Surgical cases in private and hospital practice / by George Buchanan.

John Lindsay Steven

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SURGICAL CASES

IN

PRIVATE AND HOSPITAL PRACTICE.

BY

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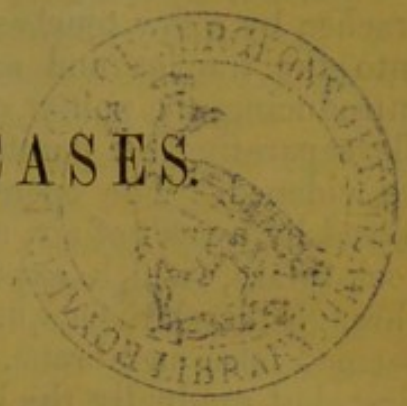


SUCCESSFUL CASE OF TRACHEOTOMY IN CROUP.

AGNES M'L., aged 6 years, was seized on the 6th of March, 1861, with symptoms of croup. She had a hoarse barking cough, difficulty of breathing, and hot skin. Dr. Samuel Clark, the family medical attendant, on the same day took about six ounces of blood from the arm, with some relief to the oppression, and ordered two grains of calomel every two hours. In the evening she was a little better; but the hoarse cough was still more severe next morning, and the difficulty in breathing greater. A fly blister was applied to each side of the neck. Next day she seemed a little easier in the morning, but got worse in the evening; and at half-past seven the breathing became very laboured, and she seemed almost choked. The above account I got from her parents and Dr. Clark; the following are the notes of my connection with the case from that time:—

On the 8th of March, at 8 p.m., I was hurriedly summoned to visit a child who was said to be dying of suffocation from croup. I seized my pocket-case and an elastic catheter, and accompanied the messenger to the house which was only a few doors off. On arrival I found Dr. Drummond in attendance, who informed me that he had been sent for a short time before, and had just arrived in time to see the child on the point of dying from asphyxia. I found the pulse almost imperceptible; the breathing stopped, except once an ineffectual attempt at respiration; the skin cold; the lips and face blue; the muscles relaxed; and every appearance of immediate death. It seemed too late to hope for recovery. Rapidly we told the parents, who supposed they were looking on a lifeless child, the remote chance there was in tracheotomy; and as the case was hopeless at any rate, they consented to anything we might think reasonable to undertake.

I placed the child upon the bed, with the shoulders supported

by a pillow, and made an incision over the trachea an inch and a half in length. In the cellular tissue a vein was distinctly visible, which was held aside while I laid bare the rings of the trachea by a few touches of the scalpel. I now plunged the knife into the trachea and extended the incision half an inch, then introducing the points of a pair of forceps, withdrew the knife. By separating the points of the forceps, the aperture could easily be widened. The opening of the trachea was immediately followed by a rush of air, and presently a prolonged fit of coughing took place, which expelled from the wound, and also partly through the glottis, a quantity of tough mucus and shreds of what seemed false membrane. Respiration was exceedingly feeble at first, but gradually the breast began to heave; the pulse became perceptible, and the lividity of the lips passed off. Several fits of coughing took place, each of which expelled some of the same substance which came away at first, and in a short time the air passage seemed to have become clear enough for the air to pass freely to the lungs, when the wound was held open by the forceps. I tried to introduce a piece of catheter to keep the passage free; but each attempt was accompanied by such irritation that I gave up all intention of persevering. Besides, even if a tube or piece of catheter could have been introduced, it could not have been fixed in its place, as the raw surfaces of the blisters would not have borne the pressure of the tapes necessary to retain it. Fortunately there was no hæmorrhage, so there was no annoyance from blood trickling from the wound into the trachea. After holding the lips of the wound apart for nearly an hour with the forceps, I found that the trachea had become comparatively cleared, and that respiration, though laboured, was going on regularly; and the heat of the body was nearly restored. I also found that I could withdraw the forceps for a short time; and that when I did so, respiration went on, though feebly, partly through the glottis, and partly through the wound in the trachea which was well exposed by the free outer wound, and remained open. At intervals the wound got choked up, when I had to introduce the forceps and re-open it; but in a short time this was not required. The atmosphere of the room was rendered suitable to enter the lungs, by having diffused in it the steam from a boiling kettle, as also from pans of boiling water placed beside the bed within the curtains. I remained all night in the house beside the child, and once or twice sponged or cleared away with a probe some bronchial secretion which was blocking up the wound. Respiration went on comparatively tranquilly all night, and the child slept at intervals.

