BREWIS'S APPLIANCE FOR USE AFTER COLOTOMY.

By JOHN INGRAM, M.B.

ABOUT two years ago I had a patient under my care who had colotomy performed for obstruction in the upper part of the rectum, but found great difficulty in getting any of the ordinary appliances for use after colotomy to act properly and comfortably. Being of an inventive turn of mind, he elaborated the arrangement shown in the drawings, which has worked so admirably that I feel that it ought to be made known.

The apparatus consists of an oval box, the bottom of which is absent; to it is attached a flange surrounding the box, which is applied to the skin. This flange is about

Fig. 1.

Fig. 2.

three-fourths of an inch in breadth, and is provided with studs on its outer surface, by means of which the appliance is fastened to a body-belt (Fig. 1). The outer part of the box is in the form of a lid, which can be removed and reapplied when it has been fixed in position (Fig. 2). At the dependent part of the box it is prolonged in the form of a chute; this is completed by a similar prolongation from the cover. The box is quite small and the intestinal contents do not remain in it, but at once pass out along the chute, where they are received in an india-rubber bag which is fixed over at the end of the chute (Fig. 3). The result is that all discharges collect in the bag without remaining in contact with the skin, which is thus preserved from irritation, and the comfort of the wearer greatly enhanced.

In applying the apparatus the lid is removed, and the patient then stands in front of a mirror, so that he can see what he is doing; the opening of the box is then fitted so as to surround the colotomy opening or openings completely, the size being such that about a quarter of an inch is left between the mucous edge and the wall of the box. Before placing the box in position, the body belt is attached to it by means of the studs, this belt being a slightly modified abdominal binder with perineal strap. No great pressure is necessary to ensure the appliance remaining in position. The lid of the box is then placed in position and fixed with a screw, and the india-rubber bag is applied over the chute and hangs down in front of the thigh, and the whole appliance, being quite small, is not in any way noticeable.

The inventor prefers to construct this appliance of silver, but any other metal of a non-corrosive character may be employed.

The appliance has worked now for a long time in the most satisfactory manner; it is comfortable to wear, does not get displaced, no leakage occurs under the appliance, the patient gets rid of the offensive smell of the ordinary india-rubber cap, and a more hygienic effect is obtained, as the instrument can be easily and thoroughly cleansed.

Unless the bowels are loose, it is not necessary to wear the apparatus at night, its place being taken by a pad of

wool and a bandage. In the morning the patient has his bath and then fixes on the apparatus, and unless the bowels are loose, the action occurs without any trouble, soon after the patient gets up. When the action of the bowels is finished the apparatus is detached and cleansed, and usually the patient goes through the day comfortably without any further inconvenience. The inventor, who is a very busy man, and who travels much over the country, always carries two or three spare arrangements with him, along with a small looking-glass, and if it should be necessary during the day to change the soiled apparatus, it is placed in a sponge bag and thoroughly cleaned when the patient gets home again. The instrument is made by Messrs. Maw, Son, and Sons, of Aldersgate Street, London.

SEVENTY-SIXTH ANNUAL MEETING

OF THE

British Medical Association.

Held at Sheffield on July 24th, 25th, 27th, 28th, 29th, 30th, and 31st.

PROCEEDINGS OF SECTIONS

SECTION OF TROPICAL DISEASES.

Lieutenant-Colonel Sir R. HAVELOCK CHARLES,
K.C.V.O., M.D., I.M.S. (ret.), President.

AFTER a few words of welcome to the members of the Section, Sir HAVELOCK CHARLES started its work forthwith by initiating himself the first discussion.

DISCUSSION ON TROPICAL ABSCESS OF THE LIVER.

OPENING PAPERS.

I.—Lieutenant-Colonel Sir R. HAVELOCK CHARLES,
K.C.V.O., M.D., I.M.S. (ret.),

Physician-in-Ordinary to H.R.H. The Prince of Wales.

In advancing along the tracks that have been worn by others, in this path of tropical medicine, a new understanding is not amiss, because, though it may only furnish the same sense, which is advanced upon a question in the writings of those on whose opinion we are accustomed to place special weight, yet this sense will have a different colouring, and colouring is of much effect in everything else as well as in painting.

The focussing of the collective experiences and knowledge gained by members whose practice has commonly had to do with the liver troubles of tropical residents should give to-day's proceedings an interest to ourselves, and possibly to others in the profession not so much in touch with this particular subject.

DEFINITION OF TROPICAL LIVER ABSCESS.

From residence in tropical climes there is a condition of irritation of the liver produced through which its physiological functions are abnormally performed and its vital resistance lowered. Owing to this, protozoal or bacterial forms of life, reaching the organ mainly by the portal vein, meet lessened resistance in its tissues, and if the subject of this hepatic irritation be not removed from the climatic conditions, rendering him vulnerable; or if the irritation be not subdued by proper medical treatment, then suppurative hepatitis must follow, and that is what I mean by tropical liver abscess.

In the European this suppurative hepatitis is the pathological outcome of physiological changes resulting in constitutions evolved for domicile in temperate regions but placed to live and work under tropical conditions.

The abscess is as a rule single; but there may be two or more, and when this is so it has generally, but not

Fig. 3.