endeavour to strengthen his mind to bear up under his trial, by suggesting to him Christian motives, and a Christian's hopes.

CASE
OF
COLICA PICTONUM.

By S. WREFORD, Esq.

May 15, 1813. W. S., aged twenty-eight, of temperate and cleanly habits, by occupation a gilder and decorative house painter, in full employ, works also as a paper stainer, and for several months past has been constantly and laboriously engaged in his avocation. About two months since was attacked with vomiting and diarrhœa, accompanied by great weakness. He had recourse to brandy and rhubarb, and succeeded in getting rid of his symptoms, but has since had almost weekly attacks of diarrhœa, and, on one occasion, swelling of the tongue; still he has been pretty well, and able to attend to business until last evening (15th), when he felt sick, and had griping in his bowels, which were confined. Took castor oil, which acted slightly, but without relief to his symptoms; the motion was dark and constipated.

16. Severe colic pains in the intestines, particularly below the epigastrium, occurring in paroxysms from five to ten minutes apart, with perfect ease between; abdomen retracted; no tenderness on pressure, which, even during the paroxysm, neither increases nor relieves the pain; when the pain comes on, throws himself upon his belly, "because the warmth is good;" can lie equally well upon the back, or either side; moves freely, and keeps the lower extremities extended or flexed indifferently; says he has had lead colic twice before, and knows he has lead colic now; has constant nausea, but vomits only at intervals of from half an hour to an hour and a half; the egesta sometimes bitter, but at other times unaltered either in appearance or taste; countenance good, and not expressive of distress or pain, excepting during the paroxysm; tongue perfectly clean and healthy. At the edge of the gum, attached to three or four of the lower incisor teeth, there is a distinct violet tinge, like a line of indigo drawn upon the part. There is slight headache, with pains about the legs and arms occasionally, as he used to have in colic; pulse, skin, urine, and respiration, natural.

Sedative liquor of opium, fifteen minims;
Sulphate of magnesia, two drachms;
Compound colocynth pill, fifteen grains. Every fourth hour.

Warm water enema, and warm fomentations.

17. Passed a restless night; bowels six or eight times acted on; stools said to be dark and offensive, but the pain and vomiting not at all relieved; the pulse is slightly accelerated, and the tongue a little white at its base; there has also been, once or twice, some pain experienced in micturition, but there is no other change perceptible, excepting that I do not see him throw himself upon his belly during the paroxysm quite as often as yesterday. Sedative liquor of

opium, twenty-five minims, in an effervescing draught, was given every fourth hour.

Olive oil, eight ounces;
Tincture of opium, one drachm;
Water, half a pint. Make an enema.

Continue the fomentations.

In the evening there was increase of pain on pressure during the paroxysm, but none whatever in the interval; no other change.

18. Morn. Had been very restless during the night; vomiting frequent; straining deep and urgent; pain continued, but much aggravated in the paroxysms; tenderness on pressure at three points—viz., a little below and to the right of the epigastrium, and in the right and left iliac regions, but most severe in the last; no stool; the enema given last evening has not returned; the matters vomited are green, and vomiting sometimes takes place when nothing has been swallowed; still occasional pain in micturition; urine red, and somewhat scanty; tongue white, but moist; respiration free; pulse accelerated; countenance more anxious.

Infusion of senna, six ounces;
Carbonate of potash, four scruples;
Tincture of hyoscyamus, two drachms;
Essence of camphor, half a drachm. Three table-spoonfuls every four hours, with one dessert-spoonful of lemon juice.

Dilute hydrocyanic acid, sixteen minims;
Juice of belladonna (Bentley), forty minims;
Juice of poppy (Bentley), one drachm;
Water, six drachms. A teaspoonful to be taken every second hour, should the vomiting persist.

Noon. No alteration. The senna mixture, having produced pain and flatulence, was discontinued.

Sulphate of magnesia, one ounce;
Infusion of senna, five ounces;
Essence of camphor, half a drachm;
Sedative liquor of opium, half a drachm. Two table-spoonfuls every fourth hour.

Enema of castor oil and hot water in equal parts.

