

of infection and the consequent greater caution in intercourse with consumptives is shown by a calculation of Cornet's regarding the decrease of mortality from tuberculosis in Prussia in the years 1889 to 1897. Before 1889 the average was 31.4 per 10,000, whereas in the period named it sank to 21.8, which means that, in that short space of time, the number of deaths from tuberculosis was 184,000 less than was to be expected from the average of the preceding years. In New York, under the influence of the general sanitary measures directed in a simple exemplary manner by Biggs, the mortality from tuberculosis has diminished by more than 35 per cent. since 1886; and it must be remembered that both in Prussia and in New York the progress indicated by these figures is due to the first beginnings of these measures. Considerably greater success is to be expected of their further development. Biggs hopes to have got so far in five years that in the city of New York alone the annual number of deaths from tuberculosis will be 3000 less than formerly.

Now, I do indeed believe that it will be possible to render the sanatoria considerably more efficient. If strict care be taken that only patients be admitted for whom the treatment of those establishments is well adapted, and if the duration of the treatment be prolonged, it will certainly be possible to cure 50 per cent., and perhaps still more. But even then, and even if the number of sanatoria be greatly increased, the total effect will always remain but moderate. The sanatoria will never render the other measures I have mentioned superfluous. If their number become great, however, and if they perform their functions properly, they may materially aid the strictly sanitary measures in the conflict with tuberculosis.

CONCLUSION.

If now, in conclusion, we glance back once more to what has been done hitherto for the combating of tuberculosis, and forward to what has still to be done, we are at liberty to declare with a certain satisfaction that very promising beginnings have already been made. Among these I reckon the consumption hospitals of England, the legal regulations regarding notification in Norway and Saxony, the organization created by Biggs in New York—the study and imitation of which I most urgently recommend to all municipal sanitary authorities—the sanatoria, and the instruction of the people. All that is necessary is to go on developing these beginnings, to test, and if possible to increase their influence on the diminution of tuberculosis, and wherever nothing has yet been done, to follow the examples set elsewhere.

If we allow ourselves to be continually guided in this enterprise by the spirit of genuine preventive medical science, if we utilize the experience gained in conflict with other pestilences, and aim, with clear recognition of the purpose and resolute avoidance of wrong roads, at striking the evil at its root, then the battle against tuberculosis, which has been so energetically begun, can not fail to have a victorious issue.

Medical Tours.—For several years the French physicians have organized an annual tour to the various watering-places and spas in France as a trip combining both pleasure and instruction. The Germans are now following their example and two tours are announced, one to be in charge of Baginsky to embrace the saline springs of middle Germany, and the other, personally conducted by von Leyden and Liebreich, by a boat to the watering-places on the North Sea, the first in August, the second toward the end of September. It is proposed to make similar trips an annual institution.

Clinical Reports.

RESECTION OF THE CECUM.

J. H. STEALY, M.D.

FREEPORT, ILL.

In January, 1900, Miss S. presented herself to me complaining of severe and almost constant pain in the right iliac region, and also of persistent constipation, which latter condition at times amounted to obturation. The previous history was negative, the patient having no memory of former illness, nor of intestinal or other disease. The present trouble dated back three years, the pain, constipation, and tendency to obstipation having been the only symptoms complained of. At the time of my first examination she was anemic and slowly losing in weight, but otherwise appeared in reasonably good condition. A tumor, about the size of a small orange, indurated, and with no range of mobility, was made out in the right iliac region. The abdominal muscles were perfectly relaxed. In view of these findings and the progressing nature of the symptoms operation was decided upon.

An incision was made through the right rectus muscle, exposing the mass, which was found to involve the lower three inches of the colon, the cecum, the appendix, which was so involved as to make its identification a matter of extreme difficulty, and three or four inches of the ileum, being at the same time very adherent to the antero-lateral parietes, as well as to the surrounding intestines. The mass was released from its adhesions and excised by resecting the colon four inches above the ileo-cecal valve, and the ileum was severed at an equal distance from the valve. Evidences of glandular metastases were sought, but none found. The No. 3 Murphy button was inserted and held by the usual purse-string suture through both segments, and, although the lumina of the distal and proximal portions differed greatly as to caliber, it was not found necessary to attempt to reduce the size of the lumen of the portion of colon to be anastomosed, no difficulty being experienced in securing a close and perfect approximation of the ends. The line of union was reinforced by a few Lembert sutures and a wick drain inserted. Recovery was without incident, no tympanites or other untoward symptoms having developed, and at no time did the temperature rise above 100. Nourishment was withheld until the fourth day, at which time rectal alimentation was inaugurated, which was maintained for four days more, following which, liquid food was given until the twelfth day, when the button passed. Microscopic examination showed the mass to be old connective tissue.

This case well illustrates the applicability of the ordinary unmodified Murphy button to the resection of intestines of differing lumina, without any preliminary stitching of the larger bowel to reduce its caliber, which must necessarily consume that time, which is such an important factor in successful abdominal surgery.

A LARGE GALLSTONE.

A. L. RUSSELL, M.D.

MIDWAY, PA.

I recently removed, post-mortem, a gallstone from a lady aged 67 years; the stone measuring five and three-quarter by four and a half inches, and weighing 530 grains. The patient died from tubal rupture incident to carcinoma of the uterus, and had never complained of symptoms referable to the gall bladder, though she had been under my care for two years for the uterine growth. Great obesity, an enlarged liver, and absence of symptoms or complaint allowed this feature of the case to go unnoticed. I believe this to be an unusually large specimen.