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[NEW SERIES.

Hospital Reports.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

ENTROPIUM OR INVERSION OF THE EYELID: SYMPTOMS OF THE DISEASE, AND ITS EFFECTS: THE PATHOLOGY AND THE TREATMENT.

Under the care of HAYNES WALTON, Esq., Senior Surgeon to the Hospital.

[Reported by MAURICE DAVIS, M.D.]

It has been remarked, that ophthalmic surgery owes no advancement to the mere oculist. Now, although our knowledge of ancient medical literature is too defective to be applied, we can give proof of the correctness of the statement in modern times in Great Britain. All the treatises, and all the monographs of any worth on ophthalmology, have been produced by men who have had extended medical educations, and who besides, we believe without an exception, have practised for some period of their lives as surgeons or as physicians. Then, nearly all have been attached to general hospitals. We do not hesitate to assert, that he alone can treat diseases of the eye successfully, who understands the derangements of the body, as the greater part of them arise from constitutional causes. It is to the modern surgeon that humanity is much indebted for the relief of many of the diseases of the appendages of the eye that call for practical surgery, and which had been neglected or improperly treated. Entropium is prominent among these.

A middle aged female was brought into the operating room, on December 11th, 1856 (Thursday, the usual operating day), with entropium of the left eye. The nature of the disease was not readily recognised; this was shewn by the circumstance, that Mr. Walton asked some of his class to mention the malady, and, not receiving a satisfactory answer, pointed out the peculiarities of the affection, and stated that many cases of the kind were overlooked even by surgeons in practice, and supposed to be something else, and incorrectly treated. Hence the rule in every case of redness of the eye—and redness was the prominent symptom here—was to examine the organ carefully, and to endeavour to ascertain the true cause, as the redness was a symptom common to many diseases.

The surface of the eyeball was very red, and the cornea partly vascular and partly opaque. There was much intolerance of light, with lachrymation. A close inspection discovered the eyelashes resting on the eyeball; and this was produced by inversion of the tarsal margin. Here were then displayed all the symptoms of entropium,—those of the disease, simple inversion of the edge of the lid, and those resulting from it, which are met with in different degrees of severity in different cases.

We will state very cursorily the pathology of entropium, because, by so doing, the nature of the slight operation which was followed will be better appreciated.

The inversion has been attributed to relaxation of the skin of the eyelid, thickening of the palpebral conjunctiva, shrinking of the tarsal cartilage, and other ingeniously advocated causes. Mr. Walton regards its immediate cause as the unnatural action of that portion of the orbicularis palpebrarum muscle which covers the edges of the tarsal cartilages, and which is thicker, redder, stronger, and more marked than any other part. Among the evidences he advances of the power of the ciliary portions of the muscle to produce entropium, is the very strong one, that a colleague of his can, by the influence of the will alone, invert his eyelids. He has made out some interesting points in the anatomy of the orbicularis palpebrarum not hitherto investigated, and which bear materially on the matter. In the

sixth chapter of his work on Ophthalmic Surgery, Mr. Walton says: "I have founded the treatment on what appears to me to be the pathological interpretation of the affection, and of which the indications are, to overcome the means of this inversion by dissecting away the thick marginal portion of the orbicularis, supposing that part of the muscle to be entirely or nearly all that is at fault; and also, to remove as much of the skin of the lid as may be necessary to produce such tension as shall overcome the deformity which other tissues of the lid may have acquired, from the irregular position into which they have been thrown by the muscle, and which has been made more or less permanent by the changes induced by inflammation." (p. 165.)

