REMARKS. The absence of crepitant râles is very curious, considering the vast number of air-cells implicated and filled with lymph. What became of this after its usual cell transformation? The simplicity of the treatment appeared to be leaning too much to the *vis medicatrix*; but with certain misgivings, on the score of tuberculosis, I preferred not giving a course of mercury. The relief obtained by the Dover's powder was most marked.

BRISTOL ROYAL INFIRMARY.

INTESTINAL OBSTRUCTION, WITH SLOUGHING OF THE RECTUM, AND TETANUS.

By F. BRITTAN, M.D., Physician to the Infirmary.

CASE. E. M., a female servant, was admitted on the evening of the 1st of March, with the following history.

She is a single woman, 28 years of age, and has always enjoyed excellent health; in fact, never had any ailment until five weeks since; she then began to feel ill, with pain in the bowels and flatulence; her spirits became depressed; she felt languid and sleepy, and lost her appetite. A fortnight ago, she became unable to do her work, and suffered from slight diarrhoea, which ceased seven days since, and from that time she has had no relief from the bowels at all. She has been under treatment for a few days, and has had several enemata administered. She is a strong, healthy-looking woman. The abdomen is large, full, and tense, but not very tender—tympanitic, especially over the colon. There is no appearance or indication of hernia; the urine passes freely; her tongue is dry and black; pulse 130; expression rather excited and anxious. She complains of pain in the bowels, with "rumbling and rattling like water", and feels sick. She was ordered—

R Hydrargyri chloridi gr. v; extracti colocynth. comp. gr. x. Ft. pilul. statim sumendæ.

She was also ordered to have some of *mistura acidi hydrocyanici c. potassæ*.

March 2nd. I ordered her a warm bath, with an enema of colocynth pulp, to be administered immediately on leaving it; and in the evening she had another enema of an ounce of ox-gall in a pint of gruel. These had no effect, but seemed to pass freely.

March 3rd. She had a drop of croton oil, repeated in six hours, with an opium pill in the intervals.

March 4th. There has been no relief; pain severe across the bowels. She vomits stercoraceous matter. O'Beirn's tube was introduced by Mr. Green, but did not pass above eight or nine inches, and was not followed by any result. She was then ordered—

R Pil. aloes c. sap. gr. iij; opii gr. ½. M. Ft. pilula 4tis horis sumendæ.

Three hours after taking the first pill, the bowels were freely moved, an immense quantity coming away.

March 6th. The bowels have not been moved since the 4th. She is much relieved, but rather hot and feverish. She was ordered to have the antimonial laxative mixture.

March 9th. She is much better, but complains of swelling and soreness about the anus, with offensive discharge. On examination by Mr. Green, the anterior and lateral parts of the anus and rectum were found to be covered by a large slough, the sphincter being destroyed, and the anus looking like a chasm of phagedænic ulceration. She complains also of flatulence. I ordered a mixture of rhubarb and magnesia in mint water, a chloride of lime lotion, and a carrot poultice.

March 12th. She was transferred to the care of Mr. Green, in a surgical ward. A large slough has been removed from the anus. She mentions a sense of stiffness round the neck and jaws, and her bowels are too relaxed.

R Tincturæ opii ℥xxx; aquæ ʒj. M. Fiat haustus statim sumendus.

March 13th. The stiffness is much increased; the jaws are more closed, and the legs rigid and immovable, with twitch-

ing pains in the lips, neck, and jaws. She was ordered to have the opium draught repeated. She took also—

R Tincturæ cannabis Indicæ ℥xx; quinae disulphatis gr. iij. M. Sumatur statim.

March 14th. Neck very stiff; jaws closed; countenance peculiar, from a sort of painful smile. She is unable to protrude the tip of the tongue, has twitching pain about the anus, and difficulty in swallowing; the abdomen is hard; the face flushed; pulse 132. She is covered with a profuse perspiration.

R Tincturæ cannabis Indicæ ℥x; quinae disulphatis gr. iij. Sumatur quartâ quaque parte horæ.

A pint of wine and a quart of extra beef-tea were ordered to be given daily.

March 15th. She has not slept; pains very severe round the buttocks and thighs; pupils sluggish; perspiration profuse; pulse 128, feeble; able to speak better.

3 P.M. She has had a slight evacuation since yesterday. Since 1 o'clock the spasms have become more violent every ten minutes about the mouth, neck, eyes, and lower extremities. Perspiration profuse and clammy; looks pale; pupils dilated; pulse 120. From this time she gradually sank, and died on the 18th.

