desired was not so immediately attainable from medicine as by the mechanical effects of a *lavement*, to which, after some considerable hesitation, he assented. On account of its great size there was some difficulty in reaching beyond the upper end of the scybalon to wash it away, but after some perseverance and assistance the rectum was evacuated, and he expressed himself happy and comfortable.

The points to be observed in the case were—the great elasticity of rectum, which permitted its walls to be dilated so far in excess of their ordinary calibre; and the stimulus given to the sluggish rectal nerves by the motion of the railway. We are freely conversant with the effects of railway travelling on the bladder, which was alluded to in some admirable papers in THE LANCET on Railway Travelling some years since; but I have never come across any allusion to its effects on the rectum by exciting it to action, and should be glad to learn the experience of others in the matter

A RARE CASE OF PUERPERAL FEVER.

By THOS. P. HARVEY, M.D., L.R.C.P. LOND., M.R.C.S.

AT 2.15 A.M. on Feb. 1st I was called to attend Mrs. T— in her second confinement. The child was born before my arrival, and the placenta easily removed shortly after. On the afternoon of the third day the temperature rose to 102° 5'. The discharge was good, and free from offensiveness; but the milk was scanty. The uterus was at once thoroughly washed out with a strong preparation of "Condy" water, and a two-grain pill of quinine given every two hours. The bowels acted freely. In the evening the temperature rose to 103° 2', and the uterus was again irrigated. On the following morning (fourth day) the temperature was 103° 8', and the pulse 114. I had suspicions that the hyperpyrexia was due to imperfect sanitation in the house. I subsequently found that a watercloset was situated immediately behind the patient's bedroom, with one over it on the second floor, and one under it on the basement. A faint smell was perceived (or fancied) arising from these. The patient was removed into the front room on the same floor. The temperature in the morning for the next seven days varied from 104° to 104° 5', and in the evening from 101° to 102°. The weather was very cold and windy during this week, consequently the house was closely shut up each night. The morning exacerbation was undoubtedly due to the patient breathing this pent-up atmosphere; for in the evening, after the doors (and sometimes the windows) had been opened during the day, the temperature was always lower. For some reason or other the patient was not removed out of the house into more wholesome quarters until the eleventh day. On the first morning in her new abode the temperature was 99° 8'. On the afternoon of the fourteenth day she fell into a deep comatose state. The temperature was 99°; pulse 114, jerky and somewhat compressible. Her teeth were clenched, and her lips compressed. She failed to reply to any irritation, and refused even a drop of fluid from a spoon. There was complete unconsciousness. The urine was passed involuntarily. The skin was dusky, the breath sickly, and the tongue, when last seen, thick, dry, with a parchment-like covering, having a deep branched crack down the centre, looking like a fresh wound. She lay in this unconscious state without food for thirty-seven hours. At about 4 A.M. of the sixteenth day, she opened her eyes and spoke a few words to her husband, and drank a little milk. I saw her six hours afterwards, when she spoke freely and drank easily, but had no recollection of the previous two days. Temperature 99°; pulse 102; skin rather dry; tongue as before; urine pinkish, with distinct ammoniacal odour, and one-tenth albumen. On the following day she had a similar relapse of unconsciousness, but not for so long. On the twenty-first day she showed marked improvement, and gradually recovered her usual health.

PROPOSED HEALTH STATION AT TIFLIS.—The Caucasian Department of the Russian Technical Society has appointed a special commission, consisting of Messrs. Bulgakoff, Weisenhoff, and Coldevin, to work out a plan for establishing a sanitary and balneological station at Tiflis. The Caucasian Medical Society has been invited to co-operate in the work. A sum of 500 roubles has been assigned to the commission by the Technical Society to cover their expenses.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

SEVEN CASES OF LUMBAR COLOTOMY, WITH REMARKS.

(Under the care of Mr. A. J. PEPPER.)

WE commence this week a series of interesting cases in which colotomy was performed by Mr. Pepper. In the majority of them there were well-marked symptoms, and the operation was productive of great relief, though in one case it came too late to save the life of the patient.

CASE 1.—S. K—, aged fifty-four, the wife of a carpenter, was admitted on July 10th, 1882. The family history was good, there having been no malignant disease in her relatives. About four years before she had one breast removed for scirrhus, and there was no recurrence of the growth in the original situation; since then she enjoyed good health until a month ago, when she commenced to have pain in the abdomen and lumbar region; she also began to suffer from constipation and pain in defecation. These symptoms increased, and she became very thin. She never passed blood, but occasionally there was a glairy discharge.

On examination per rectum, a hard nodular mass, almost occluding the gut, could be felt about two inches from the anus. The abdomen was enlarged and tender. The constipation had been complete for some days, and on the day following admission stercoraceous vomiting came on. It being evident that there was a large accumulation of feces and that peritonitis was supervening, an immediate colotomy seemed the only chance of saving the patient's life. This was done on the left side, but she never rallied, and died four hours after the operation.

The operation was rendered difficult by three things:—1st. The kidney was situated much lower than usual, its lower end touching the iliac crest. 2nd. The reflection of the peritoneum was pushed backwards by a considerable quantity of fluid in the abdominal cavity, so that it was impossible to open the gut without opening the peritoneum. 3rd. There was a very large quantity of fecal matter contained in the colon, the escape of which greatly impeded the last steps of the operation.

A necropsy, held forty-two hours after death, showed that the fatal result was due to perforative peritonitis from scybala. The intestines were greatly distended with gas, and the peritoneal surface was injected and roughened, and in the pelvic region coated with flakes of lymph. There was a large quantity of turbid yellowish fluid in the abdominal cavity. The cæcum and descending colon were greatly distended with feces. On the anterior surface of the cæcum, just below the ileo-cæcal valve, was a perforation one-eighth of an inch in diameter, the tissue around being of a dark purple colour and coated with lymph. On removing the cæcum and opening it, the perforation was seen to be in the centre of an ulcer, and close to it were two or three other ulcers varying in size from half an inch to an inch. Two inches from the anus a firm scirrhus mass was found, extending upwards for an inch and a half, and nearly blocking the lumen of the gut. The mucous membrane over the growth was not ulcerated, but there was a small patch of ulceration higher up the rectum. The kidneys were normal in size and structure, but the left one was situated lower than usual, touching the iliac crest, and the right one was adherent to the colon. There were small secondary growths in the liver and in the left lung, especially at its base.

The chief points of clinical interest in this case were: Firstly, the absence of recurrence in the primary seat of disease after an interval of four years; secondly, the appearance of a fresh growth in the rectum, with secondary deposits in the viscera; thirdly, the ulcerative perforation of the