

Foreign Surgical Methods.

The editor of the *Southern California Practitioner* recently spent several weeks in Vienna and Austria, and thus describes the methods of some of the celebrated foreign surgeons:—

"It has been interesting to see the methods taken by various operators in Germany to secure asepsis. In some clinics like that of Von Mikulicz, of Breslau, Von Eiselberg and Zukekandle, of Vienna, caps, masks, and cotton gloves are used. In no clinic in Austria or Germany have I seen rubber gloves used other than in a few well-marked septic cases. The cotton gloves so commonly used are changed frequently, often ten or twelve pairs being used by the operator in a single case. Many operators do not use gloves of any description other than in septic cases. This is true in the clinics of Mositig-Moorhof in Vienna, and in Olshausen's, Laudeau's and Israel's clinics in Berlin. In Israel's and Olshausen's neither caps nor gloves are used. In the clinic of Professor Von Mikulicz, of Breslau, there seemed to me the most perfect asepsis attained of any clinic I had the pleasure of attending across the water. It is more American than any other clinic I attended abroad. Here caps and cotton gloves are very frequently changed, and masks of the Mikulicz pattern were conscientiously used. His large operating room in the Royal Clinic, arranged for two tables, and at times a third, is constructed of ground glass upon three sides, and the ceiling or roof of the same material arranged so that light and sun may be excluded by awnings and screens. During the three days in which I had the pleasure of visiting him, his work varied from six to a dozen operations daily. To me there was a certain fascination about his work found in no other clinic. His capital operations were usually done by himself, leaving the final suturing and dressing to be done by the assistants, he passing on to another case.

SUTURE MATERIAL.

One is impressed with the almost exclusive use of silk as a suture material in Vienna. Silk sutures and ligatures are put within the abdomen, in herniotomies, in the skin and elsewhere. Here also the greatest care is taken to secure perfect hæmostasis, a clamp upon every oozing point and a silk ligature applied wherever a clamp is used. It seemed to me that during my stay of five weeks in Vienna I saw more silk buried in the tissues than I have ever previously seen used in surgery. I often asked myself, "Is there any connection between the necessity of careful hæmostasis and the use of silk?"—*i.e.*, does the use of so much buried silk demand a more careful hæmostasis? In Berlin and Breslau, quite to the contrary, catgut was largely used and much less care taken to control slight oozing from the smaller vessels, much less clamping, and many clamps removed after a short time with-

out the application of a ligature, thus greatly expediting the operation.

WOUND CLIPS.

In Vienna at the present time it is quite the custom to close the skin with small metallic clamps rather than with sutures; the clamps are readily and quickly applied, perhaps in one-half the time required to close with sutures, approximating the edges accurately, are easily removed, and avoid the possibility of stitch abscesses. Their almost universal use in Vienna would seem to be an argument in favour of their utility.

In the clinics of Professor Frisch, his first assistant, Dr. George Kapsammer, has been using, with some alleged success, injections of normal salt solution into the sacral canal for the cure of obstinate cases of enuresis. He inserts the needle of a syringe, holding 10 c.c. salt solution into the lower end of the canal and injects the syringe full. It is done without anæsthesia of any sort, and a little fellow of eight years who had received three previous injections endured it very pluckily. On the other hand, a little girl of about the same age with the first injection seemed to suffer excruciating pain both during and for some time following the slight operation. Dr. Kapsammer reports quite a large number of cures in obstinate cases with a few failures. He offers no theory as to the *rationale* of the cure. From three to five injections are usually required, according to his statement.

ANÆSTHETICS.

A word may be said about anæsthesia. In a very few instances, indeed, have I seen straight chloroform used. In many clinics the A.C.E. mixture of various proportions is used, a favourite proportion being chloroform 160, alcohol 20, ether 20 parts—used with a chloroform mask. When ether straight is given it is generally administered by the open method, *i.e.*, with a chloroform mask. An apparent indifference as to the length of narcosis exists in many clinics, the patient being kept under the anæsthetic for a long time before the operation is begun. Local anæsthesia is used much in cases of operations for enlarged thyroids. The infiltration of the skin with large quantities of the Sleich mixture lessens the pain much, but comes far from making it painless."

Transmission of Tuberculosis.

At the annual meetings of the National Veterinary Association of the United Kingdom, opened in Dublin on Tuesday, Mr. Charles Allen, the President, referred to Professor Koch's declaration that tuberculosis of the lower animals could not be transmitted to man. They knew, he said, that they had lost valued colleagues who had accidentally inoculated themselves with tuberculosis while making *post-mortem* examinations, and one positive case was worth ten thousand negative cases.

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