Evening. Countenance very anxious; lies on his back, with the knees bent up towards the abdomen, which is exquisitely tender on pressure, so that he can scarcely bear the weight of the bed-clothes; throws about his arms, but does not move his body; respiration quick; pulse rapid, small, and jerking; pain of bowels incessant and severe, but aggravated in paroxysms; chief pain and tenderness in the left iliac region; urine scanty and red; once or twice has had fits of excruciating pain in the testicles; tongue white, but moist; thirst at times urgent, but not generally; vomiting urgent, and exquisitely painful; ejecta small in quantity, and of a dark brown; the abdomen, though not enlarged, has a tense, resisting feel; intellect momentarily aberrant. Venesection to faintness; twenty-four leeches to the left iliac region, followed by warm poultices and turpentine fomentations over abdomen. Repeat the acid mixture, should the vomiting be urgent; muriate of morphia every second hour. Blood buffed, but not cupped; bowels acted after the bleeding, but nothing returned save the oil of the two preceding injections, perfectly transparent, and apparently undiminished in quantity.

19. Morn. Night restless, with occasional delirium; lies indifferently on his back or either side, and with his lower extremities flexed or extended; coun-

tenance still anxious; little or no pain since the bleeding, but has frequent fits of restlessness and faintness, as it were, during which his breathing is panting, his countenance haggard, and his eye wild. He rises suddenly in the bed, or rolls himself from side to side, tosses about his arms, flings off the bed-clothes at one moment, and gathers them again and tucks them closely round him at the next. Pulse rapid, but soft; tongue white and furred; vomiting not less frequent, but less straining, and not painful; ejecta brown, but upon one occasion grey, gruel-like, and offensive; smell of the room offensive; urine more in quantity, and paler; abdomen not enlarged, though tense; bears pressure well; no tenderness at any point but the three previously mentioned, and even there but very little.

Croton oil, four drops;

Castor oil, eight ounces;

Hot water, eight ounces. Make an enema, to be immediately used.

Rhubarb poultice to the abdomen.

Noon. Injection returned; no stool; matters vomited occasionally offensive in smell; seems a little rallied, but no other change.

Soap, two ounces;

Hot water, half a pint. Make a solution, and strain.

Add of castor oil and turpentine, of each four ounces. To form an enema.

This injection was retained about twenty minutes, when it came away, and with it a small quantity of liquid fæces, with one or two more consistent pellets of pale yellow stercoraceous matter. Expressed himself much relieved, and thought the obstruction had now given way.

Evening. No change; met Dr. Blackall, but on attempting to show him the violet line upon the gums, found it had altogether disappeared. Dr. B. wished the injections to be discontinued for the present.

Blue pill, half a drachm;

Opium, one grain and a half. Make six pills, one to be taken every second hour.

Embrocation of laudanum and water, in equal parts, to be kept constantly applied to the epigastrium; cold water as a beverage. Plan to be continued for about twelve hours; rhubarb poultice to be reapplied. This evening, for the first time, I observed that his hands were cold.

20, Morn. Called to him at three in the morning. Had been restless and delirious, with few intervals of consciousness, throwing himself about the bed all night; face sharp and cadaverous; eyes heavy, dim, and sunken; extremities and even the lower part of the abdomen of a deathly coldness, and covered with clammy perspiration; there was incessant restlessness, like that of one dying from hæmorrhage; respiration now quick, now suspirious, one while with a choking sensation in the throat, another with a sharp shrill cough, much like hysteria; then he would become calmer, but still throwing about his arms, muttering and picking at the bed-clothes; smell of the room stercoraceous and offensively oppressive, and when the patient rose in bed there came from him a smell more powerful and oppressive still; it was the reek of dissolution; matters vomited now evidently stercoraceous; tongue the color of his pills, but moist; pulse miserable; urine free and natural. When

roused and questioned, says he has no pain, but feels that life is ebbing fast, and in another moment flits off again into delirium. Brandy and water; the hydrocyanic acid, now combined with æther, to allay vomiting; friction assiduous and long continued with the flannel glove, the application of warmth, &c., produced after some hours a partial rally. He asked for warm tea, which was drunk with much relish, but immediately vomited; he then asked for wine and a biscuit, which were retained for near two hours, and when I saw him again at nine o'clock he told me he was better, for, said he, "I have no *sickness* now; the moment I have vomited I could drink a bottle of porter and eat a pound of mutton chops, and if I could only stop this vomiting and have the use of my bowels I should be quite well." At this time he was clearly sensible, but quite as clearly dying.

