum - One patient fell one foot astride a chair; the other fell about twenty feet astride a projecting log - The latter patient was a Sailor from New Brunswick, the Surgeon who was first in attendance, finding the urethra torn, and that there was retention of urine, relieved the bladder by a puncture above the pubes; but, after some time, the urine was discharged by the perineal opening, and the wound made into the bladder healed.

Mr. Ly me operated on both patients, introducing a staff, with a groove on its back, into the orifice of the urethra and a catheter, with a groove on its front, from the perineal opening, then running the staff along the groove in the catheter & withdrew the latter instrument, leaving his grooved

staff into the bladder; on this he cut the part where the canal was obliterated; then a regular sized Catheter was introduced into the bladder from the urethra, and the case treated as after Operation for Stricture.

Mr Syme took this occasion for offering a few remarks on the treatment of strictures, and set out with the statement that "the urethra may be impermeable; but no stricture can be impermeable, if urine dribbles out, an instrument may be passed by care and attention".-

This is doubted by some Surgeons of high authority, and Mr Syme himself formerly held the Common opinion; but, since he first came to the above Conclusion, he states that he has never met in with an instance in which he was baffled in passing a suitable instrument.- Accordingly the treatment of stricture, followed in this Hospital, is twofold, according to the nature of the case; the milder kind are treated by the occasional passage of a bougie to promote the absorption of the

deposit on which they depend.
When they are more obstinate, of longer duration, and possess a peculiar resiliency, they are treated by a method brought under the notice of the profession by Mr Syme, a method, which, in accordance with the doctrine of the non-impermeability of strictures, may be had recourse to in the most unpromising cases. — A grooved director, having the diameter of its point considerably smaller than that of its body, is introduced by the urethra and its narrow part insinuated through the stricture, or if the stricture is divided taking care to cut in the middle line, so as not to interfere with the blood vessels.
After this simple & safe ~~operation~~ a catheter of the full size is introduced by the urethra, and maintained there for 12 or 48 hours — afterwards the instrument may be again introduced occasionally to prevent the urethra becoming again obstructed.
This method is very effectual and speedy

and during the session we saw it several times practised with the happiest results.
In one case the stricture had existed for 40 years, and was complicated with fistulæ in perineo - the patient had been treated in Spain & France without any improvement - Mr Lynn operated by incision and it terminated favourably.
There were also many illustrative cases of the cure of stricture by the use of the bougie.

Deformity from a burn

This case, which was one of deformity from a burn, derives its interest from a remark made by Mr S. on such deformities, viz: that, when the contractions are recent, that is so long as they retain their red colour, they admit of extension.

Severe injury of the leg.

This patient got her foot twisted in a ladder, fell backwards, and sustained a compound dislocation of the ankle,

the internal malleolus protruded and the external was fractured - When Mr Lyne saw her the bones were in good apposition, and everything seemed favourable, still, from his previous experience of such cases, he thought the best mode of treatment would be to saw off a portion of the bone, which he accordingly performed - He stated that in fourteen cases of a similar nature which he saw previously and which had been adjusted without sawing off a piece of bone, violent inflammation ensued and thirteen lost their lives.

Another Case of interest of a similar nature occurred later in the Session. There was a Compound fracture at the ankle joint, of the tibia & fibula - the patient lost a great deal of blood from hemorrhage from a vessel implicated in the fracture, and which was staunched by pressure - Mr S. intended to amputate the foot at the ankle joint, thinking gangrene almost inevitable from pressure; however, on bringing the man into the theatre, the foot looked so well,

that he determined to try and save it at all hazards, accordingly he exposed the ends of the tibia and fibula and cut them off, merely leaving the foot; if this succeeds the patient shall have a stiff ankle joint, but this is much preferable to a stump.

This case, which we all watched very eagerly, proceeded favourably. A third case of compound dislocation, at the ankle joint, was seen and treated in a similar manner with an equally favourable result.

Fistula in Ano

The next cases treated of were those of fistula in ano.

