

dynamic problems, I reject. Nor should it ever be forgotten that the terms used in science are symbols. Facts will live forever. Symbols may and do change. It is a melancholy fact that chloroform has, apparently terminated life. The symbol, asphyxia, has served its purpose, and must give way to some other term more definite. When a better formula, or one better expressive of the facts and laws concerned in the dynamics of anæsthetic death, and impending death from chloroform, than "arrest of destructive metamorphosis," is presented to me, all possible haste will be made in adopting it and consigning my own to oblivion. But, until then, I must hold that "arrest of metamorphosis" fairly represents the facts and law dynamically, as presented in death from overdoses of chloroform. —*Western Jour. of Med.—Det. Rev. Med. & Phar.*

Artificial Anus Successfully Treated by Dupuytren's Enterotome.

The *Edinburgh Medical Journal*, of April, 1869, furnishes a case, of which we will endeavor to give our readers an epitome. It is by Dr. George Buchanan.

Mrs. G., æt. 40, had been affected with femoral hernia of the left side for many years. In the early part of July, 1863, it became strangulated, and operative interference became necessary. The gentleman who operated informed Dr. B. that after opening the sac he divided the stricture, and on applying moderate pressure, the bowel, which was dark colored, gave way under his fingers; it was left in the sac, poultices were applied, and the symptoms of strangulation disappeared. The opening in the bowel rather increased in size, and constantly discharged fecal matter. On August 17th, she came under Dr. Buchanan's care at the Glasgow Infirmary. There was found to be an opening in the left groin, rather larger than a half crown piece, through which the open intestine protruded, the edges of which were firmly adherent to the lips of the aperture in the integument. When she strained the bowel protruded as much as two inches, and was found to be the ileum at some distance from its lower end. In the general opening could be detected two orifices, each orifice lead up into the corresponding intestine, the two tubes being parallel to each other, and divided by a thick septum or *eperon*.

By the 30th of November, she had been got into sufficiently good condition for the operation, and Dr. B. introduced the enterotome of Dupuytren. The blades, which locked into each other, were four and a half inches long. The application caused no pain, as great care was exercised. The two blades were introduced separately, pushed up to the extent of four inches, turned to face each other, and locked like midwifery forceps. They were then approximated by means of the screw until they were made to bite very firmly into the septum. When fairly locked the male blade must have pressed the mucous septum an eighth of an inch into the female blade.

Towards night patient had some epigastric pains and a little bilious vomiting. A sinapism was applied to epigastrium, and one grain of opium

ordered night and morning. To swallow nothing for twelve hours, but to suck small bits of ice if thirst became urgent. On December 1st. the blades were further approximated, causing a little pain in epigastric region. On the 2d the blades were screwed home. Pulse steadily 80—no return of vomiting, and she was ordered a mutton chop and some brandy daily. On the 4th some fecal matter passed per rectum, the first that had come this way for five months!

5th. passed feces the natural way three times, and for five hours nothing escaped from the groin.

7th. The enterotome dropped out, having between its teeth a long strip of the septum. The external opening was plugged with a hemisphere of guttapercha fixed to a plate of tin which formed a flange, and secured with adhesive strips and bandage. A simple enema was ordered, to encourage the feces to pass into the rectum. The plug failed to produce the desired effect of preventing the escape of fecal matter, and was removed. The patient was ordered to lay on her back and remove at once any escaping matter.

10th. A dose of oil and a laxative enema produced copious alvine evacuation, part from the groin, and part from the anus. With an occasional dose of oil and enema, patient progressed favorably. While she lay on her back the contents of her bowels mostly passed into the lower part, but when she got up the thinner portions escaped by the artificial anus. The opening having considerably contracted by Jan. 9th, a water-proof truss was applied, which served its purpose admirably, allowing no fecal matter to escape from the groin while it remained on.

Feb. 18th. Patient much improved; natural passage daily; the opening being now reduced to the size of a shilling, patient was sent home for a time. The opening had contracted to the size of a fourpence by Feb., 1868, when a plastic operation was performed for its closure, but without success. The opening, however, again contracted to a very small size, and by using a truss she could keep herself quite free from any discharge, and could follow her usual avocations; a very great gain over her former condition.—*Med. & Surg. Reporter.*

Remarkable Case of a Foreign Body in the Bladder, and its Removal by Perineal Section.

Dr. A. Pamard, chief surgeon of Hotel-Dieu of Avignon, in the *Bulletin General de Therapeutique Medicale et Chirurgicale*, gives the following remarkable case:

A man 48 years of age, presenting the appearance of a man addicted to masturbation, was admitted to the hospital.

The man said he had introduced into the urethra a watch-spring. An examination showed his urethra much dilated so that it admitted easily the point of the little finger. A large sound was introduced, and encountered at the membranous portion of the urethra, beneath the arch of the pubis a foreign body. Chloroform was given the patient, and he was placed in the position for lithotomy. Guided by the point of the sound, an incision was made in the median line of the perineum, four cen-