Supplement to Dr. Radford's Tables.

No.	Years.	Locality.	Operator.	Hospital.	Cause of Difficulty.	Age.	Height.	Long Diam.	Time in Labour.	Uterine sutures.	Result to Woman.	Result to Child.	Cause of Death in Woman.	Lived after Operation.	Reference.
132	1881	Barnet	Dr. Perigal	Workhouse Infirmary	Pelvic Deformity	20	—	2½ in. ant. post.	26 hours	Wire sutures 2½ inches diam.	Dead	Dead	Peritonitis	39 hours	BRIT. MED. JOUR., Jan. 21st, 1882, p. 79
133	1881	London	Dr. Galton	Soho Hospital	Cancer	34	—	—	17 hours	No suture in the uterine walls; silver wires in abdominal walls	Dead	Fœtus dead	Peritonitis	27 hours	<i>Lancet</i> , 1881
134	1882	London	Mr. Morris	Middlesex Hospital	Epithelioma	29	—	—	30 hours	Fish-gut sutures	Lived	Lived	—	—	<i>Obst. Trans.</i> , 1882, p. 304
135	1883	Newmarket	Dr. Edis Mr. Gray	—	Deformed Pelvis	41	4 feet	—	Some hours	Wire sutures	Lived	Dead	—	—	BRIT. MED. JOUR., vol. ii, Oct. 13th, 1883, p. 727
136	1884	Halifax	Dr. Dolan Mr. Wright	Union Infirmary	Deformed Pelvis	26	3ft. 11in.	1½ in. ant. post.	5 hours	Carbolised cat-gut; silver wires for abdominal walls	Dead	Lived	Peritonitis	54 hours	

my tables as such, for the very reason that they were performed before the fœtus had reached the viable period. Porro's operation is particularly directed towards saving the life of the child, as well as that of the mother."

In midwifery practice, I have always held that we owe a responsibility to the child as well as to the mother, and that we cannot either bring on abortion or perform craniotomy, or any other operative procedure on the child, at our own will and pleasure. I believe there is a growing feeling in this direction amongst the best accoucheurs.

Dr. Radford, of Manchester, whose name is much associated with Cæsarean section, was a staunch supporter of the claims of the infant, and advocated Cæsarean section as an operation of election, and not of necessity. His statistics usefully assist us in arriving at the comparative mortality after Cæsarean section and after utero-ovarian amputation. Dr. Radford furnishes a list of 131 patients on whom Cæsarean section had been performed, out of which number only 23 mothers recovered; the death in a large number of cases being undoubtedly due to the long period of labour, and the enfeebled state of the women.

If we compare the results obtained in America, collected by Dr. Harris of Philadelphia, we cannot fail to be struck by the difference in the results. Dr. Harris says: "We have had 113 operations and 49 cures in the United States. Twenty-eight early operations in the United States saved 21 women and 19 children; 23 children were delivered alive; 9 women in North America, and 8 in the United States, were operated on twice, with 16 recoveries in the 18 cases, 14 children saved."

The favourable results obtained in the United States are remarkable, and must be estimated in deciding whether Porro's operation is to be the operation of the future. In order to bring the statistics down to the present time, I supplement Dr. Radford's tables with additional cases recorded in our English journals up to 1884.

The case thus stands: Porro's operation, as recorded by Dr. Godson, 134 operations, 59 recoveries and 57 deaths; Cæsarean section in Great Britain up to the present time, 136 operations, 25 recoveries and 111 deaths. If we take the statistics of the United States, we have 113 Cæsarean operations, 47 recoveries and 66 deaths.

There is ample scope for debate with such statistics as the above. My own opinion now is, that Porro's operation is the one I would recommend should I have another case. My patient would not have died from the cause found out at the *post mortem* examination; though she might, it is true, have died from shock, hæmorrhage, or septicæmia, had Porro's operation been performed.

In the discussion on Dr. Godson's paper at the British Medical Association, I do not gather that any conclusions were arrived at, relating to the following points:

1. As to whether Cæsarean section was to be discarded and utero-ovarian amputation recommended as a substitute;

2. Whether, in all cases of known deformity or diseased condition, the pregnant woman should be allowed to go to her full time so as to allow of the birth of a viable child.

These two points would form a fitting theme for our Obstetrical Society, and some definite expression of opinion might be issued, so as

to guide general practitioners, who are likely from their position to meet with this class of cases; such expression might also include not only the various steps of the Porro's operation, but also what the Society might deem the best method.

PARASITICIDES IN THE TREATMENT OF PULMONARY PHTHISIS.

By JOHN EDWARD MORGAN, M.D., F.R.C.P.,
Professor of Medicine in Victoria University; Physician to the Royal Infirmary, Manchester.

