A better form is that made of vulcanite, which is fastened by means of a screw, but it is frequently broken by being overscrewed. The discharges get into the interstices of the screw, and it cannot be released, and often the adjacent hairs get entangled, giving rise to considerable pain; and so Zwanke's pessary with many has fallen into disuse. To obviate these objections, I have contrived a form of Zwanke's pessary, which has been manufactured for me, and registered by Messrs. Arnold and Sons of Smithfield, and it has already proved to be a very useful pessary. It is shown in the accompanying illustration.

The upper part is made of vulcanite, and is extremely cleanly, light, and durable. The lower portion or feet, employed for locking, is made of metal. Directly these feet come into contact, with the slightest pressure they lock, and they are as easily released by pressing with one finger upon the spring, and at the same time pushing the curved extremity down with the thumb. It may be suggested, that this portion will give pain by pressing externally, but this in practice will be found not to be the case. The patient walks about and sits down with perfect comfort. The expense—a very important item—is very little more than that of the cheapest form, while it will last out at least three or four of these. It is considerably cheaper than those varieties worked by means of a screw, whether made of vulcanite or metal.

NOTES OF A CASE OF EXTRA-UTERINE PREGNANCY: DISCHARGE OF FŒTUS *PER RECTUM*: STRICTURE OF RECTUM AND COLOTOMY.

By HENRY JAMES BENHAM, M.B., Ipswich.

THE following case is, I think, of interest for several reasons: first, on account of the extraordinary nature of the primary injury; secondly, on account of the extra-uterine foetation; did the weapon which inflicted the injury to the rectum at the same time directly impregnate the left ovary? And, thirdly, on account of the difficulty met with in performing the operation of colotomy.

Mrs. X., aged 36, states that she was strong and well till her marriage in 1866. Her husband had formerly had syphilis, but was then well, except some ulcers on the legs. A week after marriage, she received a severe injury to the rectum, by which the bowel was probably torn about two inches above the anus. She was awakened from sleep, whilst lying prone, by a sudden acute pain in the rectum, and "feeling something give way", apparently in the middle of the pelvis. This was immediately followed by excruciating agony and severe hæmorrhage. She is certain that she could not have been more than a few days pregnant at the time.

During the next three months, she suffered much from pain in the neighbourhood of the injury; she was unable to turn in bed, and was very feverish; there was discharge of pus from the bowel and occasional bleeding. She then, after passing a sharp piece of bone *per anum*, gradually got better, and was able to leave her bed. About three and a half months after receiving the injury, while at stool, a large soft mass passed from the bowel with much blood.

Defæcation, which since the injury had always been painful, now became difficult, till, in the summer of 1867, the obstruction became nearly complete. She was again confined to her room; three fistulæ formed around the anus, and the constant discharge of pus and fluid faeces rendered the perineum so tender and excoriated, that she was unable to sit upright. She suffered also from constant wearing pain in the lower lumbar and sacral regions, and from such hyperæsthesia of the whole back, that she could not allow it to touch the pillows, but was obliged to lie on one or other side. Every ten days or so, her sufferings were greatly aggravated by a violent attack of straining, accompanied by incessant vomiting and sickening abdominal pain (? ovarian). Large quantities of purulent matter were then passed, together with solid much compressed faeces. Sometimes small pieces of necrosed bone were passed either through the anus or through the fistulæ, and also several small bones (some of which are in my possession), which appeared to be those of a foetus of about three months.

In this miserable state, the patient continued for about seven years. In the intervals between the acute attacks, she was just able to do needlework. When first called to see her, I found her spare, but not emaciated; though her face bore evidence of severe suffering, there was no cachexia, and she had a fair appetite. She said she had never had any sore-throat or skin-affection. On examination, I found a stricture of the rectum an inch and a half above the anus, firm, smooth, and unyielding, not admitting the point of the finger. The rectum was freely movable laterally, and the coccyx and sacrum felt normal. There were no nodules in the vaginal wall, but the upper part was thickened and tender; the structured portion of the rectum could be felt through it as a thick mass extending upwards for about an inch and a half. The fistulæ passed up by the side of the bowel.

As the stricture involved so much of the rectum, and appeared to be connected with abscess and necrosis above, I advised left lumbar colotomy, to which the patient and her mother readily consented. I accordingly operated in the usual way; but, on reaching the peritoneum, the colon did not come readily into view; it was unfortunately empty, and could not be injected. On opening the peritoneal cavity, however, a loop of colon slipped out, and the cause of the difficulty became apparent; the bowel was not fixed to the abdominal wall, but was floating freely, having a long meso-colon; it was quite healthy and firmly contracted. I opened it by a transverse incision, dividing at least half its circumference, and fastened the cut edges to the central part of the skin wound with four strong whipcord sutures and a few silk ones. I then brought the rest of the wound together before and behind with deep and superficial silver wire sutures supported by broad strips of plaster.