Great diversity of opinion existed formerly both with regard to the nature of this and its remedy; it was supposed it depended on some specialty in the diseased part, and that it required to be cut out. It is now known that dividing the septum between the internal and external opening

is all that is required.

How does it originate?

Sir Benjamin Brodie says it commences at the mucous membrane.

Professor Syme says it never does; but originates in abscess outside the gut, and that the opening into the mucous membrane is secondary.

I think the profession generally regard the truth as lying between these two extremes, while they allow that it more commonly begins outside the bowel, they are not prepared to deny that it does sometimes commence by ulceration of the mucous membrane.

However numerous the external openings may be, there is only one internal within easy reach of the finger: it is generally of a very small size.

The treatment consists in passing a flexible probe from the external opening through the internal, and then cutting it out, afterwards dressing this as an ordinary wound.

During the session, several cases of fistula were treated in this way.

Fissure of the anus.

Next case was one of fissure of the anus, a condition attended with great pain especially after stool, and one capable of being relieved by a very simple operation, viz; the making a small cut into the fissure - Formerly the treatment was unnecessarily severe, it being thought essential to divide the whole Sphincter.

This fissure is sometimes overlooked, as often a small pile overhangs it, which however may be distinguished from a common pile by its small rounded form and firm consistence.

Hemorrhoids

A case of internal Hemorrhoids led Mr. S. to make some remarks on this affection; they are not often seen in Hospital practice, but are of very frequent occurrence in the higher ranks of patients; they are very troublesome from their protrusion, bleeding at every stool, and sympathetic irritation of the bladder,

before the class in the course of the session and were treated in the same manner.

Diseases of Joints

Preparatory to bringing in a case with diseased Elbow joint, Dr. S. made some remarks on diseases of the joints, which he divided into two groups. I Those characterized by swelling from the commencement.
II Those in which pain is the first and presiding symptom.

The first occur at an early period of life; the second at a more advanced, except hip joint disease (Morbus coxarius), which belongs to the second class, and generally occurs early in life.

In the first the synovial membrane is chiefly affected; and this class is always associated with a vitiated state of the health generally strumous — The cause is mainly constitutional, and local treatment, alone, can hardly be expected to be followed by benefit.

The indications to be followed, in the

We S. tied the internal hemorrhoids tightly with a strong ligature; it is unsafe to cut them for fear of bleeding, and inflammation extending up the bowel.— The external piles, which generally accompany the internal, are cut off after the former are tied. It is this latter part of the operation which is painful, and it is only then that Chloroform should, if at all, be used.

After the operation, if much pain be felt, administer about 30 drops of the Solution of the Muriate of Morphia without delay, varying the dose according to the intensity of the pain — the greater the pain, the greater the dose and vice versa.

The ligature is often followed by inability to void the urine on account of the Spasmodic irritation of the bladder; therefore soon after the operation call, and ascertain that the patient is able to pass his urine, and if necessary use the Catheter.

The ligature separates in from 7 to 9 days accompanied by a few drops of blood.

Several Cases of Hemorrhoids were brought

treatment are prevention of motion by the application of a splint, the use of mild antiphlogistics, if inflammation threaten; but mainly would attention be directed to the constitution - the use of Codliver oil being the remedy on which our chief dependence would be placed.

In the second class, which is characterized by pain, the disease commences in the articulating Cartilages - the pain is often felt more severe in the next joint than in that actually diseased, and is always worse at night and before rain.

There is always a remarkable diminution of muscular power in these diseases, and oft. times an alteration in temperature, the part sometimes feeling too hot at other times too cold -

They are all under the control of treatment, and if seen early admit of easy cure; the great aids to cure being the hot douch with the application of splints to prevent motion, and the use of the actual Cautery, the choice of means being according to the stage of the

disease – The actual Cautery may be considered as a sort of specific in these cases if not too late: when suppuration supervenes, there is no use of counter-irritation, as, as a general rule, when the disease has advanced to suppuration, all the surfaces of the articulation must be involved.

