bust by inheritance, has been degraded by vicious habits of living, by bad hygiene, bad surroundings, bad food, till that point of vital depression is attained which is the immediate antecedent and condition of tuberculosis. Such organisms may be regarded as an easy prey to Koch's bacillus. Insufficient alimentation, want of suitable clothing, coupled with unhealthy habitations and grinding toil, are the most productive conditions of consumption among the poor in New England.

The last number of the *North Carolina Medical Journal* contains an interesting editorial (written at my request) entitled Phthisis in the Southern States. Facts are there stated which are in striking agreement with conclusions above set forth. In the city of Wilmington, with a population of 18,000, of which 7216 are whites and 10,781 negroes and mulattoes, there were in 1880 six deaths from consumption among the whites and twenty-eight among the negroes. This, Dr. Wood says, is a fair ratio of deaths from consumption between whites and blacks, confirmed by observation. Consumption is much more prevalent in the negro than the native white population; in fact, it is on the increase among the negroes while it is comparatively infrequent among the whites. A ratio of one in 1203 is a small mortality from phthisis, and is much less than obtains in this country with natives. On the other hand, the mortality in the negro population was one in 249, which is something like the mortality from phthisis among our foreigners.

What is the cause of this excessive proclivity of the blacks to fall victims to phthisis? Dr. Wood adduces four reasons: (1.) Syphilis among the negroes. (2.) The huddling of large families in small, ill-ventilated huts. (3.) Exposure and insufficient food. (4.) Intemperance in ardent spirits. Dr. Wood places strong emphasis on the first factor, namely, the debilitating influence of syphilis. It breaks down the negro constitution and makes him tuberculous.

There is no doubt about the intimate relation between syphilis and tubercle, and that there is a clear, straight track from one pathological territory to the other. We think, however, that syphilis is not often a predisposing cause of tuberculosis in New England. At least we have not often been able to trace, in specific instances, a clear ætiological connection between the two diseases.

With regard to Dr. Wood's second cause, that is, crowding of families in close tenements, we think that we have in numberless instances traced the inception of scrofula and tubercle to this cause. Many of our foreigners live in just such miserable, damp, ill-ventilated tenements, so shaded that a gleam of sunshine scarcely ever enters them. The cast-iron stove, of which Dr. Wood speaks in deprecating terms as a modern abomination rather than a modern improvement, if a factor in the ætiology of the tuberculous diathesis in the Southern States (being an air-poisoner) is far more an evil with us.

The third reason alleged why consumption is so prevalent among the negroes, namely, that their food is of a wretched quality, besides being often insufficient in quantity, is undoubtedly a powerful predisposing cause of consumption among the foreign population of New England. They live on poor fare because they have not the means for providing themselves with good food. Too little animal food is eaten, and too much bread (often of a poor quality), and pork and fish.

An insufficient dietary is not seldom supplemented by bad rum, of which New England produces a liberal supply.

That Dr. Wood's fourth predisposing cause, namely, intemperance in strong drink, is as common among our foreigners as it is among the native colored race of the South is undoubted. In terms of the bacillus pathology excessive indulgence in ardent spirits prepares the soil for the tubercle bacillus.

Climatic changes have much less to do with the development of phthisis in the South than in New England, for the negro is acclimated.

A CASE OF LEFT LUMBAR COLOTOMY, WITH RECOVERY.

BY FRANK L. SMITH, M. D., STAFFORD SPRINGS, CONN.

Mrs. H., sixty years of age, born in this country, married, and the mother of four children, has never had any serious sickness, but of late years has been of constipated habit, but not of sufficient severity to induce her to seek medical advice. On the 22d of July, 1882, the writer was summoned to attend her; found her lying on the lounge, complaining of pain in the bowels, and reported having taken during the four preceding days two full doses of Epsom salts and senna, besides half a bottle of "castoria," with no effect whatever upon the bowels. Abdominal palpation failed to discover any marked tenderness or any tumor of the abdomen; very little constitutional disturbance. Prescribed one tenth grain of Clutterbuck's elaterium, to be taken every two hours until an operation of the bowels occurred.

The following day she reported two operations of the bowels after four doses of the elaterium. The next day, the 24th, I found her about the house, feeling quite well and comfortable.

Was called again on the 27th, and found much the same condition as on first visit, with no movement of the bowels since that time; again prescribed the elaterium, one tenth grain every two hours until an operation, to be accompanied by large rectal injections.

July 28th. Has taken six doses of the elaterium and the injections, as directed, but no operation; abdominal tenderness slight, and not a great amount of pain. Gave her pil. podophyllin comp., to be taken at intervals of two hours.

July 29th. No movement of the bowels and rather more pain; temperature normal; pulse slightly accelerated. Now prescribed croton oil, one-half-drop doses to be taken every hour until eight doses have been taken or vomiting intervenes.

July 30th. The bowels have not moved, but after taking the sixth dose of croton oil vomiting set in; the matter vomited was as truly stercoraceous as possible in odor, color, and appearance. The rectal injections have been continued. Rectal examination discovers an empty rectum, with an apparent obstruction about six or seven inches from the anus; an attempt to pass flexible tube gives the sensation of its entering a fold of the gut. Prescribed quinine one grain every six hours. No more cathartics to be taken.