It could be attended with no practical advantage to follow the patient through his many fluctuations during this and the succeeding day, at ten o'clock on the evening of which he expired without a struggle or a sigh. Suffice it to say that there were fluctuations—that there were times when his intellect became clear, his hopes revived, his muscular strength renewed itself, and on more than one occasion the extremities became warm and bathed in perspiration, even his countenance improved; but the vomiting did not stop, the bowels did not act, the pulse continued miserable, and the death smell never left him. Let me add that, although convinced after the morning of the 20th that no earthly aid could be availing, at the urgent entreaty of the patient and his friends, I continued to try various means for acting on the bowels; among others the croton oil, of which he took three doses of one drop in each. The first produced no sensible effect, the second very little, and the third provoked excessive vomiting in spite of the anodynes with which it was combined.

Again, I introduced the tube of a stomach pump about ten inches up the rectum; the introduction was, of course, managed cautiously; it required not the slightest force, nor did it cause the slightest pain; at that depth, however, he said the instrument had reached and was passing the point at which he felt the pain before; water only was injected, and returned as fast as it was thrown up, but during the time of injection the patient kept exclaiming that the sensations it produced were quite delightful, the warmth was so comfortable; it relieved, it comforted him, more than anything which had been done; but I observed his face become more haggard and his hand more cold, and instantly withdrew the instrument. The only other means employed was the exhibition of yeast in bottled porter. It at first seemed to allay the vomiting, but was eventually rejected, as was everything else.

I have said that he expired about ten o'clock on the evening of the 21st of May. Having obtained permission from his friends, at four o'clock in the afternoon of the 22nd I proceeded to the

Post-mortem Examination, Eighteen Hours after Death.

Body not emaciated; abdomen still warm, somewhat discolored and full, but by no means excessively swollen.

Thorax.—No effusion or adhesion; pulmonary

pleura of a dark slate color generally, with here and there a little patch of natural red; lungs without tubercles, or other visible disease, but somewhat dark when cut into, as though from slight congestion; pericardium and heart healthy, though the latter was rather large and its muscular tissue somewhat dark; the right cavity contained two coagula—one, fatty looking, drawn from the vena cava—the other, grumous, running towards the pulmonary artery.

Abdomen.—In incising the linea alba, the transverse arch of the colon (which at the epigastrium was distended and pressed into close contact with the parietes of the abdomen) was accidentally wounded, and a quantity of gas and probably a pint or more of grey, gruel-like, and most offensive stercoraceous matter escaped into the cavity. It accumulated, however, in the hollow of the left hypochondrium, from whence it was immediately removed by sponging, and did not penetrate beyond.

Omentum healthy, though with no great quantity of fat.

The stomach, the whole of the small intestines, and the colon, to the termination of its transverse arch, distended, but from the latter point to the rectum the colon was empty, collapsed, and irregularly contracted, showing one or two pouches, as it were, of dilatation at which the intestine would have measured three inches across, although its general width did not exceed one throughout the part in question.

There was no adhesion of the intestines to each other, nor any stricture, volvulus, nor intersusception; no effusion of coagulable lymph, nor, so far as could be judged of under the circumstances, of pus or any other fluid into the abdomen.

