Surgical reminiscences, including eighteen years' work in the Western Infirmary, Glasgow / Alexander Patterson.

SURGICAL REMINISCENCES,

INCLUDING EIGHTEEN YEARS' WORK IN THE WESTERN INFIRMARY, GLASGOW.

BY

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22. India Street,
Glasgow.

Dear Sir,

I take the liberty of forwarding to you, as a Manager of the Western Infirmary, a reprint of a paper referring to many interesting and unique cases which have been under my care in the Wards of that Institution.

Very respectfully yours,
R. Patterson.

David Murray Esq.

SURGICAL REMINISCENCES,[1]

Including Eighteen Years' Work in the Western Infirmary, Glasgow.

By Alexander Patterson, M.D., F.R.C.S. Ed.

Mr President and Gentlemen,—On a summer afternoon, six and twenty years ago, one of the directors of the Royal Infirmary called at London Street, where I then lived, to inform me that there were two vacancies in the staff of the dispensary, and that he wished me to put in an application. Whilst thanking him for his great kindness, I replied that I had very few friends, and that it did not seem at all probable that my efforts should be successful. "Never mind that," said my friend; "do what I bid you, and we shall see what can be done." Through his influence I was appointed surgeon, and from that time until now, with the exception of a single fortnight, I have had the very great privilege of being an hospital surgeon. During the currency of seven years only three months' dispensary duty fell to my lot. The superintendent soon found out that my residence was nearer to the Infirmary than those of the regular staff, and got into the habit, to which I certainly did not object, of sending the porter, in cases of accident or emergency, especially during the night. On this account exemption was given me from dispensary duty. Those of you, gentlemen, who are fond of

[1] Read before the Glasgow Southern Medical Society, 1894.

surgery, can fancy how enjoyable was this kind of life. I became a sort of daily hanger on, anxious and delighted if I could be of only the slightest assistance to any member of the staff. Besides, there was the great boon of being present at all consultations, and listening to the reasoning and opinions of your more experienced seniors.

More than all, Sir Joseph, then Mr Lister, was engaged in carrying out the various grades of his wonderful antiseptic programme, and you may rely upon it his doings were keenly watched. At the termination of those seven happy years, something transpired which led to my resignation.

Never much addicted to despondency, I confess that for two weeks I was despondent, very, when all at once a ray of sunshine—of the very brightest sunshine—came, in the form of a deputation from the managers of the Western Infirmary, asking me to cast in my lot with them. It goes without saying, that, in return for such exceptional courtesy, I have at least tried to do my duty. With your permission, gentlemen, I shall give you, shortly, cases occurring at different times, and which, to me at least, were of much interest.

Southern Medical Society, 26th December 1872.—*Tetanus lateralis.*—As this is so rare, very few men living can have witnessed it, so I shall venture to give it here:—"P. M., a collier, aged fifteen years, admitted to the Royal Infirmary on 25th November 1872. Exactly four weeks ago the wheel of a truck passed over his right leg at the union of the middle and lower third. On admission he is found to be in an extremely exhausted condition, perspiring freely, pulse 125; he also suffers from phthisis. On examining the seat of injury, a curious state of matters presents itself. About two inches of the upper fragment of the tibia is seen projecting from the wound, whilst the lower fragment is placed at nearly right angles to the perpendicular axis of the limb, and united partially by unossified tissue. There was some discharge, slight redness around the wound, and œdema of the limb. A more terrible complication existed; he was suffering from tetanus, which set in, with stiffness of the neck and jaw, fourteen days ago. He can separate the teeth about a quarter of an inch, and can speak and swallow with tolerable ease.

"The exacerbations occur very frequently, and he asks often for a drink. It is at once seen that the head is drawn down, nearly touching the left acromion, the left sterno-mastoid being greatly contracted, whilst the face looks away to the opposite shoulder. On examining further, the spine is found to be concave to the left side, while both legs are drawn to the left; the lad, in fact, suffers from *tetanus lateralis.*

"The whole body is curved so as to be concave to the left, the hands and arms, from the elbow downwards, remaining free. Nine hours after death, which took place on the 30th of November, the body was not in the least relaxed, but still retained its lateral curve. Sir Thomas Watson states that he had never met with a case of pleurosthotonos." (*Glasgow Medical Journal*, 1873.)

Case of ununited fracture, in the treatment of which, a portion of dog's bone was used as a means of procuring union.—A marine engineer, aged forty-three, was admitted to the Royal Infirmary, 15th August 1874, for the purpose of having his arm amputated, for what had been originally a simple fracture of both bones of forearm.

