

**THE MEDICAL BRIEF, A
MONTHLY JOURNAL OF
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X, AUGUST, 1882, NO. 8**

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Various

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VOL. X.

ST. LOUIS, AUGUST, 1882.

No. 8.

[For the Brief.]

**A Gun-Shot Wound of the Thigh—
Traumatic Aneurism—Spontaneous
Rupture—Amputation—Death—
Questions in Reference to Treat-
ment of the Case.**

BY LOUIS BAUER, M. D., M. R. C. S., ENG.

Prof. of Surg. St. Louis Col. of Phys. and Surgs.

EDITOR MEDICAL BRIEF:—One of the most worthy, studious and talented graduates of the St. Louis College of Physicians and Surgeons submitted to my opinion the following surgical case:

“The man, S., was shot with a 32 calibre pistol ball at about or a little below the junction of the middle with the upper third of the thigh. The ball passed immediately beneath the femoral artery and was extracted from the opposite side. It fractured the bone in its passage. Twelve days after a traumatic aneurism formed that ruptured three days later, and the limb was amputated. The patient died in six hours.

There are some points in the management of the case about which I should like to have your opinion.

1. From the time of the injury until the bursting of the aneurism the tem-

perature was never above $99\frac{1}{2}^{\circ}$ Fr.; the pulse never above 90°; the patient always feeling comfortable; there was no suppuration. On the day of amputation the plug in the wound had just began loosening; a little serum was exuding from around it. Appetite good. The man had a splendid physique, but I think had had syphilis. I was called in consultation at an early day. Physic, (long) splint and extension were applied. When the aneurism and its dangers were recognized, the question arose, how to avert its rupture? I suggested digital pressure above the aneurism. My (three) colleagues dissented without giving cogent reasons. We found the bone badly fractured for six inches.

Would you be good enough to give me your opinion as to what measures should have been adapted?”

The writer of the letter has given his assent to the publication of my opinion. The names of the attending surgeons have, for various reasons, been omitted. Questions of surgical practice are involved.

I seriously doubt whether the ball had injured the artery; hemorrhage would

have immediately followed, demanding surgical interference. The fact that the aneurism made its appearance as late as the twelfth day already indicates that it is attributable to consecutive conditions.

You say that the bone was badly fractured to the extent of six inches, meaning, perhaps, that it was reduced to small fragments. Their exact replacement in a powerful limb must have been a matter of physical impossibility. Not unlikely a fragment of bone was lodged near and pressed against the femoral artery, causing its rupture, by either gradual attenuation or ulceration of its walls. The ensuing traumatic aneurism ought to have been treated at once. There was no relevant reason for delay. The eventual rupture of the aneurism must be ascribed to inexcusable temporizing in the case. You, my young friend, suggested digital compression. For the time being, and until the preparation for the indicated incision had been completed, the advice was right good. But if you meant to cure the aneurism by compression, you expected more from its effect than was warranted.

Compression can hardly be persisted in without interfering with the recurrence of the blood through the veins. Consider the condition of the patient in detail. The integrity of the arterial walls were interfered with by a fragment of bone. If you succeed in forming a thrombus, which is not so sure either, you expose the same to continuous irritation, and create a vital disturbance which must prevent its permanent organization. And if the latter fails, the escape of more blood would seem inevitable. Next you have a blood clot to deal with, which is not enclosed by any of the coats of the artery, as in true aneurism, but surrounded by muscles and interstitial connective tissue. With bone-particles in its immediate neighborhood as an irritating cause, inflammation and suppuration would seem inevitable.

Last, and not least, the interference with the venous circulation must have brought new trouble with the repair of the co-existing fracture.

You perceive that there were complications in the case, not usually encountered in bone aneurism; hence digital compression could find but a circumscribed application. I should have applied Esmarch's bandage, made a free incision into the aneurism, cleared away the coagulum, exposed the artery and closed its tension by ligature above and below the arterial perforation, removed all bone-detritus, and treated the case as compound and comminuted fracture, on the double inclined plan. Of course the whole procedure, from beginning to end, under antiseptic appliances.

It is impossible to say whether the patient's life could have been saved, but I feel persuaded that he would have had far better chances of life than by delay and eventual amputation.

St. Louis.

[For the Brief.]

The Increased Popularity of Ravenden Springs.

EDITOR MEDICAL BRIEF:—Ravenden Springs are rapidly taking their position among the health and pleasure resorts of the country. The scenery surrounding the Springs is grand; the air is pure, high and dry. The luxuriance of vegetation and the rich agricultural advantages of the country charm the visitor. The water of the Springs possess rare curative and tonic properties, beneficial to the healthy and the sick. This water has a specific action upon the digestive and assimilative organs; also upon the organs of urination. In so much that notwithstanding I have observed its action ever since the discovery of these Springs, I have never seen any sufferers here with any of the forms of dyspepsia or diabetes who have not been benefited.

