

ber for February 26th, from which we make the following extract:—

“The Harvard school is one of the few medical institutions which dares to publish the figures showing the number of students who come up for final examination and the per cent. rejected. The proportion last year was nearly one third. It is the belief that in one of the largest, if not the largest, college in this city the proportion rejected is about one fiftieth!—which means that all but a scant half dozen are rushed through the tests, to the great financial comfort of the college and the shame and damage of the profession.

“With the manifest benefits which a system of medical education like that of Harvard confers upon our profession, it is a duty, as well as for its interest, to encourage this particular school and all others conducted on a similar plan.”

It is very desirable that a school should have the encouragement of the profession in its efforts at reform in medical education, but encouragement here as in other matters is most apt to be shown to those who manifest a strong tendency to help themselves.

MEDICAL NOTES.

—Professor Bigelow's operation of litholapaxy has at last successfully invaded both Vienna and Paris, and is meeting with the appreciative recognition previously bestowed on it elsewhere. Professor Billroth (*Wien med. Wochenschrift*, Nos. 44 and 45, 1880) and Professor Dittel (*Allg. Wien. med. Zeit.*, No. 44) recently referred to the operation in terms of generous approbation. M. Rousseau, of Paris, in the last number of the *Archives Générales*, speaks of litholapaxy in terms of unqualified praise.

NEW YORK.

—Dr. T. Gaillard Thomas's beautiful new private hospital for the treatment of diseases peculiar to women, at the corner of Lexington Avenue and Fifty-Second Street, has now been opened, and any patient admitted there will be sure to have every possible provision made for her comfort as well as to receive such treatment as the highest skill and science can suggest. The resident surgeon is Dr. James B. Hunter, of the attending staff of the State Woman's Hospital, and his own private office is located in the building.

Miscellany.

RESECTION OF THE STOMACH.

MR. EDITOR,—It is well known that resection of the stomach has, up to the present time, never been successful; but it gives me much pleasure to state that the operation has at last been performed with the most satisfactory results. On January 29th, Professor Billroth, in an operation which I had the advantage of witnessing, removed the pylorus and about one third of

the stomach for carcinoma, and the patient has made a good recovery.

In his public clinical lecture on the 31st, Professor Billroth gave an account of the case, as well as a short history of the operation and the experiments that have led to its successful performance. The substance of this lecture appears in the *Wiener Medizinische Wochenschrift* of February 5th.

The history of the operation is as follows: In 1810 Merrem published a work on this subject, giving the results of his experiments on dogs, two out of three having survived the extirpation of the pylorus and sewing together of stomach and duodenum. In spite of these results, the operation was not attempted on man, and, though surgeons of different nationalities investigated the subject, no material advance was made until Lambert discovered the true method of uniting all wounds of the intestinal tract: namely, apposing the serous surfaces. After this, recovery after sewing up of intestinal wounds became more frequent.

In 1871 Billroth excised a part of the œsophagus in a large dog, the operation being followed by recovery. Czerny first performed this operation on man with good result. This was shortly followed by the experiments of Gussenbauer, Winiwarter, Czerny, and Kaiser on resection of different portions of the intestinal tract in dogs. These operations, when performed with antiseptic precautions, were very successful, and in one case the whole stomach was removed, and the œsophagus and duodenum united with good result.

In 1877 Billroth operated on a gastric fistula following abscess by opening the abdomen at that point, excising the thickened, adherent edges of the gastric opening, sewing up the wound, and returning the stomach to the abdominal cavity. The patient made a good recovery.

In 1879 Péan, of Paris, first resected the pylorus for carcinoma in a patient who was greatly exhausted by the disease, and who died on the fourth day. Catgut sutures were used.

The present case is that of a woman, forty-three years of age, who had had the usual symptoms pointing to cancer of the stomach for more than a year. The patient was very anæmic and weak, having been able to retain only very small quantities of sour milk for several weeks. A freely-movable tumor could be felt in the epigastrium through the thin, flaccid abdominal wall lying slightly to the right of the median line.

The operation was performed in the small room always used for large abdominal operations, the temperature being high and the air moist. The stomach was washed out and a nearly horizontal incision, eight centimeters long, was made over the tumor, which was drawn out through the opening. It was found to involve the pylorus and about one third of the stomach.

First the greater and then the lesser omentum were ligatured and cut through close to the tumor, and the whole stomach being drawn out of the abdominal cavity, was divided, the cut beginning at the lesser curvature and passing about half way through the stomach, one centimeter from the infiltrated portion. The duodenum was incised in like manner, and six trial sutures were passed through the cut surfaces, but not tied. It being found that the edges could be easily brought together, the incisions were continued through both stomach and duodenum, and the tumor thus wholly removed.

The oblique wound in the stomach was then sewed up, beginning at the greater curvature, until an opening was left which corresponded in size with the duodenum, which was then stitched into the opening. Lambert's stitch was used throughout, fifty-four carbolized silk sutures being applied.

The stomach was then washed with two per cent. carbolic solution, and the whole returned into the abdominal cavity, which was closed in the usual manner. A carbolized gauze dressing was applied, which was not removed until the sixth day. The spray was not used. Hæmorrhage throughout the whole operation was very slight, and no blood or fluid from the stomach was allowed to get into the abdominal cavity, warm carbolized compresses being packed behind the stomach while it was open.

