put on flesh, and his appearance gradually improved in a marked degree. Unfortunately, he was not weighed till about a month after the operation, when he had put on a considerable amount of flesh, his weight then being 7 st. 8 lbs., and in a few months it reached 9 st., at which it has continued ever since with but slight variation. He now takes for breakfast a pint of milk and an egg; for luncheon, a pint of beef-tea; for dinner, one pint of milk and an egg; and for supper, a pint of beef-tea; and a couple of pints of milk during the night. He generally feeds himself sitting in a chair. The wound is always quite dry, but a little time ago he had an attack of bronchitis, and the coughing would sometimes force a little moisture round the tube shortly after a meal, but this has passed off. He does not complain of any dyspepsia or intestinal trouble. His bowels are regular. He cannot distinguish any taste of what passes into the stomach, but can readily detect its temperature, and experiences a pleasant sensation of warmth after taking alcohol, which he takes in a small quantity in his milk. After he has fed himself there is a copious flow of saliva, which passes into his œsophagus; and after a little time he has to vomit this, when he sometimes detects the taste of egg, beef-tea or milk so strongly that he fancies he has vomited some from his stomach, although he feels positive he has, after innumerable trials, never succeeded in swallowing a single drop since three days before the operation. No attempt to dilate the stricture has since been made.

As personally I derive considerable satisfaction from an excellent palate that Nature endowed me with, and which a fairly good education has further developed, I was anxious to restore to my patient similar pleasures, and tried to get him to take his food with his mouth first, and then force it through a tube passed through the opening, but at each attempt some of the food escaped into the œsophagus, which caused him so much distress that he did not care for the use of this artificial gullet. As he has lived so long and improved so much, and as his aspect has completely changed, I may be wrong in my original diagnosis, but, taking all things into consideration, I fear my original diagnosis is correct.

It is quite unnecessary to take up the time of the Section in discussing the various modifications of the operation adopted by different surgeons, or to enumerate the indications for gastrostomy when all this has been done so well by Bryant, Howse, Greig Smith, Gross,² Zesas,³ and many others; but I venture to hope, as the operation is still regarded with distrust by many, that it may be worth while exhibiting the patient at this large meeting to demonstrate how life can be prolonged in considerable comfort by an operation which is exceedingly simple and easy if performed by any surgeon accustomed to abdominal work, and the mortality of which, if done before the vital powers are too far taxed, with proper care and strict antiseptic precautions, should be very trifling. I may state that this patient was operated on with the strictest antiseptic precautions, including the use of carbolic spray, which I use in all my abdominal sections.

And as I have had the honour of reading the first of the several papers in the Surgical Section, I am anxious to repeat in this University of the city of Glasgow what has been said over and over again in every quarter of the civilised globe, that much as we undoubtedly owe to Scotch surgeons for the invention and development of some of the most brilliant and successful operations of modern surgery, when, if I but say *circumspice*, the names of Buchanan, of Macewen, and of a host of others, will at once occur to you; it is to two Scotchmen pre-eminently that modern operative surgery owes its great development, to Simpson, whose introduction of chloroform renders it possible to get patients to submit to the immense number of operations that are now undertaken; and to Lister, whose introduction of antiseptic methods renders it possible to undertake, with an easy conscience, operations which formerly would have been little, if at all, short of criminal acts. That a few great surgeons, whose ability and intelligence I freely admit, do not agree with the latter statement modern surgical literature still attests; with these, I fear, it is useless to argue; I can only regret the fact as I regret the fact that the services of a homeopath were sought for by Lord Beaconsfield, a great statesman, whose ability and whose intelligence were never seriously questioned.

Dr. Murphy then demonstrated on a model the method he re-

garded as the best for passing the sutures, while the patient fed himself.

P.S.—I am now (October, 1888) in a position to complete the history of this case. The patient continued well and free from pain till the beginning of October, when he became much troubled with a cough and lost flesh. He was confined to bed about a week, when, on October 15th, during a fit of coughing, he vomited about a quart of bright red blood and suddenly died, having lived 402 days after the operation.

On *post-mortem* examination, the opening to the stomach was perfectly healthy, and would admit a No. 16 English catheter; round this, for about an inch all round, the stomach and abdominal wall were firmly adherent. The œsophagus was completely obliterated. At the portion where the obstruction was detected its place was taken by a ragged mass for the distance of an inch and a half; engaging in it all the surrounding tissues, and adherent to the aorta, through which at its uppermost portion it had ulcerated, forming an opening that would admit a No. 8 catheter, and through which the fatal hæmorrhage had occurred. The mass was somewhat longer and not so wide as a large walnut. The lung in the vicinity was deeply congested and slightly infiltrated; above and below the œsophagus was perfectly healthy, as was the aorta, which was in no way dilated. All the other organs, including the stomach, were healthy. A portion of the growth was submitted to my friend Dr. Squance for microscopical examination, and he has kindly reported as follows:

Microscopical Appearances.—The growth is a simple carcinoma, resembling in places scirrhus. In parts the alveoli vary considerably in size and contain masses of epithelial cells, in some instances undergoing fatty degeneration. In another portion the stroma was firm and fibrous, with very few cells in the alveoli, traces of which were surely left in places. On the extreme border of the piece of tissue examined, the stroma was richly celled, and consisted of rapidly growing fibrous tissue, the cancer cells being arranged in "nests," as in ordinary epithelioma; some of the cells being cornified.