Attacked by erysipelas, eventually about three quarters of an inch of the radius died, and on admission the hand and arm, below the seat of non-union, act simply as a flail. A portion of the humerus of a retriever was placed in the gap in the radius, and the ends of the fractured ulna wired. Although sometime afterwards the added bone came away about half its size, the bones were firmly united, and the man went back to his employment. This, I fancy, was one of the earliest cases in this country of bone transplantation. (*Lancet*, 1878.)

In the *Glasgow Medical Journal* for 1874 was published: "*Five consecutive cases of compound fracture into, and dislocation of, ankle-joint treated antiseptically, successfully.*" Nowadays, this would, of course, be deemed unworthy of notice. At that date, perhaps, nothing could have shown more thoroughly the value of the antiseptic treatment. The last fourteen cases of the same accident, treated by Mr Syme in the Edinburgh Infirmary, had all terminated fatally.

It fell to my lot to have the only case of *hydrophobia* which has ever been in the Western Infirmary. The poor fellow told me that he thought there would have been nothing

the matter with him, had he not read of a case which occurred a short time before in the Royal. During the last hundred years there have been in the Royal and Western five cases altogether. Curiously enough, all the cases have taken place within the last twenty years, and since the muzzling order came into force. (*Lancet*, 1877.)

Double plopiteal aneurism.—This rare case was placed under my care by my friend Dr John Burns. We thought of trying pressure, and quite a number of volunteers offered their services. The order given was to "stop the pulsation in the aneurism completely, and keep it so," and the order was literally carried out. The gentlemen in attendance on the case found that from fifteen to twenty minutes was as long a period as any of them could compress the artery. Two, at least, were always at the bedside, while one stood compressing the vessel, the other kept his open hand over the sac. One was cured in twelve, and the other in nine hours. (*Lancet*, 1877.)

Nephrotomy.—In the winter of 1887, Dr Finlayson took into his wards a female, aged thirty-eight, suffering from renal disturbance. After studying the case with his usual care, deliberation and accuracy, my worthy colleague came to the conclusion that there was probably a stone in the left kidney. Patient was placed under chloroform on the table, in a crowded theatre, and the operation started. On reaching the deeply placed plum-coloured organ, I went very carefully over the surface with the tip of my finger, and at one spot I fancied it somewhat soft and yielding. An ordinary hydrocele trocar and canula were pushed in, when, on withdrawing the trocar, a couple of drachms of pus ran out. Enlarging the wound by means of a curved probe-pointed bistoury, the forefinger was passed in, and with my nail I picked out two tiny uric acid calculi. This, to me, an anxious operation, and so far as known to me, was its first performance in Scotland. The patient did well. (*Glas. Med. Jour.*, 1879.)

The space so kindly placed at my disposal in the Western Infirmary consisted of three small wards, two for males and one for females, containing collectively nineteen beds.

Year's work from 1st Nov. 1877 to 1st Nov., 1878.—Operations on indoor patients, 119 with 6 deaths, 5 per cent. (*Glas. Med. Jour.*, 1879.)

Year's work from 31st Oct. 1878 to 1st Nov. 1879.—280 resident patients admitted, upon whom 162 operations were performed, with 7 deaths, a death-rate of 4·3 per cent. The cost of stimulants for each patient per annum amounted to 7½d. "No case of erysipelas occurred during the year, and since the wards were opened four years ago, there has not been a single case of pyæmia." This was written in reply to Mr Savory of St Bartholomew's. (*Lancet*, 1880.)

Suprapubic Lithotomy.—H. D., aged forty-eight, admitted to Ward XIV., on 22nd Feb., 1881. Has suffered from bladder irritation for twenty-four years, exactly half his life time, and he makes a remarkable statement, namely, that during all that time he has not, so far as he could observe, passed a single drop of blood. The sound detected the presence of a large, very rough, hard stone. Attempted removal by lateral lithotomy failing, the stone was removed by the suprapubic operation. This was the first successful case performed in Glasgow. The man is alive and well. (*Glas. Med. Jour.*, 1882.)

Case of utero-ovarian amputation for uterine fibroid combined with pregnancy on the 11th December 1884. At that date this operation had been performed four times in England, three times in Germany, once in Belgium, once in the United States, and once in New South Wales. Mrs M.'s case was thus the eleventh on record, and at that time, the only one in Scotland. This patient I saw some weeks ago, and she remains quite well. (*Glas. Med. Jour.*, 1885.)