Next day she continued much in the same state, breathing with some embarrassment partly through the mouth, and partly

through the aperture. Occasionally the wound was kept clear by sponging away some tough bronchial secretion which came away by the effort of coughing. She took a little beef-tea and wine negus which was swallowed without much difficulty. The temperature of the room was carefully attended to, and steam was kept constantly diffused by the means above mentioned. I need not continue daily formal reports, but will add that the little patient continued to improve till the sixth day, when I found that respiration was going on so freely through the larynx that the wound could be shut up without annoyance. A piece of carded cotton was placed in the wound and retained by a loose bandage round the neck. On the fourteenth day the wound was so much decreased in size by the process of granulation and contraction that I could easily bring the edges together with a strip of adhesive plaster. In three weeks cicatrization of the wound was complete, respiration was free; the voice had returned, though still feeble; and the child was able to run about the house and play with the other children; and I gave up regular attendance at the end of March. Her health, however, was much weakened, and a tendency to stoop, which she had before her present illness, was increased. About a month after the operation it was observed that occasionally she had a slight squint in one eye; but this was only noticeable at intervals.

Dr. Clark was visiting the other children in the family on the 16th of April, and being informed of the tendency to squinting just mentioned, ordered a purgative of calomel and scammony, which was given immediately. Vomiting came on soon after this, and continued without intermission for several hours. In the evening I was sent for to see the child, whom I found quite exhausted from the severity of the sickness and retching. I ordered hot fomentations to the belly, and warm brandy and water to be given frequently in small quantities. The vomiting soon ceased, and the patient continued quiet but weak all night. Next morning she seemed somewhat better; but about 2 p.m. she was seized with a convulsion fit, in which she died. Dr. Clark was in the house at the time, and saw her in the convulsions. He sent me the following note regarding the manner of her death:—

"My dear Sir—I am exceedingly sorry to inform you that your late very interesting patient, without any manifest cause, took a convulsion fit between one and two o'clock, and died about a quarter past two. I saw her during the fit; the respiration was quite free, though her mother said she had been complaining of her throat in the forenoon. I looked into it and found the velum and tonsils quite natural; and to convince her mother that it was not much affected, I gave her a spoonful of water which she

swallowed without difficulty; but in a very short time afterwards she went into the last agonies with perfectly free breathing. She walked rather crooked for two days past, and did not like her neck and spine to be stretched out; but we had no anticipation of any such event being so near.—Yours truly,

"Samuel Clark.

"Dr. George Buchanan,
117 Douglas Street."

I got liberty to make a post-mortem examination of the neck which I did with the assistance of Dr. Clark. The wound in the integument was perfectly healed, and the cicatrix was adhering to the trachea. On removing the larynx and trachea, the mucous membrane lining both organs was found perfectly free from disease. The rima glottidis was quite normal, both in size and colour. The mucous lining of the trachea was quite healthy, and the line of the incision was plainly seen, but perfectly united and smooth. It was quite obvious that the cause of death was not to be found in the trachea, which had regained a perfectly healthy condition since the operation.

I have only to remark in conclusion, that while the question of tracheotomy in croup is a wide one, and admitting of powerful arguments on both sides, the success of the present case was such as would lead me to recommend and perform it without hesitation in similar circumstances. There may be doubts as to the propriety of cutting into the trachea in a certain stage of croup as a means of preventing the suffocation which will probably ensue, if the case go on unchecked; but that is a totally different case from the present where the suffocation had already occurred, and would inevitably have caused death in a few minutes more, if the air had not been admitted by tracheotomy. I believe, that in a case of immediate danger of death by suffocation, we are not only warranted, but called on, to give the patient the chance of life by performing tracheotomy.

