has been equally rapid. This exception occurred in one of my own servants, a delicate young woman, 25 years of age. The acid treatment did not seem to do her much, if any, good, when I immediately resorted to the following mixture, (my olden form for the treatment of diarrhoea):—R. Cretæ pp, dr. ij.; Conf. Aromat., scr. ij.; Sp. Ammon. Aromat., dr. ij.; Tr. Opil, dr. j.; Tr. Catechu, dr. iv.; Aq. Menth. Pip., oz. v. M. A fourth part every four hours.

The first dose so aggravated her symptoms that I could not persuade her to take a second. I then returned to the acid treatment, in which she persevered for two days, being occasionally better, and then again as bad as ever. The symptoms at length yielded to the following combination:—R. Potass. Chlorat., Sodæ Sesquicarb., utrq., dr. j.; Tr. Cinchonæ Co., dr. iv.; Sp. Æth. Sulph. Co., dr. j.; Infus. Cascarillæ, oz. v. M. A fourth part every four hours. A glass of port wine twice a day.

In about ten cases out of the fifty entered in my notebook, I first tried the chalk and opium treatment, before resorting to the acid; in *only one* was perfect relief afforded. The vomiting has been so severe in the prevailing epidemic, that it would seem as if the stomach was unable to bear so nauseous a mixture as that of chalk and opium. And in most of the cases I have found the best, indeed the only efficacious plan to be, to relieve the intense gastric irritation by cold water, before resorting to the medical treatment. In some cases, if the stomach will bear it, the chalk seems to stop the diarrhoea, but to increase the nausea, and produce most uncomfortable sensations in the bowels on the day after its exhibition. This I have invariably observed in the olden plan of treatment.

The conclusions to be drawn from my experience of the sulphuric acid in the treatment of diarrhoea and dysentery, are as follows:—

1st. It is *more efficacious* than alkalies, opiates, and astringents, in a proportion greatly exceeding ten to one.

2nd. It is *more rapid* in its action, (especially in children,) in a proportion greatly exceeding twenty to one.

3rd. It seems to act in a more rational and (if I may so express myself) scientific manner, by increasing the *tone* of the mucous membrane of the alimentary canal, rather than by simply astringing its pores.

4th. The worse the case, the more rapid and marvellous seems to be the cure,—a most striking feature as compared with the treatment by chalk and opium.

I would urge, in conclusion, upon my medical brethren, the desirableness of giving this system a fair trial; and I would, moreover, advise them, instead of giving the acid alone, with water, to combine it with a little sugar and (most rare and excellent of all tinctures,) compound tincture of cardamoms, which seem greatly to relieve the so-frequent distressing flatulence. Unless the character of this autumnal epidemic should greatly alter, they will arrive at the conclusion, after having tested fairly the acid plan of treatment, that it does not

admit of comparison, but only of *contrast*, with the olden system.

P.S. Since writing the above I have seen one case in which the acid failed. Chalk and opium carried the day.

Enfield, September 2, 1852.

CASE OF CANCER OF THE PYLORUS UNDETECTED DURING LIFE.

By ANDREW PAUL, Esq., B.A., M.B., OXFORD.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—Your journal is not what it ought to be—a copious record of provincial medicine and surgery. Save from “smoky Birmingham” and “fair Leicester,” we have few, if any, cases recorded from our hospitals and infirmaries in the provinces. This is not as it should be. Surgeons like myself, “unattached,” meet with cases, valuable because instructive. We see them, as here, prior to admission, and, I am sorry to add, we see them when in despair they leave the hospital, as they say, to “die at home.” Without further preface, I rush at once in *medias res*, endeavouring, as far as I can, to give to the succeeding case, its history from the alpha of my acquaintance with it, two years ago, down to its omega in the *post-mortem*, conducted by myself, on Friday last, twenty-four hours after death.

I am, Sir, your obedient Servant,

(And a six months' Associate,)

A. PAUL.

Oxford, August 12, 1852.

John Higginson, aged 47, married, two years ago came under treatment for epigastric pain, flatulence, and costiveness. Complexion sallow; eyes dark, and unusually lustrous; conjunctiva and cornea of that pearly whiteness so familiar to us in consumption; has inguinal, omental, and ventral rupture on the right side. At this time I thought much of his pain was owing to the pull upon the stomach, as a volume of omentum was constantly in the sac. He had some aperient medicine, and I saw him, off and on, up to February last, when he was fairly brought to a stand still. I found him with obstinate vomiting; tympanitic abdomen; “gnawing clawing” pain in epigastric, right and left hypochondriac regions, with a sense of “balls rising up and down in his belly.” I cupped and blistered him. He had been salivated five years ago for the liver. I went through a *regiment* of stomachic opiates, creasote, bismuth, opium, oxyde of silver, hyoscyamus, conium, prussic acid, and chloroform, in vain. The only drug I found to give the longest relief, was the extract of *rumex aquatica*. This herb, if known to, is not prescribed by, the profession; it is powerfully astringent as to incised wounds. In operations

for instance, where the skin is sacrificed, its powers of hastening cicatrization beat everything I know of. The salivated sore mouth it rapidly cures. Amongst water-weeds we have an abundance of the rumex; in stagnant pools, adjacent to the classic Isis and its tributary the Cherwell.

