MISSISSIPPI VALLEY MEDICAL MONTHLY, MEMPHIS, JUNE, 1882, VOL. II, NO. 6, PP. 241-284

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649314669

Mississippi valley Medical Monthly, Memphis, June, 1882, Vol. II, No. 6, pp. 241-284 by Various

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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MISSISSIPPI VALLEY
MEDICAL MONTHLY

VOL. II. MEMPHIS, JUNE, 1882. No. 6

Original Communications.

COMPOUND COMMINUTED FRACTURE OF BOTH LEGS—DOUBLE AMPUTATION—PNEUMONIA—RECOVERY.

Read before the West Tennessee Medical Society,

BY J. H. JONES, M.D., OF M'KENZIE, TENN.

C. P. S., native of McNairy county, Tenn., twenty-six years old, six feet one inch high, weight one hundred and eighty pounds, by occupation a painter, a perfect athlete, habits good, had walked a distance of forty-four miles in snow and mud with but little rest, was overcome with exhaustion, and was resting on end of trestle on N. C. & St. L. Railway, about 5 A.M., January 20th, 1882. While sleeping in this position was aroused by an approaching train; made an effort to escape by starting over the trestle; was struck by the engine and precipitated a distance of twenty-six feet into a stream of water about one foot in depth and eight feet in width. I was called to see him about 6 A.M. Upon examination, assisted by Drs. Gwin and Sneed, found a compound comminuted fracture of both legs about six inches above the ankle joints; flesh torn and lacerated, muscles of posterior tibia-fibular region exposed, mangled and bleeding, with numerous spiculæ of tibia and fibula projecting; both limbs presented very much the same appearance; a large contusion on the left of lumbar region, and a lesser one involving the elbow of left arm. The circulation was barely perceptible below the elbow; capillaries apparently empty; surface cool

and pallid, presenting the peculiar cadaverous appearance characteristic of intense shock—in fact dissolution appeared inevitable.

Morph. sulph. grs. ¼, quinia sulph. grs. x, good whisky ℥ij, was at once administered. His wet clothing was removed, and he was placed between warm blankets. Mustard was liberally applied to wrists, over the cardiac region, and to the spinal column. Gave carbonate of ammonia grs. x, and in a short time added chloroform minims v. About one gill of strong coffee was administered per rectum and retained.

The heroic use of stimulants and restoratives finally established partial reaction, and at 1 P.M., upon consultation with Drs. Gwin and McSwain, it was decided to remove one leg. The anæsthetic was badly borne; circulation became quite feeble, surface pallid and cool, respiration suspended except when produced artificially; indeed, we thought our patient had only reacted to subject us to the sad humiliation of witnessing his death upon the operating table, but artificial respiration, continued and liberal use of mustard externally, quinine and whisky by injection, with strong coffee as a vehicle, finally, after all reasonable hope had departed, rewarded us with returning vitality and consciousness, and at 11 P.M. the circulation could be distinctly felt at the wrists.

Observation and the heroic use of stimulants, aided by nutrition, was continued till 10 A.M. the 21st, when it was decided to remove the other leg. The shock from this operation and the anæsthetic were tolerated much better than in the first instance, yet the depression was so great that grave apprehensions were excited as to the result. In this operation I was assisted by Drs. Curtis, McSwain and Sneed.

Both legs were removed by the circular operation, a preferred method with me, more from early impressions received while a student of the lamented Eve, than any peculiar merit it possesses or especial advantages it offers over other modes.

Dressings were applied, and the patient returned to bed in a semi-comatose condition, and continued so till 4 P.M., when by an effort of the attendant he was sufficiently aroused to take a milk punch and a soft boiled egg. His temperature at this time was 94½. Pulse feeble, and so frequent that it could

not be counted after the monosyllables were passed. Respiration slow and easy.

My opportunities for studying the thermal range in subjects depressed by violent shock has been quite limited, and I regret that so little time has been devoted to it by statisticians. This feature of the case was of especial interest to me. The most interesting and comprehensive report that I have found upon this subject was contributed by Mr. W. W. Wagstaffe to St. Thomas' Hospital Reports for 1870. He noted the temperature in over eighty cases of injury of various kinds, and finds a marked difference in depression in temperature during collapse in fatal and non-fatal cases. The lowest temperature recorded by the author was in a fatal case of fractured spine, in which the temperature fell $16\frac{65}{100}$ deg. in forty-eight hours. The lowest that recovered was in a case of cut throat, where the patient upon admission registered $91\frac{7}{10}$. In a table at the end of his paper he analyzes forty-seven cases in which the fall was more than two degrees, forty recovered, seven died; thirty-four cases in which the fall was more than two degrees, nine recovered, twenty-five died. Mr. Wagstaffe assumes that $98\frac{4}{10}$ is the normal standard. The temperature of my patient was recorded first time at 4 P.M. the 21st, about thirty-five hours from time of primary shock. I regret it was not taken at time of injury, and regularly thereafter. As before stated, it was $94\frac{1}{4}$ at that time. It occurs to me that thermometrical observations may be of prime value in forming a prognosis in cases of surgical injury.

The night was passed quietly, with gradual but slow improvement in his condition. Quinia, whisky, nutrition and sedatives when required were all well borne, and at 7 A.M. thermometer registered $94\frac{1}{2}$; pulse 124, diminished in frequency and improved in volume.

Jan. 23, 8 A.M. Passed a quiet night; had $\frac{1}{4}$ grain of morphia at 10 P.M. Remedies and nutrition well tolerated. Pulse 124; temperature $94\frac{1}{2}$. Complains of excruciating pain in contused parts.

