No.	Sex and age.	Character of symptoms.	Action of bowels.	With or without relief.	Cause.	Result.	Nature of disease.	Duration.	Authority.	Treatment: and remarks.
133	F. 50	Sudden.				D.	Biliary calculi in lower part of ileum.		Dr. Oke, Prov. Med. and Surg. Journal, July 7, 1852.	Injections, etc. Two attacks, in second of which pain shifted to another position after action of bowels, also pain at onset was <i>paroxysmal</i> , like passage of gall-stone.
134	F. 50	Sudden.				D.	Biliary calculus.		Dr. Oke, <i>Ibid.</i>	Mercury. This, from the <i>p. mort.</i> exam., was cause of death by inducing gangrene. Pain spasmodic.
135	F. 23	Sudden.				D.	Mass of cherry-stones at pyloric end of stomach.	12 hours.	Mr. B. W. Brown, Association Med. Journal, Feb. 11, 1853.	The cherries were eaten the evening previous; the attack occurring in the night.
136	F. 10	Gradual.			Bean.	D.	Horse-bean in appendix had set up peritonitis.	3 days.	Mr. B. W. Brown, <i>Ibid.</i>	Usual remedies.
137	M. 11	Gradual.			Swallowing bullet.	R.		4 days.	Dr. Cumming, Prov. Med. and Surg. Journal, May 28, 1851.	Injections of castor-oil; leeches, etc. Bullet was never found.

[Continued from page 432.]

lation and exposure necessary for the reduction of the strangulation; and I confess I am in some measure disposed to accord with the opinion. Nor was this the only point opposed to the recovery; the three punctures were subsequently found to be continuous, and required the uninterrupted suture; yet, although the operation was followed by erysipelatous inflammation, the recovery was perfect.

In the *Medical Gazette* for March 2nd, 1833, Mr. B. Phillips, speaking on this very subject, says that he has collected three hundred and thirty-two cases of gastrotomy; only forty-four were fatal. In intestinal obstruction of all kinds, curable and incurable, the mortality is far above this. I cannot but think that the cause of death after gastrotomy, when applied for the relief of intestinal obstruction, depends on the delay. That is *indeed* dangerous; but with an earlier adoption of the operation, and with proper precautions as to the temperature of the room, which should be raised nearly to blood-heat, I feel convinced that different results will ultimately attend the surgeon's efforts; and that success will crown his attempts at the restoration of life.

I would here tender my sincere thanks to my friend Mr. Colthurst, the honorary secretary of the Bristol Branch, for his kindness in looking out several works for me, by which I was enabled in a short space of time to add several cases to the table, which were beyond my limited means of reference; also, to Dr. Alexander Henry, who most kindly drew my attention to several other cases, and who also arranged the table in its present advantageous form for reference.

Blaina Iron Works, Monmouthshire, March 1853.

CASE OF ACUTE INTESTINAL TUBERCULOSIS.

By WILLIAM HENRY ASHLEY, M.D., Surgeon to the Kensington Dispensary.

CASE. Miss B., aged 14, of a weak and delicate constitution, not having yet menstruated, had been from an early age subject to those symptoms which mark a high degree of tuberculous dyscrasia. Her stature was exceedingly dwarfish, and the general conformation of the frame so diminutive, that she might have been considered rather of the age of ten than fourteen years. The circulation was languid; the extremities had a shrivelled appearance, and were generally cold; and the pallid surface of the body in-

dicated an impoverished condition of the blood. On many occasions she had been under medical treatment, on account of general debility and ulceration of the feet, when she had taken with much benefit the mineral acids and cod-liver oil. Several members of her family were afflicted with scrofulous cachexia; but she appeared to have been the greatest sufferer, and to have inherited the disease in a remarkable manner. The friends of the young lady attributed her illness to exposure to the night air.