The peritoneum, generally healthy, but perhaps more grey than usual, was found injected (or rather ecchymosed, for there was no appearance of increased vascularity) at three points—1st, at the commencement of the mesocolon; 2nd, at the point where the duodenum passes the transverse mesocolon; and at the sigmoid flexure. In all three cases the effusion had taken place at the *base* of the mesocolon, near the spine, and on stretching the membrane before the light it was evident that it occupied the cellular tissue between the two reflected folds of the peritoneum. At one point only—namely, at the sigmoid flexure, did the ecchymosis reach through the whole width of the membrane up to the intestine. In the other two it was confined almost exclusively to the base, the membrane being still diaphanous between the ecchymosed part and the intestine. There was no apparent alteration of structure or consistence in the membrane. The appendices epiploicæ were of a greyish black, but otherwise unaltered. The liver of its natural size and healthy, though a little dark when cut into, but the whole of its peritoneal covering (with the exception of about a hand's breadth, which retained its usual reddish brown hue, on the convex surface of its right lobe) was of a dark *wet* slate color, this hue being darker even on the concave than upon the convex face of it.

Gall-bladder greyish black; contained some bile, but no concretions. It was not opened, but when the duct was divided nothing escaped.

The intestines being now removed, it appeared that the stomach contained some ounces of a grey, gruel-

like, and most offensive stercoraceous matter (like what had escaped from the colon). Its mucous coat presented one or two patches of dingy red arborisation, particularly near the pylorus, but no softening, thickening, or other change of structure, and no visible exudation.

At one point in the duodenum there was a patch of dotted injection, as though blood had been finely sprinkled on it with a brush. Edges of the valvulæ conniventes universally of a dingy red, giving the intestine a striated appearance. No exudation or other apparent change.

The jejunum and ilium contained a large quantity of stercoraceous matter, exactly similar to that found in the stomach; but at the termination of the ilium there were a few soft pellets of pale yellow faeces. Edges of valvulæ conniventes generally of a dingy red, as in the duodenum; but here, too, as there, the intervening mucous coat was pale, and no other trace of disease perceptible.

The cæcum, neither externally nor internally, showed any trace of injection or discoloration; it was pale throughout. But the appendix vermiformis, although small as usual at its origin and in its neck, was evidently much enlarged, flattened, and pyriform, or rather triangular at its termination, blackened, and with very little pressure crushed into a pulp beneath the fingers.

On introducing scissors to split the part open, the blade came out at the apex, covered only with a thin cribriform membrane, resembling nothing but a shred of sloughy cellular tissue. So far as the black tint extended the texture was soft, and crushed into a putrescent pulp beneath the finger; the rest, so far as I could judge, seemed healthy, though the neck, before it was split open, felt like an elastic cord, and the texture was, therefore, probably thickened. I can say nothing of the smell of this part, for the room was become horribly offensive, but I conceive that it was clearly sphacelated.

There was a patch of dingy red arborisation, without softening or exudation, near the caput coli; and it will be recollected that at this point too was found an ecchymosis of the mesocolon. From this point to the termination of its transverse arch, the bowel offered nothing to remark, save that it contained much gas and fluid, or pultaceous faeces. From this point downwards I have said it was contracted, but the contraction was not violent or sudden. It could have opposed no obstacle, I think, to the transmission of such fluid faeces. At the sigmoid flexure, where, it will be remembered, we also found ecchymosis of the mesocolon, was another larger patch of the same dingy red, but still without elevation of the surface or exudation, or any other perceptible change.

The bladder was not examined. We have seen that to the last it acted powerfully and well; indeed, it was so much contracted behind its peritoneal covering, as to form scarcely more than a broad and short mamillary projection into the pelvis.

The spleen, like the liver, was externally of a wet slate color, brighter, however, than that viscus, and of a more vivid tint, as though a thin wash of Cobalt blue had been passed over it. It was not cut into.

Kidneys a little dark, perhaps, when cut into, but healthy.

The quantity of fluid feces contained in the intestinal canal was, probably, not less than three quarts; the smell almost intolerable.

Ottery St. Mary.

CASE OF AMPUTATION OF THE LOWER JAW.

By WILLIAM HEY, Jun., Esq.,
Surgeon to the Leeds Infirmary, &c.