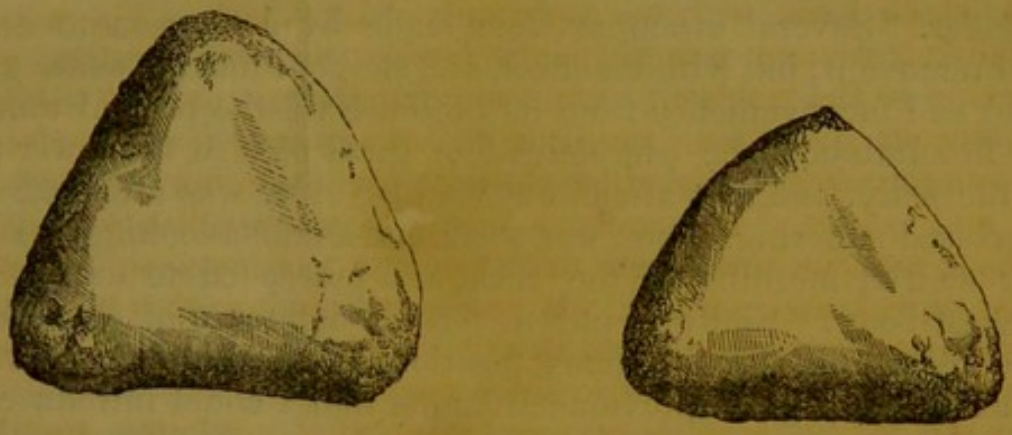
LITHOTOMY—TWO TRIANGULAR STONES.

The following case of stone in the bladder is interesting from the remarkable shape of the calculi.

Samuel E., aged 11, has been troubled with symptoms of stone at intervals for nine years. About three years ago the symptoms were very acute, and he was sounded, but at that time no stone was detected. Shortly after that the severity of the suffering passed away, and he continued in comparative comfort till the end of October, 1861, when after a long walk the symptoms were much aggravated, and the pain became excessive. For a

fortnight he continued to suffer greatly, unable to sleep, or to continue in one posture many minutes at a time. At this time I was asked to see him by Mr. Christie, surgeon, Bridgeton, whose patient he was; and putting him under chloroform, I at once detected the presence of a calculus.

On the 16th of November, I operated, using the rectangular staff, and without difficulty removed two stones of a very remarkable shape. Both together weighed an ounce and a quarter; the larger being three quarters, the smaller half an ounce.



They are precisely similar in form, that of an equilateral triangle with the angles very slightly rounded off. The sides of the larger measure one inch and two fifths, its thickness is three quarters of an inch; the sides of the smaller measure one inch and a half, its thickness is half an inch. The chemical composition of the stones, as analyzed by Dr. Penny, is as follows:—

Phosphates,	55· per cent.
Carbonate of lime,	7· "
Lithic acid,	28· "
Water,	10· "
	100·

The boy recovered without a single unpleasant symptom, being perfectly freed from his former agony from the date of the operation.

The annexed woodcuts give a faithful representation of the calculi.

REMOVAL OF A PIECE OF CATHETER FROM THE FEMALE BLADDER.

Mrs. A., aged 36, was admitted to the Royal Infirmary on the 18th of October, 1861. She gave the following account of her case:—Nine years ago, when three months advanced in pregnancy, she experienced much difficulty in voiding urine, which required

repeated catheterism. In a subsequent pregnancy six years ago the same thing occurred. At present she is again pregnant, and about a fortnight ago the inability to void urine occurred as before. Having experienced relief from the use of the catheter formerly, she of her own accord endeavoured to relieve herself by using an instrument something like a catheter, made for her by her husband who is a worker in gutta percha. On passing it into the bladder, either through awkwardness in manipulation, or from the insufficient nature of the instrument, a piece about three inches long was broken off and remained in the bladder. Several attempts were made by a surgeon to detect and remove it, but without effect, and she continued to suffer great pain and inconvenience from its presence till the present time.

