PARALYSIS OF THE ŒSOPHAGUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Having read with much interest, in the Journal of the 11th inst., an account of a case of stricture of the Œsophagus occurring in the practice of Dr. Shearman, of Rotherham, and as a somewhat similar case has occurred under my own observation, I beg to forward some details of it for publication, should you think them worthy of a place in your valuable Journal.

I remain, Gentlemen,

Yours, &c.,

JOHN BUCK.

Leicester, March 15, 1843.

On the 19th ult. I was called to see Donald McDonald, a cotton-printer, who was said to have been seized with a paralytic stroke. I found my patient in one of the low lodging-houses of this town. He is forty-two years of age, and gave the following account of himself:—He said that he had been out of employment some time; that he had on that day walked some ten or fifteen miles, seeking employment, and for several days he had tasted nothing but bread and water. His mouth was much drawn to the left side; there was complete loss of motion, and some loss of sensation, on the right side of the body; the surface of the body was cold; the pulse 96, feeble, and intermittent. Some quickly-acting purgatives were ordered, with mustard cataplasms, to both right extremities.

On the following morning, the 20th, his symptoms were much altered; the regularity of the features was restored; the loss of sensation and motion became more general, but still was more observable on the right than on the left side; he talked more fluently this morning, and complained of a feeling of constriction in the region of the throat, and of an inability to swallow; his vision was impaired—he saw all objects double; he was much excited, and the inaptitude for swallowing gave a most interesting feature to his condition. Upon his attempting to swallow even a drop of water, the most violent convulsive action was induced, together with prolonged fits of coughing. Although entreated to be quiet he persisted in repeating his fruitless attempts at deglutition. The secretions were all in a tolerably natural state.

21. His incapability of swallowing continues, and he is getting a little exhausted. In this state he was seen by an experienced practitioner of this place, Mr. Macaulay, and at his direction I introduced into our patient's stomach large quantities of nutritious fluids by means of the common stomach-pump. The case went on with little or no alteration of symptoms for three or four days. The feeding system was, of course, continued night and morning.

25. Some slight amelioration has taken place; McDonald is now able to swallow small quantities of fluids immediately after the withdrawal of the injecting-tube from the Œsophagus. The paralytic symptoms did not again assume a very defined form, but kept hovering about our poor patient. Mercury, from its well-known power over some of the slighter forms of paralysis occurring in persons of middle

age, was now prescribed, and he commenced taking the pil. hydrargyri in doses of five grains night and morning.

28. He can now swallow small quantities of gruel and porridge; stomach pump introduced but once to-day; appears to be improving.

March 3. The loss of sensation and motion has again become fixed, as it were, to the right side, and he is unable to stand. I recommended his removal to the infirmary of the Leicester Union House; and this was accomplished some few days afterwards, and he was immediately put upon full diet.

10. He has much improved, and can now swallow all well-masticated substances; he can walk three or four paces; and, as symptoms of approaching salivation were observable, he was ordered to discontinue the mercury.

15. He can now walk quite firmly, and will, I trust, soon be discharged from the infirmary.

I have copied the above case from my note-book; and as I had not the remotest idea of placing it before the medical public, at the time of its occurrence, I have neglected to enter many important details in the manner which Dr. Shearman has done. In McDonald's case there is much similarity in important features to Miss Cooper's, the difference, however, being in my patient's favor, both as regards age and prostration of strength, which latter symptom appears to have been most formidable in Miss Cooper's case. The administration of mercury was here followed by such marked benefit as would, I think, induce most of your readers to employ it in similar cases.

CALCULI IN THE APPENDIX VERMIFORMIS CÆCI.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should you consider the accompanying case of sufficient interest, I shall feel obliged by your inserting it in your Journal.

I am, Gentlemen,

Your obedient Servant,

F. J. BUTLER, Surgeon.

Winchester, March, 1843.

Master W., aged eight, is a child of spare habit and delicate constitution, but in the usual enjoyment of good health. On Wednesday, the 8th of February, he complained of feeling rather unwell, but not sufficiently to prevent him playing about as usual; on Friday, as this feeling had slightly increased, a little aperient medicine was given, which acted freely, but without relieving the ailment; and, on Saturday, being seized with sickness, &c., I was requested to see him, and found him suffering from frequent bilious vomiting; great thirst; considerable heat of skin; frequent, but soft and compressible pulse; pain in the right thigh and groin, increased upon pressure; and slight tenderness of the abdomen. A calomel purge, with effervescent saline medicine, was given, and fomentations were directed to be applied to the thigh and abdomen.

12. Has passed a restless night, the pain in the thigh and groin being rather increased; no relief from the bowels; the sickness and all the other symptoms

are much lessened; tenderness of the abdomen very slight. Ordered a warm bath;

Scammony, two grains;
Calomel, one grain. A pill to be taken every second hour.

