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THE KANSAS CITY

MEDICAL JOURNAL.

APRIL, 1875.

Ligature of the Femoral Artery: Death from Clot in the Pulmonary Artery.

By J. D. GRIFFITH, M. D., Kansas City.

The following case occurred in Bellevue Hospital, New York, in 1873, while I was one of the Resident Surgeons of the Hospital, and was under my exclusive control.

F. B.—. Age 52. An Irishman by birth. Occupation, carpenter. Family history good. Patient, when 14 years of age, had typhoid fever; at 20 years of age had a Hunterian chancre; this was followed by secondary and tertiary symptoms. Had gonorrhœa several times; no stricture.

On August 1st received a wound of right thigh, being inflicted by a ball from a small Smith & Wesson pistol, entering at about the junction of the lower and middle third of the anterior surface, passing through the muscles and lodging just beneath the integument posterior to the internal hamstring tendon, from which the ball was easily removed by a small incision through the skin.

Examination of the wounds on August 7th shows them capped over, no suppuration seemed to have taken place along course of muscle.

August 8th. This morning, at 5 A. M., got up and went to water closet. Noticed that his "thigh was stiff on walking." Suddenly felt something give way in the lower portion of his thigh, and at the same time experienced very sharp pain at the site of Hunter's canal. Noticed very soon that the thigh was becoming enlarged and more and more painful.

6 A. M. Thigh hard—pulsation distinct, also bruit over Hun-

ter's canal—pulsation distensible. Patient wears an anxious expression, and is suffering from shock.

10 A. M. Pain very severe, pulsation very much more marked. Limbs enveloped in cotton batting and bandaged. Ordered Magendie's solution *Min. x. hypodermically*. Digital compression of the Femoral artery commenced, point for compression being just as the vessel passes over the pubic bone. Pulsation easily controlled.

3½ P. M. Foot cold; circulation very feeble; ordered hot bottles and head of bed elevated. Patient continually calling for water, and complains of intense pain in the leg. Ordered pil. opii gr. j. Temp. 100°, pulse 88, resp. 20. Pulse full and soft.

5 P. M. Two "Motts'" tourniquets having been secured, one being applied about Poupart's ligament, and the other at the apex of Scarpa's space, they are tightened alternately; by this means the circulation is easily controlled. Ordered beef tea and light stimulants.

August 9th, 3 A. M. Very wakeful, otherwise doing well. Pulse 90, full and strong. Ordered McMunn's Elixir Opii *Min. xx.*

9 A. M. Temperature 100°, pulse 90, resp. 24.

Compression kept up by means of Mott's tourniquets until 4 P. M. (just thirty hours), when I noticed that with all the pressure that could be brought to bear on the artery, there was a very perceptible wave over the site of aneurism, showing the establishment of collateral circulation.

4:30 P. M. Patient put under the influence of ether (one ounce of brandy having been given). I made an incision about six inches in length over site of Femoral artery, beginning about the junction of the upper and middle third of anterior surface of thigh. Centre of incision resting upon point where track of bullet crossed line of artery. Dissecting down and turning out clots, the vessels were found and sheath opened. A ligature was passed around the artery and tied just as the vessel enters Hunter's canal. About half an inch below this point an opening (oval in form and about two lines in diameter) was found inside of artery. A ligature was then placed around vessel about half an inch below the opening, from which blood was flowing freely. After excising a portion of the vessel between the ligatures, I found that hemorrhage still continued from the lower end. On further examination, a large branch was found, opening just above the lower liga-

ture. This being tied the wound appeared dry. Edges of wound were brought together by silk sutures, reinforced by adhesive straps. Compresses of dry lint were placed on either side of wound and leg enveloped in cotton batting. Operation lasted one hour and twenty minutes, during which time two pounds of sulphuric ether was used. Hot bottles placed around body, legs and feet, and stimulants ordered. Pulse 110—comfortable.

8 P. M. Complains of a great deal of pain in leg. Ordered Elixir opii, *Min.* xxv. Some disposition to vomit.

9:30 P. M. Pulse quick and feeble. Patient restless; great thirst; vomits everything.

11 P. M. Vomiting still continues. Gave hypodermics of alcohol (*Min.* xxx) every ten or fifteen minutes, under which the pulse came up well.

12 P. M. Ordered enemas of beef tea and brandy. Complains of a great deal of pain from knee down to toes, especially along crest of tibia. On examination the foot and leg found cold; no pulsation in anterior or posterior tibials. Ordered hot bottles and head of bed elevated; also Magendie, *Min.* xiii.

Aug 10th, 1 to 3 A. M. Patient rested quietly. No pain; foot and leg still cool; injections of beef tea and brandy continued. Pulse 126—compressible.

5 A. M. Patient asleep. Pulse 120; better in character; leg and foot feel warm. Treatment continued.

9 A. M. Temperature 101; pulse 124; respiration 22. General condition better; takes nourishment by the mouth.

12 M. Regurgitates food; enemas renewed and continued at intervals of 30 minutes.

8 P. M. Temperature 101½; pulse 138; resp. 24. Quiet; no pain; foot warm; sensation not returned. Takes food now by the mouth; no vomiting.

August 11th, 7 A. M. Spent a very good night. Pulse 110, full and strong. Circulation in foot good.

7:30. Vomited greenish matter; profuse sweating; hands becoming cold; pulse 160, and hardly perceptible. Temp. 99½; resp. 24 and very superficial. Ordered stimulants, sinapisms and hot bottles, but all to no purpose.

POST-MORTEM EXAMINATION.—Heart very much dilated. A firm clot, occupying almost the entire calibre of the pulmonary artery and extending to its secondary branches.

