

should thoroughly wash his hands with liquid chlorine or chlorinated lime-water; and in a work he published at a later date, entitled "Die Aetiologie &c.," he insisted on "removal of maternity wards from insanitary surroundings, scrupulous attention to general cleanliness and frequent use of antiseptics in every form." Semmelweis died in 1865 at the age of forty-seven, and certainly until recently his name has been forgotten—if ever known—by most of us. It is now, however, proposed to erect an international monument¹ to his memory in his native town of Budapest, in recognition of his discoveries in connexion with the etiology and prevention of puerperal fever; and, for the purpose of obtaining contributions from the United Kingdom, India and the British Colonies, an executive committee has been formed, of which Sir Spencer Wells is chairman and Dr. Cullingworth honorary treasurer. The maximum subscription has been fixed at one guinea in order that the project may meet with general support. I venture to hope that this communication may stimulate some of my professional brethren to contribute.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

EXCISION OF THE RECTUM AND PART OF THE SIGMOID FLEXURE (TWELVE INCHES) FOR MALIGNANT DISEASE.

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A WOMAN aged forty-six was admitted into Marsden Ward of the Cancer Hospital on Feb. 23rd, 1893. She is the mother of seven children, the youngest being five years old. She is a thin spare woman of nervous temperament and highly excitable. She menstruates regularly; the bowels are troublesome, being generally relaxed, never constipated. She suffers from pain in the body after straining. For some months she has been passing blood with her motions. About five weeks before she presented herself here she consulted Dr. Robinson of Yaxley. He made an examination and found a growth per rectum, and recommended her to seek further advice at the Cancer Hospital. On examination the sphincter was found to be dilatable, easily admitting two fingers; the folds of the intestine fell down. On insinuating the finger further up to its utmost, and on in-pressing the perineum, a hard mass was reached, the bowel and mass were freely movable and by gently drawing the parts downwards the finger passed through the diseased tube and was able to be got beyond the growth. The entire circumference was implicated and disease was more pronounced anteriorly and to the left, where ulceration had occurred. The lumen of the tube was patent, no obstruction proceeding to occlusion existing. Nothing could be made out on examining per vaginam.

On Feb. 28th she was placed on the table, having been previously prepared by having copious enemata administered and the bladder emptied. She was anæsthetised with ether by Dr. English and placed in the lithotomy position, the legs being supported by Clover's crutch. On examining the rectum a quantity of solid and liquid fæces escaped, and the bowel had to be washed out to cleanse it; I was assisted by my colleagues, Messrs. Jessett, Cotterell and Barber. My colleagues made an examination and concurred in the attempt to remove the disease by total extirpation, although it was situated beyond the usual limit very considerably. The sphincter ani was stretched but left intact, the mucous membrane, one inch inside, was incised all round, as also were the muscular and serous coats, thus freeing the bowel about one inch from the margin of the anus. The rectum was now detached from its surroundings, the posterior wall of the vagina was dissected off and stripped by means of the finger-nail and scissors; any bleeding vessel was seized with clamp forceps. At about four

and a half to five inches up, the peritoneum anteriorly was opened, which gave exit to a flow of coloured fluid. Some further attachments of the recto-sigmoid mesocolon were divided, as also other bands—a procedure which released the bowel; the part with the growth had to be gradually brought down and was delivered between the fingers. The white longitudinal bands indicating the sigmoid flexure were observed descending over the growth and spreading out upon and being lost over the upper part of the rectum. Two inches above the growth was the spot selected, where the bowel seemed well clear of the disease, and there the gut was cut across with scissors, the end was clamped with five pairs of torsion forceps, the parts were well douched and cleansed, and all the vessels ligatured; the upper end was then drawn carefully down without any tension and sutured with interrupted silkworm gut sutures to the mucous membrane at the anus. Some of the free mucous membrane, as being superfluous, was cut away, a rubber drainage-tube was lodged behind the bowel, a pad of absorbent wool was secured by a T-bandage, and a morphia suppository administered. She passed that night fairly well. The next day her temperature rose, but fell the second day after, when she passed a large motion, and up to the present she is doing well.

The measurements of the piece of bowel were taken when it was removed; the gut was afterwards placed in spirit and water and has shrunk considerably, and requires stretching to obtain the same measurement as when it was fresh. The piece removed measured twelve inches, and as one inch of mucous membrane was left above and inside the anus the gut was cut thirteen inches from its margin. From the anal extremity of the specimen to the lower limit of the disease was a distance of seven inches; the disease occupies three inches, and two inches of sound bowel shows above. The white longitudinal bands descending from the sigmoid flexure are seen running over the growth and passing down for two inches below the lower border of the disease. The bowel posteriorly, being the middle and lower portion of the rectum, is devoid of peritoneum, and is shredded where it had been peeled away from the sacrum; also anteriorly, where it had been detached from the posterior wall of the vagina. The line of the reflexion of the peritoneum is seen lower down in front than in its posterior aspect; the three inches occupied by the disease has much thickened the gut all round, being more pronounced in the front and to the left side, where it has broken down, the finger having burst through the ulceration during manipulation at the time of operation. On laying open the bowel the lumen of the tube is patent. The mucous coat is infiltrated and ulcerated, the ulceration being more extensive where the disease was most pronounced; the muscular coat is also infiltrated. The disease is cylindriciform epithelioma.

Ulceration ending in perforation would have evidently preceded occlusion, as the lumen of the tube is patent. This would have ended either by perforating into the abdominal cavity, or adhesive inflammation might have prevented this for a time by agglutinating the diseased and ulcerated portion of the bowel to some neighbouring part, possibly to some coil of the small intestine or to the uterus and vagina.

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A CASE OF ACUTE ALCOHOLIC POISONING.

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CASES of acute alcoholic poisoning are of sufficient rarity to cause the following case to be worthy of record in THE LANCET.

A man aged thirty-three, at the time of the occurrence following the occupation of a labourer in a railway goods yard, on Feb. 11th, at 2 P.M., partook with his comrades of some whisky drawn out of some casks supposed to have been empty. He is said to have drunk between ten and fifteen ounces of the spirit. At 2.20 P.M. he was seen by a carter to go and sit on a form in the machine office in a state of drunkenness. Within a few minutes he fell to the ground in a deep sleep. This carter left him at 3 P.M., thinking that he was merely drunk and would sleep off the effects of the liquor and then go home. At 6 P.M. the carter found him in the same condition, and on the man's wife arriving to seek her husband the latter was lifted on to a form. Mr. Berry was sent for and saw

¹ A special meeting of the medical profession in aid of the movement to erect an international monument to Semmelweis was held in the library of the Royal College of Physicians on Oct. 24th, 1892, a report of which appeared in THE LANCET of Oct. 29th.—ED. L.