On admission she complained of great pain in the lower part of the belly, and any attempt at voiding urine was attended with increased suffering. She was weak and anxious-looking. I saw her on the morning of the 19th, and proceeded to extract the foreign body. She was put under the influence of chloroform, and placed in the lithotomy position. I found the urethra so much dilated by the previous attempts that I could introduce the point of my little finger, so that a pair of forceps were without difficulty slipped into the bladder. Although I could easily grasp the foreign body, its peculiar shape prevented me from laying hold of it in a position favourable for extraction, and it was only

after repeated attempts that I at last succeeded. This was accomplished by seizing it in the middle, and pulling it forwards against and across the urethra. I held it in this position by introducing the left fore-finger into the vagina, and pressing the foreign body against the pubis. I now opened the forceps and gradually shifted them to one end of the tube and then easily turned the free end into the cavity of the bladder. The body, being thus grasped by one end in a longitudinal direction, was slowly pulled through the urethra. It was found quite coated with calculous matter, and as some pieces had been scraped off by the forceps, the bladder was washed out with a stream of tepid water. The patient was ordered bland fluids to drink, and she soon recovered from her distress. She could retain her urine on the second day after the tube was extracted. The tube was three inches long, and was of the shape and dimensions here figured.

DISLOCATION INTO AXILLA, WITH COMPOUND FRACTURE OF HUMERUS—REDUCTION—RECOVERY.

Michael M., aged 60, was admitted to the Royal Infirmary on the 17th May. He stated that this morning when driving a cart, the horse became unmanageable and ran away, in consequence of which he was thrown to the ground and injured seriously.

On examination he is found to have sustained a compound fracture of the left humerus in its middle third. The external wounds, two in number, are very small, and are situated the one posteriorly and the other anteriorly. The fracture itself, though not comminuted, is of an unfavourable description. The head of the humerus is found to be displaced and resting in the axilla; patient states that attempts were made previous to his admission to reduce the dislocation.

18*th*—The opinion of a consultation was that an attempt should be made to reduce the dislocation, and that the arm should have a chance, though grave doubts were entertained of its ultimate recovery without amputation. The case was managed in the following manner. I first applied a straight splint to the arm, bandaging it from the hand to near the shoulder, and fixed a skein of worsted to the arm as near the shoulder as I could place it. Chloroform having been administered, I placed my left heel in the axilla, and after considerable exertion, had the satisfaction of feeling the head of the bone leaving its abnormal situation and slipping into the glenoid cavity. The bandages were then removed, and the wounds over the seat of fracture dressed with dry lint, and the arm put up with a bent splint.

25*th*—Complains of no pain and is in good health and spirits. The wounds having given little annoyance, the bandages have not yet been removed.

29*th*—As patient complains of a little uneasiness at seat of fracture, the splint and bandages were taken off, when it was found that the wounds had both healed kindly, and the case was thus converted into a simple fracture of the humerus. From this time the patient progressed favourably, and he was dismissed well at the end of six weeks.

DOUBLE AMPUTATION FOR INJURY TO BOTH ARMS—RECOVERY.

Amputation of both limbs at the same time is a comparatively rare occurrence; the following is the only case which has occurred for some years in the hospital, and one of the few which has terminated favourably:—

John O., aged 43, was admitted to ward 10 of the Glasgow

Royal Infirmary on the 11th of January, 1861. He stated that about eleven o'clock the same day, the beam of a crane fell on his arms, which were stretched out before him, causing the present injuries. The left arm was found to have sustained a compound comminuted fracture a little below the elbow, the fractured ends of the bones were protruding, and the muscles and soft parts were completely destroyed. The right hand was smashed up to the wrist joint, the bones fractured, and the skin and muscles reduced to a confused pulpy mass. There was a scalp wound on the back of the head about three inches long, the bone uninjured. The right knee was slightly bruised. The man would not consent to immediate amputation, but at 8 p.m. a consultation was called when he agreed to submit to what was necessary. I removed the right arm immediately above the wrist, and the left just above the elbow. Both stumps did remarkably well; but the recovery after such a combination of injuries was necessarily tedious. I saw him in October last, and he had great freedom of motion and power in both arms. He wears a hook on the right stump; the other is quite sound, but he has not yet got any apparatus adjusted to it.