

an alarming condition, I at once advised him to send for his clergyman and prepare for the worst; but when he showed some symptoms of improvement after a few hours, I began to think I must have been mistaken as to my diagnosis of gastric perforation. On consulting "Ziemssen's Cyclopædia," however, I found on page 228, of Vol. VII., the following words: "When perforation occurs, that most disastrous event in the course of gastric ulcer, the only treatment in most cases is to induce euthanasia. Energetic measures are, however, not to be neglected, in view of the fact, that recovery occasionally occurs under these circumstances (Ross, Schliep,) apparently because the stomach was empty at the time of the perforation."

On pages 153-4, Vol. I., of the same work, Liebermister states that in rare cases perforation of the intestine in typhoid fever is followed by recovery. He affirms that he had seen four such. I, myself, believe that I saw one undoubted example in the autumn of 1884. The perforation occurred during the fourth week of the disease, and was ushered in by pain in abdomen and a severe rigor, followed by rapid and marked tympanites. The delirium and ataxic symptoms, previously present in a pronounced degree, at once vanished, with the onset of those of perforation.

In view of the fact, that an occasional instance of recovery from these kinds of perforation of the viscera is met with under medical treatment alone, it becomes a serious question whether a resort to laparotomy is ever justifiable. While sympathizing strongly with those who are striving to push the triumphs of surgery into new fields, I cannot think that this one will ever yield them much fruit.

In regard to cases of perforation from typhoid ulceration, the general condition of the patient, as well as the risk run of disturbing a piece of gut weakened by other ulcers will, I believe, never permit of surgical measures obtaining much, if any, success. Again, in cases of gastric perforation the situation of the lesion is often such, that in order to reach it, a somewhat prolonged operation will be necessary, and this is not likely to be safely borne by a patient already suffering from symptoms of severe shock.

At the late meeting of the German Surgical

Society, a paper was read by Herr Steinthal on the surgical treatment of perforations. He, himself, reported three cases, all of which ended fatally. Frank reported two cases for typhoidal ulcer; both patients died. Doelgar had operated four times for perforative peritonitis, with one recovery. (The report in the *New York Medical Record* does not state the cause of the perforation in these cases.) Fillmann had operated once successfully in a case of perforating ulcer of the stomach.

Until our German friends can improve upon this record, I imagine most of us will rest content with less active treatment in these cases.

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### Selections.

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*We are indebted to DR. NEVITT for the translation from the Italian and to DR. WISHART for the French.*

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### REPORT OF THE ROTUNDA HOSPITAL FOR THREE YEARS.

*Forceps Cases.*—There were 203 forceps cases, a percentage of 5.96, or one in 16.75. Of these, six died, but only two from septicæmia, one having a foetid discharge when admitted. In the other case the child was dead and œdematous when delivered; placenta adherent, removed, when it, with the discharge, was found to have a very foetid smell; slight post-partum hemorrhage. The six cases gave a mortality of 2.95 per cent., or one in 33.83 in forceps cases. The forceps are not applied in the hospital unless there are positive indications to warrant their application, either on the part of the mother or the child. Those on the part of the child that are considered as indicating danger to life are a very quick or a very slow foetal heart, or the escape of meconium *per vaginam* when the head presents. Dr. Neville's axis-traction forceps are those most frequently used. Mr. Lane thinks it has many advantages over the axis-traction forceps with rods, being more portable, more easily applied, distends the perineum less, can be used, if desired, as a simple forceps, can be more easily cleansed, and there is no danger of injuring the vagina by the mucous membrane being caught between the blades and the rod.