During the first week after the operation, the patient made good progress; flatus passed from the artificial anus on the third day, and well formed solid faeces on the fifth. But, on the seventh day, her troubles began. The wound became tense, and, when the stitches were cut, it gaped widely posteriorly, and several large sloughs of areolar tissue came away. The patient acquired a suspiciously earthy look; was very prostrate, and her temperature ran up to 104 deg., but there were no rigors. She had for several days complete retention of urine, necessitating the use of the catheter; her urine was highly albuminous, and slightly tinged with blood. Her mouth became excessively tender, her tongue and gums being swollen and covered with thrush, which proved most rebellious to treatment, and, by preventing the patient from taking food, almost cost her her life; she was only saved by the free use of egg and brandy mixture. Suppuration and sloughing extended from the wound along the areolar planes of the back, and retarded her convalescence; but the extreme hyperæsthesia from which she had suffered before the operation ceased long before the abscess had healed. About six weeks after the operation, cystitis set in, with much mucopurulent discharge, and a few days afterwards the urethra was obstructed for a time by the impaction of a necrosed piece of membrane of the size of a shilling. The patient said she had felt something give way into the bladder; at all events, the purulent discharge was greatly increased after this passed, and there was a feeling of relief in the pelvis, as if an abscess had burst.

Notwithstanding these drawbacks, the wound granulated well. Two months after the operation, the patient was able to get out of bed without assistance, and thenceforward steadily gained flesh and strength; but it was not till nearly four months after the operation that she was able to walk out, wearing a mackintosh bag attached to a tin frame shaped to the side. The wound had then firmly cicatrised, and presented two apertures, one above the other, on a level with the skin, and separated by a thick septum, so that there was no tendency for faeces to pass into the lower bowel. Pus continued to pass by the anus and through the fistulæ, and also passed up the colon to escape from the side. To obviate the straining, a recto-vaginal fistula was after-

wards established, through which the discharge now escapes freely. The patient has been ever since comparatively well, and quite free from the periodical attacks of ileus, as well as from the constant pain and soreness from which she suffered for so many years.

THE HEALTH OF ROME.

By LAUCHLAN AITKEN, M.D.

IN a paper read last year at the meeting of the Association in Edinburgh, I showed by incontrovertible data that the health of Rome was very much better than it is represented by the numerous correspondents, whose ludicrous mis-statements are constantly appearing in the *Times* and other English newspapers. An abstract of that paper was published in the *JOURNAL* for August 28th, 1875. I wish now to add a few facts to the data contained in it.

The establishment of a registration office at the Capitol after the entry of the Italians dates from February 1st, 1871. The census was taken on the last day of that year and the first of 1872, the previous one having been in 1853. Hence it is obvious that the estimates prior to 1872 must have been to some extent conjectural. The reports furnished by the statistical department at the Capitol seem now sufficiently trustworthy. From them, the death-rate in 1872 was found to be 37.1 per 1,000; in 1873, 29.1; in 1874, 26.2; in 1875, 30; and, in the first quarter of this year, 37.7 per 1,000; the mortality in 1872 and in the first quarter of this year being very high. On both occasions, the increased death-rate was due to the same cause, an epidemic of small-pox, combined this year with a fatal type of measles. In 1872, no fewer than 737 persons died from small-pox, while, from the middle of September last, when the two complaints mentioned may be said to have assumed epidemic proportions, up to the beginning of April in this year, 755 deaths had been entered under the heading "Eruptive Fevers". In the epidemics of 1871-72 and 1875-76, children under five years have formed more than two-thirds of the victims. This year, a few deaths have also been due to scarlet fever.

Apart from these epidemics, the zymotic mortality seems to diminish in Rome. In 1872, the seven chief preventable diseases—pernicious intermittents, enteric fever, diphtheria, croup, small-pox, measles, and scarlatina—caused 2,270 deaths, or more than one-fifth of the total mortality. In 1873, 1,218 persons died from these complaints; in 1874, 977; and in the first five months of 1875, that is, previously to the fresh outbreak of small-pox, 340. Malarial and enteric fever, two diseases to which strangers always give the generic name "Roman fever", show a distinct improvement, the deaths from the first having fallen from 506 in 1874 to 395 in 1875, and to 69 in the first quarter of this year; while enteric fever, which in 1873 caused 324 deaths, in 1874 only caused 247, in 1875, 235, and in the first quarter of this year 48 deaths, or 16 fewer than in the corresponding quarter of 1875, and that at a time when it was declared to be raging in our city. In proportion to population, there are at present fewer deaths from enteric fever in Rome than in any other large continental capital.

This, indeed, is only natural. The drainage of Rome is good, that of its English quarter excellent, it having been entirely renewed in 1872 and 1873, and modern Roman engineers retain much of their ancestors' ability in drain-building. The water-supply, too, is enormous; no less than 317 gallons per day to each inhabitant from the four aqueducts alone, and the drains are consequently thoroughly flushed. The Trevi water, which ought to be drunk by all, contains neither organic matter nor excess of earthy salts. As it runs night and day in the courtyards of every house in the English quarter, and is never kept in cisterns, there is no danger of its contamination.

