

WEIR (R.F.)

*With the Compliments  
of Dr. R. F. Weir*

NOTES ON PRACTICE

IN THE

NEW YORK HOSPITAL.

[SERVICE OF DR. R. F. WEIR.]

[REPRINTED FROM THE NEW YORK MEDICAL JOURNAL, MAY, 1879.]



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TREATMENT OF ULCERS.

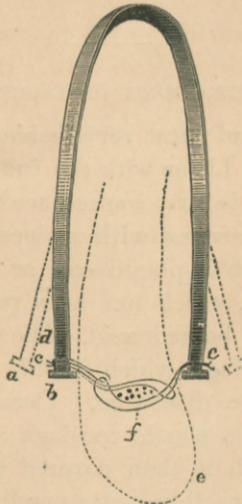
The method found most serviceable has been a combination of that used by Lister with the india-rubber bandage of Martin. The ulcer is first washed with a 1-20 solution of carbolic acid, then covered with a piece of the "protective" oiled silk, over which is placed one or two larger layers of lint or felted paper, which has been previously dipped in a saturated solution of boracic acid. The whole is then covered with an elastic bandage, which is only changed when it becomes soiled by the discharge. Occasionally it is found better to take off the elastic bandage at night, but not the other dressing, which is then covered by a piece of impermeable tissue, such as thin gutta percha or waxed paper secured *in situ* by an ordinary bandage. In sloughy ulcers a layer of iodoform is put over the surface before applying the "protective." The rapidity of cure by the combination treatment has been found to be much greater than when either the Lister dressing or the rubber bandage is used alone.

VARICOCELE.

Two cases of quite large varicose enlargement of the spermatic veins were treated by a modification of the plan proposed by Mr. Wood, of King's College, London. It is best explained by a reference to the figure. In Wood's operation,

tension upon the wire passed around the veins is made by a spring shaped like a horse-shoe, one arm of which, by means of a short foot-piece, rests against the scrotum, and through which the wires pass to be attached to the other arm of the spring. The effect of the pressure is sometimes to bury the foot-piece in the tissues of the scrotum, and to give rise to an abscess. To secure the same traction upon the encircling wires, Dr. Weir uses, it will be seen, a steel bent spring, the ends of which do not, however, touch the scrotum, but stretch by its elasticity wires (*e, e*) passed after Ricord's method around the veins (*f*). Moreover, instead of leaving in the wire, as sug-

FIG. 1.



DR. WEIR'S VARIOCOCELE SPRING.

gested by Wood, until it cuts its way out, it has been found by experience best, after eight or ten days, to remove the wires, as by that time a sufficient amount of inflammatory action will have been excited to obliterate the veins satisfactorily. Inasmuch as this removal is attended at times with considerable difficulty, Dr. Weir has adopted the plan which originated at St. Luke's Hospital, of passing a reserve wire (*d*) through one of the loops before the latter is drawn around the veins, so that, when the encircling wire of one side is cut loose from the spring, the imbedded portion can be readily

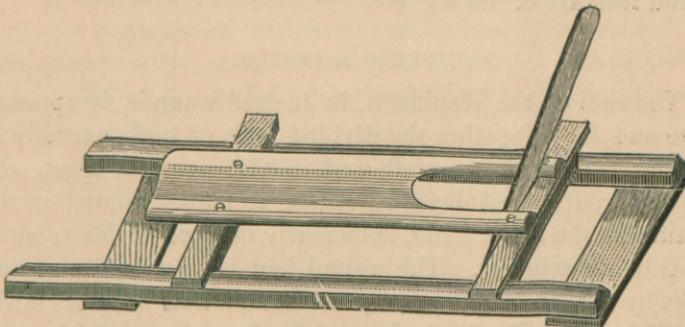
withdrawn from the other side by means of this same reserve wire, and then the remaining wire, being thus set free, can also in its turn be removed without difficulty.

In the cases referred to, the wires were in this way removed on the seventh and eighth days respectively, and the results obtained were satisfactory. The patients have been seen several times since leaving the hospital, and no relapse has occurred. Notwithstanding the apparently trifling nature of the operation, antiseptic dressings were resorted to.

#### FRACTURES OF THE THIGH.

Much difficulty has frequently been encountered, in the treatment of fractures of the thigh by means of Buck's extension apparatus, in keeping the foot upright. The natural tendency to turn outward is so strong that the usual expedients of having the plaster strip on the outer side of the leg placed more posteriorly than on the inner side, or of having the cords attaching the foot-piece to the pulley and weight so contrived as to twist the foot somewhat in an inward direction, or of the use of sand bags, or of a loop of bandage over the foot, are often inefficient, and tax the patience of the surgeon to a severe degree. This trouble has lately been obviated by the use of a railroad foot-piece, which was devised

Fig. 2.



