

to the refusal on the part of the infant to take the breast.

The objection to feeding from another's breast in addition to the mother's would simply be its impracticability. The fact that it is impossible to prevent the loss even by this method of a plentiful supply of milk, owing to the difficulty in making the baby nurse sufficiently, shows apparently the normal character of this loss.

Bouchard¹⁶ says that infants placed at once on the breast of another in whom the milk-flow is established lose but little or no weight. Schutz¹⁶ and Krüger quoted by Russow,¹⁷ find that infants under these conditions begin to gain quicker.

Another practical point in relation to the initial loss is the matter of early or late ligation of the umbilical cord. According to Zweifel¹⁸ late ligation of the cord by allowing more blood to enter the infant's circulation than in early ligation, renders the infant more vigorous and diminishes the physiological loss. By weighing the blood remaining in the placenta, he estimates that the child receives 100 grammes more blood if the cord is not cut till the placenta is expelled by Credé's method. In eleven infants thus treated he found the average physiological loss to be 156.7 grammes, while in twenty-five where the cord was cut at once, the average loss was 211. grammes.

Meyer¹⁹ thinks that these results are impossible as 100 grammes is equal to one-third of the whole quantity of blood in an average infant weighing 3,300 grammes at birth, and finds that the average gain by waiting till the expulsion of the placenta is only sixteen grammes. Budin²⁰ and Schücking²¹ found a gain of two or three ounces by waiting till the cessation of the placental circulation before tying the cord. I found that the average loss in ten infants,—including two infants of multiparæ and five additionally-fed infants, whose cords were cut at once on account of asphyxia, so that hot and cold water plunges, etc., might be used, was 13.2 ounces. In five cases not asphyxiated, three infants of primiparæ and two of multiparæ, where the cords were cut at once the average loss was 10.8 ounces. In all the other cases it was the custom at the hospital to wait till the cord had ceased or nearly ceased pulsating, before it was tied, but in the cases tabulated always before the expulsion of the placenta. By comparison with the first table it will be seen that in these cases early ligation has little or no effect on the initial loss of weight as compared with late ligation, except in those cases where asphyxia was a factor: here the loss is somewhat larger.

By way of summary it may be said:

First. That in the human infant a loss of weight occurs as a rule during the first few days of life, and is therefore physiological in the present state of civilization, although it does not occur in the lower animals.

Second. That this loss is somewhat greater in infants of primiparous than of multiparous mothers.

Third. That it is due first to the tardy secretion of milk, and in some cases is increased by the abnormally long continuance of colostrum in the milk,

and secondly to the feeble condition of the infant at birth.

Fourth. That the use of additional artificial food or another woman's milk diminishes but does not do away with this loss, and that the practice is for many reasons objectionable.

Hospital Practice.

BOSTON CITY HOSPITAL.

A CASE OF RECURRING INTESTINAL OBSTRUCTION; RIGHT LUMBAR COLOTOMY; RECOVERY.

SERVICE OF E. H. BRADFORD, M.D.

REPORTED BY OLIVER H. HOWE, M.D., formerly House-Surgeon.

KATE MCD., thirty-five years of age, single, and a domestic, entered the Hospital (service of Dr. Gay), March 12th. She said that about five weeks previous she had no movement of the bowels for a week, and had more or less vomiting during that time. This attack was followed, a few days later, by a similar one of the same duration. Following this she felt perfectly well, her bowels moving at least every second day (but generally after medicine), the dejections being small in amount.

Eight days ago she had a scanty movement, since which time she has had no movement, although she has taken large doses of various cathartics. She left off work a week ago, and for the last four days has had frequent vomiting, with constant pain and rolling of her bowels. Says she has been unable to sleep, and has lost considerable flesh.

Said she had always had good health, and that previous to the attack first mentioned her bowels had always been regular. Her father died of cancer of the stomach; otherwise her family history is negative.

Patient is somewhat thin and spare, but does not seem to be much emaciated. Countenance has a rather anxious expression; tongue shows a light, whitish coat. Abdomen is moderately and uniformly distended; tympanitic throughout. Pain mostly at left of umbilicus. Some tenderness in epigastrium and left iliac fossa; gurgling in the latter locality. No tumor to be felt. No hernia nor history of any. Rectum empty, and shows no stricture. Temperature 99.6°, pulse 72.

She was given milk and lime-water to drink, and laudanum fomentations were applied to the abdomen. The next day the distension was slightly less, and she was given calomel, gr. $\frac{1}{2}$, and bismuth, grs. v, every four hours; also nutritive enemata.

The following day (two days after entrance) she had a small dejection. The next day two good dejections, followed by much diminution of the abdominal distension and relief of all her symptoms. After remaining a week longer, and having daily movements with the aid of occasional laxatives, she went home.

Six days later she returned to the Hospital, having had no movement during that time. The attack was precisely similar to the one preceding, and was relieved in the Hospital by the same means in the same time. The matters vomited consisted, as before, entirely of food, and were stercoraceous. Patient remained in Hospital two weeks, during part of which time cathartics had to be used.

Ten days later she reentered the Hospital (this time

¹⁶ Loc. cit.

¹⁶ Loc. cit.

¹⁷ Loc. cit.

¹⁸ Centralbl. f. Gynæk., No. 1, 1878.