A. G. HENDERSON, M. D.
Ravenden Springs, Ark.

[For the Brief.]

**Chloral in Puerperal Convulsions—
Replies to Queries.**

EDITOR MEDICAL BRIEF:—Dr. G. C. Smith, in *May BRIEF*, while justly censuring the three-fourths grain doses of morphia hypodermically, in puerperal convulsions, recommends twenty-five grain doses of chloral hydrate every half hour for three doses, as advocated by Dr. Poe, in *March BRIEF*. I do not believe the above dose is a safe one. Dr. Greaves, of Minnesota, in *May BRIEF*, page 255, speaks of giving a drachm each of chloral and pot. bromide to one patient during one night, and further adds, "and frequently a drachm or a drachm and a half of the chloral would not affect him," etc. Well for the patient that it would not affect him. I do not believe that it is policy for us to give such doses, as the chances are ten to one that the patient will quietly return to the original elements.

Would advise Dr. T. A. Taylor to use gelsem. tinct. to full physiological action in his case of dysmenorrhœa, reported in *May BRIEF*, page 228.

On same page, same number, would diagnose for Dr. C. E. Danforth, of Michigan, the trouble mentioned, as gout. Treatment, colchicum. The following is a good combination:

R. P. Aloe soc. 4 grains.
Hydrarg. Chl. M. 4 grains.
Ext. Colchici Acet. 4 grains.
Ext. Nucis Vom. 1 grain.

M. ft. pil. No. 4. Sig.: One every four or five hours till purging is produced.

Would ask Dr. W. J. Reeves, of Georgia, if he has vomited his patient for foreign body in the stomach?

Binghamton, N. Y. MEDICUS.

[For the Brief.]

Chronic Hepatitis—Intermarriage.

EDITOR MEDICAL BRIEF:—For the information and benefit of our correspondent, Dr. M. McLane, of Dwight, Ill.,

I will give the following, as in a practice of forty years in the treatment of chronic hepatitis, with general inaction of the secretory organs, I have found nothing better: Twenty grains of Lactopeptine, after meals; Listerine, usual dose, at nine a. m., three and eight p. m., with the following laxative pill:

R. Ext. Colocynth Comp. 4 grains.
Podophyllin. 15 grains.
Ext. Belladonnæ 15 grains.
Ext. Hyoseyami. 15 grains.
Ext. Nucis Vom. 15 grains.
Ext. Black Hellebore. 15 grains.

M. Div. Chart, thirty Pills. Sig.: One pill half-hour after each meal.

On page 249, *May* number, physician on consanguineous marriages advocates the doctrine, as he advises first cousins to intermarry. He should not let his sympathy and better judgment overcome his pathological scientific attainments. It seems to me that he has started a stone to rolling up hill, and given bad advice to his young friends. We have but to investigate the history of the past, both in Europe and America, to convince us that such a course would weaken, and if persisted in, fill our asylums with succeeding generations. Examine the entire animal and vegetable kingdoms and we find in close unions deterioration in mental and physical organization, idiocy, blind, deaf, and dumb degeneration of entire families. Suicide, disease, and weakened intellect are some of the fruits gathered by marrying cousins, etc.

W. T. CLELAND, M. D.
Kewanna, Ind.

[For the Brief.]

Incontinence of Urine.

EDITOR MEDICAL BRIEF:—In my formula for incontinence of urine, in *May* number, the amount of strychnia sulph. should have read: grain one-half, or grain one, instead of grain one and one-half.

M. T. STONE, M. D.
Troy, N. Y.

[For the Brief.]

Venus and Bacchus.

BY JOS. L. BAUER, M. D.,

Lecturer on Genito-Urinary Surgery and Syphilis
in the St. Louis Col. of Phys. and Surg.

EDITOR MEDICAL BRIEF:—The treatment of this affection is to be divided into two separate and distinct stages: 1. The disease itself. 2. Its effects.

The first is to be sub-divided into two therapeutic indications: 1. The moral or psychological. 2. The mechanical treatment.

It very frequently falls to the lot of the general practitioner to treat onanism in its incipency. In fact, the specialist is more often called upon to treat its effects. Now, it is very important to understand upon what hypothesis our moral therapeutics are based. For this reason we ask ourselves: 1. How does the disease originate? 2. In what does it chiefly consist.

Excluding the mechanical causes, such as elongated prepuce, pruritus ani, rectal ascariides, etc., we are compelled to acknowledge, that youth of both sexes, practice this vice by imitation. To be more explicit, they see others do it, and follow the same course. And it has been my experience that boarding-schools are very fruitful in such cases. Indeed, I well remember that when I attended a boarding-school on Long Island three-fourth of the school were "at it," and had really transformed it into a "masturbating mill," instead of an educational institution, and this under the very eye of "Sweet hour of Prayer" and "biblical instructions."

