In the temporary absence of Dr. Galabin, I consulted with my colleague, Mr. A. E. Price, and we agreed that the patient's only chance lay in the immediate performance of abdominal section. Ether was accordingly administered, and, with the assistance of Mr. Price and Mr. F. R. B. Bisshopp, I proceeded to open the abdomen by an incision in the median line extending from a quarter of an inch below the umbilicus to a quarter of an inch above the pubes. Each layer was in turn divided on a director until the peritoneal cavity was reached, and then, passing my hand downwards and to the left over the surface of the uterus, I found a large, ragged tear in the left and front of the organ, while the abdominal cavity contained a very large quantity of blood. The position and extent of the rent, together with the extreme laceration and thinning of its edges, determined me to remove the entire uterus and appendages rather than attempt to unite the tear with sutures. I accordingly lifted the uterus out through the abdominal wound, placed a double ligature round both broad ligaments, and divided them. Then carefully clamping the cervix below the rent, I transfixed the pedicle with a needle and tied each half with a double ligature, afterwards carrying one of the ends round the whole stump. Cutting through the pedicle above the clamp, I now removed the uterus. The peritoneal cavity was sponged out as completely as possible, and the pedicle brought forward and fixed with harelip pins to the lower end of the abdominal wound. I then closed the upper part of the incision with wire sutures, and applied the usual gauze dressings. During the whole operation, which lasted three-quarters of an hour, there was but very little hæmorrhage, and during the earlier stages the patient's condition was all that could be desired. Towards the end, however, she gradually sank, and died soon after the operation was completed.

Subsequent examination of the uterus showed the organ to be of the normal size after parturition, and weighing roughly twenty-four ounces. The rent extended from the attachment of the upper part of the left broad ligament vertically downwards to the lower third of the cervix, and then passed transversely across the anterior cervical wall to the right side, its total length being nearly six inches and a half. The edges were much lacerated and very thin, and in the surrounding tissue there was a good deal of blood extravasated. The placental site was on the fundus and posterior wall, and the muscular tissue was firm and well contracted, showing a healthy structure on microscopic examination. In the right ovary there was a characteristic corpus luteum of pregnancy, and in the left two minute cysts.

As far as I am aware, the uterus and appendages have not before been removed for a rupture of that organ. I have stated above the reasons which led me to prefer this operation to any attempt to sew up the tear, though I opened the abdomen with the intention of doing so. Immediately after delivery the patient appeared to be sinking much too rapidly for any operative interference to be attempted. As my notes show, she rallied from the shock, but only to sink again from hæmorrhage into the peritoneal cavity as soon as the reaction was well established. That this hæmorrhage was the fatal factor in the case I have not the least doubt. Not having a serre-nœud at hand, I had to make use of an ordinary ovariotomy clamp, but I feel sure that the former is much the more suitable instrument. In conclusion, I believe that such an operation as I performed gives a chance to an otherwise hopeless case, and that it should be undertaken without hesitation under such circumstances.

Prince Arthur-road, N.W.

A REMARKABLE CASE OF COMA DUE TO MALIGNANT PUSTULE (ANTHRAX).

BY F. J. REILLY, L.R.C.P. ED., M.R.C.S.

ON Tuesday, April 12th, at 9 A.M., I was sent for to see Mr. H. I. S——, residing in Hackney. I found him in bed, totally insensible and convulsed. His case presented some of the appearances of irritant poisoning, such as vomiting, head fixed rigidly backwards, and the muscles of the trunk and limbs having tonic and clonic spasms. The breathing was stertorous, and he was totally unconscious, with insensitive conjunctivæ. On careful examination, I found his temperature was 105°; pulse 140, soft and compressible. I also found on the nape of his neck a dark livid black spot about the size of a threepenny-piece, with hard base 2½ in. by 2½ in., and then came to the conclusion that it was blood-poisoning of the most virulent character. I then wired to Dr. Angel Money, who kindly came directly and suggested an operation of removing the whole of the affected part at the nape of the neck, which I immediately did; this operation relieved the patient's convulsions considerably, but he died five hours after in coma. There was no albumen in the urine and no sugar, and nothing to suggest either Bright's disease or diabetes. The patient had never been ill in his life. He had been at business on the previous Saturday. In the evening he played whist with his friends, about a mile from his own residence, partaking of a hearty supper, and then walked home between 12 and 1. He went to bed and slept well. On Sunday morning he took his breakfast as usual, and was only noticed to complain of feeling chilly. He wore an overcoat, and did not put on his collar because of the "boil." Took his dinner, and in the evening amused his children by reciting. He went to bed and remained there until 4 P.M. the following day, when he got up and came downstairs complaining of great prostration. He returned to bed at 7 o'clock, and all night was most restless. At 6 A.M. he got up and made some tea, took a cupful and gave his wife one; at 8 A.M. he got out of bed and fell down from what I consider to be syncope. He so far recovered from this to get back to bed without assistance; becoming insensible, I was then sent for, and found the condition above stated.