The operation was performed in the following manner. An assistant stood behind the patient, and made the lid tense by drawing it outwards, and raising the brow. Mr. Walton then made two incisions through the skin and muscle; one along the edge of the tarsus, and close to its cuticular margin, from one angle of the lid to the other; the second parallel to it, about three lines above, and joining it at the extremities. The flap thus isolated was drawn forwards, and slowly dissected off by vertical strokes of the knife from one side to the other. The edges were carefully brought together by four sutures, which were removed on the fourth day. In this and in other operations on the eyelid by which we have seen Mr. Walton remove skin—for instance, ptosis and trichiasis—there has not been any trace of the dissection after a few weeks, or sometimes months. This is doubtless due to careful operating with a small scalpel, the incisions being made to match each other, and the skin cut through vertically, besides the equally important essential of accurate and complete adjustment by suture. In the present instance, a week after—that is, on the next Thursday—when this patient was examined, it was impossible to say that the eyelid had been operated on. Literally there was no mark of the operation, and this was the sentiment expressed by all who examined the patient even closely—and several inspected her. The desired effect was completely accomplished in the eversion of the tarsal margin, and the removal of the eyelashes from the eyeball. The lachrymation had disappeared, and the condition of the cornea was much improved. With regard to this latter, Mr. Walton said that in due time it would quite recover itself, there having been no greater mischief done than was reparable by the natural powers. To use lotions, he said, would be to irritate, and therefore to interfere with repair. This is an important fact.

In our next report, we intend to give cases of entropium of the lower eyelid, and to speak of other matters connected with the affection which could not conveniently be introduced here.

Original Communications.

MEDICAL NOTES ON THE MILITIA.*

By J. I. IKIN, Esq., Leeds.

No. III.

HOSPITAL REGULATIONS OF THE PUBLIC SERVICE.

THE great number of returns and forms required by the Medical Department and War Office from regimental surgeons has often been commented upon, but, as yet, without any effect in diminishing their number, and simplifying the business arrangements of military hospitals. I wish prominently to recall the attention of the authorities and of the profession to the working of the present system; for even my limited experience in the public service has been quite sufficient to prove to me that many improvements are required, and might easily be accomplished, without any serious dislocation in the working of the medical

* Continued from the ASSOCIATION MEDICAL JOURNAL, December 20th 1856, p. 1074.

department, though this might render useless some of its present complicated machinery. I quite admit that innovations and alterations may give temporary trouble to officials, but no reason of this kind should be allowed to retard reforms, when experience has painfully proved how much they are needed. I never yet met with a regimental surgeon who did not admit the inutility of such diversified forms as are at present required, and who was not an advocate for reconstructing the regulations of the Medical Department. In referring to this question, I merely allude to the *system* itself, and not to the able and indefatigable men whose duty it is to see it carried out, and whom long official habits and experience in the service may, most naturally, have wedded and attached them to a system of which they have, for such a length of time, been the active administrators. Surgeons who have risen under this system from the bottom to the top of the ladder of promotion, will naturally feel loath to encourage new and amended regulations, having simplicity and despatch for their characteristics; but agreeably or otherwise to those in authority, the medical department cannot escape the sifting eye of public opinion, and ordinary foresight and wisdom should teach those in office the necessity and prudence of effecting an early and efficient reform. It may be asked, what can a militia surgeon, a mere semi-military medical man know of these matters? I answer, that the regulations and discipline of an embodied militia are just the same as those of the line, and that no man of ordinary intelligence and average experience of public business of any kind, could remain a single month in the service without being able to point out and feel the absurdities of much of its tedious routine; and as I am no longer a chicken, and have had my share of experience, during the last twenty years, of the management of both public and private business, and have done my best during this time to inculcate and diffuse, by lectures and publications, sound sanitary principles, I hope it cannot be considered presumptuous in me to express my opinion to my medical brethren through their own organ, and to attempt to keep alive the now, alas! almost moribund question of departmental medical reform. My object is to promote the good of the service and give an honest opinion as an observer, not to attack or speak disrespectfully of the heads of the department or of my superior officers, from whom I have always received the greatest consideration and courtesy, when the rules of the service rendered it necessary for me to put myself in direct communication with them.

I have alluded to the number and variety of official returns, etc., required from the regimental surgeon. I will now enumerate them, commencing with the purely medical ones, including hospital books, etc.

No. 1. A *Letter Book*, in which all official letters, either written or received by the medical officer in charge, are to be entered, for the inspection of the commanding officer, the director-general, or any other superior medical officer.

