

Though forceps are not strictly applicable to much macerated heads, they were used here, on the ground of my belief that the extraction would be easy, and that the head was sufficiently firm to offer a secure grasp, a belief which was justified by the result. I think it probable that the blood was extravasated behind the placenta on the evening of the 29th, at the time of the sudden rise of pulse. The foetal heart had not been listened for at that time, and it is impossible, of course, to state that the death of the child was due to the hæmorrhage and the consequent detachment of the placenta; but as the mother had felt active movements shortly before that time, and as some previous experiences lead me to believe that maceration may become well advanced in a period of forty-eight hours in utero after the death of the child, I am inclined to believe that the hæmorrhage was the cause of the foetal death in this case. It is an interesting question whether the apparent jaundice could be hæmatopoietic and due to the hæmorrhage. The case is, at all events, well worthy of record from its extreme rarity.

INTESTINAL ANASTOMOSIS (WITH SENN'S PLATES) FOR CANCEROUS OBSTRUCTION.

BY J. W. ELLIOT, M.D.

THE patient was a feeble man, sixty years old. In August he had an attack of vomiting and diarrhœa. In September he began to lose his strength and to have attacks of dizziness. He also had a serious stoppage of the bowels, with pain on the right side, which was relieved by castor oil. He soon found that solid food gave him colic, he therefore took only liquids. In October he had more pain on the right side of the abdomen, and the movements became more difficult. Then the abdomen began to swell.

In November all his troubles became worse; he eat less, and had more pain. He then entered the Massachusetts General Hospital. There he vomited for four days, eat nothing, and was kept alive by nutritive enemata. He improved somewhat in his general condition, but had absolutely no movements of the bowels. No tumor could be felt.

Operation.—On December 15th the abdomen was opened, and the bowel was found to be completely obstructed by a cancerous mass in the cæcum. An anastomosis was then made, with Senn's plates, between the colon and the ileum. The operation did not take more than fifteen or twenty minutes; the patient, feeble as he was, had little or no shock. He made a rapid recovery. His bowels moved in twenty-four hours, and he took solid food on the fourth day.

It is now nearly three months since the operation. He has free and natural movements of the bowels, and has gained twenty-two pounds. He has no pain, and feels perfectly well. The growth has increased in size, and can be plainly felt in the abdomen. I should advise its removal if he were a stronger man.

I consider intestinal anastomosis one of the greatest advances in surgery; and it is difficult to understand why this very valuable operation has not yet been taken up in Boston, Dr. Homans's case being the only one on record. The operation is very quickly and easily done; and Dr. Senn deserves great credit for perfecting the technique. The advantages to the patient of an intestinal anastomosis over an artificial anus are enormous.

Medical Progress.

RECENT PROGRESS IN THORACIC DISEASE.

BY GEORGE G. SEARS, M.D.

TUBERCULOSIS AS A CAUSE OF PLEURITIC ADHESIONS.¹

SCHLEUBER gives the results obtained from 106 autopsies, but 21 of which showed no pleural adhesions. Among the remaining 85 the adhesions could be attributed in a number of cases to affections of the lungs other than tuberculosis, or to cardiac disease. Leaving these cases out of consideration, there remained 57, in 33, or 57.9 per cent., of which the adhesions, from the macroscopic examination, could be referred in all probability to a tuberculous cause. Schleuber is of the opinion that these figures would have been increased rather than diminished by the use of the microscope.

PECULIAR ODOR OF THE BREATH OF TUBERCULOUS PATIENTS.²

Rosenbach calls attention to a peculiarity of the breath of tuberculous patients, slightly resembling that of mild cases of putrid bronchitis, but differing from it in having a disagreeably sweet quality. It may become apparent in the neighborhood of the patient even in the absence of expectoration. It adheres to expectorated matter but feebly, being probably dependent on some volatile substances. It is only present in the exhaled air, and thus becomes most evident when the patient coughs or breathes with open mouth. It is a sign of unfavorable prognostic significance, even though the other manifestations in the case appear favorable. It is often present when the destructive process is not marked, and is most noticeable when the physical signs are unobtrusive. It is almost always an associated manifestation of disseminated broncho-pneumonic consolidation. It is wanting in cases of extensive infiltration, when cavities have formed and also when the sputum is copious. In a large number of cases in which this symptom was observed hæmoptysis occurred. Night-sweats, anorexia and febrile exacerbations were also frequently noted. The phenomenon is of diagnostic significance as it early indicates the occurrence of a morbid process in the lungs, and should therefore be sought for in all doubtful cases. To insure against a possible source of error the mouth and teeth of the patient should be first thoroughly cleansed.

THE DISINFECTION OF TUBERCULOUSLY-INFECTED HOUSES.³

Delepine and Ransome give the result of their efforts to disinfect rooms in which a phthisical patient has lived by chlorine, or more correctly euechlorine. Pieces of paper were carefully sterilized in glass capsules, and then infected with tuberculous material, either sputum or pure cultivations of the bacillus (human in most cases, avian in a few). The capsules were sealed, the sputum or cultivation being allowed to dry on the paper, and were not opened until just before the acid was poured on the chlorate of potash, and were again sealed when the room was reopened. Rabbits and guinea-pigs were then inoculated with small pieces of infected paper or superficial scrapings

¹ Arch. f. path. Anat., etc., Bd. 134, Heft i.

² Wien. Med. Presse, 1893, No. 28; American Journal Medical Sciences, October, 1893.

³ British Medical Journal, November 4, 1893.