July 31st. No change. The friends becoming anxious, Dr. Hills, of Willimantic, was called in consultation. Advised injections of mustard water through

flatus catheter, and give hyoscyamus and belladonna. all the patient will bear. Vaginal examination discovers nothing bearing upon the case. The mustard-water injections come away, bringing nothing with them.

August 1st. Condition unchanged, except that the patient has had some stercoraceous vomiting this morning, and some delirium from the belladonna. There being but little constitutional disturbance, I advised desisting from any active treatment for the present; give nourishing food, and that which will leave the least residue. Continue quinine, and give enemata three times a day, with turpentine stupes to the abdomen to relieve tympanites.

August 6th. Condition much the same. Now commenced applying electricity, one pole externally, following the course of the large intestine, upon the abdomen, the other inserted into the rectum. A current so powerful as to be unbearable upon the abdomen is scarcely felt in the rectum. Continued electricity for a week, together with injections of milk, and once or twice injections of glycerine.

From this time to the 22d the treatment was expectant, with the exception of aspirating the bowels for the relief of the tympanites on the 14th and 18th, which afforded but slight relief. On the 22d the hand was introduced into the rectum after Simon's method, but the obstruction could not be removed with the use of a reasonable amount of force. The tympanites was now extreme, and, the patient beginning to show unmistakable signs of failing, the operation of colotomy was advised as a *dernier ressort*. In consultation with Dr. Newton, on the 24th, the conclusion was reached that unless relief from the obstruction were obtained the patient must die, and that soon. The consent of the friends was obtained, and the following morning appointed for the operation.

August 25th. The patient passed a night of discomfort from the distention of the abdomen and embarrassment of respiration. The temperature at ten A. M. is 101° F., pulse 120, the patient courageous and confident. The operation was performed by the writer, assisted by his brother, Dr. H. A. Smith, and Dr. Clark. The patient was etherized, and placed upon a table on her right side, with a pillow beneath her loin. The anterior and posterior superior spinous processes of the ilium were made out, the distance between them measured, and a transverse incision five inches in length was made, the centre of which was exactly half an inch behind the mid-point between the anterior and posterior iliac spinous processes. Immediately beneath the skin was found a layer of adipose tissue two inches in thickness, which necessitated making the incision in the skin an inch longer. The muscular layers were very thin; the layers of areolar adipose tissue lying immediately upon the intestine were overloaded with fat. Care was taken to make the incision in the deep structures of the same length as the primary one. The gut was easily found; two long silk sutures, armed with a needle at either end, were passed through it, parallel to the sides of the wound, the four needles passed through the skin above and below. The gut was then opened, the loop of the sutures drawn out and divided, and the four points made secure, except that one of the sutures tore out through the gut, as it did on two further attempts to secure it, so that a clamp was at last applied to retain it. Brownish-colored, semi-solid fecal matter poured forth from the opening the instant it was made, and

continued until an ordinary chamber vessel was nearly filled. The edges of the skin were then approximated, and the wound covered with a light dressing. The patient rallied well from the operation. At nine in the evening her pulse was 120, temperature 103.5° F.

August 26th. Slept well; the abdomen now perfectly flaccid; general condition good; the fecal fistula is still discharging the contents of the bowels.

The case went on uninterruptedly, rectal injections being used frequently, to the 6th of October, when she had a profuse discharge of feces by the rectum, the first natural movement of the bowels for nearly three months. From that date to the present (February 1st) she has continued to improve, the wound now being scarcely half an inch in extent, fecal matter passing both by rectum and artificial opening. It is hoped that the opening will close spontaneously, otherwise a plastic operation will be performed for its accomplishment. It is hardly necessary to add that the patient has long been up and about her ordinary household duties, taking the entire care of the wound herself.

The cause of the obstruction is still in doubt; if stricture of the intestine, why should it ever have relaxed? There is no cancerous cachexia whatever present. The insensibility of the rectum is also a point of interest, as indicated in the application of electricity.

RECENT PROGRESS IN ANATOMY.

BY THOMAS DWIGHT, M. D.

A RETROSPECT.

THE dearth of matter for a report has well nigh driven the reporter to ask for an extension till times become better, and he probably might have yielded to this weakness had it not been that having held out so long untired he is unwilling now to stop for breath. The system of reports on the various departments of medical science was begun in the JOURNAL in September, 1872. The first report was on anatomy, and the reporter has made his little semi-annual contribution without interruption till now. Under the circumstances it seems to him that it might not be amiss to look back and see whether anything of lasting value has been added to anatomical science during the past ten years. This decade has been fertile in histological and embryological work, and there is no question that, especially in the latter branch, considerable progress has been made, but though minute anatomy and development have both been more or less considered in these reports, space will permit us to treat only of the progress in coarse anatomy. In this retrospect we shall not necessarily confine ourselves to works mentioned in the reports, which, after the first one or two, have made no claim to completeness.

New editions of the text-books in use in our schools have followed one another, showing for the most part considerable improvement. Quain's Anatomy has reached a ninth edition, and stands *facile princeps*, not, perhaps, as a student's text-book, but as a treatise of anatomy in the English language. It is likely, however, to find a formidable rival for this position of honor in Prof. Harrison Allen's work, though enough of it has not appeared to justify a final judgment. We are not aware that any new treatise of much value has appeared in Germany, but Rüdinger's *Topographike Anatomie* (1873-78) must be mentioned as remarkable for the novelty of many of the