Andral also makes mention of these membrani-form productions.

Graves considered the cause of these cases to be irritation of the mucous membrane of the large intestine, and of the rectum in particular.

Mr. Iliff of Newington read a paper in 1844, before the Physical Society of Guy's Hospital, on the membranous-like formations which are not unfrequently passed by patients, mingled with alvine evacuations. He read the particulars of eight or nine cases, one of which was the subject of malignant disease of the os uteri. His paper was illustrated by drawings of the membranes; and I am under a debt of gratitude to Mr. Iliff for the loan of them.

Cruveilhier acknowledges how frequently he had opportunities of observing gelatiniform pseudo-membranes voided by stool after the ingestion of energetic drastic purgatives, and the bark of pomegranate administered by physicians, who took for the remains of worms the mucous products expelled by their patients. He also refers to Villermé, who had witnessed many times the expulsion of these false membranes in individuals affected by the colic of Madrid.

Grantham, in his *Facts in Medicine and Surgery*, describes this disease under the title of Fibrinous Diarrhoea, and states that in every case which he witnessed, he invariably found the disease produced by the administration of mercury, conjoined with the too frequent use of aperient medicine. He also found that such patients experienced an exacerbation of symptoms by the use of mercury, even in small doses.

In the year 1854, M. Broca showed to the Anatomical Society of Paris, membranes which were frequently passed by a woman, and, curiously enough, by her brother-in-law; by the latter for ten, and by the former for fifteen years.

Dr. Potain also showed to the same Society, in 1857, shreds of gelatinous mucous matter expelled during defæcation by a young epileptic girl.

Dr. Lionel Beale, in his *Microscope in Medicine*, states that "mucous casts are sometimes expelled from the large intestine, and occasionally as complete tubes. Flakes, some of which are very firm, are common enough, especially after prolonged constipation. They consist of a firm mucus, in which the epithelial cells from the large bowel, and many corpuscles are embedded." He refers to an interesting example sent to him by Dr. Borrett. The patient was a little girl aged four years.

Trousseau, in the second volume of his *Clinical Medicine*, says that in many cases we confound the pains which have their seat in the transverse colon with stomach pains, and that it is not exaggerating the fact to say that, in a moiety of cases, what we are in the habit of calling gastralgia is nothing but colalgia. The pains experienced by the patient coincide with an obstinate constipation, sometimes followed by diarrhoea, which is accompanied by an excretion of more or less abundant thick mucus. The mucus presents itself under the form of bands of white ribbons, that are compared to macaroni.

In the year 1857, Mr. Jonathan Hutchinson brought before the Pathological Society of London, the case of a lady who voided what he termed tubular exudation casts of the intestine; and also the parallel case of a pale cachectic man, aged 23, who for at least three years, in spite of all treatment, continued to void these casts. Specimens of the matters passed by the lady just referred to, were submitted to Dr. Andrew Clark for examination. As the conclusions arrived at by Dr. A. Clark, after a chemical and microscopical examination of a most exhaustive nature, will frequently be referred to hereafter, I will not anticipate myself by giving you them at present. I shall also have frequent occasion to draw from his equally valuable views on the same subject.

Dr. Guyot brought a case of mucous disease before the Medical Society of Hospitals, at their sitting on the 28th February, 1848. Dr. Siredey, at a sitting on the 11th December of the same year, brought forward a case of a similar character. The paper read by Siredey is full of information and interest.

M. Grisolle, in his *Traité de Pathologie Interne*, in a chapter headed Chronic Enteralgia, states that the disease may continue whole years with remissions more or less long and complete. The patients of whom he speaks experience a kind of habitual uneasiness in the belly. After each crisis, a very abundant excretion of a white or yellow albuminous fibrous matter, resembling in form and colour large vermicelli. During the paroxysms of pain, the pulse remains natural. It is also, he states, more frequent with women than men.

M. Worms drew the attention of the Anatomical Society of Paris to some membrani-form flakes voided by a person of advanced age.

Dr. Merland, of Chaillé, in the *Union Médicale*, refers to about thirty cases of this disease which came under his notice.

Axenfeld has noticed and reported cases of expulsion from the anus of gelatiniform white ribbons, several inches long, which he considered to be formed by some concrete mucus.

It will now be my object to elucidate from these several quotations and allusions the borne-out facts recorded, and also to give a general description of the disease.

[To be continued.]

ALCOHOLIC POISONING.*

By G. S. ELLISTON, Esq.,
House-Surgeon to the East Suffolk Hospital.

I PROPOSE briefly to lay before you a few cases of alcoholic poisoning which I have met with in hospital practice during the last four years, the treatment which I have adopted, and the care that should be taken to correctly diagnose these cases from apoplexy and injuries of the brain, which they much resemble. Unfortunately, the only history you generally get is from the policeman who brings in the case; and invariably all that he can tell you is, that he found the patient insensible in the street—he supposes, from drink.