POST MORTEM EXAMINATION. Body large and fat. There was nothing abnormal in the appearance of the brain or spinal chord, excepting that air seemed diffused beneath the arachnoid, as if gas had been given off by decomposition, although the body was examined early after death. A large wound was seen at the anus, running into the cellular tissue around the rectum. On opening the abdomen, the omentum was seen covering the intestines, studded all over and thickly with little nodules, from the size of a shot to that of a marble, which proved to be cancer. At the base of the omentum, about the colon, were collections of similar cancerous masses, which had caused thickening around the intestine, sufficient, in two places, about three inches apart, to greatly narrow its calibre, so much so, that the point of the little finger could hardly be introduced. The pancreas was sound, but three or four nodules were seen in the liver and in the lungs. The abdominal surface of the right half of the diaphragm was also covered with patches of cancer, whilst the corresponding thoracic side was coated with rough warty looking deposits of lymph, corresponding to the patches of cancer on the other side. On looking into the pelvis, the cause of the previously inexplicable sloughing about the anus was discovered. The intestines were matted together about the uterus, of dark colour, and congested appearance. The colon, as it passed into the pelvis, made two or three short turns, being bound up in a mass with small intestine and the uterus and ovaries by cancerous deposit, which, in one place, so narrowed the calibre of the gut in a short turn, that it was almost closed; the contents of the pelvis, in fact, were matted together by cancer, nearly enclosing the rectum. The sloughing had not opened the rectum, except at the anus, and the vagina was intact. The uterus was sound, but the ovaries were cancerous; the main loss of substance had been in the anus itself, and in the cellular tissue around the rectum. This mass about the rectum was soft and pulsatious, that in the nodules of the omentum and lungs also; and on examination by the microscope, all yielded most characteristic appearances of cancer, and, in the cellular structure, the compound nature of the cells, and their peculiar irregularity of shape and size; in fact, I have seldom met with better examples of the so-called malignant cell forms.

REMARKS. I have reported this case thus fully, believing it to offer many points of interest. As regards the diagnosis, the absence of any intense vomiting, the pain across the abdomen, and tympanitic state, led to the conclusion that the obstruction, of whatever nature it might be, was in the descending colon. The previous history and present condition failed to supply any indication of its cause or nature; but, coupled with her age, these would have tended to negative the supposition of malignant disease. I

may here remark, however, that this is the third instance I have met with in the wards of malignant disease, in females below thirty years of age, within the last three months. A case of this kind, in which *post mortem* examination is obtained, is peculiarly useful, if in no other way, by the encouragement it affords in so many unsuccessful cases, by showing that the death of the patient was in no ways due to imperfection or insufficiency of treatment, but to irremediable causes. It was impossible likewise to avoid the suspicion that the sloughing might have been caused by accidental injury, when so many enemata were employed; but this natural inference was completely negated by the *post mortem* dissection; for the rectum was quite sound, save just about the anus, though imbedded in a mass of broken down cancerous matter. With regard to the treatment, the principle adopted was that of combined purgatives and opiates, which appeared eminently successful in overcoming the obstruction, though its unsuspected cause was beyond remedy. The case likewise showed how rapid may be the progress of cancerous deposit and degeneration when in this soft and pulpy form, and was another example of the "curiosity of coincidences", inasmuch as the patient's mistress died a few months since of cancer of the rectum.

NOTES OF PRACTICAL CASES IN THE LONDON HOSPITALS.

TREATMENT OF FISTULA IN ANO.

MR. LLOYD has recently had under his care, at St. Bartholomew's Hospital, a patient (M. M.) with abscess at the right side of the rectum, which had formed in a fortnight, and which Mr. Lloyd opened pretty freely, cutting, as he thinks the surgeon always ought to do, the external sphincter in its entire extent, but saving the internal sphincter. Hæmorrhage of the rectum is not to be forgotten, as some serious results have followed this accident alone. A great deal depends on the diet and regimen of the patient. Mr. Salmon, who has a large practice of this kind, Mr. Lloyd observed, keeps his patients entirely on beef-tea; so that the bowel shall be kept perfectly quiet. It is an old plan, once adopted by Mr. Abernethy. The more modern method, according to Mr. Lloyd, is too stimulating: phlebitis, he fears, is caused, not cured, by too much over-stimulating food. In cases of fistula with phthisis, in hospital, he advises not to give too much food, nor to operate, but to enlarge the opening with potassa fusa; or what is better, to insert a seton, and bring it out as a loop. The parts might be left this way with advantage for even twelve months.