Of the soundness of this doctrine, there were many illustrative cases, during the Session, in which the use of the actual Cautery was followed by instant relief.

Some joints, which had been neglected at the early period of the disease, were seen completely disorganized, admitting of no cure but by resection or amputation.

The one which led Mr Syme to make these remarks on the diseases of joints, and their treatment was of this nature.

The patient had an anchylosed elbow joint in which were two or three running sinuses; the disease began some time ago with pain in the joint, which was of such severity as to prevent him from sleeping

for several months - This pain changed with the weather, being worse before rain, and always worse at night - It was treated by leeching, scarifying, and splints, still it got worse. - The actual cautery, which would have been the proper treatment at first, was not tried; and now, as it was beyond the reach of that, Mr Ly me resected the joint -

This being the first time, this session, that the Elbow joint was resected for Anchylosis. Mr Ly me made a few remarks on the operation. It is considered by the profession generally so much more difficult and tedious than when there is no anchylosis, that it is reluctantly had recourse to -

Mr S., after the usual flesh incisions, first saws through the anchylosis, then turns out the two ends and saws them to the requisite extent, thus rendering the operation fully simpler than when no anchylosis exists.
The case went on very favourably, and a limb was left perfectly adapted for all the ordinary purposes of life -

Another interesting case, seen during the session, was one of suppurative disease of the shoulder joint. It commenced with pain worse at nights, and before pain, and would also, in the first stage, have been amenable to the treatment by the actual Cautery — The proper treatment now would be removal of the head of the humerus, as the disease does not involve the glenoid cavity; for a long time, the patient would not hear of such an operation, but at length, worn down by the continual discharge, gave her consent.

An incision was made down the arm from a point midway between the Coracoid and Acromion process, through this the head of the bone was exposed and sawn off.

Some time ago Mr. S advocated another method of performing this operation which he now repudiates, viz; the making of a flap at the outside of the arm in order to get at the head of the bone.

The next case of neglected joint disease occurred in a patient who laboured under suppurative disease of the knee joint.

Mr. S. amputated the limb at the lower third of the thigh by the "circular method." Excision of this joint should never be practised, as it is attended with much greater danger to life, than amputation through the thigh, the recovery much more protracted, and the limb seldom useful, even under the most favourable circumstances.

Several other cases came before the class contrasting strongly with the foregoing, as in them, the disease being in its first stage, the pain was removed and the use of the limb restored almost instantaneously by the use of the actual Cautery.

There were also a few cases of the first group of diseased joints met with during the session; in them benefit followed the treatment formerly indicated as proper in such cases.

Case illustrative of the proneness of Carcinoma for weak Structures.

Patient had a sore hand, for the last twenty months, a swelling occurred about that time which ten months ago ulcerated; the sore is Cancerous, and patient stated that when a child he had been burnt, and that the swelling formed on the cicatrix of that burn. thus showing the proneness which Carcinoma has to attack parts of impaired vitality.

Mr Lyne amputated the limb through the forearm.

Amputation of a finger

This was a case of a stiff finger proceeding from a wound which divided the flexor tendons; from the great inconvenience proceeding from its stiffness, the patient anxiously requested amputation which was performed at the meta carpal joint.

Mr S. made a few observations on these amputations, saying, if the distal phalanx only is diseased, as is often the case in whitlow, the diseased bone alone should be removed,

if any other bone of the finger requires removal it is better to amputate the whole finger, except in the case of the index finger, where a small portion is often exceedingly serviceable.

There used to be a difference of opinion whether amputation ought to be performed at the metacarpal joint or above the joint. Mr. S. advocates the former both because the deformity is less and the hand stronger. The modus operandi is Enter the Knife at the middle of the Knuckle, first make a flap from without inwards to the middle of the web, then make a flap on the outside from the middle of the Knuckle to the middle of the web, Make both these flaps meet at the middle of the transverse line at the base of the finger, and so equal flaps will be secured.