In one of Dr. Hermann Weber's interesting Croonian Lectures on the hygienic and climatic treatment of chronic pulmonary phthisis, which have lately appeared in the JOURNAL, he expresses a hope that some means may eventually be discovered of destroying the bacillus and its spores, either in the air we breathe, or in our tissues, without injury to ourselves. I have long thought that, if we are to contend successfully with phthisis, and set some limit to its diffusion, it is in the direction here indicated that our labours may most profitably be expended; for, as Dr. Weber further remarks, "when once the system is infected, we do not yet know of any parasite-killing remedies which, in effective doses, would not injure the host together with the parasite." The mischief, in fact, is then done; the fatal seed is sown, the bacilli are protected within the tissues and secretions of the lungs, and antiseptics are comparatively useless.

On this subject of disinfectants, in their varied bearings, much has been written of late years; some apparently coagulate albumen, others oxidise organic matter, while others, again, are fatal to the growth and increase of microzymes. Many of these substances have long been used in cases of sickness, and, in numerous instances, beneficial results have followed their adoption. But, though we are often told that antiseptic gases, sufficiently potent to destroy contagium, cannot be tolerated by the living tissues, we still know comparatively little regarding the amount of rough usage the respiratory organs are capable of enduring, not only with impunity, but, in some cases, with apparent advantage. The information we possess on this subject is certainly scanty; still, certain facts have been recorded which tend to show that healthy lung-tissues may be beneficially influenced by the action of disinfectants, and, at times, seemingly protected from the inroads of bacillus. Whether, in such cases, these organs become so altered in their chemical composition or in their vital properties as no longer to prove a congenial soil for the growth of the parasites, or the bacilli and their spores are themselves destroyed, we have at present no means of deciding.

In confirmation of these remarks, I would refer to what really may be looked upon as extended experiments on antiseptic remedies, continually and efficiently carried out in the north-western highlands and islands of Scotland. The great majority of the inhabitants of these districts unwittingly expose their lungs to an atmosphere largely charged with disinfecting fumes; thereby teaching us a useful lesson on the extraordinary tolerance of the respiratory organs to such sources of irritation. I will briefly describe the mode of life of these highlanders, in so far as the construction and heating of their dwellings

¹ Dr. Radford, *Observations*, page 80, second edition, 1880.

is concerned; as in this manner the singularly abnormal atmospheric conditions to which they are exposed may be most conveniently studied.

The houses to which I refer are known in the highlands as "bothies," and are the homes of the hardy crofters, to whose grievances public attention has of late been strongly directed. Many of them live under the same roof as their cattle, and in numerous instances the air of the dwelling reeks with the impure exhalations given off from the excretions of these joint inmates of the cabin. The primitive dwellings are warmed by a peat-fire kept constantly burning in the centre of the floor. The luxury of a chimney is often altogether unknown. The smoke which rises from the combustion of this fuel, after thoroughly diffusing itself through every nook and corner of the building, makes its escape by a hole in a corner of the roof. Now it may be asked, how is the health of these persons influenced by inhaling constantly, both by day and by night, such an atmosphere as this; an atmosphere so pungent, that considerable irritation of the eyes and nostrils is frequently experienced by those exposed to the fumes?

Generally speaking, these highlanders are remarkably vigorous and long lived, and singularly exempt from the ravages of tubercular phthisis. Indeed, so rare is consumption in these hovels, that I was led to investigate the causes of this immunity, upwards of twenty-five years ago, and published the results of my inquiries in an article on the Non-prevalence of Consumption in the Hebrides, and along the North-Western Coast of Scotland, which appeared in the *British and Foreign Medico-Chirurgical Review* for October, 1860. At that time, I visited most of the districts to which my investigations extended; and from what I saw and heard, I came to the conclusion that the comparative immunity from phthisis which these persons enjoy, is to be ascribed chiefly, at all events, to the inhalation of the peat-smoke, and the antiseptic ingredients contained therein, the tar, the creosote, and the tannin, together with various volatile oils and resins, black unctuous peat being rich in these substances. At that time, I need hardly say, nothing was known of the bacillus of Koch. It further appeared that any exemption from attacks of consumption which these highlanders enjoyed was only extended to them so long as they resided in their smoky huts. When they migrated to other parts of the country, or took up their abode in chimned dwellings, they often suffered like their neighbours; nor, after the lungs once became infected, was a return to the homes of their fathers followed by favourable results. The fumes of the smoky cabin then exercised no curative influence.

The inference to be drawn from these remarks is sufficiently obvious. When the bacillus has once established itself in the lungs, the time for antiseptic remedies has gone by. On the other hand, where there is merely a predisposition to phthisis, whether hereditary or acquired, where also the climatic or social conditions for its diffusion are favourable, and where healthy persons are brought into close contact with those who are suffering from the disease, there it is reasonable to assume that disinfectants may prove of great value as prophylactics. Hence we may anticipate that, in the course of time, an efficient system of aërial fumigation will not alone assist the physician in warding off disease, but may enable the surgeon also to dispense with the cumbrous appliances associated with antiseptic dressings and the steam-diffusing urn.