The most important feature about this case is that Mr. H. I. S. was a tanner, employing about seventy men, and his long experience made it important that he should superintend the sorting of hides, which he did on Saturday, and it is not unreasonable to suppose that from this source the contagion was contracted. The Government ought at once to take some steps, now that anthrax is so prevalent amongst animals, to make an immediate order that all their skins and carcases should be cremated. Dr. Angel Money took the portion removed away, promising to mount and examine for bacillus anthrax. A preliminary examination has demonstrated the presence of a few short rods having the characters of the bacillus in question.

Victoria-park-road, Hackney.

NOTE ON EXTEMPORISED INHALERS.

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

FEW practitioners who have been in the habit of employing inhalations in diseases of the respiratory organs would willingly give them up for all the draughts and mixtures that have been invented. Why, then, do so few prescribe inhalations? Probably because the use of the various instruments in vogue is attended with inconvenience, and the patients, as a rule, object to wearing a hideous and uncomfortable semi-mask or to lean over an earthenware jug with a mouthpiece for some time each day. In some cases, too, as with chloride of ammonium, the inhalers to be had are both cumbrous and expensive. A little ingenuity will enable the practitioner to obviate many of the objections to prescribing medication in this form. For example, is it desired to inhale the vapour of a few drops of volatile liquid, such as creasote and ether dissolved in spirit? Take a piece of indiarubber tubing about three-eighths of an inch in diameter, and two inches and a quarter in length; cut out three-quarters of the circumference of the middle third; there will then be left two tubes, three-quarters of an inch long, joined by a mere band also three-quarters of an inch long. Roll up a little strip of blotting-paper, and insert into each of the tubes. This will absorb from three to five minims of liquid dropped into each tube. All that has then to be done is to bend the apparatus into the form of a **U**, and insert it into the nostrils, the indiarubber band resting against or below the bridge of the nose. The patient should inspire by the nose and expire by the mouth. This is, in fact, a simplified—may I say an improved—form of Cozzolini's inhaler mentioned in THE LANCET of March 19th.

Again, chloride of ammonium vapour is simply invaluable in winter cough with so-called asthma, a few puffs from the apparatus described and figured by Dr. Kendal Franks in

The Lancet of January 22nd being frequently sufficient to afford immense relief; but this apparatus (Vereker's), as well as another of Lee's, is cumbrous, and too expensive for poor patients. Besides, such goods are not to had in ordinary chemists' shops in country towns. The apparatus itself may be improvised with three wide-mouthed bottles and a few pieces of glass and indiarubber tubing; the difficulty about the Y-shaped tube, which only a practised glass-blower can make, can be got over by leading the ammonia and hydrochloric acid separately into the wash-bottle, whose cork must thus have three holes. The gases combine quite as well in the water, or after they have passed through it, as they do in the leg of the Y-shaped tube. But there is a much simpler plan still, which can be extemporised in any surgery in two minutes. Remove the piston and cork from a glass syringe (male or female), the larger the better; tear, so as to fit the tube loosely, four pieces of sponge; damp them; insert one down to the end; put, say, a dozen drops of strong hydrochloric acid on the second, and push it down near the first; then insert the third, which is simply damped; on the fourth drop, say, a dozen minims of dilute solution of ammonium, insert it, and finally a perforated cork. Tell the patient to smoke the "patent cigar" from the nozzle for five minutes. If the sponges have not been too tightly rammed in, there will be no difficulty, and the peculiar white cloud will issue from the mouth or nostrils at each exhalation. I find it necessary to explain to patients that the "smoke" is not merely to be sucked into the mouth, but drawn deeply into the chest. This "patent cigar" can be used by several patients successively in the surgery, but the charge will not last long. After use, the sponges may be withdrawn with an old pair of dressing forceps, and recharged when required again, as the sponge containing the acid soon gets spoiled; pumice-stone or asbestos is better. Before letting a patient inhale, the "cigar" should be cautiously tried, lest either the acid or the ammonia should be too strong.

Woolwich Common.

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. Prooemium.

GUY'S HOSPITAL.

TWO CASES OF COLOTOMY FOR MALIGNANT DISEASE.—FRACTURE OF THE TIBIA DUE TO NECROSIS.—REMOVAL OF FOREIGN BODY FROM THE ANTRUM.

(Under the care of Mr. Bryant.)