A MODIFIED VOLKMANN'S RAILROAD FOOT-PIECE.

by Volkmann, and is depicted in Esmarch's recent "Prize Essay on Military Surgery." It has, since it was introduced

into use in the hospital by Dr. Weir, been slightly modified in having it extend a little further up the leg than in the original, and in having added to it a second bar or traveler.

A reference to the figure shows that it consists of a foot-piece fastened at a very slight angle to a leg-piece, which latter runs up to the top of the calf, and is cut away for the reception of the heel. To this leg-piece are attached two cross-bars or "travelers," which, in turn, rest upon the apices of two parallel strips of beveled wood, in such a way as to afford the least possible contact and consequent friction.

Not only is the foot kept in position by the splint, but the comfort of the patient is materially enhanced by the greater freedom of motion accorded to him. This has been fully proved in the experience of twenty-two patients treated in this manner. The results of these cases of fracture of thigh, as to the weight employed and the ensuing shortening, are that in thirteen an extension of ten pounds weight was used; in six, fifteen pounds; and in three, five pounds. The shortening in two cases was nothing; in seven, one quarter of an inch or less; in five, half an inch; and in the rest it was not stated. In the later cases it was found that less than the ordinary weight sufficed to accomplish a satisfactory result. The measurements were made, as usual, by a steel tape, from the anterior superior spine to the inner malleolus. The splint has also been used with advantage in the treatment of compound fracture of the leg, etc.

#### SUTURING A TENDON.

The rule of the hospital is, in incised wounds, to approximate and hold together the divided ends of both nerves and tendons. The rule was followed in the case of a negro who had received, several days previously, an incised wound on the dorsum of the right hand, sufficiently deep to divide some of the extensor tendons. The wound had been closed antiseptically by the House Surgeon, and union had become fairly established, but Dr. Weir deemed it advisable, when the case came under his observation, to attempt the drawing together of the separated ends of the tendons, and therefore, under ether, he broke asunder the freshly united surfaces, and, on

exploration, ascertained that the tendon of the extensor carpi radialis longior had been divided. The upper end of this was found to have retracted within its sheath one and a quarter inch ; but, when seized with a forceps, it could be readily drawn down to, so as to be opposed to the distal end of the tendon, where it was held by means of two carbolized silk sutures. This material was used rather than catgut, as it was feared that the gut would melt away before sufficient union would occur to prevent subsequent retraction. The hand, after the antiseptic dressing had been applied, was bent upon the wrist, and secured in this position by a plaster-of-Paris bandage. The dressing was changed at the end of a week, when union was found to have taken place superficially, and the sutures of the tendons, which had been cut long to admit of their ready removal, with those in the integuments, were removed. The patient progressed satisfactorily, and had full use of his hand. After the suturing of the tendon, he experienced, for a day or two, considerable pain in the belly of the muscle.

#### FEMORAL ANEURISM CURED BY ESMARCH'S BANDAGE.

A second case of aneurism was successfully treated by elastic compression, after the method suggested by Walter Reid, in 1875. The aneurism was an idiopathic one, and involved the junction of the femoral with the popliteal artery.

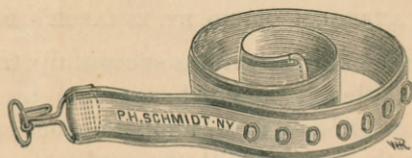
It had only existed a few weeks, and interrupted instrumental compression had been resorted to, with decided benefit, prior to his entrance into the hospital. The tumor pulsed feebly, its walls were thick, and its size that of the doubled fists.

A delay of a few days showing that the pulsation was not diminishing, it was decided to resort to the elastic pressure as used by Mr. Ferguson, of Cheltenham Hospital, England ;\* and therefore a piece of rubber tubing was drawn around the thigh above the aneurism, sufficiently tight to stop the pulsation, without, however, bandaging the limb at all. This was left on ninety minutes, when it was removed and a Signoroni's tourniquet applied for two hours and forty-five minutes.

\* "Lancet," September 28, 1878.