No. 2. A *Monthly Sick Return* on the 1st of each month to the director-general, specifying the total number of sick, distinguishing those at head-quarters from those on detachment or furlough, or in general hospital, giving the nomenclature of their diseases according to Cullen (and arranged according to a vague, obsolete, and irregular classification). This return is arranged under no fewer than twenty heads, which space forbids my here giving.*

No. 3. A *Yearly Return and Report of Sick and Medical Transactions* on 31st of March, together with a return of phthisis pulmonalis. This return must contain a table of the number of cases of every separate disease treated out of an official table of one hundred and thirty-three distinct diseases; total admitted, treated, discharged, died, remaining, and diseases of men discharged the service; average strength; average sick; monthly abstract of admissions and deaths; recapitulation of treated, discharged, died, invalidated, under the heads of fever, pulmonic, hepatic, bowel complaints, variola, wounds, fractures, accidents, and other diseases. Also in this return, meteorological observations for each month, prevailing winds, moisture and dryness of atmosphere, variations in the weather, etc. A separate table and classification for diseases of the eye. Separate table and return of diseases of the skin. Separate table and return of contractions, nature, treatment, present state, etc. Return of maniacal patients, species, cause, treatment, result, and destination. Return of registers and records. Return of anatomical preparations. Return of officers, women and children, strength, diseases, etc. Return of vaccination. Return of cases

* I am bound to add that, recently, a more scientific classification of diseases has been adopted, grounded on anatomical regions.

of variola. Annual report of sick, under heads as described in my previous paper. Return of cases of phthisis pulmonalis. Return of recruits approved, rejected (causes of rejection), total inspected.

No. 4. *Half-yearly Return of Medicines* to the director-general, in duplicate, of one hundred and forty ingredients in the *Pharmacopœia*, with return of *precise* quantities expended, remaining, and required, under distinct heads, with remarks. Return of about forty surgical materials besides drugs.

No. 5. *Half-yearly Return*, in duplicate, of books and forms under fourteen distinct heads.

No. 6. A *Annual Report* on the qualities of the medicines and surgical stores, etc., referring to their age, adulteration, chemical defects, losses, casualties of them by bad packing, leakage, or accident, etc.

No. 7. A *Register Book* for cases of vaccination, small-pox, and reports on recruits.

No. 8. A *Historical Register* for copies of the yearly returns (enumerated under head No. 3) and reports of the surgeon and his assistant, in order to complete the medical history of the corps, "in a connected and consecutive form."

No. 9. A *Medical Register*, to contain "A DETAILED HISTORY OF EVERY CASE OF DISEASE (itch excepted), with the treatment employed, and a *daily* entry of diets and extras." Regimental surgeons are held responsible for the accuracy of these registers, and every case is, according to the wording of the regulations, "to be fully, legibly, and scientifically entered therein." The junior medical officer to be accustomed to conduct the register under the superintendence of the surgeon. Long detailed instructions are given in the regulations as to the mode of keeping this register.

No. 10. A *Default Book*, to be kept under eight distinct heads, viz.: troop or company; date of crime; crime; by whom reported; punishment; by whom ordered; remarks of surgeon when punishment has to be altered on account of sickness, etc.

No. 11. A *Guard Book*, for keeping in regular lines duplicate accounts, returns, and other documents.

No. 12. *Forms of Diet Rolls*, daily, monthly, quarterly, and daily for extras. Quantities to be written out in full by the surgeon, in *figures* by the hospital sergeant (who can generally afford the surgeon much assistance in those very numerous returns, not here enumerated, viz., the weekly, monthly, and quarterly, required by the purveyor of the district). Returns of exact quantities expended of each separate article (even to salt), have to be made. A cheque-book signed daily, for diets of the days and for extras. Returns of hospital washing bills, wages, contingent expenses; number of days each man has been in hospital, and separate returns for different regiments. Certificates for change of bedding, or chloride of lime, fresh straw, or articles of bedding, etc., etc.

No. 13. A *Daily Sick Report* to the commanding officer, as early as possible each morning, of diseases, admissions, discharges, and remaining. Certificates of state of health of every prisoner committed to cells, or to be tried by court martial.

No. 14. *Special Medical Reports* on prevalent epidemics or contagious diseases, state of barracks, drainage, etc.