Some forms of fistula, Mr. Lloyd remarked, seem to get well by injection; and the best injection, one almost specific, which he has used for years at Bartholomew's, consists of half a drachm of nitric oxide of mercury, half an ounce each of mucilage and distilled water, mixed in a mortar for an injection, and used in the ordinary manner. We have recently seen Mr. Stanley using the nitric acid with good results also in hæmorrhoids, as advised by Houston.

LARGE CYSTIC TUMOUR.

A case of cystic tumour of the thigh and pelvis, somewhat similar to that related by Mr. ERICHSEN in the ASSOCIATION JOURNAL of March 22nd, occurred not long ago at St. George's Hospital. In this latter instance, however, the tumour consisted of several cysts, some of large size; and was found to have more thickened fibrous structure; the tumour here also spreading up to the thyroid or obturator foramen and ischio-rectal fossa. Both patients died, perhaps from the shock of the operation.

PERCHLORIDE OF IRON IN NÆVUS.

MR. LAWRENCE injected on the 15th, and again on the 22nd of March, a large nœvus mass which had been gradually growing to an immense size in the cheek of a child, and spreading to the lower jaw. It was very evident that any

other operation would be inadmissible, and the tincture of perchloride of iron seemed to succeed very fairly. About a drop at a time was let in or dropped into the morbid growth, at several punctures, from the now familiar waistcoat-pocket-sized glass syringe, which holds about half a drachm. The piston worked by a silver screw, two half turns constituting a drop. Eight such drops or punctures were made the first day; seven or eight also on the 22nd of March. Considerable consolidation and obliteration of the nœvus structure followed both operations. We believe this plan very deserving of trial in those cases of flat and irregular nœvus, where the ligature cannot be applied with satisfaction. It has the recommendation of great cleanliness and simplicity, and does not seem to cause unusual irritation or pain.

CALCULUS: DISEASED KIDNEYS.

Various cases of stone in the bladder, at Guy's Hospital, under the care of Mr. COCK and Mr. BIRKETT—cases in themselves of no particular importance or novelty—have given occasion recently to sundry clinical remarks of a more or less practical kind, as to the manner of holding the knife in the operation of lithotomy, about which no one thought there was a second opinion, as well as to the impossibility of removing large stones in lithotomy with unusual quickness and celerity without injuring the patient. Early operation in stone of the bladder is almost equivalent now, under chloroform, to saving the life of the patient, whether we adopt lithotripsy or lithotomy; while large stones are always difficult to extract. According to the views of Dr. Owen Rees, of Guy's, if we remove the stone early, or the irritation attendant on stone, we remove in a proportionate degree the source of the alkaline mucus, which helps to cause stone by producing decomposition of the urine—a clear instance, according to the evidence afforded every month at Guy's, of *sublatâ causâ, tollitur effectus*.

We have heard Mr. Skey at Bartholomew's, from an opposite point of view, recently make the same remark; "crush the stone once, ever so early, at any time, and you have given the disease its death-blow", is the epigrammatic mode in which the subject is mentioned to his class by this eminent surgeon. The calculus lying, of a particular size, Mr. Skey is in the habit of saying, in a given spot in the bladder for months and months, causes an ulcer at that spot; the ulcer and alkaline mucus in their turn produce decomposition of the urine and spicula of oxalates, which still further aggravate the pain, and aggravate the alkaline mucus to the utmost intensity; the pain or disease of kidney is a reflex phenomenon, and rather secondary. The urine, according to Dr. Owen Rees, even under all circumstances, in calculous diseases, is secreted acid, not alkaline, as held by Prout and others. We only require the urine not to be rendered alkaline by the increased mucus thrown out by the irritation of stone to cause the stone to be again redissolved to some extent; if we crush the stone once, all the relations of it are broken up. The fragments mix about in the bladder, acid urine is again passed, the ulcer heals, the patient is relieved from his agony, he gains flesh, and by proper after treatment, he may be freed from a most agonising malady. The use of acetate and citrate of potash is much dwelt on by Dr. Rees, as prophylactic or serviceable in preventing stone. A peculiarly valuable preparation, as an ordinary article of diet for patients liable to calculous deposits, is also now prepared, in an effervescing form, by direction of Dr. Rees, and sold for this purpose at the West End. The mineral acids, Dr. Rees is inclined to believe, have little or no value as agents for preserving the acidity of the urine; and what is called the oxalic acid diathesis has no existence; the oxalic acid merely arising from decomposition of other compounds in the bladder, chiefly uric acid.

VARICOSE VEINS.

Some late trials of the "Vienna paste" by Mr. SKEY in cases of varicose veins, in one of his wards of St. Bartholomew's, have been crowned with remarkable success. Mr. Skey