wounded continues, aided by the reconstruction and enlargement of the hospital now contemplated and so much wanted, so long shall we maintain our freedom from these dire diseases.

I think I have said enough to prove that pyæmia is a preventable disease in hospitals. Mr. Erichsen says, in his excellent lectures on Hospitalism, "that when once a hospital has become thoroughly impregnated by these septic influences for a length of time, no hygienic measures can restore it to purity and safety." In this opinion, I hope he has erred, and the evidence I have produced seems to prove it; for in all those numerous English and continental hospitals in which freedom from pyæmia has been secured and maintained, in some instances for years, it had been constantly present for a length of time previously.

By what has been said, the chief means will have been indicated by which prevention is to be obtained.

Mr. Lister obtains it by antiseptic surgery. He cares little about overcrowding or ward cleanliness, but he secures most completely surgical cleanliness of wounds. It is true that no amount of overcrowding will produce pyæmia in unwounded patients; and Mr. Lister, by the carbolic spray and real cleanliness, takes care that no poison or impurity shall reach his patient's wounds.

Mr. Callender, on the other hand, takes care that there shall be no impurity or miasm in his wards; that there shall be no overcrowding, and that the wounds themselves shall be dressed always with scrupulous care.

We, in this hospital, have imitated his care in these respects, but we have, I maintain, discovered this year a source of infection which has, I believe, been too little dwelt upon and too much overlooked hitherto. I mean the infection which creeps along and spreads by impure bed-linen and bed-furniture; by careless neglect in the purification of bandages and linen; and by the disregard of disinfecting and laundry arrangements. As before mentioned, we had taken active steps against overcrowding, and in favour of ward ventilation; but it certainly did not enter fully into our thoughts that here probably the greatest fault of all was to be found in defective nursing. Very probably in other hospitals these same defects are the unsuspected cause of their unhealthiness; and the remedy will be, not merely to look to the structural aptitude of the building, but rather to the more humble but equally important question of nursing and ward-management.

It is probable, as time and experience go on, that the old notion as to the requisite cubic space for hospital patients will change. There is no question, that the enormous development of machinery and the growth of population, and, I may add, the advances of operative surgery, have utterly altered the conditions of hospital management; and I have no doubt that, in these days, operations, and serious wounds and injuries, are vastly more frequent in hospital wards than they formerly were; and, as the proper result of this change, the old idea of 1,500 or 1,600 cubic feet of air as all sufficient will come to be altered to 2,000 or 2,500.

One other suggestion I would make, as tending to hospital salubrity, viz., the adoption of the plan of isolating, as far as possible, in single rooms, all cases of severe operations or serious accidents, and especially cases calculated to emit noisome odours. We have discovered the value of this plan during the past year, and I sincerely hope that in any extension of our hospital, facilities in favour of this principle will not be forgotten. It was found in the Franco-German war, that in single-roomed huts built in the roughest manner, and in the small hospitals, there was almost complete absence of pyæmia. Mr. Spencer Wells has said, and with great truth, of ovariectomy, and the same words will of course apply to all operations, "that the surgeon who hopes to obtain better results than have hitherto been obtained, must place his patient, as nearly as possible, in the position of a person in a private house in a healthy situation."

If then, it be proved that pyæmia is commonly found in large hospitals, so as probably to cause the death of hundreds of patients every year; if it be also proved that by one plan or another it may be wholly or in great part prevented, then it follows that a great and heavy responsibility rests upon those who have the control and management of such hospitals, and I hope and believe that the time is coming when it will be a disgrace, and even an offence, to admit that such a disease exists in wards, which are intended to promote the recovery, and not the death, of the sick poor. It should be compulsory on every hospital to keep and publish a report of its work, year by year; and if it should thus appear that pyæmia and other septic diseases are constantly or frequently occurring within its walls, then I trust that by-and-bye some central authority, either of the Local Government Board or of the Public Health Department, will have the power and the duty to visit such hospital, and suggest and order the rectification or re-

moval of whatever defects, either of construction or internal management, that may be found necessary.

This, however, is a question of the future. In the meantime, it is to be hoped that hospital physicians and surgeons will probe these vital questions to their foundations, and by increased knowledge and experience, will of themselves be enabled to detect the fault, and surely to apply the remedy.

CASE OF TRACHEOTOMY WITH ARTIFICIAL RESPIRATION IN A CASE OF APPARENT DEATH FROM CHOKING.

By JOHN HARKER, M.D., Surgeon to the Infirmary, Lancaster.

