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The germicidal values of the following two combinations are:

\[
\begin{align*}
50 \text{ per cent. cyclin} & : 10.5 \\
50 \text{ per cent. petrol} & : 1.5 \\
50 \text{ per cent. phenyl} & : 1.5
\end{align*}
\]

It is evident that the combination of cyclin and petrol possessing a coefficient of 10.5 is a reliable germicide for plague bacilli; it is at the same time a reliable pulicide.

A FURTHER NOTE ON OPERATIONS UNDER LOCAL ANALGESIA.

By Major F. J. W. Porter, D.S.O.
Royal Army Medical Corps.

For many years past I have invariably performed the operation of circumcision under a local analgesic. At first I used a 5 per cent. solution of cocaine. Then I found that the procedure could be carried out quite satisfactorily under a 1 per cent. solution. For the last eighteen months I have used eucaine and adrenalin.

In all the cases done under cocaine, and the earlier ones under eucaine, the fluid was introduced at the proposed line of incision through the skin. This incision was invariably quite painless, but the trimming up of the mucous membrane was usually more or less painful, as was also the introduction of the stitches. I then tried injecting the mucous membrane at its attachment near the corona, and in every case where this was possible the operation could be guaranteed to be absolutely painless. Three or four insertions of the needle were, however, necessary, to do this part of the injection properly. In a considerable number of cases the mucous membrane is enormously thickened, and retraction is impossible. In these I tried, by pushing the needle deeply into the mucous membrane, to flood it with the solution. In a number of cases this manoeuvre acted satisfactorily, but there was no absolute certainty about it. Lately I have tried injecting the subcutaneous tissue of the penis as close to the symphysis as possible. The loose tissue is picked up between the finger and thumb, and the needle is inserted at right angles to the long axis of the organ. About 15 cc. of Barker’s solution is injected, and by rotating the penis to meet the needle-point, it is possible to inject half its circumference. Not less than 30 cc. should be used altogether. The operation should not be commenced for at least half an hour. Every case I have done by this method has been absolutely painless.

I am quite aware that there is really nothing new in the method I am advocating, for “one is only carrying out the fundamental principle which underlies all local analgesia, produced by the injection of various
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drugs, viz., that certain substances applied to the branch of a nerve suspend its sensory functions over its whole distribution for a considerable time (vide Barker's paper, vol. ix., p. 115, JOURNAL OF THE ROYAL ARMY MEDICAL CORPS).

The main advantages which seem to exist over the older methods are: (1) The absolute certainty of rendering the whole of the skin and mucous membrane analgesic; (2) the possibility of introducing the injection through one needle puncture; (3) the fact that the skin near the symphysis is much less sensitive than that near the end of the organ, especially when there is inflammation present; (4) there is no oedema at the site of operation; (5) there is (thanks to the adrenalin) no haemorrhage requiring a ligature: the continuous suture and gauze pressure is quite sufficient for this.

The operations for ingrowing toe-nails and for hammer-toe, which I have described in previous volumes of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, can be performed more satisfactorily by introducing the eucaine solution near the web so as to act on the nerve trunks. In the former operation it need only be injected into one side, but in the latter it is necessary to inject both sides of the toe. A comparatively large quantity should be used, and the operation should not be commenced for at least twenty minutes.

Necessity for Drainage.—By making use of catgut sutures to obliterate the deeper parts of operation wounds, such as those of radical cases of hernia or varicocele, one is able to dispense with the drainage which one used to consider necessary in order to get rid of the excessive serous discharge which is poured out when the effects of the adrenalin have passed off.

REPORT ON A CASE OF RUPTURE OF THE KIDNEY AND SPLEEN.

By Major F. J. W. PORTER, D.S.O.

Royal Army Medical Corps.

PRIVATE G. was admitted to the Military Hospital, Colchester, at 3 p.m. on December 14th, having been kicked in the left mid-axillary line over the ninth, tenth and eleventh ribs. There was a crescentic bruise, such as would correspond with the print of a horseshoe. He stated that he had not fallen across anything, and there were no other bruises. Although he arrived at the hospital within fifteen minutes of his injury, there were no signs of collapse. His temperature was 97·4° F., pulse 80, full and strong, and his condition did not suggest that he had received any serious injury. There was no sign of internal haemorrhage, no vomiting, no fulness in the loin, and only slight tenderness on pressure there. There was no evidence of a fracture of