I may add to the above formidable list, separate requisitions for steel trusses, for instruments allowed, and for leeches. Each regimental surgeon has to furnish himself with a complete set of between forty and fifty instruments, at his own expense. The surgeon is answerable also, whilst in charge, for all hospital furniture and utensils, and has to take an inventory of them, and give them over to his successor on quitting the station, or to the barrack-master.

The surgeon cannot order any drugs deficient, even for immediate use, beyond the expenditure of a pound per quarter; every article has to be obtained *through the medical department in London* by requisition, in duplicate, even Epsom salts, spirits of turpentine, plaster, or the most common drug or article. It took me several weeks to obtain some dusters, floor-cloths, and a few door-mats, as I had to correspond with the Ordnance and War Office to obtain permission to make the purchases. Happening to exceed the pound a quarter in purchase on the spot, of extra copaiba, spirits of nitre, and magnesia, etc., for *immediate* use, I had a long official correspondence, and almost reprimand, with the warning that if the local drug account was again exceeded, it would not be allowed. For all extra as well as ordinary fuel, special returns and certificates are weekly required. I once had a correspondence about the purchase of a frying-pan; this, of course, was with the barrack department (not the medical), but I could not get one allowed, as it is not enumerated in the *official* list of hospital utensils supplied. I bought one

myself, and gave it to one of the hospital staff on quitting the station. It is a pity the queen cannot afford to allow her servants the use of a *frying-pan*! I was told the *pan lids* are intended to answer the purpose; a very *cleanly* substitute it must be admitted. Indeed, official correspondence often took place about the most ridiculous and trifling matters, the surgeon not having the power to purchase requisite articles, save strictly according to "regulation and routine", instead of his being made a responsible and comparatively *independent* officer in all matters of hospital arrangement, detail, and expenditure. The medical department has never yet had sufficient *independent* authority, the War Office stepping in and interfering in matters purely medical: *e. g.*, had the director-general's suggestions and wishes been attended to, at the breaking out of the late war, how much misery, neglect, and mortality might have been avoided! Military hygiene should surely be exclusively under the control of the heads of the medical department, and every regimental surgeon should be in a position to act at once, without consultation and correspondence with any one, when sickness and emergencies arise. Contracted and hampered on every side, talent and skill, however great, cannot be adequately and effectively developed. There are numbers of superior medical men in the service who have allowed their talents to slumber, or have quitted the service without regret, merely for the want of a fair field for the exercise of their powers and adequate remuneration. Give responsibility to, and place confidence in men, and in nine cases out of ten they will serve you better than if you cripple them with strict rules, and tie them down to a tedious undeviating routine. Economy, method, control, and concise official returns, I do not dispute for a moment, must be exercised and required in *all* branches of the public service; but we may fairly question the necessity and utility (for effecting these objects) of the formidable array of returns and reports just enumerated. They might be consolidated, simplified, and abridged, without any detriment to the public service, and with much relief to the surgeon. An anecdote is told of a superior inspecting medical officer in our sister isle, which well illustrates the practical inutility of these numerous forms and returns, and shews how little they touch in practice what ought to be the principal object to be attained, *viz.*, skilful treatment of and proper attention to the sick; he is said to have remarked, when referred to on hospital matters and management, "Only give me my official returns correctly and punctually, and you may *kill* as many patients as you like."

I have a few other remarks to make on these regulations, and on topics connected with the medical department and the public service, before bringing these observations to a close.

CASE OF ACUTE LITHIASIS.

By H. PAYNE, jun., M.D. Edin., Barnsley.

Mrs. W., a widow, aged 65 years, had for some time been the victim of homœopathic quackery in this town, under a person who also followed the profession of minister of the Gospel. He undertook to heal her of that natural sort of indisposition, the infallible consequence of riper years, and of the waning of that resiliency so refreshing in earlier life. About the time of the late severe frost, a pain seized her in the back, which soon defied the feeble efforts of her little homœopathic *bonbons* to remove. Finding no relief, she was constrained to apply to a regular practitioner. She persists in stating that she should not be now alive but for these globules. There is generally to be found in the victims of the homœopathic delusion a degree of candour sufficient to lead them to a ready confession of its insufficiency to meet cases of serious illness; so that, after patiently hearing the prelection on their experience in this line with more of gravity than credulity, no difficulty is found in inducing such to abandon the practice in favour of legitimate medicine: indeed, it is commonly no tardy act of discrimination on their part.