ON Monday, January 25th, I was requested to visit a case of choking. The patient, a man aged 38, with imperfect sight, could obtain but a precarious living by job-work at public houses. On the day in question, being hungry, he was eating in a ravenous way some cold meat which had been given to him, when he was observed suddenly to choke. Some beer was given to him to drink, when he became worse, livid, and unconscious. At this stage, I was sent for. On examining the patient's glottis with the finger, I found that a piece of meat could be felt, but could not be immediately extracted, as it was large and firmly fixed in the larynx. As respiration had by this time entirely ceased, I proceeded to operate for tracheotomy thus. The patient being seated in a chair, with the head thrown back, I selected a convenient part of the trachea; and, with Trousseau's very serviceable double knife, made a small opening, and introduced a tracheotomy tube. Next, with the aid of a bystander, I used artificial respiration, accomplished by raising the patient's arms well above his head forcibly. This process was known to be effective; as, with each upward movement of the arms, air was distinctly heard to enter the chest with a whistling sound through the tracheotomy-tube. At the end of seven-and-a-half minutes, the patient made a gasp of inspiration, and, after that, became able to breathe. I now tied the tube in position, and took the patient in a cab to the Lancaster Infirmary. When we arrived there, he had so far recovered as to be able, with assistance, to walk up a number of steps to the small ward where I wished to place him in bed. As he continued to recover, he began to make vigorous efforts to bring up the foreign body; a great quantity of mucus frothing came up from the larynx. I now, with a pair of curved throat-forceps—the house-surgeon, Dr. Scott, forcing open the patient's mouth with the handle of a fork—succeeded in extracting a piece of tough meat, which, when spread out, was as broad as two fingers, and about a quarter of an inch in thickness. The cannula was removed from the trachea in the afternoon of the same day. The patient was retained in the Infirmary a week after the occurrence. On Wednesday, he complained of soreness in the lateral regions of the chest; but as his temperature as registered by the thermometer was normal, and there were no abnormal physical signs on auscultation, this I considered to be owing to fatigue of the respiratory muscles, by reason of the artificial respiration, and no medicine was ordered for him. On the following Monday, he was dismissed, quite well. On recovering, the patient gave this account of the accident. He was in the act of swallowing the piece of meat, when he attempted to speak, and the meat at once entered the windpipe; he was choked, and motioned for a drink; some beer was given to him; he tried to drink, and became unconscious, remembering no more.

A CASE OF SPINA BIFIDA TREATED BY IODO-GLYCERINE INJECTION.

By MARK LONG, M.D., Hackney.

W. II., A WELL developed male child, rather above the average size, was born on October 12th, 1875. On examination, it was found that both feet were clubbed (*talipes varus*), the knees and hip-joints were rather stiff, and in the sacral region there existed a spina bifida about the size of a small orange. The tumour was semitransparent, not very tense, but became more so when the child cried or was placed in the erect posture; and the skin covering the upper part was extremely thin, and superficially ulcerated over a considerable space. The tumour was protected from pressure, and the ulcerated part dressed with zinc ointment, under which treatment it slowly healed, and became skinned over in about four weeks. On October 27th, it became so tense, that I punctured it with a small trocar, drawing off about half an ounce of straw-coloured fluid, and then closed the opening with collodion. The child seemed to suffer no inconvenience whatever from this procedure. On Novem-

ber 4th, the fluid oozed out by minute drops from an opening so small as to be unrecognisable except by the drop which marked its position; this, however, closed of itself in a few days. Another opening, rather larger, and permitting the escape of sufficient fluid to keep the lint which covered the tumour always damp, occurred on the other side; and, after being open for three days, was closed on November 17th by collodion and lint.

On November 23rd, the child being in perfect health, I drew off about three drachms of clear fluid, and injected rather less than a drachm of the iodo-glycerine solution recommended by Dr. Morton. In about a minute, and while I was closing the opening I had made with lint and collodion, I noticed the whole surface of the child become suddenly pale; and, on looking at the face, found it in the same state. I rapidly closed the orifice, and placed the child in the mother's arms, when, although still pale and the pulse weak, it was able to take the breast. I saw it again in three hours, when it was still very pale, with small pulse, but the surface and extremities were warm; it could hardly take the breast, and I ordered it a few drops of brandy occasionally in the mother's milk. I again saw it five hours later (8 P.M.), when it seemed to have rallied somewhat, and was again able to take the breast; but the surface was still pale, and the pulse showed little improvement. When I called next morning, I was informed that the child seemed gradually to become weaker, notwithstanding the free administration of stimulants, and died at 4 A.M. without a struggle, never, apparently, having rallied from the shock of operation.

The above case will be of interest in connection with those mentioned by Dr. Morton of Glasgow in the JOURNAL of November 13th; and I publish it, as it is of importance that all cases treated by this method should be made known, whatever the result may be. Moreover, death in this case was undoubtedly due directly to the shock of the operation itself, and not to any complications, as in the three other cases where death occurred after this operation.

OBSTETRIC MEMORANDA.

CASE OF PROLONGED PREGNANCY.

THE following case of prolonged pregnancy may be worthy of record. Mrs. X. lived with her husband up to March 25th, but, owing to her having communicated to her gonorrhoea (which ran into a gleet), she lived *absque marito*, from the above-mentioned date till the following August. She called in September and engaged me to attend her in her confinement, stating that she expected it to take place on December 25th. At the latter date I saw her, but there were no signs of approaching labour, at which she was much astonished, having previously borne six children, and always being confined within a day or two of her reckoning. However, labour did not come on till the night of January 16th, and it terminated on the following afternoon. The child (female) when born weighed about five pounds; the umbilical cord was very thin and weak, and looked shrunken; the placenta was normal in size, but darker in colour and more easily broken down than usual, and a considerable amount of flooding occurred. Reckoning from March 25th (the date of the last connection) to January 17th, the period which elapsed, is just 298 days. On referring to Churchill's *System of Midwifery*, I observe cases of prolonged pregnancy mentioned as having occurred in the patients of the following gentleman, viz.: Dr. Beatty's case, 291 days; Mr. Skey's case, 293 days; Dr. Ashwell's case, 300 days; Dr. M'Ilvain's case, 293 days; Dr. James Reid's cases, 287 and 293 days.