The first case is one which I had when one of the resident surgeons at the Royal Free Hospital. A law-writer, about thirty-five years of age, was picked up by the police in Gray's Inn at midnight, apparently dead, and conveyed to the hospital on a stretcher. I placed him on a couch, and found the body cold and pulseless, the pupils contracted, the conjunctivæ quite insensible to touch, and respiration scarcely perceptible. I at once applied a very powerful galvanic battery always kept in readiness, placing one pole on the nape of the neck, and the other over the course of the phrenic nerve. For two or three minutes he did not appear to feel it; but the respiration slightly improved. I varied the galvanism by placing the pole over the pit of the stomach, and sometimes on the nose; here it seemed to have the greatest effect, causing it to twitch violently; and shortly afterwards the head began feebly to rise from the pillow. This was followed by a gasp; and, by still applying the pole to the nose, I was able to bring the body up into the sitting posture; but, directly it was removed, he fell back a dead weight. I continued the galvanism; and in a few minutes he was so far roused as to say, rather thickly, "Take it away; don't burn my nose." At first, he was inclined to relapse; but a few touches of the battery soon brought him round sufficiently to take an emetic. But very little came from the stomach, and the odour of spirits was slight. He was placed in bed, and three or four days afterwards left the hospital quite well.

The next case shows that the serious symptoms of alcoholic poisoning may be caused by injuries received whilst partially under the influence of drink; and the surgeon may easily be misled by the statements of those accompanying the patient. Two nights after the preceding case, a gentleman was brought in by the police, picked up in the street in an insensible state. He appeared to have been drinking, for his clothes were in a disordered state; and he had evidently been robbed of his watch and other valuables. He was galvanised, and was soon sufficiently sensible to tell his name and address. As the hospital was quite full, it was suggested that the police should take him to his home. On his way there, he became much worse, and was taken to the nearest infirmary, where he died during the night. The *post mortem* examination disclosed a ruptured liver, which the subsequent inquiry proved to have been caused by a cab knocking him down. In this case, there was no clue to the injury, as not one of those who brought him in witnessed the accident.

Since being at the Ipswich Hospital, I have met with two or three well marked cases of alcoholic poisoning. A sailor was brought in one night by the police, who found him lying insensible in the street about a hundred yards from the public-house at which he had been drinking. A medical man had been called to him; but, as he failed to rouse him, he ordered him into the hospital. He was then in a profound state of coma, with all the symptoms which I have before described. I at once applied galvanism; and in about five minutes he began to show signs of animation, quickly followed by pugnacious attempts to knock everybody down near him, more especially the operator. A few more touches made him perfectly sensible; and he took an emetic as quietly as possible, but very little came from the stomach. He shortly afterwards fell into a quiet sleep, and got up next morning feeling as well as ever. Nothing could persuade him that he had been in any danger; and he left the hospital early, treating the whole affair as a joke.

A very similar case happened a few days ago, at the Whit-Monday fête. A young man was found in the afternoon on the ground in an insensible state. He was supposed to be suffering from sun-stroke; and, while a medical man who was present was trying to restore him, a bystander said he believed it was the result of some gin he had seen

* Read before the East Anglian Branch.

the patient drink some time before. The medical man at once ordered the police to convey him to the hospital, and sent a slip of paper to the effect that it was supposed a large quantity of gin had been taken. When I examined him, I found the body cold and nearly pulseless, and in such a profound state of insensibility that I firmly believe any surgical operation might have been performed without any feeling. After he had been galvanised a few minutes, the muscles of the face began to twitch, and the hand was feebly raised to the nose to dislodge the pole of the battery. He then murmured out, "Take away the chloroform." Shortly afterwards, he opened his eyes. I then put some questions to him, which he answered correctly, although the language was not very complimentary to myself, and rather unparliamentary. He was soon completely roused and perfectly sensible; and, after a comfortable night's rest, got up feeling quite well, and left the hospital protesting that, as he had no headache, he was convinced he had not taken more than was good for him. In this case I gave no emetic, as I have generally found the contents of the stomach to contain little or no alcohol, it having been all absorbed into the circulation; and he recovered quite as well without.

These cases are very perplexing in private practice; and sometimes, from the general history and appearances, cases of apoplexy may be mistaken for drunkenness, even where the patient is almost above suspicion. Dr. Elliston kindly gave me the following case. He was sent for to a highly respectable tradesman, who had just left a public-house. On entering his home, he staggered and fell on the floor insensible, vomiting a quantity of porter. The symptoms and appearances of the patient in this case showed that he had been drinking; but, as the breathing became more stertorous, and the pupils more dilated, the medical men present determined to wait a time before using the stomach-pump. Fortunately they did, for he shortly afterwards died; and the *post mortem* examination showed about a pint of blood effused into the brain.

In all these cases, I have never used the stomach-pump, but have relied solely upon galvanism, which has always rapidly and completely brought them round. Books tell you that alcoholic poisoning is easily distinguished from apoplectic coma, by the general history and the spirituous smell about the patient; but I have found in nearly all these cases that it is most difficult to detect the odour of spirits, partly from its having become absorbed, and partly from the breathing being so very faint; so that, in any case where alcoholism is at all suspected, I would advise the immediate use of galvanism, in preference to any other mode of treatment.

CLINICAL RECORDS.

From the Practice of PROFESSOR ERICHSEN at University College Hospital.