Having shown that the preventable mortality was diminishing in Rome previous to the outbreak of eruptive fevers, which have confined their ravages very much to children, I will point out how English-speaking strangers, for whom alone I can answer, have been affected. Among them there have been sixteen deaths this season. Six are entered as from enteric fever. In four out of the six, the fever originated in Naples, in one in Rome, and in the sixth the place of origin is doubtful. Five of the victims were from the United States, one was a Canadian. The other ten deaths were from ordinary acute or chronic maladies. No death was due to malarial fever, small-pox, measles, scarlatina, or diphtheria. Indeed, it is certain that not more than two or three English and Americans took small-pox. Sixteen deaths out of more than 20,000 persons, the lowest estimate of the English-speaking visitors to Rome in a season, is no alarming mortality, especially as many are travelling to improve their health.

That the proportion of cases of enteric fever originating in Naples is not merely accidental this season, may be seen from the data of my own

practice. Within the last three years, I have treated nine cases of enteric fever. Seven of these originated in Naples or its neighbourhood, two in Rome, no case being attributed to Naples in which there were not symptoms already present on the arrival of the patient in Rome. I have found no difficulty in discriminating between enteric and remittent fevers. The symptoms are quite distinctive. Genuine enteric fever is very severe in this climate. I lost four out of the nine cases, whereas, out of thirty-six cases of remittent fever treated in the same three years, only one died—a lady who miscarried at the eighth month during the fever, and really died from flooding. Whether there is a typho-malarial fever, or whether remittents sometimes assume a typhoid type, is another question. Malarial fever usually takes the remittent form with strangers, and may be severe, as in the case published in the *JOURNAL* for April 1st. All I maintain is, that, under prompt and active treatment, anyone in ordinary health, who takes remittent fever at Rome during the winter months, recovers.

But, while there has occurred this season among English-speaking visitors in Rome one single death from a preventable complaint undoubtedly originating here, rumours of a large mortality in England from fevers contracted in Rome reach this city. These deaths do not seem to be ascribed to malarial fever, to which they might naturally be due, considering the want of treatment, in their early stages, the journey from Rome to England implies, but to enteric fever.

As enteric fever, however, has an incubation period extending occasionally even to twenty-one days, it must surely be a matter of some difficulty to trace clearly the germs of the disease to Rome, especially as the victims have been probably moving about from Naples to Rome, from Rome to Florence, Venice, Turin, etc. Instead of there being an epidemic, it is certain that the number of cases of enteric fever is steadily diminishing in Rome itself. Of course, if a case of enteric fever get into an hotel in Rome or elsewhere, and efficient measures of disinfection are not taken, the disease may spread to other visitors. One fact I may mention. I have never known nor heard of a case of enteric fever originating in a private apartment in the English quarter of Rome. To sum up:

1. The mortality in Rome from enteric fever has steadily diminished within the last fifteen months.
2. The deaths in the same period from malarial fevers have also been fewer.
3. English-speaking visitors have not suffered from the prevailing epidemics of small-pox and measles, which have raised the death-rate, but are now subsiding.

MODIFIED SMALL-POX AND CHICKEN-POX.

By CHARLES F. HUTCHINSON, M.D.

THERE is no class of cases in the whole range of medicine which presents greater difficulties to the medical man practising in small communities than these. The diagnosis between the two is acknowledged by all to be of the greatest difficulty, nay, almost of impossibility; and, in the face of all this, we are taught that the mildest case of modified small-pox may be the means of communicating the most formidable forms of true variola. Then, again, the public, in all matters medical, is, in the strictest sense, essentially conservative, and small-pox is still looked upon with the greatest dread; and horrible visions of loathsome disease ending in death, on the one hand, or of a long protracted illness, out of which the patient at length emerges with a pock-marked face, on the other, present themselves to the mind.

With these facts before him, the medical man is placed in a position of great delicacy; for, if he diagnose small-pox, all inmates must be cleared out of the house, a sick nurse must be telegraphed for, and every possible precaution taken; it becomes noised abroad that small-pox is in the town, and the small community is thus thrown into a state of great disquietude, to say the least of it. Now, if the case prove to be one of modified small-pox, which may last only a few days (Sir T. Watson mentions a case in which the patient was convalescent in four days), the public thinks it has been unnecessarily frightened; the patient's friends think they have been put to all this trouble and expense without a cause; it is reported that it is simply a case of chicken-pox, and great discredit is thrown upon the doctor.

To show that these difficulties are not merely imaginative, I will briefly refer to a few cases which have lately occurred in my own practice. On Monday, January 24th, I was sent for to see Mr. S., aged 18, who was said to be covered with spots. I found him with his face covered with a discrete pustular eruption, which was also on the scalp and on the mucous membrane of the lips. On the back and chest, there was also a copious eruption, which was papular and vesicular