F. R. LEE STRATHY, M.D., Harborne, Birmingham.

ANENCEPHALOUS MONSTER: CURIOUS FAMILY HISTORY.

ON the evening of February 13th, 1875, I was called to attend Mrs. B., aged 22, a primipara, who was said to be in strong labour. On arrival, it was found that labour had commenced eight or ten hours before, that the membranes had ruptured with a loud report four hours previously, and that the escaped liquor amnii had been excessive in quantity. The patient was a strong healthy-looking woman, but exhibited great mental disturbance. On making a vaginal examination, it was found that labour had advanced to the second stage; that the face presented, lying in the right oblique diameter, with the chin pointing to the left ilio-pectineal eminence; and that the *caput succedaneum* occupied the left cheek and ear. On feeling for the vertex, the finger came upon an irregularly lobulated soft mass, surrounded by a bony ridge, conveying at once the idea that the foetus was mal-

developed. The neck was bent, and the left shoulder could easily be felt during the uterine contractions. The patient showing signs of exhaustion, the forceps was applied, and she was speedily delivered of an anencephalous monster, which appeared to have been dead only a few hours. The face, trunk, and limbs were well developed. The brain and its membranes were absent, but in their place was a lobulated dark-coloured mass, soft, and about one-and-a-half inches in thickness; this was covered with a membrane which was continuous with the integument of the face and neck. The finger could be passed easily into the vertebral canal. I was not allowed the opportunity of dissecting the specimen. The mother recovered speedily. She ascribed the deformity to a fright by a dog in the early months of pregnancy. In January last, she was again confined; this time of a well-developed child. The family history in this case is very curious. The mother herself is mentally deficient, and her mother and grandmother died insane. On the father's side, the mother, three brothers, and one sister are insane. It is rather interesting that the first-born of such a marriage should be anencephalous.

II. HABGOOD.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

GUY'S HOSPITAL.

CASES OF RETROVERSION OF THE UTERUS, WITH RETENTION OF URINE; ONE ENLARGED BY FIBROMA, THE OTHER BY PREGNANCY: RESTORATION TO POSITION BY AIR-BALL PESSARY.

(Under the care of Dr. J. BRAXTON HICKS.)

CASE I. *Retroflexion of Uterus, with Fibroma.*—M. J., aged 27, single, a servant, had felt inconvenience in the pelvic region for some time, and, within six months of entry, had suffered occasionally from retention of urine, necessitating the use of the catheter. Her medical attendant in seeking the cause, detected a tumour beyond the os uteri, and sent her in for treatment.

On admission, a large hard mass was found filling up the cavity of the pelvis; the os uteri was high up, close behind the pubes. On passing the sound, it was clear that the cavity was in front of the mass, with an inclination backwards; but the sound entered four inches. The mass and uterus were intimately united, moving together in all directions; hence the conclusion was, that the mass was a fibroma in the posterior wall of the uterus, but one usual symptom was absent, namely, menorrhagia. However, Dr. Hicks concluded that this was explained by the position of the fibroma, it evidently being more to the exterior than interior of the uterus. He remarked that the amount of hæmorrhage in these cases depended most commonly upon the amount of intrusion of the growth into the cavity. The mass, although slightly movable, could not be made to revolve on its transverse axis; it was, therefore, agreed to place the patient under chloroform, in order to relax the parts and manipulate more cautiously. This was done without much difficulty, the posterior portion rising up, whilst the os came down into position. The patient was kept in bed, but in two days the mass reverted to its old position. Dr. Hicks endeavoured to again restore it without chloroform, but without success. She was again placed under chloroform, and restoration readily accomplished. An air-ball pessary was inserted into the vagina behind the os, supported by a firm external pad; and this kept in for twenty-four hours, succeeded in retaining the uterus permanently in its proper position.

CASE II. *Retroflected Pregnant Uterus.*—This was in a married woman, who was brought to the hospital with retention of urine, having been amenorrhoeal for three months. The bladder reached to the umbilicus. Mr. Jones, resident-obstetric, having diagnosed the case, drew off the urine. Dr. Hicks, next day, saw the patient, and found a very complete state of retroflexion, the uterus filling the pelvic cavity. He then recommended the urine to be frequently drawn off, and an air-ball-pessary to be introduced against the fundus *per vaginam*, supported by a firm pad externally. The next day, on removing the pessary, the uterus was found to be in its natural position, in which it remained permanently. Dr. Hicks remarked that he preferred this plan to many others, as being, by its gentleness, not so likely to disturb the ovum, and consequently to bring on abortion, as when more