WINTER SEA-BATHS AT CANNES AS A CURE FOR SCROFULOUS DISEASES.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association, held in Glasgow, August, 1888.

By TH. DE VALCOURT, M.D. PARIS, M.R.C.P. LOND.,
Physician at Cannes.

THE reputation of the Riviera, between Cannes and San Remo, as a winter residence is of ancient date, since the Romans had founded important towns at Nice, Antibes, Vence, and Frejus, and had made them their favourite places of residence. Notwithstanding the high favour Alpine regions have lately gained, the stations along this coast continue more than ever to be visited by a numerous foreign colony in search of sunshine. It has, however, until now, been too much neglected to send to the shores of the Mediterranean a numerous valetudinarian class, who should find on the coast exceptionally favourable conditions for the recovery of their health, or, rather, for gaining the same, which they had never yet possessed; I mean, children suffering from scrofula. In fact, these poor frail creatures require sunshine, light, and pure air; winds are not injurious, and sea-baths are the salutary boon to them.

A great philanthropist, M. Jean Dollfus, well known for the charitable institutions he had founded in Mulhouse, his native town, and who had chosen Cannes, the last years of his life, as a winter residence, was so much struck with the salutary influence which its climate and sea-air had on the children of rich families, that he founded there, in 1881, a hospital for poor scrofulous children, of which he entrusted the medical direction to my excellent friend, Dr. Bourcart, and to myself.

Notwithstanding a very modest beginning, such satisfactory results were obtained that the establishment was much enlarged by its generous founder, who bought a hotel on the seashore for this purpose. Last year we had 35 children, and we hope very soon to have 45. They come especially from Mulhouse, Geneva, and Paris; they are scrofulous or anæmics, and the patients affected by hip-joint disease or Pott's disease are the most numerous; consumptive patients are not received.

The treatment generally adopted consists in prescribing salted

² *Trans. Amer. Surg. Association*, vol. ii, p. 363.

³ *Die Gastrotomie und ihre Resultate*, *Archiv f. Klin. Chir.*, 1885, Band xxxii, Heft i.

milk, cod-liver oil, phosphate of lime, and an infusion of hops given as a cold beverage at meals. The children remain as much as possible out of doors, and, as they are accustomed to the open air, they bear very well to have the windows wide open all day in winter.

Since the opening of this hospitable institution we have ordered sea-baths to all the children, but we discontinued them at the end of November, not beginning again before the month of March. Gradually we have shortened this interval, experience having taught us that, not only is there no disadvantage, but rather a very good effect, in continuing these baths in the open sea all through the winter. Thus, the baths were kept up last season to December 27th and began again on January 11th; even this short interruption would not have been necessary.

The temperature of the water does not fall below 12° C., or 54° F. As the children arrive in October, they get gradually accustomed to the cold saline hydrotherapeutic treatment. It is hardly necessary to add, that the baths are only of short duration, namely, from five to ten minutes, according to the temperature, and that they are not taken on rainy or exceptionally cold days, nor on Sundays, which leaves an average of twenty sea-baths a month. We are convinced that these short cold baths taken in winter have a particular tonic effect, and are preferable—at all events, in the Mediterranean—to baths of longer duration in summer, when the sea-water is nearly tepid.

Our children bear this treatment remarkably well; they get strengthened in a short time, and never have contracted any affection of the respiratory organs. As yet we have not had a single case of pneumonia or pleurisy, nor even of simple bronchitis. One child, even, who had not complained of any ailment, took its bath in the same way as the others, and had that same evening a confluent attack of measles. This disease took its normal course, and the cough was much less strong than is usually observed in similar cases.

We make the children affected by scoliosis or Pott's disease wear a Dr. Sayre's corset, which is taken off during the time they bathe. We do not receive coxalgic children at the stage of painful muscular contracture; we are of opinion that at this period only immobility and extension are indispensable; the baths would then be too exciting; but at every other stage of coxalgia we experienced the most salutary effect from the saline hydrotherapeutic treatment. Even very abundant suppuration is by no means an indication against this treatment, but just the reverse. We do not only order sea-baths, but in many cases we apply bandages of cold sea-water, without neglecting those of boracic, salicylic, carbolic acid, or iodoform. Most children, and especially those suffering from scoliosis, are made to perform gymnastic exercises, and some are subjected to the cure of massage.

