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EDITED BY ANDREW WYNTER, M.D.

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[NEW SERIES.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

UNIVERSITY COLLEGE HOSPITAL.

I. STRICTURE: SYME'S OPERATION: ALARMING SYMPTOMS FOLLOWING THE USE OF AMYLENE.

Under the care of J. E. ERICHSEN, Esq.

J. J., a middle-aged man, was admitted, under Mr. Erichsen's care, on account of stricture of the urethra, for which he had long been a patient at this Hospital. Every possible means had been adopted for the relief of this condition, but all had failed; as, though Mr. Erichsen was usually able to pass a catheter and dilate the stricture to the size of No. 5 or No. 7, the instrument never would pass with sufficient ease to enable the patient himself to use it, and the urethra soon contracted again to its old dimensions. The patient, who is an exceedingly intelligent fellow, was anxious to have an operation performed four years ago, in consequence of seeing another man in the Hospital on whom this treatment had been successfully adopted; and accordingly Mr. Erichsen at that time performed Syme's operation. It was not possible, however, after the operation, though the wound healed kindly, and all other things went on well, to pass a catheter larger than No. 7, and no permanent benefit resulted from it. On this and on two other occasions the patient inhaled chloroform, but suffered so much from the vomiting induced by the anæsthetic that he had a great horror of it; and, on the present occasion, as the stricture was as obstinate as ever, and the only prospect of benefit seemed to be from its division, he was inclined to submit to this operation without any anæsthetic. As it was believed, however, that amylene would be less likely to induce vomiting or other serious symptoms, he was persuaded to inhale this drug. Accordingly, on March 18th, amylene was given in an inhaler, and Syme's operation was performed in the usual manner, with the sole modification that Mr. Marshall's staff was used instead of the ordinary Syme's staff.

The operation did not offer anything to call for special observation. It was accomplished without difficulty. The patient, however, seemed to resist the action of the amylene, and it is noted that it was half-an-hour before he became insensible. There was considerable congestion and much struggling, and he affirms that though in a condition resembling intoxication, he felt and can remember the whole operation, and has since recognised some persons present whom he had not seen before. When seen an hour afterwards, he was quite comfortable and free from pain; his pulse of its usual strength. At 8 p.m., however, having been quite comfortable a few minutes before, he was seized with severe rigors and nausea, which soon terminated in vomiting. He was violently convulsed, paid hardly any attention to things around him, and was in a state of the greatest distress. Calomel was given, as it had controlled the vomiting after chloroform; but it now failed to check the vomiting, which continued at very short intervals during the night, accompanied by intense thirst, so that he drank between thirty and forty tumblers of cold water. During March 19th, the vomiting continued, but not so frequently. He complained of intense headache, and passed only a very small quantity of water during the day. He was ordered a grain of opium every four hours, and stimulants both by the mouth and in enemata. The vomiting, however, persisted, and next morning (March 20th, 4 a.m.) he was in a very alarming condition. Only a few solitary beats of the pulse could be felt occasionally. The lips were livid, the skin clammy, the extremities cold. As the sti-

mulants would not remain on the stomach, frequent injections of brandy and water were given, and appeared to be of service, as in a few hours he was somewhat relieved of the pain in his head, the pulse in the carotids was perceptible though weak, and the skin warmer. The vomiting, however, persisted. As he was getting under the influence of opium (as evidenced by the pupils), this drug was omitted, and an effervescing saline draught ordered with a view of checking the vomiting. This, however, failed, and was therefore discontinued. He had passed no water since the last note. Blisters were applied to the loins. In the afternoon, he was put into a hot bath (at 105°) for eight minutes. This did not increase the faintness. It is noted that the odour of the amylene still remained about him. In the evening a quart of warm water was injected into the rectum. He was now evidently recovering. The radial pulse could be clearly counted 112, and he was not so livid. Next morning, he had passed a small quantity of water, after suppression of urine of fifty-four hours duration, the urine passed being very albuminous. Before the operation, it had been found healthy. The vomiting still continued, but was mitigated. It is not necessary to follow this case further into detail. The vomiting continued at short intervals for more than a week after the operation, and resisted all medicinal agents, but the general condition improved steadily; the pulse regaining its natural force, and the urine coming in proper quantity, and losing its albuminous character. He was last seen on April 17th, and said that he still recalled the taste of the amylene occasionally, and still suffered at those times from nausea. His general health, however, is completely re-established.