J. Higginson's employer made him an in-patient under Dr. Jackson, in the Radcliffe Infirmary, who treated him "for the liver." His case was watched by Mr. Briscoe, the house-surgeon. Lunar caustic and opium stopped the vomiting. After six weeks' sojourn, and getting no better, he left, as he said, to die at home. The first week in June I found him all over dropsical; appetite gone; skin of a tallowy whiteness; pain at night incessant; features drawn, haggard, and expressive of intense inward suffering. Twenty-four hours before death he had the usual coffee-grounds vomiting.

Post-mortem examination.—Abdominal parietes unusually thin; a gallon of water in the abdomen, straw-coloured, coagulable by heat, by the red and yellow prussiates of potash, by nitric acid, creasote, and by galvanism. No effect on turmeric. Peritoneal surface of the bowels normal; kidneys and liver healthy; gall-bladder filled with bile; omentum drawn down, and found in the right inguinal ring; on turning up the liver, a solid tumour (a congeries rather of tumours) presented, surrounding the pylorus; and on raising the stomach, the pyloric end, held by slight adhesions, gave way, exposing an opening the size of an orange, revealing, in short, cancerous ulceration; on removing the stomach, and dissecting through the lesser omentum, I came upon a second mass, the size of my fist, the same as the other, resting upon the pancreas, the aorta, cava, and thoracic duct, and firmly adherent to the spine; the reflections of the peritoneum formed the outer covering; two mesenteric glands (enlarged,) partook of the disease. A section of these masses resembles that of brain, and once or twice steeped in alum and nitre, they resemble, in colour and consistence, the atheromatous tumours we frequently remove from off the scalp of elderly people. No chronic peritonitis. Disease of his heart he told me he was thought to have in the infirmary; this I did not look after, satisfied that what disease he had was altogether in the abdomen.

Now, this man from time to time has been under the *élite* of Oxford, (medical and surgical,) Messrs. Acland, Jackson, Wood, Simmonds, Godfrey, Briscoe, and, lastly, your humble servant, all of us have had a turn at the liver, for disease thereof, and all of us, as the sequel proves, were mistaken. Will some one of your readers help us to a diagnosis?

This man had been salivated five years ago for *soi disant* hepatitis; the *real* complaint was then, I have no doubt, in its infancy. So closely do these tumours resemble tubercle in the lungs ere softening down in ulcerative phthisis, that mercury, as in the one it is, so also in the other must it be, *poison*. We find, in short, that cancer, scrofula, and phthisis, are members of but one and the same family.

Should this case be worth insertion, I may, occasionally, trouble you with cases, and put questions to your readers, consequent upon my want of success in treatment—a want which has befallen other and mightier constellations than myself, who am but a nebula in our professional firmament—a fact which, nevertheless, does not console me for my bad luck, though compelled to move in the same orb. *Palmar qui meruit ferat.*

[Although Mr. Paul may have erred in his diagnosis, we do not see how he could have treated the case better, had he known before death the precise condition of the internal organs. We do not understand how the remedies used, either by Mr. Paul or Mr. Briscoe, could have been expected to relieve hepatitis in any form; and the only proof adduced by Mr. Paul that the disease was at any time mistaken, consists in the salivation five years before death. But we suppose Mr. Paul must have had the evidence of Messrs. Acland, Jackson, &c., as to their errors of judgment, or he would not so broadly state the fact; at all events it is curious that, with an error in diagnosis, there should coexist the proper treatment for an undetected disease.—ED. J.]

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

CASES ADMITTED UNDER THE CARE OF CHARLES COTTON, M.D., F.R.C.S., SENIOR SURGEON TO THE HOSPITAL.*

Stone in the Bladder—Lithotomy—Subsequent Hemorrhage on fourth day—Death.

WILLIAM JARY, aged 35 years, labourer, admitted May 19, 1849. Has suffered during the last several months from the usual symptoms of stone in the bladder. Complains most of frequent and painful micturition, and a considerable degree of weight and uneasiness referred to the region of the bladder. The urine comes away in small quantities, and is occasionally mixed with blood. The patient, though a fine hale looking man, is in a low desponding state at the prospect of an operation, which he is sure he cannot survive; it subsequently appeared that he was so impressed with the inevitable fatal termination of his case, that previous to entering the hospital he had already selected a spot for his burial place. A moderate sized calculus detected on sounding. Ordered a mixture of nitre, soda, potash, and henbane, and any reasonable indulgence as to diet or liberty with a view to allay bladder irritation and secure mental composure.

June th.—Consultation. Lithotomy determined upon. A few days since lithotripsy was proposed and about to be practised, when the patient insisted upon being only cut.

11th.—The usual perineal section made, and a rough, oval, flattened lithate of ammonia calculus removed.

* Continued from page 422.