A curious case occurred later in the session which may be mentioned here. The patient a young boy, of a scrofulous habit, had a diseased thumb very much enlarged and painful - Mr S. made an opening into it

when some purulent gellatinous matter exuded,
On probing this wound, some days afterwards,
the proximal phalanx was found to be diseased
and accordingly Mr S. removed it leaving the
distal phalanx which was sound, remarking
that though there could be no propriety
in keeping on a stiff finger a stiff thumb
may be of essential service.
Unhappily this operation, the first of the kind
which Mr S ever tried, was unsuccessful
as the disease had not been arrested and
had involved the distal phalanx, so that
amputation of the thumb was obliged to be
had recourse to — After this a speedy cure was effected

Exostosis from the great toe.

The case next in order was one of Exostosis
from the distal phalanx of the great toe.
occasioning inconvenience and pain by
pressing the nail up.
Mr Liston in these cases practised and
advocated the removal of the entire toe.
Mr Lynn always insists merely on the removal of the ex-
ostosis, which he performed in this case.

Fracture through the Trochanter

The most interesting case brought under consideration was a very obscure injury of the hip -

Injuries of the hip are diagnosed with great difficulty, first from the number of injuries occurring here, and, second from the sensitiveness of the patient, which however can be met by Chloroform.

The three injuries of the hip are 1 Bruise. 2 Dislocation. 3 Fracture.

If the length of the limb is not affected, it can be neither fracture nor dislocation; if the limb is really lengthened, we may be sure it is not fracture; if the limb is shortened, it may be either dislocation or fracture.

In the case in question the limb is shortened, and the toes are turned in, so that, at first sight, it looks like a dislocation on the dorsum Ilii; but the toes can be easily turned out, therefore it was diagnosed to be fracture.

and on farther manipulation the fracture was discovered to be through the trochanter, the anterior part of which is separated from the posterior and attached to the shaft.
This is a fracture of very rare occurrence Dr Lyme only met with another instance of it in his practice.
The treatment consists in keeping the limb straight, and preventing motion by applying the long splint.
In connection with this case, Dr Lyme made a few observations on fractures of the femur - He said the most common site of fracture is, in Childhood and up to the age of puberty, the middle third.
in adults, the lower third - The action of the muscles cannot be prevented by any mode of placing the limb, as, what relaxes those of flexion stretches the extensors and vice versa; therefore the best position is to keep the limb straight, using a long splint, extending from below the ankle to the false ribs, the breadth of which should equal the diameter of the thigh.
Its use is to prevent motion.

Exfoliation of the Pubes.

Two cases occurred shortly afterwards which made a lively impression on the whole class.

The first patient had an abscess on the inside of the thigh of obscure origin.

Mr S. evacuated it by the trocar and Canula; the abscess however re-formed, and Mr S. opened it shortly afterwards, inserted his finger into the opening, and felt a round hole in the ramus of the pubes into which he could get his finger, and in which he felt several exfoliations; he enlarged the opening, and, after some trouble, extracted the exfoliations, from which no doubt, as the future progress of the case would indicate, the abscesses proceeded.

The other case occurred in a weak and emaciated subject. He had a large swelling, at the upper and inner part of the thigh, which at first was thought to depend on disease of the vertebrae.

Mr S. ordered a blister to the patients back,

remarking, that, in cases where the diagnosis is doubtful, it is always prudent to try remedies from which, if they fail to benefit, no bad consequences can spring, rather than measures which may peril the patient's life.

A few days afterwards this patient was again brought in to the classroom; and, as the size of the abscess is observed not to be diminished when the patient lies on his back, Mr. S. suspected it did not proceed from disease of the spinal column, but of the pelvis; accordingly he evacuated the abscess, inserted his finger, and felt an opening in the pubes from which he removed a large exfoliation.

Mr. S. stated that he believed these were the first cases of the kind, in which the nature of the disease was discovered while the abscesses were yet in the nascent state, as it is not generally until sinuses have formed that the proper diagnosis is arrived at.