Meanwhile, everything connected with the operation had been going on perfectly well. A fortnight after the operation, No. 8 was passed with ease, and soon followed by No. 10. The wound is now nearly closed, and the patient passes a full stream of water; which he had not done for five years before.

REMARKS. This case is of special interest at the present moment, when the attention of the profession has been strongly excited by a fatal case of the administration of amylene, which has lately occurred in London, in the practice of Dr. Snow, and the details of which have been laid before the public by that gentleman, with his usual candour and accuracy. It is to be noticed that, from some peculiarity in the patient's constitution, he had been found particularly liable to suffer from the use of narcotics. Still, the symptoms which had followed the inhalation of chloroform, though so severe that he deliberately preferred the pain of an operation, had not excited any fears for his life. On this occasion, however, his condition was at one time desperate; and it was only by the most vigilant attention, and the constant exhibition of stimulants, that he was rescued from the alarming state of prostration into which he had fallen. The indications for the treatment of the case were sufficiently simple; for the vomiting was found to be quite uncontrollable by any medicinal measures, and, although all the usual remedies for this condition were of course employed, his recovery was owing mainly to his being kept alive by the stimulants while the system was gradually freeing itself of the anæsthetic vapour.

Another interesting point in this case is the long continuance of suppression of urine. Whether this symptom was also due to the poisoned state of the blood may be matter of doubt; but, as it had not followed the previous operation, such an opinion is at least probable.

The operation hitherto appears to have been perfectly successful, and there is every prospect of the urethra remaining permanently dilated.

II. APPLICATION OF SULPHATE OF ZINC AS A CAUSTIC IN CANCER OF THE CLITORIS AND INGUINAL GLANDS.

Under the care of J. E. ERICHSEN, Esq.

[From notes by I. M. Down, Esq.]

This case has been already reported as far as it had gone. The caustic was reapplied on February 5th, and again on February 23rd; and the surface, as the slough came away, was dressed with red wash. The abscess in the groin healed entirely, and the

services as the medical officer of the Weymouth district of the Weymouth Union. "I am, sir, your obedient servant,

"N. W. GREY, *Secretary*.

"To Richard Griffin, Esq."

ON SOME ALLEGED ILL EFFECTS OF AMYLENE.

LETTER FROM JOHN SNOW, M.D.

SIR,—I shall be obliged if you will allow me to make a few remarks on the case of operation for stricture by Mr. Syme's method, reported at page 331 of your last number. The operation was followed by some severe symptoms which the reporter of the case attributes to the amylene which had been inhaled. The symptoms, however, were such as are occasionally produced by operations on the urethra, more especially by the operation in question, and are not such as amylene, or any analogous substance has been known, or would be likely, to produce. I have seen very similar symptoms to those which occurred to Mr. Erichsen's patient follow the introduction of bougies, with some bleeding from the urethra—the convulsions only were wanting. I should wish, however, to call particular attention to the following passage in a paper by Mr. Syme on the treatment of strictures of the urethra by external incision. (*Medico-Chirurgical Transactions*, vol. 36, p. 260.) "A curious train of nervous symptoms sometimes present themselves, to the great consternation of all who have not previously witnessed them, or are unaware of their nature. They occur most frequently soon after the catheter is withdrawn, and appear to depend on the urine resuming its natural course, but have also been observed at an earlier period. They have never, so far as I know, lasted more than thirty hours, and seldom continue above half this time. They consist of rigors, bilious vomiting, coldness of the extremities, suppression of urine, and delirium. They require no treatment, and do not seem to admit of being alleviated or curtailed by opiates, stimulants, or other means of remedy, requiring merely a little time for their disappearance, so that the only cordial of any service is a confident assurance on the part of the surgeon that there is no ground whatever for the slightest alarm or uneasiness."

I have administered amylene in 146 cases without ever meeting with any of the symptoms which occurred in Mr. Erichsen's case, except simple vomiting without depression, and that not a quarter so often as happens after chloroform. Amylene has also been largely used in France without producing any such symptoms as those which Mr. Syme describes, and which occurred after the operation in question. Amylene resembles chloroform very closely in its effects—more closely, indeed, in one respect, than could be desired—that of its power to cause sudden accidents; but chloroform, so extensively as it has been used, has not been known to occasion suppression of urine, or the train of symptoms connected with, and caused by, the congestion of the kidneys and suppression of urine which occurred in Mr. Erichsen's case. Amylene bears a great resemblance to nitrous oxide gas, both in the symptoms it produces, and in the promptitude with which its effects come on and pass off; but although this gas has been breathed for amusement, during almost sixty years, it is not recorded to have produced such a train of symptoms in any case as were met with after the operation under consideration.