Case of double uterus.—On the 3rd of March 1885, the superintendent of the Western received a telegram from a country practitioner, to the effect that he had a case of extra-uterine pregnancy, urgent, for which he wished admission. On examination, the mammæ are observed to contain milk. The abdomen presents the ordinary appearance of pregnancy at the seventh or eighth month, and the fœtal heart can be felt pulsating near the umbilicus. *With regard to the appearance of the abdomen*, some years ago, through the courtesy of my friends Dr Lennox of Hamilton and Dr Stewart of Carluke, I had the rare privilege of operating in a case of extra-uterine pregnancy —a case which had been most correctly diagnosed in the earlier months, and watched with great care until the end of the ninth month. In that case the abdomen was flat, entirely unlike an

ordinary pregnancy, and altogether unlike that of our patient; the child's head lay in the left iliac fossa and could be easily felt and seen through the attenuated abdominal wall; the elbows and knees of the child could also be clearly made out. On making an incision in the middle line, a tumour of an intensely interesting kind was exposed. No part of the child was visible, but a large, grayish, papery looking cyst, presenting the appearance exactly of a very large wasps' nest, was brought into view, which on being gently touched with the forefinger tip, broke up into small flakes, exposing a healthy, vigorous child. The case was one of peculiar interest. The mother died four days after operation.

M. S., aged twenty-five, single, admitted on 3rd March 1885.—Patient is flushed, restless, and in a state of high fever. T. 102°, P. 110. On proceeding to make a vaginal examination, a strongly urinous odour was noticed, and a mixture of pus, blood and, apparently, urine, was seen to be flowing from the vagina. On introducing an oiled finger into the canal, a larger opening was discovered in the posterior wall of the bladder, and near to this I introduced my finger into what I took to be the os uteri with the cervix torn, and this rent was carried into the vaginal wall, away backwards behind the rectum. I felt neither membranes nor child, and, being fairly puzzled, never dreaming of a second os, my respected colleague Dr W. L. Reid was asked to examine the case. He examined patient with great care, as he always does, and detected an os with membranes entire, and felt the child's head; at the same time, I think he gently hinted that I had been mistaken with regard to what I had made out. Under the circumstances, we did the best we could for her, and on the 15th March a male child was born, which survived only eighteen hours.

Rigors and high temperature continued—a large abscess filling the left iliac fossa and extending upwards was opened. She died on the 1st of April. *Post-mortem* by Dr Coats on the 3rd April. Abscess took its starting-point from the tear in the vagina, and made its way upwards to the diaphragm, which had its tissues thickened and infiltrated with pus, and the left pleural cavity also contained pus.

In the pelvis were found two distinct uteri, the right measuring, from os to fundus, 4½ inches, with a total breadth of 2½ inches; and the left, from os to fundus, 4¼ inches, with a

total breadth of 1¾ inches. Each had a Fallopian tube and ovary; each uterus was complete in itself, and the cervices alone were united to the extent of ¾ of an inch. (*Edin. Med. Journal*, 1885, *with illustration.*)

Ovariotomy performed on three sisters.—On the 26th November 1891, Mary B. had the operation performed; on the 5th May 1892, her sister, Jessie B.; and on the 19th of May 1892, the third sister, Mrs K. Oddly enough, all were servants in the same domestic establishment in the North of Scotland.

I shall now give you in a tabular form some of the results of eighteen years' work in the Western. Up to June 1881 there were only nineteen beds at my command; since that date I have had thirty-eight.

The operation for strangulated hernia I have done, including those in private, a few in the Royal, and those in subjoined list, one hundred and sixty times:—

Year.	Excision of Mamma.	Deaths.	Lithotomy.	Deaths.	Hernia—Radical Cure.	Deaths.	Hernia—Strangulated.	Deaths.
1876	1	...	2	...	...	...	5	2
1877	2	...	3	...	...	...	5	...
1878	7	...	4	1	...	...	4	...
1879	7	...	2	...	1	...	7	3
1880	5	...	1	...	2	...	6	1
1881	11 (1 male)	...	1	...	3	...	6	2
1882	9	...	0	...	2	...	3	2
1883	8	...	1	1	3	...	4	...
1884	9 (1 male)	...	2	...	11	...	4	...
1885	8	...	2	...	8	...	2	1
1886	12	...	1	...	2	...	5	...
1887	9 (1 male)	...	0	...	3	...	2	...
1888	5	...	0	...	3	...	4	...
1889	5	...	2	...	5	...	4	3
1890	6	...	4	...	1	...	5	...
1891	8	...	2	...	1	...	5	2
1892	10	...	4	...	5	...	2	...
1893	8 (1 male)	1*	3	...	10	...	5	2
Death-Rate.	130 = ·77%	1	34 = 5·88%	2	60	0	78 = 23%	18

* The solitary fatal case in the mammary list was due to cerebral embolism which took place when the wound was nearly healed.