The cases in which colotomy was performed present very good examples of forms of disease in which the employment of this operation gives very great relief from the more urgent symptoms and also prolongs life, the malignant disease being no longer in a constant condition of irritation, and growing less rapidly. It is rare to find fracture of the tibia due to necrosis, and not unfrequently the condition of the parts compels amputation. The fourth case shows the necessity of careful inquiry and examination where these sinuses may possibly be due to a foreign body.

Recto-vesical fistula due to malignant disease; colotomy (two stages); pins used. (From notes by Messrs. E. Deane and A. G. W. Bowen.)—E. P——, aged forty-six, was admitted on January 18th, 1886. Has had very few illnesses, and gives no history of any intestinal trouble or inflammation; she is married, but has had no children; she has had one miscarriage. Nearly four years ago she noticed that she had trouble with her urine, which she passed frequently and in small quantities, accompanied with great pain. A few weeks later she noticed fæces in the urine, during micturition the stream would be stopped by lumps of fæces which came away like pieces of string. She also noticed that she passed flatus per urethram. During this time she had much difficulty and pain in passing her motions, which were smaller than normal, never exceeding the diameter of the forefinger. The menses became irregular about six years before admission, and ceased entirely between four and five years ago. On Dec. 24th, 1885, the patient lost a large quantity of blood, the flow commencing from the vagina and afterwards coming from the rectum as well; previous to this she had very severe pain in the lower part of her body, and a good deal of slimy matter was passed with the motions. She complains of a good deal of pain in her back and loins. She has lost flesh considerably of late, and cannot sleep well owing to pain and having to get up frequently to pass urine. More fæces pass in the urine on straining or taking severe exercise, or when the bowels have not been open for some time. She says she passes white fibrous-looking lumps in the urine as well as fæces. Urine slightly acid; sp. gr. 1018; contains a small quantity of lithates, albumen, and pus, but no blood or sugar.

Jan. 21st.—On examination per vaginam, the uterus is found to be fixed and slightly flexed forwards. On examination per rectum, nothing very definite can be reached by the finger, but it seems to just reach a hardish, nodular, movable mass.

27th.—She is quite certain that fæces are still passed per vaginam, but none can be found in the urine.

29th.—The patient complains of very severe headache, with occasional shivering fits and sore-throat. Five grains of quinine were given.

Feb. 3rd.—With the aid of the microscope numerous pus-cells and some epithelial cells can be seen in the urine, which has a distinctly fæcal smell.

11th.—Condition of urine not improved.

12th.—Chloroform having been given, Mr. Bryant made an oblique incision three inches in length and about two inches and a half above the crest of the ilium on the left side, dividing fat and muscles down to the transversalis fascia. The bleeding was then stopped by twisting a few small vessels. The bowel was then inflated with air, and on dividing the fascia a large coil of bowel presented through the wound. This was fixed there by passing two long hare-lip pins through the integuments below, transfixing the colon through rather more than half its diameter, and passing out through the integuments above the wound; the bowel was not opened. The posterior end of the wound was then closed by two silk sutures, and the whole dressed with iodoform gauze and terebene oil.

13th.—A grain of opium was given last night. The patient was sick several times after the operation. She complains of a good deal of pain around the wound. The discharge had soaked through the dressings, which were renewed. Fomentations over abdomen, containing equal parts of tincture of opium and belladonna liniment.

15th.—The pain was less and the fomentations discontinued. Wound looking well; dressed to-day. Urine still contains pus. Patient has passed flatus and fæcal matter since the operation.

17th.—The bowel was opened to-day with a tenotomy knife. The patient experienced no pain then nor later when the needles were withdrawn.

20th.—The patient complains of flatus still coming per vaginam when she passes urine.

March 1st.—Nearly clear-coloured urine; a deposit of mucus; only a trace of albumen; very few pus-cells.

3rd.—Flatus has not passed through the vagina since last week, but there is still a little discharge per anum.

11th.—There is a red circular area around the aperture of the wound, about an inch wide from its circumference to its edge.

15th.—The redness has entirely disappeared.

On the 17th there was some pain during micturition. Flatus and fæcal matter had ceased to pass per vaginam. A colotomy belt was ordered on the 22nd, and she left much improved on the 31st. Her last report three months ago was satisfactory.

Malignant growth of pelvis (sarcoma?) involving rectum; colotomy. (From notes by Messrs. Bindley and C. J. Fuller.) C. L——, aged twenty-six, a clerk, was admitted on May 21st, 1885. The patient states that his father died of dropsy and his mother of cancer. Has one brother and three sisters; one of his sisters was operated upon by Mr. Bryant for periosteal sarcoma of the lower jaw fifteen years ago. He enjoyed fairly good health until May of last year; he then suffered from hæmorrhoids for two or three