Having seen and practised onanism, the young man or woman becomes a slave to it. The habit grows with age; reason, as a rule remains, but volition is destroyed. Herein, therefore, lies the therapeutic essence. Those physicians that look upon onanism as a trifle have lost sight of this fact. They

assume that reason should be enough to control and influence the onanist. But this is fallacy! Whoever has treated many cases of this character is fully assured that the onanist thoroughly realizes the depraved and unfortunate creature he is; he will reason and argue with you, but will invariably demand that you do something for him. Now, what can you do for him! You know that his will-power has been isolated; that he wishes to stop but can not. I have invariably advised him "to see a woman." If he is a young man of strong moral tendencies, this advice is repulsive, for he has learned the commandment that teaches, "thou shalt not commit adultery." If he has means let him marry; if he can not, he "must see a woman," else his onanistic tendencies will surely drive him to commit some desperate act, or he may become impotent or suffer from spermatorrhoea. Either horn of the dilemma is bad. There is a maudlin sentiment that has endeavored to influence the physician in his calling. Moralists condemn this species of advice as they condemn the use of liquor in disease lest the habit may grow. This is all foolishness. I agree with a prominent clergyman who says, that he would take the "bull by the horns" and would advise natural coitus, in preference to his son suffering untold physical and mental agonies in consequence of onanism. But I say, it is a difficult task; the young man says he can not; he has lost his virile powers; he loathes the sight of a woman; shame has overcome him; he fears some contaminating disease. We must assure him, we must even advise a personal examination of the woman—inform her of the young man's condition. He must be told to try, try again, if first efforts are unsuccessful. The result of such advice is favorable in the majority of cases. If you can feel that you have rendered the life of such a man a pleasure instead

of a burden, you can afford to accept whatever moral blemish false ethics may desire to heap upon you.

The following case is pointed and illustrates the effect of bad and good advice:

A young man, about fourteen years of age, was sent to a boarding school, presided over by a strict Presbyterian divine. A butcher's son, who may be credited to the hoodlum element of society, found his way there, and set an example which others followed. The patient in question had masturbated for four years when he was detected by his mother. She, in the goodness of a mother's heart, advised tenderly and kindly, suggesting the results of a continued practice. The young man felt and knew the correctness of it, but he was a slave in his own hands, and could not if he would. The practice continued; the father was made aware of it. He, with stern reality staring him in the face, attacked the boy with all forms of threats. This did not avail. At last he was infibulated. This lasted three months. As soon as the ring was withdrawn the practice was renewed. Full of despair, he consulted a physician, who was a personal friend. He advised coitus. The advice saved the young man's life.

Infibulation is a good thing where reason as well as volition has been dethroned. In other words, if a young man has become semi-idiotic in consequence of onanism, infibulation is undoubtedly the very best remedy. But it is of very doubtful propriety in those cases where the mental faculties have not been greatly disturbed.

In the case of H. L., reported in the June number of the *BRIEF*, the following treatment was resorted to. In order to relieve the hyperaesthetic condition of the urethra, it was necessary to attend to the abnormal contraction and narrowing of the urethra. To this effect I

resorted to dilatation. Finding that I could not dilate the anterior stricture sufficiently, I incised the meatus externus and succeeded in introducing a number 32 French. The supposed membranous narrowing was not interfered with. Leeches were applied to the perineum, and ice suppositories in the rectum. The negative pole of the galvanic battery was introduced into the urethra, and the positive upon the lumbar spine. Injections of the aqueous ext. of opium by means of my syringe, the cut of which is here appended. This syringe can be procured at A. M. Leslie's. I have met the objections suggested in a former number of the *BRIEF*, and have made the cylinder smaller.

Other effect of masturbation will be considered in my next.

St. Louis, Mo.

[For the Brief.]

Answer to Queries.

EDITOR MEDICAL BRIEF:—In response to J. H. McCarty, M. D., Jefferson, Ga.: I judge the lady inherits a tuberculous diathesis, with possibly a distant trace of syphilis. The indications in the case are: First, to see to it that all the natural secretions are correct. If requisite, prescribe buchu, rhus aromatica, and belladonna for the kidneys; blue mass or jaborandi for the liver. For regulating the menstrual functions, cimicifuga or pulsatilla. Your judgment must decide to what extent the remedies should be used. When the secretions are correct, then address your remedies to the local trouble. For a mouth wash, use a solution (not too strong) of water, chlo. pot., glycerine and carbolic acid, twice daily, alternating every third day with a solution of benzoate of soda. For internal administration, iodide pot., syr.