I.—Necrosis and Chronic Osteitis of Tibia: Osteotomy with a Hey's Saw.

J. B., aged 10, was admitted on October 24th, 1870. The patient had always been delicate. Sixteen months before admission, he was laid up with a pain in his left side and leg. The limb was swollen. In about two months an abscess formed at the upper part of the leg, and was opened. It partially closed, leaving a sinus, which remained to the time of admission. Seven pieces of bone came away at various times during the last year; the last a few weeks before admission. The largest was about one inch and a-half in length.

On admission, the patient was a delicate-looking boy. On the left leg, about three inches below the head of the tibia, was a small sore, in the centre of which was a sinus. A probe passed downwards close to the bone, but no bare bone could be felt. The whole of the upper half of the tibia was increased in size. The surface of the bone was smooth. There was no marked pain or tenderness at any part. The knee-joint was healthy.

He remained in the hospital until December 7th before any operative proceeding was thought necessary. During this time the sore had occasionally increased in size, and then partially healed again. On December 7th, it was a little larger than on admission. The size of the tibia had not markedly changed. The chief change had been in the steady increase of pain. The pain was continuous and of a dull aching character, increased at night or on using the limb. On December 3rd it was so severe as to confine him to bed for the whole day. He had some slight cough, but no marked disease was found on examining the lungs.

On December 7th, Mr. Erichsen made a longitudinal incision about

two and a-half inches long over the enlarged part of the tibia. He then made a cut in the bone with a Hey's saw until the medullary cavity was reached. December 12th.—The patient had suffered no pain in the daytime since the operation, and scarcely any at night. January 5th.—A small piece of bone, about two-thirds of an inch long, came away to-day. He was perfectly free from pain. January 25th.—The wound was nearly healed. He remained perfectly free from pain. There was as yet no diminution in the size of the tibia. He has been sent to Eastbourne for change of air.

In his clinical remarks on the case, Mr. Erichsen stated that he had for many years past been in the habit of treating cases of osteitis, when chronic and accompanied by thickening and expansion of the bone, by making a longitudinal incision into it by means of a Hey's saw. In this way the same relief was given to the inflamed and tense osseous structures that was afforded to soft parts when, in a state of inflammatory tension, an incision was made into them. He had in this way successfully treated chronic osteitis of both ends of the tibia, of the lower end of the humerus, of the radius, and of the ulna.

The operation is extremely simple—simply substituting the Hey's saw for the scalpel; and the principle on which it is done is that of relieving inflammatory tension by incision. The same operation is applicable to cases of chronic encysted abscess in the ends of the long bones, and is much less severe than that of trephining, which is commonly practised in such cases. It is an efficient substitute, indeed, for the trephine in cases of chronic osteitis, hypertrophy, and encysted abscess in the articular ends of the long bones.

Mr. Erichsen further stated that, in his opinion, it was of great consequence to employ early incision in cases of strumous osteitis in the articular ends of long bones, so as to prevent the occurrence of caries and those after-changes that so often lead to the disorganisation of the neighbouring joints. It was with this view, as well as for the relief of pain, that the operation of osteotomy had been done in the present case.

OBSTETRIC MEMORANDA.

LABOUR INDUCED BY UTERINE INJECTION.

In the number of the BRITISH MEDICAL JOURNAL of February 12th, 1870, I notice an account of a case of artificial induction by Mr. Edward Garraway, in which he calls attention to the fact of the injection of warm water being followed by delivery in seven hours. I can cite a case in which pains followed the injection of warm water into the uterus in less than half-an-hour, and delivery in four. The patient was a very little, stout woman, about twenty-seven years of age, who had never had a living child. The first time she went to the full period, and, after being in labour for about twenty-four hours, was obliged to have craniotomy performed. With the second I attended her, and induced labour at eight months and a half, hoping by this means to obtain a living child. I did so by injecting warm water into the uterus through a large elastic catheter every ten minutes until pains occurred. The water in this case escaped by the side of the catheter. Pains soon followed, and I diagnosed a breech-presentation. Owing to the violence of the uterine contractions the child was dead, having been killed, I imagine, *in utero*, as the cord was flaccid and pulseless as soon as felt. She made a good recovery, and shortly afterwards became pregnant again, and applied to me to attend her. I determined this time to try to save the child by endeavouring to bring on labour more slowly. I intended to do so at the eighth month, but was obliged to do so somewhat earlier, as I was leaving Nelson, and she wished me to do it before leaving. At 10 A.M. I injected about half a pint of warm water through a large elastic catheter passed far up into the uterus, for little escaped when the injection was discontinued; and in about ten minutes I injected again about the same quantity. A good deal escaped beside the catheter; and, after a third injection, pain commenced with great violence; the breech again presented, and, as happened in the former case, the child was dead, having been so, apparently, for some short time. It was born in about four hours from the time of the commencement of the pains.

There was no actual deformity in this patient to account for her having dead children; but she had a *pelvis aequaliter justo minor*, in which every diameter is proportionally diminished. Another peculiarity in her case is her having each time had a breech-presentation of the child: she having told me that the first was, and the last two I know to have been presentations of this kind. She always made good recoveries.

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