Apart from all the experience above alluded to, it would be extremely unlikely that a medicine, whose physical properties compel it to pass away in the breath, with the exception of a minute trace, in a few minutes, should produce a fresh set of serious symptoms hours afterwards, the patient having been well in the mean time. It would be as if the effects of alcohol or opium should return after a few weeks. With regard to the term poisoning of the blood which occurs in the report to which I have referred, the blood may be said to be poisoned as long as any trace of a medicine or condiment remains in it; but a few hours after a patient has inhaled amylene his blood is not more poisoned by it than that of the surgeon and his assistants was at the time of the operation. The important poisoning of the blood in Mr. Erichsen's patient arose from the retention of excrementitious materials which the kidneys failed to eliminate, and the convulsions seem to indicate that the urea was decomposed into carbonate of ammonia. Sufficient particulars are not related, with regard to the vomiting which followed the previous operations, to enable one to form an opinion as to whether it was caused by the chloroform or not; but it is not improbable that it was due in a great measure to the operation. Vomiting is a symptom which used to occur

after operations, now and then, before chloroform was used; and this agent, besides the vomiting which it undoubtedly occasions, has often to take the blame of that produced by other causes, such as a dose of opium, loss of blood, morbid poisons, and derangement of the renal and other functions occasioned by an operation. I am, etc. JOHN SNOW.

18, Sackville Street, April 1857.

MR. FOX AND MR. TAYLOR.

LETTER FROM L. O. FOX, ESQ.

SIR,—I have at length made Mr. Francis Taylor "break cover", but he "ran very short", as sportsmen have it, and is "gone to earth". "He dies, and makes no sign," etc., etc.

Will you be so good as to insert the following notes? I could not ask to occupy your pages with comment. I do not think, however, that you will withhold *your* opinion on this matter.

I am, etc., L. OWEN FOX.

April 28th, 1857.

"To Mr. Francis Taylor.

"SIR,—Lest my public appeal to you should escape your notice, I forward a copy of one of the journals of this day's date, containing my letter addressed to you. I trust you will lose no time in replying thereto. Should you persist in being silent, I shall take such other steps in the matter as I may be advised.

"I may mention, that this note will probably be published.

"I am your obedient servant,

"L. OWEN FOX.

"April 25th, 1857."

"To L. Owen Fox, Esq.

"SIR,—I have studiously avoided reading, and therefore answering, any of your correspondence in the medical journals, and I intend to continue to do so. I therefore return the periodical you sent me unopened, and decline all further correspondence on the subject to which your letter refers.

"I am, sir, yours faithfully,

"FRANCIS TAYLOR.

"Romsey, April 27th."

UNQUALIFIED PRACTITIONERS.

SIR,—As a member of the British Medical Association, will you be kind enough to give this a place in the JOURNAL, and give me or your numerous readers a reply to the following questions?

You are aware that a host of unqualified practitioners abound in every neighbourhood throughout the length and breadth of the land; and such is the bold license they now take, that they stop at nothing to carry on their nefarious schemes. The Apothecaries' Act of 1815 was to have effected wonders—and it certainly has; but it has of late lain dormant, while the framers, and those who ought to carry out its powers, are every week cager enough to pocket the gold for a useless piece of paper, because they do not grant us that protection which they are enabled to give. I can only say, rather than they should have received my *six guineas*, I would have paid £30 for a more honourable diploma.

I have been induced to make these remarks, because, in my own vicinity alone, there are parties practising as general practitioners in the *three branches* who have no qualification whatever. One or two instances have been fully reported to the Society at Rhubarb Hall; but they refuse to enforce their powers, making every frivolous excuse; and then say "their funds will not allow" them to carry out a prosecution! Pray what becomes of the funds which are weekly received?

Can A, only a druggist, but practising generally in the *three branches*, be put down? Can B, holding only a College diploma (London) since 1830, be prosecuted, although he holds a union practice? Can C, of late only holding a diploma from the Edinburgh College of Surgeons, be allowed to practise without the Apothecaries' license? Is it lawful, under the Act of 1815, for a person to practise in the *three branches* with only a St. Andrew's diploma? Lastly, can B, C, and D, recover any charges for *medical cases* purely?

Your attention, at your convenience, to the above will oblige, sir, yours, etc.,

DELTA.

April 28, 1857.