¹⁹ Centralbl. f. Gynæk., No. 10, 1872.

²⁰ Public du Progrès Médical, 1876.

²¹ Berlin Klin. Woch. 1 and 2, 1877.

on the medical side, in the service of Dr. Mason) having had no movement for eleven days. Symptoms the same as before, but more intense. She was given various cathartics and high enemata. The latter brought away only a few granules of fecal matter. A rectal tube was passed up a distance of eighteen inches, without meeting any obstruction or bringing away anything. After having been in the Hospital two weeks, and having had no movement for twenty-five days, the patient was transferred to the surgical side (service of Dr. Bradford), to receive more radical treatment, if necessary. At this time the abdomen was tightly distended and tympanitic, no tumor being felt at any point, even on deep pressure. Four days later a scanty movement of the bowels occurred. The pain and distress of the patient being constantly greater, the emaciation being more marked, and cathartics having been used in good variety and combination, with the exception of one scanty movement, the obstruction now having lasted thirty days, operative measures were determined upon.

Dr. Bradford decided to do right lumbar colotomy. He was led to this decision by the belief that laparotomy would be fatal in the present condition of the patient, especially as the bowels were so distended. An objection to the operation of colotomy was that, the seat of the obstruction being unknown, it might be above the part of the colon selected, so that the operation might fail to give relief. Had this event been encountered, it was Dr. Bradford's purpose, on perceiving that the colon was not distended, to go to one side of the latter, and, entering the peritoneal cavity, to pull out and open the first distended bowel that could be found.

The patient being etherized, an incision five inches long, and parallel to the crest of the ilium, was made in the right lumbar region. This was carried down through the muscles, until the distended ascending colon was found. The latter was sewed to the edges of the wound, and then carefully opened. Gas and feces freely escaped, and the distension of the abdomen was soon much diminished.

The ends of the wound were sewed up, and a large oakum dressing applied. The next day the abdominal distension was wholly gone, and the symptoms entirely relieved. No tumor could be felt in the abdomen, even on deep pressure. General condition of patient rapidly improved. The liquid fecal discharge was profuse for a day or two, but later became somewhat periodical. The dressing was reduced to a small pad over the opening, which patient cared for herself. She was in no way offensive to those about her, except occasionally from wind. She left the Hospital two months later, the extremity of the incision having entirely healed, leaving a round opening, which just admitted the finger. Reported a month later, and was in the same condition, with no further trouble.

Patient reported again four months later (seven months after the operation). She was found to have improved greatly in strength and general appearance, and to have gained in weight. The opening made by the operation had contracted in size, so as to barely admit the little finger, which it tightly grasps with a somewhat sphincter-like action. Prolapse of half an inch of the bowel through the opening occurs at times. She wears over the opening three or four thicknesses of cotton cloth, kept on by a swathe.

The cloths require changing from one to five times

a day. She lives largely upon milk and white bread, in order to keep the feces from being too liquid. The feces have never been "formed." She says the odor and flatus are somewhat troublesome, and that she cannot go to church or to other gatherings of people. She has been employed as a domestic, and thinks she has not been especially offensive to others while at work in that capacity. Three weeks ago she had a small movement *per rectum*. Palpitation of the abdomen shows the presence of no tumor or abnormal condition. No further light is gained about the source of the obstruction, and it must remain for the present a mystery.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

E. M. BUCKINGHAM, M.D., SECRETARY.

JANUARY 24, 1887. The President, Dr. F. W. DRAPER, in the chair.

REMOVAL OF UTERUS, OVARIES, AND FALLOPIAN TUBES FOR FIBROID.

DR. JOHN HOMANS showed a uterine fibro-myoma which with its ovaries and Fallopian tubes, had been removed by laparotomy two days before, the whole mass weighing twenty pounds. The patient was a single woman, of forty-five, whose life had been made a burden by this growth. So far the pulse has not been above 80, nor the temperature above 99.4°. The stump was treated externally, that having proved the better way in the personal experience of Dr. Homans. It is an operation accompanied by some shock, and is not, in his opinion, an operation to be undertaken lightly, and this is seen from the fact that he has operated five or six times in the last year, having seen perhaps, from two to four cases almost every week. The speaker referred to the cases reported to be cured by Apotoli by means of electrolysis, which acts, as he is informed by Dr. Amory, by causing exosmosis.

DR. J. C. REYNOLDS said that he had seen electrolysis used by Dr. Cutter and that he had received an account of the practical disappearance of the tumor.

DR. J. C. WARREN read a paper entitled,

PERSONAL EXPERIENCE IN THE TREATMENT OF CANCER.¹

DR. D. W. CHEEVER said that he had been asked to open the discussion on this subject, and in doing so wished to express the pleasure and interest with which he had listened to Dr. Warren's paper. The conclusions arrived at therein did not differ, as he recalled them, from those given in the writings of the late Dr. J. Mason Warren. He would like to add some cases from his own experience.

Cancer was said to be more frequent now in this section than formerly, and he was inclined to think this was true.

The natural history or duration of cancer varied with the age of the patient—in youth being much more rapid than in old age. It varied also greatly according to the organ or locality involved. Its rapidity of growth and the duration of life were approximately in the following order: Tongue and

¹ See page 154 of this number of the Journal.