NOTES ON A CASE OF COLOTOMY.

Read before the Essex District of the East Anglian Branch.

By THOMAS SIMPSON, M.R.C.S. Eng., Coggeshall, Essex.

GEORGE P. came under my care in November, 1880, complaining of constipation that had been increasingly troublesome. The exact date on which the bowels ceased to act I cannot remember; but, after he had attended at the surgery several times, I began to attend him at his home on November 27th, 1880. He was a well developed, strong, healthy man, 71 years old, a wheelwright, and was a sober, steady, industrious workman. He had an inguinal hernia on the right side, which could easily be reduced, and which was entirely omental. The symptoms became intensified. He underwent the usual practice pursued in such cases, chief reliance being placed on the internal administration of belladonna and the free use of injections. The long tube of the stomach-pump was used for the latter purpose; and on one occasion, after paying out the tube more freely than I had been able to do before, I found that it had turned in the bowel, so that the perforated end of the tube presented itself at the anus. The difficulty seemed to be at the sigmoid flexure of the colon, and the obstruction was such that neither motion nor flatus passed. No food could be

retained; any attempt to take it only caused vomiting. The abdomen became greatly distended; and, as the man was lean, the course of the colon could easily be traced—a matter which rendered the subsequent operation easier to accomplish. So the case continued, the man becoming weaker and weaker, and his condition more hopeless, as every effort made for his relief turned out to be vain and futile. On Sunday, December 12th, I persuaded him to let me perform colotomy. With the help of Mr. Galpin of Kelvedon, and my assistant, Mr. W. E. Woodman (now practising at Croydon), I performed the operation in the usual situation. I succeeded in bringing the colon well forward, and in getting it safely secured to the external wound before opening it. When I opened it, enormous quantities of liquid feculent matter spouted out. I passed my finger down the gut as far as I could, but could find no obstruction.

The after-treatment was very simple. He kept his bed for about three weeks, and the wound was dressed with spongio-piline. One motion passed naturally, and then all that passed from the bowels came through the artificial opening. He recovered quickly, and, in about two months, was at work again. I tried to close the external opening with an ivory ball, that might be removed so as to allow the fæces to escape; but, after trying several expedients of this kind, and for this purpose, I found that square pieces of spongio-piline, kept closely applied by means of a broad bandage, were the most efficient.

The man often worked for me after the operation, and never complained of any inconvenience, and he continued in active work till January 15th, 1885. He had taken cold a few days before this date, and, on the evening of that day, when coughing, he felt something give way, and found that a large swelling had appeared just below the artificial anus. A great deal of blood oozed from the swelling, and he suffered greatly from pain.

On examining him, I found him very weak and almost pulseless, and could not on that account persevere long in trying to reduce the swelling. He died exhausted on January 17th.

We opened the body on January 19th, and found that the hernia on the right side was omental, the omentum being attached by old adhesions to the anterior surface of the descending colon. The colon was distended, as were the smaller intestines. In the preparation now exhibited, a large loop of the ileum can be seen that had been forced through the abdominal walls below the artificial anus, and had there become strangulated; parts of this intestine were becoming gangrenous. The colon below the seat of operation was empty, save two extremely hard lumps of scybalous matter. There was nothing besides these to account for the symptoms to obviate which the operation was performed.

REMARKS.—The case is interesting on two grounds; first, as showing that the operation may be attempted on old people with a fair prospect of prolonging their lives, as in this instance, for over four years; and, secondly, on account of its peculiar, and, so far as I know, unique termination.

The preparation illustrating this case has been sent to the museum of St. Bartholomew's Hospital.

NITRITE OF AMYL AN ELIMINATOR OF URIC ACID; ITS EMPLOYMENT IN THE TREATMENT OF GOUT.

By ARCHIBALD D. MACDONALD, M.D., Liverpool.

I PROPOSE to support the title of this short paper by three distinct, yet closely connected statements.

1. On September 13th, 1882, I attended a case of what is usually called puerperal eclampsia. After the first hour, and during three and a half hours, I repeatedly gave nitrite of amyl by inhalation, in the usual way and dose. In the course of the following eighteen hours one minim of nitro-glycerine, of 1 per cent. solution, was four times administered, and chloroform to a limited extent, as well as an operative procedure, also marked that period. Nine hours after the last dose of nitro-glycerine; that is, about 31½ hours after the first inhalation of nitrite of amyl, I drew off the urine. After standing for nearly 48 hours, it was seen to have deposited, *inter alia*, crystals of uric acid.

Then, this fact somewhat puzzled me, but I was inclined, for reasons which need not be specified, deduced from the hypotheses of authorities on the subject of this eclampsia, to look upon this as an interesting clue to a rationale of the colchicum treatment of the disease. A notice of the observations of Signori Guiseppe and Sansoni, of Turin, however, has forced me to reconsider the point.