ROTHERHAM HOSPITAL AND DISPENSARY.
 INTESTINAL OBSTRUCTION; LEFT LUMBAR COLOTOMY.
 (Under the care of Dr. FOOTE.)

FOR the following notes we are indebted to Mr. Garrard, house-surgeon.

Two years ago James S—, aged twenty-six, began to feel uneasiness about the rectum, attended with constipation and with occasional bloody stools, straining, and prolapse of the bowel. He was discharged from the army on this account. Latterly he had become much worse—the straining was very frequent; strong purgatives were required to effect an evacuation. The motions generally consisted of numerous small pieces accompanied by a watery and sometimes a bloody discharge. Occasionally there was no evacuation for a week. When admitted, November 7th, 1873, he seemed in fair general health, but he strained very much. The bowel came down, and he passed his stools with pain, difficulty, and tenesmus. Examined per rectum with finger, no stricture could be felt; anus quite patulous, admitting two or three fingers.

Nov. 8th.—Bowels not open for several days. Ordered two scruples of compound jalap powder with a simple enema, which effected an evacuation.

10th.—Bougie passed about seven inches, but would go no further.

27th.—Evacuations still infrequent and only produced by powerful purgatives, after which a lumpy stool is passed with much pain; colon dilated on left side above sigmoid flexure, where hard lumps can be felt. The patient is losing flesh, and the pain prevents sleep.

Dec. 2nd.—Has been in almost constant pain for several days; no sleep. Occasionally passes fluid fæces with blood and scybala. An O'Beirn's tube can be passed to the top of the rectum, but no further, the attempt producing much pain. The colon is more distended; a tumour apparent near the sigmoid flexure. In the left inguinal region is distinctly felt a hard round nodulated mass, very painful on pressure. The symptoms have now become very urgent, and the pain almost unbearable. The patient having lost flesh for some time, and being now in an apparently sinking condition, it is thought desirable to perform lumbar colotomy on the left side.

4th.—Chloroform having been administered, the usual operation was performed by an oblique incision. A ligature of doubled catgut was passed transversely across the bowel, which was then opened. The two extremities of the incision were then secured to the integument on each side, and a silver suture was applied to the middle or intermediate portion above and below. A little fæces were discharged.

5th.—Has had retention of urine, otherwise doing well. More fæces discharged to-day.

6th.—Passed a good night; no pain; perspires freely. Pulse 112; temp. 99°. A quantity of fæces discharged through the wound.

11th.—Bowel prolapsed and swollen. Ordered a cooling lotion.

16th.—Prolapse reduced. Does not sleep well on account of pain in the iliac fossa. Distinct circumscribed lump felt. An opiate to be given every night.

26th.—Incision nearly healed, but pain continues.

Jan. 1st.—The lump is disappearing, and the patient is gaining flesh and health.

Feb. 3rd.—The lump has disappeared, also the pain. Incision quite healed; patient is getting fat. To be discharged.

It is probable that this was a simple progressive fibrous stricture of the sigmoid flexure of long standing. A belt has been made for him which can be retained in position. In the pad he puts a piece of cotton wool. He finds no difficulty in attending to the calls of nature, is able to get his own livelihood as a carter, and at the present time enjoys excellent health.

We understand that the drainage of Oxford, a scheme that has been in contemplation for a very long time, will be speedily commenced. The estimated cost of the work, which will probably embrace a period of two years, is £90,000.

Reviews and Notices of Books.

La Vie. Physiologie Humaine appliquée à l'Hygiène et à la Médecine. Par le Dr. GUSTAVE LE BON. pp. 911. Paris: Rothschild. 1874.

THIS work, which is one of considerable pretensions, has been written, the author tells us, with the view of placing physiology in a new light, and especially of pointing out its applications to hygiene and to medicine. Observations made in the course of the late wars in France have demonstrated the influence on the success of remedial agents of the constitution and habits of the sick, of the regimen to which they are subjected, and, above all, of the state of the surrounding medium. There are some practical points, he observes—such, for example, as the influence of alcohol on the wounded—which are scarcely more than alluded to in classical works, and are entirely neglected in medical and surgical treatises. Having held important offices, both in hospitals and on the field of battle, Dr. Le Bon has frequently had the opportunity of testing theories, and he now gives to the world the result of his observations and inquiries.

After a short introduction upon the origin of life, in the course of which he shows himself to be a thorough adherent of the Darwinian theory, he enters upon the subject of digestion. The account given is, like all French writing, exceedingly simple and clear, in fact almost popular, and with no attempt to enter into minutiae. Thus, in the description of the dentine of the teeth, he only remarks "that it is composed chiefly of phosphate and carbonate of lime," and "dentine is perforated by a multitude of small parallel tubes running from the pulp cavity towards the deep surface of the enamel." Neither their size, nor their mode of termination, nor their contents are alluded to. So, again, the enamel is no further described than that it is "composed of microscopic prisms adherent to one another, and arranged vertically on the surface of the tooth." In a work professedly dealing with the hygienic aspects of physiology something should have been said of the tendency to vertical splitting of the enamel, of the necessity of keeping the teeth clean, and of avoiding the use of too cold or too hot fluids, which, enlarging the cracks, allow foreign bodies to penetrate to the dentine, and aid in producing that caries which arises also from within.

A capital account is given, drawn from Meersman, of the effects of insufficient nutriment, as seen in the famine that existed in Belgium in 1846, and from his observations and impressions of the famine during the late siege of Paris, the deaths in the latter case rising from 1272 in the middle of September, which was itself more than 400 above the average, to 4671 in the beginning of October.

The best parts of the book are those in which the author draws upon his own experience and the results of recent military events, and we shall make an extract from one of these sections, which will be interesting to some of our readers in view of the lengthened controversy in these columns some years ago between Sir James Simpson and Mr. Holmes. M. Le Bon, in speaking of the Hygiene Respiration, observes that

"Typhoid fever, anæmia, typhus, and dysentery are the diseases to which those who breathe an atmosphere insufficiently renewed are predisposed. If these individuals are wounded, they are rapidly decimated by purulent infection. Of all the facts that can be cited to show the danger to human life that results from respiring air vitiated by the products of his own respiration, especially when debilitated by disease, none is more convincing than the mortality which occurs in our hospitals, and which can only be termed frightful when compared with that of