The results obtained last season were the following:—

	Cases.	
Scoliosis	1	Great improvement.
Pott's disease	3	"
Tumour of knee	2	Perfect cure."
" " " " " "	2	In progress of recovery.
Anæmia " " " "	7	Perfect cure.
Simple scrofula	1	Sudden death.
Blepharitis	1	Improvement.
Hereditary syphilis ...	1	"
Tuberculous disorder of foot	3	Perfect cure.
" " " " " "	2	In progress of recovery.
" " " " " "	1	Perfect cure.
" " " " " "	1	"
Scrofulide	1	Improvement.
Bronchial adenopathy ...	1	Perfect cure.
Infant paralysis	1	Great improvement.
Coxalgia	5	Perfect cure.
" " " " " "	2	Great improvement.

Thus, all children have either been cured or are on the way to recovery, excepting one, which died suddenly during the night, probably from a clot in the heart. One of our coxalgic patients had a deep abscess in the hip-joint region; the baths were stopped for a few days during the formation of the pus, which was opened and drained. Three days after the operation the child resumed the usual routine of sea-baths. The boy suffering from tuberculosis of the elbow had his arm in such a deplorable state of tumefaction, profuse suppuration, disorder in the bone, etc., that the question had arisen of an extensive resection or even of an amputation. Notwithstanding this, an absolute cure was obtained

without any further operation than the extirpation of a few pieces of bone.

These experiences justify the conclusion that the proper treatment of scrofula consists in keeping the children, climate permitting, in the open air, in sunshine, and in prescribing sea-baths to them, especially in winter.

REMARKS ON A CASE OF GASTROSTOMY.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association, held in Glasgow, August, 1888.

By ARCHIBALD CARMICHAEL, M.A., M.D. ABERD.,
Honorary Surgeon, North Lonsdale Hospital.

M. A. consulted me on January 3rd, 1888. She said she was 38 years of age, married, and had four children. The youngest, aged 14 months, she was then nursing at the breast.

There was no history of cancer or other hereditary disease in her family, except that her father died of phthisis, said to have been caused by his occupation of a stonemason.

She said she enjoyed good health up to three months before consulting me. She then began to lose flesh and strength, and to have difficulty in swallowing; and these symptoms were becoming more and more marked. She presented the appearance of a woman suffering from over-nursing. She pointed to the thyroid gland and said it was there she felt the difficulty of swallowing. She said she had no pain there, but only a feeling of fulness. The thyroid was considerably enlarged, and she said it had increased in size lately, but there was no undue hardness or tenderness about it.

Nursing was stopped without much difficulty, and she took fluid food well, such as eggs beaten up in milk, beef-tea, etc. Her general health soon improved, but the difficulty in swallowing increased, and on January 19th I for the first time explored the gullet. I found an obstruction at the level of the lower edge of the thyroid gland, which allowed the passage only of a No. 11 gum-elastic catheter. No blood was seen on the instruments used, nor was any sign of blood afterwards seen in the evacuations.

On every third or fourth day from January 19th to February 25th I passed a No. 11 catheter. The instrument was more tightly grasped on being withdrawn than during insertion. On two occasions only was a little blood seen, though I found it impossible to pass a larger instrument. She said she swallowed more easily after the instrument had been passed, and she urged me to use it more frequently.

On February 25th I failed to pass the usual size, and next day with considerable difficulty I passed only No. 6, and there was some bleeding. Up to this time she could swallow sufficient fluid food.

On March 6th rectal alimentation was commenced.

On March 18th there was more swelling in the region of the thyroid, and some tenderness, but there was no rise of temperature, which was usually subnormal. I, however, made exploratory punctures, but blood only came away.

The condition of the patient was now such that it was very evident that unless she were fed by the stomach she must very soon die, and on March 22nd I performed gastrostomy in the Barrow Hospital with the assistance of the surgical staff. The patient was extremely emaciated, and her body exhaled a marked cadaverous odour. The operation was that described by Dr. Greig Smith in his work on *Abdominal Surgery*; the incision parallel to the edge of the ribs. Carbolic spray was used, and other antiseptic precautions taken. The anæsthetic was chloroform, of which a very small quantity was found sufficient, and no vomiting took place either during or after the operation.

On the following day, twenty-three hours afterwards, I completed the operation by opening the stomach. I found the parts firmly glued together with lymph. She was then fed with ten ounces of milk, and afterwards every four hours with beef-tea and milk alternately. She was able to swallow a little tea and milk. The improvement in her appearance two days after the operation was very marked. She slept well, and said she felt well.

On the fifth, sixth, and seventh days there was great difficulty in preventing the half digested matters from escaping by the fistula. The gastric juice had dissolved the lymph that bound the parts together, and as the stitches were becoming loose all seemed very insecure. The patient, from loss of food and of rest, was becoming very weak. Several methods to prevent leakage were tried and found wanting, till I devised and used an inflating