STATISTICS OF OPERATIONS ON INDOOR PATIENTS IN WARDS XII. AND XIV. IN THE WESTERN INFIRMARY OF GLASGOW FROM OCTOBER 15, 1892, TILL OCTOBER 14, 1893.

Operation.	Number.	Number of Deaths.	Cause of Death.
Ovariotomy	6	...	... ...
Laparotomy	5	4	1. Peritonitis (hysterectomy). 2. Uræmia (cyst connected with kidney). 3. Uræmia (internal hæmorrhage). 4. Peritonitis (abscess of liver).
Enterotomy for strangulated hernia	1	1	Perforation of intestine.
Nephrotomy	1	...	... ...
Opening pleural cavity for empyæma	1	...	... ...
Herniotomy	3	1	Perforating ulcer.
Radical cure of hernia	12	...	... ...
Taxis for reduction of hernia	1	...	... ...
Trephining skull	8	4	1. Laceration of brain (depressed fracture). 2. Mastoid abscess (never was conscious). 3. Laceration of brain (depressed fracture). 4. Meningitis (mastoid abscess).
Laminèctomy	1	1	Injury to spine.
Lithotomy	3	...	... ...
Sounding bladder	2	...	... ...
External urethrotomy	3	...	... ...
Dilatation of urethral stricture	21	1	Cystitis.
Circumcision	13	...	... ...
Reduction of paraphimosis	1	...	... ...
For hæmorrhoids	7	...	... ...
For fistula in ano	10	...	... ...
Amputations—			
Arm	1	...	... ...
Hand	1	...	... ...
Thigh	9	...	... ...
Foot	5	...	... ...
Fingers and toes	8	...	... ...
Penis	1	...	... ...
Excision of mamma	10	1	Cerebal embolism.
Excision of joints—			
Elbow	9	...	... ...
Knee	6	...	... ...
Hip	1	...	... ...
Passive motion of joints	6	...	... ...
Excision of tumours, cysts, etc.—			
Malignant	8	...	... ...
Adenomata	2	...	... ...
Osteomata	3	...	... ...
Fibromata	2	...	... ...

Operation	Number.	Number of Deaths.	Cause of Death.
Neuromata	1	...	... ...
Lipomata	1	...	... ...
Cysts	6	...	... ...
Glands	3	...	... ...
Sequestrotomy	30	...	... ...
Tarsotomy	10	...	... ...
Tenotomy	10	...	... ...
Reduction of dislocations	1	...	... ...
Plastic—			
For results of canerum oris	3	...	... ...
For harelip	2	...	... ...
For cleft palate	3	...	... ...
Excision of veins	1	...	... ...
Division of adhesions between tendons	1	...	... ...
Tapping, etc.	14	...	... ...
Application of actual cautery	17	...	... ...
Application of electric cautery	7	...	... ...
Incisions, etc., for—			
Abscesses	105	2	1. Uræmia (perinephritic). 2. Tubercular meningitis (lumbar abscess).
Sinuses	17	...	... ...
Mastoid abscesses	2	...	... ...
Empyæma of antrum	3	...	... ...
Cellulitis	9	...	... ...
Cysts	10	...	... ...
Removal of carious bone	35	...	... ...
Curetting uterus	1	...	... ...
Injection of iodine for goître	2	...	... ...
Wounds stitched, etc.	9	...	... ...
Excision of tonsils	2	...	... ...
Avulsion of nails	1	...	... ...
Exploratory	7	...	... ...
Total	489	15	

Mortality = 3·06 per cent.
Operations on outdoor patients = 109
Total number of patients operated on = 598.
Mortality in all cases operated on = 2½ per cent.

SAMPLES OF MORNING'S WORK.

January 27th, 1892—

1. Dislocation of humerus, subglenoid, seven weeks out . . . . Reduced.
2. Dislocation of humerus, subcoracoid, five and a-half weeks out . . Reduced.
3. Dislocation of radius and ulna backwards, six months out . . . Reduced.
4. Talipes varus . . . . . Tenotomy.
5. Large nævus of nose . . . . Electric cautery.
6. Epithelioma of face . . . . Excised.
7. Enlarged tonsils . . . . Tonsiliotomy.
8. Morbus coxæ . . . . . Actual cautery.
9. Adhesions in two fingers . . . Passive motion.

