

diminution or abstraction of an accustomed stimulus, is not supported by facts. Any cases, therefore, noticed as occurring under these circumstances, are simply of an exceptional character, but which, in my apprehension, fall quite short of proof from the considerations already so fully explained.—*On Delirium Tremens.*

23. *Protracted Constipation.*—Mr. ANDERSON related to the Harveian Society (Feb. 15th, 1855) a case of this in a child, aged three years and a half, who came under his care on the 21st of June, 1854, and had passed no motion since the 21st of April, although he had taken strong medicine for the purpose of opening the bowels. His abdomen was enormously distended, tympanitic from flatus, but evidently containing no fluid, and respiration was materially interfered with from the mechanical pressure upon the diaphragm. There was occasional sickness from disordered digestion, but no stercoraceous or even constant vomiting to indicate intussusception or any other cause of strangulation. The mother stated that the child had suffered from constipation for the last two years and a half, sometimes having no evacuation for a fortnight, and sometimes for nearly a month, but had never gone so long as upon the present occasion. Purgatives and enemata were used without relief until the 26th, when an examination was made per anum, and a hard globular mass was felt, distending the whole of the rectum, and precluding the possibility of defecation. The sphincter was then dilated gradually, the mass broken down, and removed by means of a spoon and the forefinger; pressure and friction were then applied to the abdomen, when the pent-up bowels began to act immediately, evacuating an enormous quantity of dark-coloured, offensive feces. Aperient medicines now acted, and under their use the bowels were thoroughly emptied, having been completely shut up for more than nine weeks. Tonics in combination with aperients were subsequently employed, and he eventually recovered the natural action of the bowels. This case, yielding so readily to treatment after the removal of the mechanical cause, led to the consideration of several most important points connected with such subjects. A case of Dr. Ridge's was quoted, in which the most undeniable evidences of internal strangulation existed as a cause, and for which, after the unavailing employment of appropriate remedies, the operation of gastrotomy was performed by Mr. Hilton. The question then arose as to whether purgatives were so generally certain in the majority of cases as to render their exclusive use justifiable, and arguments were brought forward in refutation of such a plan of treatment. A case by Dr. Clutterbuck (recorded in the *Lancet*, 1843, vol. ii. p. 957) was mentioned, in which a gentleman, thirty years of age, after violent exercise, was suddenly seized with severe pain in the left iliac region, which soon shifted to the opposite side. This part soon became tender to the touch, and tumefied. Warm baths and purgatives were employed without any effect, and subsequently resection, which was again repeated after an interval of four hours. Thirty-six leeches were applied to the abdomen. There was no evacuation; the fever was higher, and the pain greater. Croton oil was administered by the mouth, and turpentine per anum; calomel and opium were given freely for twenty-four hours. He vomited, but the matters ejected were not stercoraceous, and he was troubled with urgent tenesmus. Several small watery evacuations took place, still accompanied by the vomiting, which had continued for three days. This symptom ceased for a short time, but soon returned, and the bowels were not again relieved, though purgatives and enemata were employed. The patient died, and, on examination, marks of extensive inflammatory mischief were found in the abdomen; the intestines were agglutinated, and other marks of disorganization existed. There were ulcerated openings in the cæcum and colon; four or five inches of the lower portion of the ileum were sphacelated, and just at the union of the ileum with the cæcum was found a filbert, complete in its shell, floating in fecal matter. Dr. Clutterbuck thought the filbert sufficient to explain all the mischief; for, by acting as a local irritant, it set up inflammation, and this became of the general and destructive character, which examination after death revealed. This case was one of much interest, and particularly as regarded the treatment by purgatives in cases where inflammatory action existed in the abdomen, either as

the result of intussusception or otherwise. Would it not be better in such cases always to make the inflammatory symptoms the object of the greatest attention, and to avoid all drastic purgatives, which he believed were often most baneful? Mr. Anderson then stated that Rokitsansky, in giving various causes of obstruction, says that it may be produced by perforations in the mesentery, or by fissures in the omentum altered by disease; he, moreover, particularly objects to purgatives, and advises operation as the sole means of relief. Again, Lawrence, in his *Treatise upon Ruptures*, page 630, states that "the disease, if left to itself, is inevitably fatal." A case was then quoted from Sir Astley Cooper's work on Hernia, page 75, showing that strangulation does occur in an aperture of the mesentery. The patient died with symptoms of internal strangulation; and "upon inspecting the state of the abdomen, the immediate seat of the disease for some time eluded detection, owing to the collapsed state of the intestines, but upon a more accurate and minute examination, an opening was found through the mesentery, forming a stricture, inclosing the inferior portion of the ileum, and which decidedly and sufficiently accounted for the melancholy termination of the case." Plate xvi. Fig. 1, in the same book, is a drawing of the preparation, showing a smaller portion of intestine strangulated than was mentioned in Dr. Ridge's case. In a foot-note at page 77, by Aston Key, the following passage exists: "The possibility of affording relief when the abdomen is laid open, and the obstructing cause exposed, may in some instances be decided in the affirmative; thus constricting bands may be removed, involved portions of gut may be released, an adherent evolvolution be detached, or a gut distended above the seat of stricture be relieved; but it is to be borne in mind that gastrotomy will be had recourse to only as a *dernier ressort*, when other remedies have failed, and the symptoms have assumed an aspect promising but little chance of success."