At the end of this time, no pulsation being detected in the tumor, the compression was abandoned, and a cure believed to have been effected by this simplified method of using pressure. But it was found, the next day, that the pulsation had recurred, though very faint in character. The tubing was again applied in the same way for one hour, and the tourniquet subsequently for sixteen hours; but failure ensued. It was afterward learned that the patient, in this trial, loosened the tourniquet slyly from time to time. So far, no anæsthetic had been resorted to, but in a third trial, eight days later, ether was given; the foot and leg were bandaged by a rubber bandage up to, not over, and above the aneurism, and the tubing tightly drawn around the limb in the middle of the thigh. This compression was kept up two and a half hours, when the tourniquet was applied, and retained two and a half hours longer; and to make assurance doubly sure, and also to avoid too much localized pressure, a broad elastic bandage (Nicaise's excellent tourniquet) was secured tightly

FIG. 3.



NICAISE'S ELASTIC TOURNIQUET.

around the thigh for five hours longer, making a total arrest of the circulation of ten hours, without any detriment to the limb save a little tingling of the foot, which passed off in twenty-four hours. The ether was kept up for two and one half hours only. The solidification of the aneurism was complete, and no pulsation was subsequently perceived.

#### A FOOT-SLING FOR FRACTURED LEGS.

In employing a fracture-box in the treatment of a leg broken in its lower third, it is a matter of some care to properly support the foot, and at the same time to avoid bringing too great and prolonged pressure on the tendo Achillis.

Properly, the direction is given that the oakum, jute, bran,

or other material, used to form the bed upon which the injured leg rests, should not come lower than the malleoli; but, when this is done, the foot, supported by the usual figure-of-eight turns of a bandage around the ankle and foot-piece of the box, is apt to slip and permit displacement of the fracture, and discomfort to the patient. To obviate this, the foot, in the hospital, has usually been held up by a sling made of adhesive plaster, and an experience of more than twenty years' duration testifies to its efficacy and safety.

The method, as lately modified by Dr. Slaughter, while house surgeon, is shown in the annexed woodcuts. Two pieces

FIG. 4.



FOOT-SLING.

FIG. 5.

FOOT-SLING AFTER ANGLES *a a*  
HAVE BEEN OVERLAPPED.

of adhesive plaster (and preferably that known as the rubber adhesive plaster of Seabury or Grosvenor), the width of the foot, are overlapped so that the lower portion is left with its sticky surface to be applied to the sole of the foot and to the heel, and the upper part to the outer surface of the foot-piece of the fracture-box. To lend additional security to the foot, the part of the plaster covering the heel is cut out as indicated in the figures, so that, by superimposing the angles (*a, a*), a cup-shaped receptacle is formed. Practically it might be objected to this, as it has been to the sling formed from a piece of bandage and passed under the heel up to and over the end of the foot-piece, that sloughing of the heel is liable to occur. But

the weight of the foot is, by the plaster, distributed over a considerable surface, and damage to the heel from this method of suspension is really unknown. It is to be understood that this sling is intended to supplement and not to take the place of the support given by the bed upon which the leg rests. When it is necessary to raise the limb for any purpose whatever, the plaster is simply stripped from the foot-piece, which sets free the fracture-box. This sling is in general use, both in the treatment of simple fractures, until they are put up in the plaster-of-Paris splint, and also in the case of compound fractures.

Usually the foot is additionally secured to the foot-piece by a few turns of a muslin bandage, as a precaution against the effects of sudden jumping or starting of the limb. To aid in controlling this symptom it has also been found of service to make pressure upon the upper part of the leg by means of a large pad of oakum, or of numerous folds of a piece of an old blanket, held *in situ* by a strip of bandage passing around the box.

# HEALTH,

AND

## HOW TO PROMOTE IT.

BY

RICHARD McSHERRY, M. D.,

PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE, UNIVERSITY OF MARYLAND; MEMBER OF  
AMERICAN MEDICAL ASSOCIATION; PRESIDENT OF BALTIMORE ACADEMY OF MEDICINE.

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“L'aisance et les bonnes mœurs sont les meilleurs auxiliaires de l'hygiène.”—BUCHARDAT,

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*Extract from Preface.*

“Hygiene, public and private, has become, of late years, one of the most important elements of modern civilization. It is a subject in which all mankind has an interest, even if it be, as it too often is, an unconscious interest.

“The present work is addressed to the general reader, no matter what his pursuit, and the language is such as any physician may use in conversation with an intelligent patient; it is therefore as free as such a work can be made from scientific technicalities. It is intended to be rather suggestive than didactic, dealing rather in principles than in minute details; for the last must always be modified by existing conditions, which will vary more or less with every individual, or in every household.

“It is offered as a contribution to a great cause, and the writer trusts that it will have some influence in promoting the health, happiness, and welfare of all who may honor it with a careful perusal. The principles advocated have been, to a great extent, put in practice in the personal experience of the writer in various parts of the world, and under many vicissitudes, and he has found them to be not vague theories, but practical truths of the greatest importance.”

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