Case of ununited fracture.

This patient, a discharged soldier, had an ununited fracture of the humerus at its lower third - The fracture occurred at the attack on the Redan, and was treated quite properly by splints in the first instance, then by starch bandages and the various other means which are resorted to in such cases, but without benefit, so that he was pensioned and discharged.

What is to be done?

Various methods of relief have been proposed, such as introducing a seton, making raw the ends of the bones with a tenotomy knife, cutting off a portion of bone from each end of the fracture, and by pegs of ivory driven into the bone above and below the fracture fastened with silver wire.

In I cut out a portion of bone from each end and applied starch bandages, two days after this was done the wound had healed by the first intention, and

the case was proceeding very favourably, Six weeks after the Operation the Starch bandage was removed and the union was found to be perfect.

Carbuncle.

Several cases of carbuncle were treated during the session, the first occurred in an old man, and was of an enormous size, it occupied the whole back of the neck, and was extensively sloughed. The proper treatment is incision through the skin in order to stop the inflammation, not to evacuate anything.

In this case an extensive crucial incision was made, & a poultice ordered to be applied to the part.

A few days afterwards the patient was again brought in and the change for the better was most marvellous; the skin had lost all its Carbuncular character, the incisions which appeared so extensive when made were now much reduced in size, and the surface denuded of skin

was kindly granulating.

In these cases there should no stimulants be given, not even animal food until the healing process sets in.

Land Scurvy

This was a case more of a medical than a surgical nature.

The patient laboured under the disease denominated Land Scurvy, and presented on one of his legs an extensive ulcer freely discharging dark grumous blood when touched — The disease is the result of imperfect nutrition. The patient in this case stated that, for some time back, he subsisted chiefly on tea without milk, and that the sores broke out about 12 months ago.

The treatment must be wholly constitutional, the principal indication being wholesome nutritious diet with a large supply of vegetables.

Sometime afterwards Mr S., in accordance with his general practice, brought this patient again before the Class, when the

most wonderful change was perceived in his general appearance and in his ulcers especially.

Nothing was administered but proper nourishing diet.

Ulcer

Several cases of ulcer were treated, some of which were very instructive.

One was situate over the olecranon; it proceeded from severe injury which destroyed much of the integument. Mr. S formerly saw the case and, rather than amputate the hand, diminished the part to be covered by resecting the elbow joint, and cutting away a portion of bone, this very much improved the condition of the part; but, as there was still a small ulcer, Mr S again resected the joint cutting out a large portion of the ulna. In this I easily retracted the skin over the part -

This treatment was quite successful and left a very useful hand.

Another case of ulcer was on the leg, and had existed for seventeen years. In connection with it Mr Lyme remarked that the most common sore on the leg is that attending a varicose state of the veins, and for which, when painful, the black wash is the proper remedy, it acting in some cases as if by magic.

For callous & indolent ulcers apply a blister — Syphilitic ulcers must be treated constitutionally by the administration of the Iodide of Potassium.

In this case the sore has been subjected to every kind of treatment, except to blistering which Mr Lyme proposes trying in the first instance: if it does not succeed, as the ulcer is very painful, amputation must be had recourse to.

There were several Scrofulous, and Mercurio syphilitic ulcers treated during the session, principally through the Constitution, the former by Cod liver oil: the latter by the Iodide of Potassium as indicated above.

Structure of the Oesophagus.

This was a very interesting case both on account of its inherent importance and its rarity.

There are two parts of the Alimentary Canal which have a great similarity in pathological processes these are the rectum and Oesophagus: both are straight, or nearly so, are merely conducting tubes, and are exposed to foreign bodies lodging in them; in Oesophagus in swallowing; in the rectum from an accumulation of matter that has passed through the rest of the Canal, or bodies from without. Both are also subject to organic changes as contractions. There is a part in each where contraction is especially liable to take place: in the Oesophagus just at its commencement; in the rectum about an inch and a half from the orifice.

