

salt solution, and slowly introduced into a vein over a period of hours and at the rate of twenty to thirty drops per minute.

Hopeful as the results of the intravenous drip treatment appear to be, they are by no means final. Syphilis is a treacherous disease and immediately favourable effects of the treatment do not guarantee that the disease will not cause damage years later.

The possibilities of this new method are of the greatest importance to the conquest of syphilis. It may enable physicians by means of a few days of intensive treatment to render syphilis permanently non-infectious and to effect a serological and clinical cure in 80 or 90 per cent. of the cases treated. If anything approaching this brilliant achievement is accomplished, eradication of syphilis will be brought appreciably nearer. In the meantime, the present standard method of treatment, which has been tested and tried throughout the world and which is generally available in every community, is the one upon which infected persons should depend. The results given by the standard method, though it be slow, are highly satisfactory.

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BILATERAL LOBECTOMY FOR BILATERAL BRONCHIECTASIS

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The patient, a woman aged 36 years, had suffered from bronchiectasis for six years. She was operated upon for bronchiectasis of the right lower lobe after three weeks' pre-operative treatment, right lower lobectomy being performed. Seven months later, after hospital and convalescent treatment, left lower lobectomy was successfully performed and the patient made an excellent recovery.

History. The patient complained of cough with the production of much foul sputum during the past six years. The cough followed some six months after an attack of "dry pleurisy" for which she was kept in bed for six weeks. The condition had been progressive, with the production of profuse sputum of a characteristic nature, and there had been occasional haemoptysis.

On admission in the ward, the patient appeared in good health and well nourished. She was slightly cyanosed and had marked halitosis. Temperature and pulse rate were normal, but the respiration rate was raised to 30 per minute. There was obvious clubbing of the fingers.

Treatment. The patient was treated on a Melson's postural drainage bed. During the first eight weeks there was an average production of three ounces of sputum daily; this slowly decreased until in the middle of the third month she was free from cough and no sputum was produced. There was corresponding improvement in the general condition and her weight at this time had increased by seven pounds. Artificial pneumothorax was induced on the right side in preparation for operation after three months in hospital. The anæsthetic given was Avertin 0.1 c.c. per kilogram of

body weight, followed by gas, oxygen and chloroform. The lower lobe of the right lung was removed and a Malecot's self-retaining catheter (size 30) was left in position. The operation lasted 55 minutes and the patient stood the shock well. When she returned from the theatre her pulse was 124 beats per minute; respiration rate, 62 per minute; the respirations were irregular. Within an hour the pulse rate dropped to 110 beats per minute and the respiration to 40 per minute. Oxygen was given continuously by nasal catheter until the patient recovered consciousness, nearly three hours later. Then an oxygen tent was erected and the patient was nursed in this for nearly 18 days, gradually being allowed out of it during the day and sleeping in it at night until finally the tent was discontinued.

Feeding. For the first three days fluids only were given; this was followed by a light nourishing diet with extra nourishing feeds. At the end of seven days the patient was enjoying a full diet.

Drainage. The patient was nursed sitting up, inclined alternately to the affected side to facilitate drainage and to the sound side to help expansion of the lung. The position was changed approximately four-hourly. The patient was encouraged to cough, thus aiding the expulsion of discharge. The tube leading from the chest wall was connected to an "under water" drainage bottle, and was discontinued when the discharge ceased on the 26th day. It was held in place by safety pin and strapping with Elastoplast. The amount of discharge was measured daily, and varied from 2 to 10 ounces in the 24 hours during the first week: it then fell to 1 to 2 ounces only per day.

Dressings were changed daily while the tube was connected to the bottle, and then as necessary according to discharge. Sterile gauze was used and the wound was swabbed with half-strength Eusol. A special many-tailed bandage with a high back reaching to the root of the neck and with shoulder straps was used for dressing until the tube came out. Then an Elastoplast corselet was substituted. Stitches from the wound were removed on the eighth day. When the tube was taken out because discharge had ceased, the stab wound was dressed with gauze wrung out of 1-80 carbolic lotion as a deodorant. The patient was then allowed to get up, first on a couch and two days later into a wheeled chair. She was nursed out of doors as much as possible.

At the end of ten weeks after operation the patient was ready to leave the hospital for a convalescent home. She had increased in weight by 14½ lb., had no cough, and looked very well. Her finger clubbing was obviously less marked.

The second operation was performed seven months later. The patient was more ill and her progress slower, possibly because the weather did not permit her to be nursed out of doors. However, she made an excellent recovery and is now relieved of all symptoms and in very good health.

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