the root of the lung, a common male round worm was cut across; its tail end lay in the main bronchus, whence it extended downwards in the posterior part of the lung in successively smaller tubes to its head end, which filled the tube in which it lay. This small bronchus was roughened and eroded; higher up the walls were merely congested. The worm was alive, 4¾ in. long, and paler in colour than three other large female ones found in the stomach and duodenum. The posterior border of the upper lobe showed hypostatic congestion; the rest of the lung was crepitant.

Civil Hospital, Aden.

ADDITIONAL NOTE ON THE FUMES OF BROMIDE OF AMMONIUM.

BY THEODORE MAXWELL, M.D., B.SC.

SINCE writing the note on the Inhalation of Bromide of Ammonium Fumes, published in THE LANCET of May 10th, I have tried a plan for the production of hydrobromic acid which was suggested to me by Messrs. Burgoyne, Burbidges, and Co.—viz., the addition of fused chloride of calcium to the solution of hydrobromic acid triple the Pharmacopœial strength, and am glad to say it works very well in a Verreker's chloride of ammonium inhaler.

Woolwich.

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. Procemium.

ST. THOMAS'S HOSPITAL.

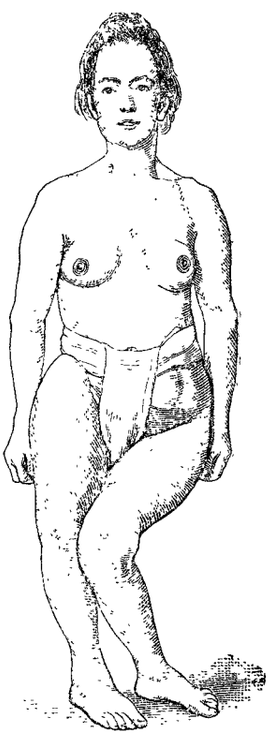
A CASE OF PORRO-CÆSAREAN SECTION IN A RACHITIC DWARF; SUCCESSFUL RESULT BOTH TO MOTHER AND CHILD; REMARKS.

(Under the care of Dr. CULLINGWORTH.)

WE publish this week the notes of a case of Porro-Cæsarean operation, to which we have already alluded in our columns,[1] and at the performance of which we were present. Undertaken after a full consideration of the bearings of the case, it is a good example of the modern operation as performed with the object of saving both mother and child, and we would direct the attention of our readers to the remarks by Dr. Cullingworth on the case also to the table which is appended to his remarks. It was the intention of the operator to perform the Cæsarean operation after the method which is known as Sänger's; but the intractable nature of the hæmorrhage prevented him from leaving the uterus when sutured. We published the notes of a successful Porro's operation by Dr. W. Duncan at the Middlesex Hospital in our first issue of last year.[2] In that case the patient was also extremely rachitic, and the result satisfactory.

Mary C——, aged twenty-five, a rachitic dwarf, married, was admitted into St. Thomas's Hospital Feb. 24th, 1890, with a view to Cæsarean section. She was then in the ninth month of her third pregnancy. Her previous history was as follows:—The catamenia commenced at fourteen, recurring regularly every four weeks. The flow usually lasted three days, was habitually scanty, and accompanied with severe abdominal pain. She had been married two years. Her first confinement took place at full term on Dec. 17th, 1887. She was on that occasion attended at her own home in connexion with the St. Thomas's Hospital Maternity, and delivered by craniotomy. She made a good recovery. She again became pregnant in May, 1888, and, on presenting herself a little later for a maternity ticket, she was directed to see Dr. Cullingworth. After hearing her history and carefully examining her he advised her to seek admission to the York-road Lying-in Hospital for the purpose of having labour induced at the seventh month. She took his advice, and on Dec. 18th, 1888, at 3.15 P.M., a bougie was introduced into the uterus. At 4 P.M. the same day the liquor amnii began to escape, but labour pains did not come on until 3 P.M. on Dec. 20th. The child presented by the breech, which remained stationary at the pelvic brim for five hours. The pulse having then risen to 120, chloroform was administered, and extraction effected by hooking a finger into the groin. The arms were extended, the head passed without difficulty. The child, a female, was born at 9.45 P.M. The placenta was expressed. The amount of blood lost was twelve fluid ounces. A hot douche was administered; a draught containing a fluid drachm of the liquid extract of ergot was given. The uterus contracted fairly well, and the patient made a good recovery. Her temperature taken during labour was 99·2°, after labour 101 6°. During the fortnight following delivery the temperature was usually under 100°, and only once exceeded 100·4°, the exception occurring on the tenth day, when the thermometer on one occasion registered 101·4°. The child weighed 3 lb. 7 oz., and was apparently stillborn. Artificial respiration was practised and continued for an hour, at the end of which time feeble efforts at respiration were made. Breathing never, however, became fully established, and cardiac pulsation finally ceased an hour and a half after delivery.

The patient became pregnant for the third time at the latter part of June, 1889. Dr. Cullingworth had an interview with her soon afterwards, and strongly advised her to submit to Cæsarean section at or near the full term. She willingly consented to this, and attended the out-patient department regularly throughout the remainder of her pregnancy. On Feb. 24th, 1890, she was admitted into Adelaide ward, when the following notes were taken of her condition:—"The patient has fair hair, blue eyes, and is of a cheerful and placid disposition. Her height is 3 ft. 9¾ in. The femora and tibiæ are thickened, with anterior curve. On the left side there is marked genu valgum, the patella is dislocated outwards, and there is a projection in front of the tibia two inches below the knee-joint. The teeth are mostly in a state of decay. The general health is good. The urine is free from albumen, and there are no pressure symptoms. The measurements are: Distance between the iliac spines, 9¼ in.; between the iliac crests, 9⅜ in.; external conjugate, 6½ in.; diagonal conjugate, 3⅛ in. (The actual conjugate had been ascertained on the occasion of her last labour to be 2⅝ in.) The uterine walls are thin; the child's head being in the left iliac fossa, the back is directed forwards; the breech lies at the fundus, and to the right. The sounds of the fœtal heart are heard most distinctly at the level of the umbilicus, an inch and a quarter to the left. A sense of resistance, thought to be probably due to the presence of the placenta, is felt at the upper part of the uterus, commencing about two inches to the left of the middle line, and extending outwards to the left lateral wall. The greatest girth of the abdomen is 32¾ in., the distance from umbilicus to ensiform cartilage 7¼ in., and from umbilicus to pubes 7 in. The patient last menstruated on June 14th, 1889."



On March 13th, the patient having been prepared by the administration of an aperient the previous day, followed by an enema in the morning, the operation was performed at 2 P.M. in one of the large operating theatres of the hospital. Labour had not commenced, nor had any means been adopted to excite it. Ether was administered by Mr. E. F. White. Mr. A. N. Boycott, resident accoucheur, and Mr. Forde,

[1] THE LANCET, March 22nd. [2] Ibid., vol. i., p. 16.