Lungs---Very deeply congested.

Liver-- Small---nutmeg.

Spleen---Small, firm.

Kidneys---Arrangement good.

Examination of the vessels showed that the veins had not been interfered with in any way by the ligatures, but along the course of the femoral, in several places, a calcareous deposit could be seen in the coats of vein.

The question would arise in reviewing this case: Why the aneurism did not show itself sooner? We notice a lapse of seven days before a single unpleasant symptom was developed. In reply, these explanations can be offered: First, that the ball cutting the sheath of, and passing near or grazing the coats of the vessel, so as to kill them at this point, a slough followed; or, second, that the vessel coats being cut through by the ball, a clot of blood plugged the opening, and, on the morning of the 8th, while exerting himself by walking, this was dislodged.

As to the cause of the clot in the pulmonary artery: One of the veins which open into the femoral having been wounded during the operation, or its circulation interfered with during the compression, became plugged by a thrombus, which, after extending into the femoral, was torn away by the stream of blood and lodged in the pulmonary artery; or the atheroma of the pulmonary artery and calcareous deposits in the veins, gave rise to a thrombus or an embolus; or the combination of the latter cause with the dilated heart, rendering the circulation very feeble.

A Case of Complicated Labor.

By A. C. CHRISTY, M. D., Sedalia, Mo.

On the 6th day of April, 1874, about 6:30, P. M., I was summoned to see Mrs. B.—, and found her in labor, at term, with fourth child. On entering the sick chamber I learned, from the midwife in attendance, that she had been in active labor from an early hour in the morning, and that the liquor amnii, had been evacuated soon after labor commenced.

Seeing that she was suffering with violent pains, of an expulsive character, I immediately made a digital examination and discovered, to my surprise, the following curiously complicated form of presentation: The right hand of the child protruded between the labia, and by tracing the arm, I found the right shoulder also,

and with it the vertex and right foot, wedged down and fully engaged at the superior strait. The vertex was directed to the right acetabulum, the right foot towards the left ilio-sacral symphysis, and the right shoulder lay between the vertex and foot. The pelvis seemed to be well formed and large.

Having made this diagnosis, and feeling the weight of responsibility resting on me, in view of the nature of the complication, and the further fact that the liquor amnii had escaped at an early hour in the morning, I concluded to have counsel before attempting delivery, and called in my friend, Dr. Mayfield, who promptly responded. The Dr. made an examination, and verified my diagnosis of the case. The woman was in good condition for operative procedure, being cheerful, with temperature, skin, pulse, and respiration normal.

Our first attempt was to return the foot. After repeated efforts by both of us I succeeded at length in doing so. We next endeavored to return the arm, and after many failures, relieving each other by turn, I with much difficulty, replaced the hand and arm. Dr. Mayfield now manipulated the vertex, and thought it was descending somewhat, after which, on relieving him, I found labor progressing favorably, and in a few minutes I delivered her of a living, healthy female child, of medium size.

The mother made a speedy recovery, and the child also did well.

**Addresses Delivered at the Fifth Annual Commencement
of the Kansas City College of Physicians and Surgeons.**

ADDRESS OF J. V. C. KARNES, A. M.

In the whole range of human learning, no department presents so strange a history as that pertaining to medicine, considered as the art and science of curing disease. Standing as we do to-day in the full light of our advanced civilization, it is difficult to believe that according to the ordinarily accepted chronology, for nearly four thousand years after the creation of the race, amid all the wisdom and philosophy of Oriental learning, no single individual had ever made any rational examination and investigation of man's own physical organization. All along the line of ancient history, both sacred and profane, until within a period of five or six centuries before the birth of Christ, we find that it was the accepted theory that all diseases were but the manifestations

of the wrath of some offended deity, whose anger was to be appeased by sacrifices and religious ceremonies. During that long period, we read in their architecture, their poetry, and their philosophy, that a grand progress was making in human development. Two of the great empires of antiquity had risen in their splendor, shedding their light to the utmost boundaries of the then known world. Moses had written; David had sung; Solomon had taught; Babylon and Nineveh, in all their grandeur, had been built; Egypt had raised her lofty pyramids; great armies had been marshalled, and a thriving commerce had grown up. The nomadic tendencies of an early civilization were disappearing; schools had been opened and libraries established; governments had been founded and many wise laws had been enacted. Their philosophers had taught of the creation, and in the yearnings of the soul for immortality they had peopled all nature with their divinities; and still, with all this, of themselves and of whatever pertained to their own physical well-being, they were as ignorant as the Bedouin of the desert. Like the other animals, they were conscious of the pangs of hunger and of the gratification of the appetites; but of the process of digestion or of the existence of the circulation, of the functions of the heart or of the lungs, or of the relation between the pulse and the condition of the system, or of the connection between mind and matter, or of a delicate nervous organism susceptible to every outward influence—of all these they had no conception. Though their gory victims lay festering upon a thousand battle-fields, or in the arenas of their cruel games, not a dissection had been made; and with no regard for the living, the bodies of the dead were as inviolate as the sanctuary of the temple. Hence anatomy remained a sealed book. Their materia medica consisted of the vain babblings of the priests, and the oracles of the gods was their pharmacopœia. They sought to alleviate the pangs of disease, and to quench the fires of consuming fevers, by charms and incantations, and when pestilence stalked abroad, reaping a rich harvest in their crowded cities, they erected their temples to Apollo, built their altars and laid upon them their votive offerings.

Such was the strangely incongruous development characteristic of the earlier civilization, and hence when the science of medicine began to emerge from this darkness of religious superstition, so slow was its progress, and its early history so shades off into the misty uncertainty of heathen mythology, it is difficult to