Dr. Ballard mentioned the case of a lady reported to be suffering under uterine disease, but which, in reality, proved to be protracted constipation, which yielded readily to treatment. He also related another instance in which five hundred grains of calomel were given in ten-grain doses, without any specific effect beyond removing the constipation. A large quantity of the calomel passed unchanged.

Dr. Ramsbotham alluded to the frequency of a nucleus existing in such cases, and quoted an instance where a ball of worsted acted in this manner.

Dr. Fuller related a case of intestinal concretion in a lady, from whom a large quantity of feces passed after months of constipation. He advocated the use of electricity and galvanism, and more particularly the employment of *nux vomica*, for the purpose of counteracting the want of nervous action.

Mr. Borham mentioned a case of a child who had a needle fixed transversely across the rectum, causing obstruction, and forming a nucleus. On removing it, the obstruction ceased.

Mr. Weedon Cooke suggested that strychnine had been used long ago, and that the credit of its original employment was not to be given to the homœopaths. He gave an instance of three months' constipation in a boy, aged ten, which yielded to injections.

Mr. Ure mentioned a case of a gentleman who suffered from constipation in conjunction with retention of urine. He gave him scruple doses of calomel every four hours, a large quantity of which passed unchanged, but the constipation was entirely removed.

Dr. Pollock related an instance of constipation arising from over-stimulation of the bowels by medicine. This was left off, and an electro-magnetic current employed for five months. He strongly advocated the use of small doses of aloes, or ten grains of sulphate of magnesia every four hours.

Dr. Handfield Jones related a case accompanied with severe spasmodic pains and flatulent distension, indicating a want of nervous action, for which he gave *nux vomica*. This, in itself, did not produce an evacuation, although it gave relief; but the first aperient administered after it produced a motion.

Mr. Alexander Anderson and Dr. Powell each mentioned a case, the one in which a peach-stone, and the other a quantity of cherry-stones, caused obstruction and accumulation.

Dr. Hamilton Roe was strongly opposed to the use of purgatives in obstinate constipation, and stated that calomel and opium, with injections, had always proved successful in his hands.

The President then mentioned the case of an insane gentleman who had taken large quantities of carbonate of magnesia, which had formed concretions, and could be felt through the abdominal parietes, though a large quantity had been removed. He gave another instance of a lady who had suffered from prolonged constipation. Injections were employed, and a large quantity of feculent matter came away. He considered that no purgatives could act in such cases, and alluded to the value of percussion as a diagnostic, the distended intestine being easily detected by this means.—*Lancet*, March 10, 1855.

24. *Treatment of Acute Rheumatism.*—With certain modifications, according to peculiarity of case, the basis of the treatment of acute rheumatism now most generally pursued in the London Hospitals, consists in the exhibition of the neutral salts. It is rare, indeed, to see a case treated, into the prescriptions for which neither the acetate, tartrate, or nitrate of potash have entered. The congratulatory remarks which are frequently made at the bedside by physicians of long experience, must be considered as strong evidence of the good effects of the improved practice. The disease no longer needs "the six weeks and patience" which it once required. Lemon-juice still holds a high place in the esteem of some physicians, among whom we might mention Dr. Burrows, Dr. Ridson Bennett, and Dr. Rees; while many others employ it as an adjuvant without relying on it alone. That in certain cases it exerts almost no appreciable influence, is generally admitted; while that, in others, it not unfrequently cures like a charm, is equally certain. What we desiderate is, an appreciation of the class of cases in which it, and in which other remedies are severally most likely to be of use. Until that is more or less known, the only refuge is in complexity of prescription, an expedient always to be regarded with distrust, but not to be shrunk from when required by duty. An illustration of the occasional uselessness of lemon-juice was afforded by a man under Dr. Babington's care, about a year ago, in Guy's Hospital. He was a man aged 47, and was admitted in the third week of an attack of acute rheumatism, for which he had kept his bed, and had consumed, during the last four days, no less than seven pints of lemon-juice without the least relief. The juice had been obtained directly from the fruit, of which he had used eighteen large ones daily. Dr. Barlow, of Guy's Hospital, is accustomed to state to his clinique, that the most rapid recovery from acute rheumatism that he ever witnessed was under treatment by the acetate of potash. We may quote the following case as a fair example of the usual treatment pursued by that excellent practical physician, and also of its average results. The plan of treatment is, however, by no means peculiar to Dr. Barlow. H. T., a strong, robust man, aged 33, was admitted on the third day of his first attack of acute rheumatism. The disease was severe. Ordered to take a draught containing half a drachm of acetate of potash, ten grains of the nitrate of potash, ten minims of the vinum opii, diluted with barley-water. For nine days he was kept on low diet, and on the tenth the improvement was so far advanced that the decoction of bark was substituted for the barley-water in the prescription, and a better diet was allowed. On the fourteenth day he was convalescent, about the ward, and marked for discharge in a few days.—*Med. Times and Gaz.*, 3d March, 1855.

25. *Treatment of Acute Rheumatism by Large and Frequent Doses of the Bicarbonate of Potash.*—Dr. A. B. GARROD, in a paper read before the Royal Medical and Chirurgical Society, February 13, 1855, observed that he was induced, in May, 1852, to try a new method of treating acute rheumatism; and, finding great success at first, resolved steadily to pursue the plan, and has done so up to the present time. The object of his communication has been to record the method adopted by him, and also the results obtained in fifty-one cases of rheumatic fever, which have been admitted, under his care, in University College Hospital, during the last two years and three quarters. The main part of his plan of treatment consists in the administration, in a diluted form, of two-