January 25th, 1853. The face was pale, with œdema of the eyelids and cheeks; the expression was anxious; there was considerable emaciation; the respiration was natural; she had slight cough, with scanty viscid expectoration; there was no pain on deep inspiration. The percussion sound was clear, and there was sonorous breathing in the upper lobes of the lungs. The physical signs indicated but very partial disease of the pulmonary tissue. The pulse was small, and 120 in the minute. The cardiac sounds were normal. She had occasional febrile exacerbations, but no rigors; the epigastrium and abdomen were free from any tenderness or pain; the action of the bowels was regular, without diarrhœa; the tongue was moist and somewhat furred; the skin very dry and unperspiring; the feet and ankles were œdematous; the urine was scanty, pale, and highly albuminous; the specific gravity was not ascertained, in consequence of its paucity and involuntary flow with the motions. She had some pain over the lumbar region. I prescribed as follows:—

R Liquoris ammoniæ citratis ʒiij.
Tincturæ scillæ ʒj.
Tincturæ digitalis ʒss.
Spiritus ætheris nitrici ʒij.
Acidi hydrocyanici diluti ʒxx.
Syrupi aurantii ʒss.
Misturæ camphoræ ʒiiss.

Misce. Sumantur cochlearia duo quartâ quâque horâ.

R Hydrargyri cum cretâ gr. iss.
Extracti hyoscyami gr. ij.
Scillæ pulveris gr. ss.

Misce. Fiant pilulæ duæ mane nocteque sumendæ.

Hot mustard hip-baths were directed to be used, and an embrocation, as a counter-irritant, to be applied over the region of the kidneys.

February 1st. There had been some amendment since the last date. The hydropic affection had in a measure subsided, more particularly in the face; there was scarcely any cough; and she expressed herself generally relieved. The pills were directed to be omitted in the morning, and the mixture to be continued.

February 6th. Since the last date, the œdema had not decreased; and the countenance had assumed a more anxious

expression. The urine was still serous and scanty; and there was anorexia.

The symptoms continued the same, with more or less variation, until February 15th, when, for the first time, she complained of tenderness over the bowels, and pain on pressure. The medicine also occasioned distress, and was constantly rejected. Profuse diarrhoea now supervened, the evacuations consisting of coagulated blood, with reddish brown matter. There had also been much vomiting of coffee-grounds-like fluid, accompanied by hiccough.

It now became evident that glandular ulceration of the bowels was the main cause of these alarming symptoms. To alleviate her sufferings, and moderate these discharges, opium and chalk mixture were prescribed.

The patient expired on February 17th, apparently from exhausting hæmorrhage. No cerebral disturbance had taken place, and the intellect remained unimpaired to the last.

EXAMINATION OF THE BODY, twenty-seven hours after death. *External Appearance.* The body was in the last stage of marasmus. There was no cadaveric rigidity, but œdema of the feet and ankles. The vascular system and the viscera were in a state of exsanguinity.

Chest. On the superior and posterior portion of the apex of each lung, interstitial tuberculous granulations were found, very limited in number and extent. Some purulent solution had taken place; and the right lung contained a small tuberculous cavity of very recent formation. The anterior surface of the superior lobes was emphysematous. The cause of the clear percussion sound during life was thus explained. There was no œdema, but some old cellular adhesions existed between the costal and diaphragmatic pleuræ.

The heart was small, empty, pallid, and devoid of fat.

Abdomen. Near the cardiac end of the great curvature of the stomach was a patch of congestion. The lining membrane was pale, and the viscus was distended with sanguinous coffee-coloured fluid.

The liver had undergone no degeneration of its tissue into fat. It was perfectly healthy, and had contracted old adhesions to the diaphragm.

The kidneys were free from disease, but anæmic.

The mesenteric glands were natural.

The ileum assumed an unusual appearance, occasioned by a firm coagulum completely impacted in the intestine, and distending its coat to the utmost limit. When removed, the coagulum presented a perfect cast of the bowel; and on a transverse section being made, a colourless fibrinous mass was found entirely enveloped in the coagulated blood. It would be interesting to determine how this nucleated portion became denuded of its colouring matter. The mucous membrane throughout the small intestines was in parts congested; the greater portion, however, would have appeared pallid, had it not been much stained by the blood-globules arrested in the exudative process. The various outlets of hæmorrhagic exhalation were plainly indicated. The texture of the membrane was generally soft, and, in the vicinity of the glands, much thickened. The glandulæ solitariæ and agminatæ were in a state of ulceration, with deposit of tubercular matter; but the lining membrane had not become involved in the destructive process.