When the contraction proceeds from the presence of a malignant tumour no relief can be afforded by Surgery.

In simple strictures a similar line

of treatment is open as for stricture in urethra viz passing bougies.

There are, or were, two modes of treating strictures of the urethra bougies and the Nitrate of Silver applied internally to the canal; if the objections to this latter mode of treatment are strong in the case of the urethra, they are much stronger in strictures of the Oesophagus.

In passing the bougie all gentleness must be used, as false passages are easily made, and are almost inevitably fatal from matter passing down the gullet getting out at them.

The patient has swallowed by mistake some Nitric Acid about three years ago, and the symptoms of stricture supervened so severely that he subsists wholly on liquids.

The case is to be treated by bougies which Dr Ley and will pass in the wards as it requires great care and attention —

Mercury in Syphilis

A case of Syphilis led Mr Lyons to make a few remarks on the use of Mercury in Syphilis - The said syphilis is a special poison for which formerly there was supposed to be one antidote viz; Mercury - His opinion held was that Syphilis produces a sore, that the poison travelled from the sore to the groin forming a bubo, it then invaded the system causing sore throats, ulcerations, scaly eruptions of the skin, pain of the bones, swelling of the periosteum, destruction of the palate, and death. and it was believed that if Mercury were given in time it would counteract the poison in the blood, if not till part of the morbid matter was absorbed, Mercury would heal the primary sore but could not prevent the bubo forming, if again given it would cure the groin but would not prevent the system being involved, for which just the courses of the metal were considered essential. It is now known that only when Mercury

is given does the disease assume a dangerous character.
He at the same time entered his protest against the supposed efficacy of Sarsaparilla as an antidote to the combined effects of Syphilis and Mercury, and said he should never see him use it in his wards, first because it was inert, and secondly it would lead unnecessary expense on the Institution.

Sinus over the Carpal & Tarsal bones.

During the Session there were several cases of sinus over the carpal and tarsal bones and which required more or less severe operations according to the extent of texture involved - One apparently hopeless case for which I thought there could be no cure short of amputation of the hand, made a lasting impression on me from its treatment, and the observations which Mr Syme made in connection with it.
On Enquiring into the history he found the hand was punctured by a stone some time previously, and that before this accident it was quite healthy, thereupon he formed a favourable prognosis and told us of

wonderful recoveries after punctured wounds into the smaller joints, at the same time warning us in such cases to be very slow in coming to an unfavourable opinion, and especially loath to have recourse to extreme measures.

Instead of amputation in this case Mr S. removed a small exfoliation which he felt on probing the sinus After this the case made rapid improvement.

A case to contrast with this was one brought in to the lecture room at a later period of the session. In it Caries occurred spontaneously in the tarsal bones, a state much more unfavourable than when suppuration follows upon an accident, in fact, this case was incurable and necessitated the removal of the foot at the ankle joint.

Sinus of the Cheek.

Patient, a female about the middle period of life, had a sinus of the Chin which obstinately remained open for thirteen years resisting all sorts of local applications.

These sinuses, said Mr Lyon, are generally produced and kept up by the presence of a diseased tooth. The tooth may be only slightly discolored, or even only a little loose. In this case one of the incisor teeth felt a little loose, but it was not discolored, nor did it present any symptoms of decay. It was removed and then the point of its fang was seen to be blackened and uneven.

Mr L. remarked that in a few days the discharge from the sinus shall probably cease, and then, the sinus will close up; the event fully corroborated this opinion, for, at the next meeting of the class, it was found that the discharge had

already dried up and that the sinus was nearly closed.

This case gave us the lesson to examine the mouth, in all obstinate sinuses of the cheek or chin, and if any suspicious looking tooth or stump exists to extract it.

I have now given a synopsis of the most instructive cases which occurred during the Session.

To many cases, and some of these very important ones, I have not referred, but hope that the imperfect sketch which I have drawn up may be found to present not an unfaithful, rather, a miniature picture of the work of the Session.