13. Has had a more comfortable night; pain in the thigh and groin lessened; heat of skin subsided; pulse 98, soft, and rather feeble; thirst considerable; no return of sickness; bowels not acted upon. To have a common enema at once; five grains of purgative pill every second hour.

14. Ten, a.m. Slept but little; abdomen more tender upon pressure, and somewhat distended; countenance anxious; pulse quick, small, and weak; pain in groin and thigh much the same; no relief from bowels. Cathartic mixture, one ounce, every second hour until the bowels are well opened; a blister to the abdomen.

Five, p.m. The bowels have been freely relieved; the tenderness and tension of the abdomen is greatly lessened; pulse much the same; in every other respect improved. Arrow-root with brandy.

15. After the last visit considerable and rather sudden prostration came on, the pulse being quick, small, and very feeble; countenance much more anxious; abdomen a good deal distended; skin bedewed with a clammy perspiration, which, with the other symptoms, led to the supposition that some intestinal lesion had taken place. Ammonia, &c., was given constantly.

Nine, p.m. Has rallied considerably since the afternoon, but the skin is still covered with perspiration, and all pain and tenderness has subsided, indicating a speedy dissolution; is perfectly sensible.

16. He slept the greater part of the night, and expired about nine o'clock, a.m., without a sigh, remaining quite sensible till the last moment.

At the request of the family of the little sufferer, a post-mortem examination was made, thirty hours after death, in the presence of my friend and partner, Mr. Wickham, with whom I attended the case, the result of which was as follows:—Abdomen a good deal distended; upon removing the parietes the contents presented a mass of inflammation, the whole being glued firmly together, in their natural position, by layers of half-organised lymph, whilst the viscera were much reddened and injected, especially in the right iliac fossa, where a portion of intestine of much darker hue than the rest quickly attracted our notice. Upon further examination, this proved to be the appendix vermiformis cæci, which was much enlarged and thickened, being larger than the little finger; and in its upper half were two circular perforating ulcers, close together, with rounded edges, through which had escaped two small bodies about the size of large peas, of a light brown color, and rather nodulated surface, which proved to be calculi, and corresponded with one other which remained within the appendix. In the immediate neighbourhood of the appendix, but perfectly distinct from it, in the root of the mesentery, was situated a small abscess; whilst the cavity of the abdomen contained about two pints of very offensive purulent matter, with flakes of lymph floating in it. No other calculi were discovered in the intestinal canal or gall bladder.

REMARKS.

The symptoms displayed in the progress of the above case cannot, I think, but create surprise when considered with reference to the unhappy result, inasmuch as the evidence was rather in favor of disordered function than of such severe organic disease as was proved by the post-mortem examination, though I suppose this might in great measure depend upon the delicate habit and feeble powers of the little sufferer; for it does not appear probable to me that such extensive disease, set up by the calculi, could have been limited to the short period of his acknowledged illness, but must have existed, to a considerable extent, some time prior to his first complaint, yet without interfering with his ordinary amusements and feelings.

It is no uncommon circumstance to hear of extraneous bodies, such as cherry and tamarind stones, finding their way into the appendix vermiformis; but there appear to be very few recorded cases of *calculi* being found in the same situation. The only instances I have met with are two mentioned by Dr. Copland; one by Ruysch, and one related by Mr. Wickham, in the 3rd vol. of Macleod's "London Medical Journal," in neither of which, except the latter, is one able to gather the probable source from which the calculi were derived, no analysis being given.

The question, therefore, naturally arises whether the calculi found in this case are of biliary or intestinal formation; and if the latter, in what part of the canal they were formed? The first is decided by the analysis, as not a particle of biliary matter could be detected in this or in Mr. Wickham's case, the analysis being as follows:—

Inspissated mucus,
Fatty matter, and
Oxalate of lime, in small proportion.

Mr. Wickham's.

Inspissated mucus,
Fatty matter,
Sub-phosphate of lime,
Oxalate of lime.

The next question is more difficult to decide; but from the numbers (three in one case, and two in the other) I am disposed to conclude that they were formed within the appendix itself; for though it is very easy to suppose that *one* might accidentally find its way into that situation, it requires some stretch of the imagination to believe that *three* would take the same course, without similar bodies being detected in other parts of the intestines, or in the evacuations. Nor is there any reason to suppose that the appendix, apparently of the same structure as the intestines, is not equally capable of producing from its own secretions similar formations; besides which the natural secretion of this part is acid, whilst that of the small intestines is alkaline; hence, probably, the remarkable constituent, oxalic acid, in both calculi, the presence of which it is else very difficult to account for, and from which my belief is greatly strengthened, that this obscure little process performs some very important functions in the animal economy.