REMARKS. The acute dropsy at the onset of the illness rendered the case complicated, and the disease less amenable to treatment. Drastic or hydragogue purgatives were inadmissible, as were also the more irritating diuretics. The most important indications were to restore the balance of the circulation, and to promote interstitial absorption. There was no evidence of intestinal ulcerations until three days before death; tenderness or pain over the abdomen having been entirely absent, and the alvine evacuations regular and healthy, without any tendency to diarrhoea.

Scrofulous disease of the glands as it existed in this case, is rarely met with, excepting as a secondary and dependent

affection, or sequence on long protracted or severe pulmonary tuberculosis. Here the disease of the lungs was of short duration, and very circumscribed; and the constitutional disturbance arising from the same was unimportant.

Although the kidneys presented no appearance of congestion, inflammation, or structural change, yet the pain at the commencement of the illness might have been occasioned by some local hyperæmia of those emunctories.

The immediate cause of death was the hæmorrhage. The quantity of blood lost from the system could not be well ascertained. Besides that which was vomited, and voided by stool, the stomach was found distended with sanguineous fluid, apparently conveyed into that viscus by antiperistaltic action. The intestines also contained effused blood in a large quantity, of unusual solidity, as before related.

Although the glandular apparatus was extensively ulcerated, there was no sloughing or perforation of the coats of the bowel. The hæmorrhagic discharge appeared to arise from the diminished density and depraved condition of the circulating fluid, superadded to a lax state of the contractile vascular fibre and textures. The same causes may have operated, towards the termination of the illness, in producing the large amount of albumen excreted by the kidneys, and in occasioning the infiltration and accumulation of serum in the areolar tissue of the face and lower extremities.

S, Boyne Terrace, Kensington Park, May 6th, 1853.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, APRIL 16TH, 1853.

FORBES WINSLOW, M.D., President, in the Chair.

TREATMENT OF CERTAIN FORMS OF ULCER. BY JOHN GAY, ESQ.

The object which Mr. GAY had in view was to propose a method of treatment for those cases in which, after an ulcer had proceeded favourably up to a certain point, the healing process became arrested, and the ulcer refused to cicatrise. He attributed this retardation to the tension of the surrounding skin, by the contraction of the cicatrix, so that it could no longer yield; and in some cases to the formation of adhesions between the cicatrix and the subjacent parts. To remedy the first of these impediments to recovery, he had made an incision just on the outside of the cicatrix. This had been followed by healing of the ulcer; and it was observed, that as the ulcer healed towards the centre, the side of the newly-made wound nearest the cicatrix was drawn inwards. In cases where adhesions had been contracted with the subjacent parts, while a part at least of the surrounding skin remained loose, he had partially dissected off the adherent portion of the cicatrix by subcutaneous incision, and shifted it over the ulcer. This plan had also been followed by success.

SATURDAY, APRIL 23RD, 1853.

FORBES WINSLOW, M.D., President, in the Chair.

ALKALINE TREATMENT OF LOW INFLAMMATION. BY JOHN MARSHALL, ESQ.

Mr. MARSHALL was desirous of directing attention to the efficacy of alkaline treatment in low forms of inflammation, especially in the furunculoid epidemic at present prevailing. In the case of a man who, some days after amputation of a finger on account of serious injury, had been attacked with symptoms of pyæmia, he had administered a scruple of bicarbonate of potash, with three or four grains of sesquicarbonate of ammonia, every three hours. Under this treatment, with good diet, the man recovered. Mr. Marshall had employed the same plan successfully in several other cases of low inflammation.

He had observed in persons who died of pyæmia, that the pus and purulent fluids found in the body were acid, and contained vibrios. In less marked cases, there was also a tendency to acidity and to the formation of vibrios. This is similar to