My patient was stout, of irritable temperament and dark complexion, thick-lipped, and a hearty liver. The pain was most acute at night, and prevented motion in bed. There was numbness and pain down each thigh. There was no sickness; the appetite was unimpaired; eructations troublesome; the tongue was clean and moist. She had some headache; the skin was dry, but not hot. She complained of chilliness and cold feet. There was not any cough, dyspnoea, nor palpitation. Pulse 84 beats per minute, full, and incompressible. The

bowels were open; the urine was passed frequently, and in proper quantity. The following was ordered.

℞ Liquoris opii sedativi ℥xxv; vini colchici seminum ʒiss; misturæ acæ. ʒj; misturæ camph. ʒv. M. Fiat mistura ejus sumatur cochleare amplum 4tâ quâque horâ.

A blister was objected to. She was ordered to foment the loins.

The medicine was regularly taken, but not repeated. There was no decided relief. The effects of the colchicum were marked. I ordered the following.

℞ Hydrargyri chloridi gr. j; pulveris antimonialis gr. iv; sacchari puri gr. v. M. Fiat pulvis horâ somni ex conservâ sumendus.

This was on the Saturday; and, feeling persuaded that, as she had not sent, she was better, I did not call till the Monday following, when, as I was prepared to expect; all symptoms had vanished. But what did surprise me, was the large quantity of dark lumpy fæces which the powder had brought away; and I considered whether there had not been united in this case a degree of lumbago, which sometimes arises from collections of fecal matter pressing on the lumbar plexus of nerves. However that may be, all symptoms vanished with the discharge of a quantity of deposit in the urine of lithic acid, which is in some a natural periodical deposit.

My motive in bringing this case under the notice of the readers of this JOURNAL is to show the incompetency of the homœopathic scheme, and to let its readers know that there are men of education tampering with the lives of the public who know nothing of medicine, and assuming responsibilities which would make some of the wisest of us, under the same circumstances, tremble in our shoes. It is in a question of active disease that its follies cry out, shaming the most unlettered, and arousing the most unwary.

LITHOTOMY: MEDIAN OPERATION.

By J. SEATON SMYTH, Esq., Liverpool.

THE subject of the following case, a boy, four years old, was brought to me from Cheshire, with symptoms of stone in the bladder. Difficulty in micturition, and dragging at the prepuce, were the earliest indications, and were first noticed in July; latterly his sufferings in voiding urine had been extreme, and attended with protrusion of the bowel. Some of his father's brothers had been similarly afflicted.

The patient, who had of late become very stout, was of strumous habit. His urethra was so small that I was obliged to sound with a long probe; and, after satisfying myself as to the disease, I had to order a staff two sizes less than that which I had previously used in others about his age. On December 11th the operation was performed under the influence of chloroform. The patient being properly placed and the staff introduced, I passed the left index finger up the rectum, and, resting it as nearly as possible in the position of the prostate (which could not be distinguished), readily entered the groove with a long bistoury: violent straining and protrusion of the bowel occurring at the moment somewhat inconvenienced me in completing the incision. Two calculi were in succession removed; one resembled an almond, the other a large pea in size and shape; both were of the lithate character. Urine was passed naturally within eighteen hours. The patient was able to walk about on the second day, and recovered without a bad symptom.

There were in this case a very contracted urethra, a short deep perinæum, the prostate so ill defined as to be unimportant as a guide, besides constant straining, causing protrusion of the rectum and displacement of the finger which ought to guard it from injury and direct the knife. I shall, however, from the safety and rapidity of the operation and recovery, adopt in future Allarton's method with the following modification, which might obviate the difficulties above referred to; *viz.*, I should, before using the long bistoury, thrust a double-edged scalpel parallel with and to the depth of the sphincter, which, compressed by the left thumb, would steady that hand, protect the rectum, and be an additional guide towards the prostatic portion of the bladder when the gland itself, as in this instance, is deficient; if, on the other hand, it be much enlarged, as in elderly persons, and retrude very considerably behind the sphincter, depression of the latter must materially assist the operator.