Mary Marshall, aged thirty-five, unmarried, was admitted into the Leeds Infirmary, February 5, 1840, on account of an enlargement of the lower jaw on the right side. The tumor was about the size of a large walnut, extending from the second bicuspid tooth to near the angle of the jaw. It occupied the space between the gum and the cheek, pushing out the cheek, but did not encroach upon the cavity of the mouth. It appeared to consist of a cyst developed in the substance of the bone, by which the external table of the jaw was expanded and rendered thin, so that upon examination it yielded under the finger with a sort of crepitation like parchment. The soft parts were not affected. On making a puncture between the gum and the cheek, with a view of ascertaining the nature of its contents, a yellowish serous fluid flowed out. I determined, in the first instance, to try the effect of a seton, which was passed through it from within outwards, the external opening being at the lower edge of the jaw, and in the most depending part of the tumor. The effects which I hoped for from this proceeding were—first, that the cyst, being kept empty, its parietes would collapse; and secondly, that the presence of the seton would so far change the action of the membrane lining the cyst, as to put an end to the secretion. It was retained for about six weeks, during which time the tumor was considerably reduced in size, and the discharge diminished in quantity, and it was then withdrawn. After it was withdrawn the external opening closed, and the tumor became larger again; but it did not increase beyond its original size, as the internal wound remained open. It was then my wish to lay open the cyst to its full extent, and either remove it, or to adopt some means for destroying or changing the action of the secreting surface; but she declined undergoing any further operation at that time, and after a while discontinued her attendance at the infirmary.

On the 16th of August, 1842, she again presented herself at the infirmary, in the following condition:—Since I last saw her she has been under the care of a quack, who has applied caustic to the tumor externally; the consequence of this is an opening in the cheek, about the size of a shilling. The integuments adhere closely to the edges of it, and it communicates with the interior of the bone. There is a very copious discharge from it of a yellowish serous fluid, similar to that which the tumor contained when it was first punctured. The tumor now occupies the whole of the horizontal branch of the lower jaw, to within about half an inch from the symphysis, the ascending ramus, coronoid process, and condyle. The inner table is also expanded, as well as the outer, so that

the tumor encroaches upon the cavity of the mouth, and descends to a level with the lower part of the larynx.

It was evident that nothing short of the removal of the entire diseased bone would be of any service to her, and she consented to the operation, which was performed on the 29th of August.

In order to avoid the danger of syncope during the operation, the patient being in a very reduced state of health, she was placed in the recumbent position. The opening in the cheek was a source of some embarrassment, but it was decided, in consultation, to proceed without any regard to it, and, therefore, it was not included in the line of the incision. The incision commenced at the point where the lower lip becomes attached to the jaw (in the mesial line), and was carried in a direction nearly perpendicularly downwards to the point of the chin, and thence along the lower edge of the jaw, with a semicircular sweep at its angle, up to the condyle. The whole of this incision, however, was not made at once. In order to spare some effusion of blood, in consideration of the weak state of the patient, I only carried the incision in the first instance so far as to enable me to cut through the bone. This was done by notching it with a saw in the line of the first incisor tooth of that side, which had been previously extracted, and then completing the division with the cutting forceps. I then carried on the incision to the condyle, and completed the separation of the tumor from the soft parts. On laying hold of the bone, and depressing it, to facilitate the disarticulation, the shell of the ascending ramus was so attenuated that it gave way, and became completely separated from the condyle and coronoid process, which were dissected out afterwards. The flap was then laid down, being supported by dry lint introduced into the cavity which had been previously occupied by the tumor, and secured in its position by the interrupted suture. No twisted suture was required, the free part of the lip not having been cut through. A good deal of blood was lost during the operation, at the conclusion of which the patient was so much exhausted that it was a considerable time before it was thought prudent to remove her from the operation-room to her ward; but after reaction was established she had no unfavorable symptoms. In one week the wound was united throughout its whole extent, excepting one small portion, which had been purposely left open, to allow of the escape of any discharge that might occur. She left the infirmary on the 28th of September, at which time the hole in the cheek, which had been made by the caustic, was nearly closed. The wound made in the operation had been quite healed for some time previously.

March 29, 1843. She came to show herself to me at the infirmary. She has no symptoms of any return of the disease; the hole in the cheek is contracted to little more than a point, and there is very little deformity.