The mass removed measured on the greater curvature fourteen centimeters; the pyloric opening allowed only a large probe to pass.

Since the operation there have been no unfavorable symptoms; no fever, no vomiting, scarcely any pain; in fact, the patient has been much more comfortable than for weeks before the operation. The external wound has entirely healed.

Wine and peptone enemata were given for two days,

and since then only wine. By the mouth, only ice for the first twenty-four hours, then milk in small quantities. On the eighth day *bouillon*, with egg, and later meat and apple *purées* have been taken without bad effect.

Now, on the fourteenth day, the patient is allowed to sit up, and in a day or two will be able to take meat and other solid food.

The success of this operation marks a great advance in abdominal surgery, and enlarges still farther the field of the surgeon. The technical difficulties of the operation are not greater than in many other cases; even the difficulties of diagnosis are now much lessened when the abdominal cavity can be opened and its contents examined with almost no danger to life, and the methods of illuminating and exploring the interior of the stomach are being daily more and more perfected.

The operation may not always be successful or applicable to all cases, but it will relieve, even if it does not permanently cure, many patients whose sufferings are generally intense, and who have absolutely no hope of cure by the means hitherto employed.

SAMUEL J. MIXTER, M. D.

VIENNA, February 11, 1881.

REPORTED MORTALITY FOR THE WEEK ENDING FEBRUARY 26, 1881.

Cities.	Population by Census of 1880.	Reported Deaths in each.	Deaths under Five Years.	Percentage of Deaths from				
				The Principal "Zymotic" Diseases.	Lung Diseases.	Diphtheria and Croup.	Scarlet Fever.	Small-Pox.
New York.....	1,206,590	694	284	22.54	21.47	8.79	6.20	1.01
Philadelphia.....	846,984	369	122	20.60	8.67	2.17	1.63	11.92
Brooklyn.....	566,689	279	119	25.81	20.07	13.62	7.89	.71
Chicago.....	503,304	211	98	27.01	18.01	6.16	3.80	3.80
Boston.....	362,535	190	74	20.53	15.26	11.05	.53	—
St. Louis.....	350,522	136	52	23.53	11.03	3.68	—	—
Baltimore.....	332,190	135	44	20.74	9.63	7.41	7.41	—
Cincinnati.....	255,708	117	36	11.97	22.22	3.42	2.56	—
New Orleans.....	216,140	121	30	23.14	14.90	6.61	3.31	—
District of Columbia.....	177,638	96	34	14.58	13.54	5.21	1.04	—
Pittsburgh.....	156,381	60	26	23.33	10.00	5.00	10.00	6.67
Buffalo.....	155,137	55	23	25.45	14.55	16.36	1.82	—
Milwaukee.....	115,578	46	24	23.91	13.04	4.35	10.87	—
Providence.....	104,850	39	14	23.08	20.53	5.13	2.57	—
New Haven.....	62,882	19	8	10.53	26.32	5.26	—	—
Charleston.....	49,999	27	5	3.70	18.52	—	—	—
Nashville.....	43,461	22	10	27.27	4.55	—	—	—
Lowell.....	59,485	25	6	16.00	8.00	—	—	—
Worcester.....	58,295	17	10	17.65	35.29	5.88	5.88	—
Cambridge.....	52,740	22	8	4.55	27.27	4.55	—	—
Fall River.....	49,006	30	9	13.33	—	6.67	—	—
Lawrence.....	39,178	19	5	21.05	—	—	—	—
Lynn.....	38,284	15	8	20.00	26.67	6.67	—	—
Springfield.....	33,340	12	5	8.33	16.67	8.33	—	—
Salem.....	27,598	14	2	7.14	14.29	—	—	—
New Bedford.....	26,875	8	1	—	25.00	—	—	—
Somerville.....	24,985	8	1	12.50	12.50	12.50	—	—
Holyoke.....	21,851	12	3	25.00	50.00	—	—	—
Chelsea.....	21,785	11	—	27.27	27.27	18.18	—	—
Taunton.....	21,213	9	4	11.11	22.22	11.11	—	—
Gloucester.....	19,329	10	7	10.00	—	10.00	—	—
Haverhill.....	18,475	6	2	16.67	16.67	16.67	—	—
Newton.....	16,995	11	2	18.18	27.27	18.18	—	—
Newburyport.....	13,537	2	2	50.00	—	—	—	—
Fitchburg.....	12,405	2	—	—	—	—	—	—
Twenty-four Massachusetts towns.	196,528	64	18	20.31	12.50	7.81	—	—

Deaths reported 2913; 1096 under five years of age; principal "zymotic" diseases (small-pox, measles, diphtheria and croup, diarrhoeal diseases, whooping-cough, erysipelas, and fe-

vers) 620, lung diseases 476, consumption 407, diphtheria and croup 209, scarlet fever 112, small-pox 65, typhoid fever 43, malarial fevers 40, diarrhoeal diseases 34, erysipelas 31, cerebro-