Jan. 24, 8 A.M. Resting well, did not require a sedative during the night. Pulse 120; temperature 95; respiration

slow and full. Stumps pale but healthy, no irritation apparent. Dressings reapplied, whisky, quinia and sedatives when required, and increased quantity of eggs, unskimmed milk and rich soup ordered to be administered at regular intervals. Was called at 8 P.M.; messenger reported patient dying. Found him with cold, clammy surface, capillaries empty, unconscious but quiet; slow, sighing respiration; pulse frequent but quite feeble; temperature 94½. Whisky, quinia and ammonia internally and mustard externally again had the desired effect, and at 2 A.M. the 25th, reaction was pretty fairly established and patient complained of pain in right side. Auscultation and percussion developed the startling fact that my patient had incipient pneumonia. Middle lobe of right lung was fully engorged. Pulse and temperature improved somewhat. Applied mustard to side and enveloped the whole with a warm poultice, ordered a sedative to secure rest, continued other remedies, increased the quantity of nutrition, and left to return at 10 A.M., the 25th. Found patient resting comparatively easy, some pain caused by a deep inspiration, or by coughing; sputa scant and glairy. Pulse 124; temperture 95½; respiration slow and embarrassed. Application to side; quinine, whisky and ammonia continued; sedatives, when necessary; and an increased amount of nutrition, at regular intervals, ordered.

January 26, 8 A.M. Had a quiet night. Pulse 118; temperature 96. Affected lobe of lung pretty well solidified; coughing occasionally; expectoration slight and darker; treatment continued. 6 P.M. Pulse 112; temperature 97. Increased dullness over lower lobe of affected lung.

Jan. 27, 8 A.M. Had a restless night. Pulse 116; tempeature 97. Cough more troublesome; expectoration characteristic but scant; lower lobe of affected lung engorged fully. Evening call—found pulse 120; temperature 99. Nutrition and remedies well tolerated; no change in treatment.

Jan. 28, 9 A.M. Passed a better night; more rational; complains of more pain from pneumonia and contusions; cough more frequent; expectoration more abundant, streaked with small quantities of blood. Pulse 108; temperature 98½. Cheeks flushed. Up to this time stumps had been doing

well, only the temperature had been too low; but now indications of sloughing are unmistakable. Chlorate of potassa, and tinc. ferri. chlo. in addition to former treatment. 9 P.M. Pulse full 110; temperature 99½. Increased amount of "brick dust" sputa. Resolution partially established.

Jan. 29. Morning call—found patient comparatively quiet, after passing a restless night. Pulse 104; temperature 98¾. Cough troublesome. Expectoration abundant; resembling the so-called prune-juice sputa. 6 P.M. Pulse 120; temperature 100. Stumps sloughing freely. Quantity of quinia reduced to 3 grs. every four hours; carbonate of ammonia, 5 grs. every four hours; whisky ½ drachm, every two hours. Sedatives to secure rest; good nutrition in abundance. Iron and potassa in increased quantities.

Jan. 30, 9 A.M. Pulse 104; temperature 99. Expectoration abundant; respiration improved. Rest comparatively good, only when disturbed by a paroxysm of coughing, which is frequent and exhaustive. 6 P.M. Pulse 120; temperature 100. Remedies and nutrition well borne. Treatment continued. Stumps sloughing freely.

Jan. 31. Pulse 108; temperature 98½. Resolution well established. Had a good night's rest. Nutrition well assimilated. Cough somewhat abated; expectoration characteristic. Nothing worthy of record occurred in reference to this feature of the case from this date. The progress was slow but satisfactory, and February 15th recovery was complete. Pulse, temperature and respiration normal.

In this case we have a pneumonia established in a patient not yet recovered from the shock caused by the accident and subsequent operations, whose vitality was apparently taxed to its utmost powers of endurance, pass through its successive stages, and end in recovery in twenty-one days, asthenic in type, and sometimes presenting the characteristic symptoms usually denominated typhoidal.

Feb. 1. Stumps still sloughing, pulse 104, temperature 99. Dressings to stumps have been of an antiseptic character from the beginning, increased or decreased in strength as condition of wounds indicated.

Feb. 2. Patient resting well. Stumps presenting a more

healthy appearance. End of tibia on one leg and both tibia and fibula on the other exposed; circulation and temperature about same as at last visit. Tonics, sedatives and nutrition constituted the treatment, with proper attention to wounds.

Feb. 3. Patient says he is better; had a quiet night; appetite improving; treatment continued.

Feb. 4. Sloughing arrested; ends of bones above mentioned exposed; further surgical interference will probably be necessary, but will be deferred till physical condition of patient is improved.

Feb. 5. Patient resting well; appetite good.

Feb. 6. Decided improvement in condition of patient; wounds covered with healthy granulations; appetite good; anæmia being relieved.

Feb. 7. Condition of patient satisfactory.

Feb. 8. Patient resting well; eating heartily; wounds improving. These conditions continued till Feb. 20, at which time he was in vigorous health, and the sloughed tissue being rapidly replaced, he was carried to Dresden by rail without the slightest inconvenience. The care of patient was turned over to Dr. Rogers, who continued the use of tonics, nutrition and attention to wounds.

March 2. Visited patient at Dresden; decided improvement in condition of wounds, healing rapidly; re-amputation will probably not be necessary; ends of bones pretty well covered; patient in vigorous health, well nourished and cheerful.

March 20. Condition of patient good; stumps healing nicely.

May 1. Stumps well; patient in excellent health. The stumps would have been improved by the removal of the ends of exposed bones, but the patient objecting strenuously, it was not done. They are, however, good average stumps, and will doubtless serve him a good purpose. Had Listerism in all its details been practiced in this case, the sloughing might *possibly* have been prevented. Yet with the severe and prolonged shock, and the depressed temperature of the entire body, especially the extremities, it is not probable the results would have been any better. In reviewing the case I have to regret