November 9th, 1893—

1.	Ovarian cyst	Ovariotomy.
2.	Vesical calculus	Lithotomy.
3.	Vesical calculus	Lithotomy.
4.	Traumatic stricture	Dilated.
5.	Caries of ulna	Gouged.
6.	Morbus coxæ	Actual cautery.

November 23rd, 1893—

1.	Empyæma	Opening and counter opening.
2.	Radical cure for hernia	Operation (Macewen's).
3.	Suppurating glands in groin	Opened and scraped.
4.	Anchylosed elbow-joint	Excision.
5.	Stricture	Dilated.
6.	Chronic inflammation of middle ear	Mastoid trephined.
7.	Hare lip	Operation.
8.	Removal of tumour from cheek	Operation.
9.	Removal of portion of tumour from interior of bladder	Operation.
10.	Nævus	Excision.
11.	Division of sterno-mastoid for torticollis	Operation.

Some time ago we had twelve operations one morning, with a strangulated hernia at night, and three operations outside, so that my assistant [1] had the unusual experience of administering chloroform sixteen times in one day.

It may prove interesting if we furnish the stimulant list for the same period.

1892-3.	Brandy.	Port.	Sherry.	Champagne.
October 16th to 31st	22	...	...	(Small bottle).
November	8	...	...	...
December	45	...	...	...
1893.				
January	24	...	...	...
February	24	...	...	...
March	8	...	...	...
April	44	...	...	...
May	12	46	...	5
June	28	20	...	...
July	58	48	80	3
August	24	...	4	1
September	24	...	...	...
October 1st to 15th	16	36	...	...
	337 oz.	150 oz.	84 oz.	9 bottles.
Expenditure	51/-	11/6	6/3	30/- = £4, 18s. 9d.

Number of indoor patient operations, 489.

Average cost of stimulants for each indoor operation, approximately, 2½d.

[1] Dr John A. Boyd, now Surgeon to Glasgow Police Force.

Open joint in finger.—An arthritic finger-joint is met with almost daily. Provided the shaft of the phalanx be not dead, the finger should not be removed. Let it be put up in a leaden splint, with gauze dressing, *then a forearm splint.* The finger ought to be semi-flexed, and so fixed—*not straight*, as if anchylosed in the straight position it would prove worse than useless.

The use of stimulants certainly does not lower the death-rate in hospital surgical practice. The amount of brandy used, although small, is chiefly consumed in emergencies, *i.e.*, patients brought in with serious injuries and suffering from shock, or in operations producing a similar effect on the nervous system, such as amputation at the hip-joint, prolonged ovariotomies or hysterectomies. I have never prescribed an ounce of whisky for an hospital patient, and our lowest point was reached last March, when the total stimulant expenditure was 8 ounces of brandy for the month.

Now, gentlemen, I come to a matter which I think is of the utmost importance in hospital management. I mean overcrowding. I plead guilty to having habitually overcrowded my wards. Has it told upon the welfare of the patients or the death-rate? Most certainly not. I have always held to the opinion that the more patients we could pass through our wards, the better it would be for suffering humanity, and better for the funds of the hospital. At the top of each window is a fanlight, and summer and winter, day and night, all those years, a number of the fanlights *on both sides of each ward have been kept open, with the result that there is always a current or draught of fresh air passing through.* Theoretically, this looks dangerous, whilst in reality it is exactly the reverse. It has been frequently observed that patients coming into these wards with a bronchitic cough, cease their coughing in a very short time. *The patients practically sleep in the open air. I here hazard the opinion that wards cannot, in any ordinary circumstances, be overcrowded, where this simple plan of ventilation is strictly carried out.* All of us spend more time in the bedroom than in any other room in the house, and surely it ought to be the best ventilated apartment. The bedroom window of the writer has not been shut for many years, either summer or winter. That this, were it universally adopted, would prove to be the most efficacious of all sanitary laws, I have not the slightest doubt.

As to the amount of work, this could not have been accomplished single-handed; it was physically impossible.

To my most able non-resident assistants, Dr Knox, now professor of surgery in St Mungo's College; to Dr James W. Downie, now lecturer on diseases of the ear and throat in Glasgow University; to Dr Macartney, now surgeon in the Cancer Hospital; and to Dr Robert Kennedy, surgeon to the Western Infirmary Dispensary, I return my most grateful thanks for their never-failing assistance in many a prolonged morning's work.

John Baird died at his brother's home in Greenock 30 July 1898.

on WL 118 No 5