

At the incipency of the case, I do not for an instant doubt the presence of those fragments of spiders, and perhaps one or two entire, but my opinion is, that subsequently, terror, superinduced upon the idiosyncrasy described, dethroned the judgment; hallucination usurped its seat; a morbid concatenation was excited, and the patient under the control of this influence was urged irresistibly to introduce them from day to day, until the morbid series was exhausted. I cannot express myself more forcibly than by adopting the language of M. Ollivier addressed to the court at Paris, in behalf of a young girl arraigned for the murder of an infant. She confessed to *have given it ten pins to swallow from time to time*. M. Ollivier said, "he was inclined to attribute the present act to *one of those unaccountable perverse impulses which are not unfrequent in certain females, more especially about their menstrual periods*." (*Lancette Francaise*, 1839). M. Dupuytren says, "I have seen at the Hotel Dieu, a great number of women and children, who *had been affected with the strange mania of swallowing pins and needles*." He then gives the case in detail, and concludes by saying, "on examining the body after death, *several hundred pins and needles* were found scattered through the viscera, muscles, cellular substance, &c."

I will, lastly, merely refer to that extraordinary form of insanity described in the *Journal de Progres*, for 1828, under the title of *Periodical Vinomania*. It is reported by M. Pierquin who says, "The disorder commenced fifteen years ago in the shape of an *irresistible impulse* to swallow wine day and night without the possibility of satiety. The *paroxysms last from two to three months*, with an interval of equal duration, when it returns again *without any prodrome* that might indicate its approach."

I here close this case, extraordinary in its character under any aspect, and if my view of it be a correct one, it will afford another to the many which are to be found in nearly every work professing to analyze the yet inscrutable character of the human mind.

MOBILE, Ala., April 26, 1843.

N. B. The spiders are in my possession, and were exhibited with a statement to the Medical Society of this city.

ART. VIII.—*Carcinomatous Tumour connected with the Stomach simulating Aneurism—Disease of the Aortic Valves, &c.—Death, Autopsy, with Remarks.* By GEORGE SPACKMAN, M.D.

I WAS requested, on the 13th of December, 1842, to visit Mrs. L., aged 52 years, of middle stature, with black hair and eyes, and rather corpulent. She had been in bad health for many years, though seldom confined to the

house. On the left side of the upper lip was an ulcer the size of a penny, of an indolent character, which had been there fifteen years, not increasing much until the last year. The patient informed me that she had been treated for disease of the liver, and sometimes for dyspepsia. She now complained of want of sleep and constant vomiting, with no pain. In this state she had been for ten days previous to my seeing her: at that time the pulse was frequent but feeble; her tongue clean and moist; her bowels constipated; urine scanty and thirst constant, with an excessive secretion of mucus, resembling ptyalism, though no mercurial fœtor could be detected, and the gums were not swollen. Pressure on the epigastric region gave no pain, the countenance of the patient depicted great anxiety, and her skin was of a dull white hue. I directed sinapisms to the region of the stomach, and a solution of muriate of morphia, one grain to the ounce of water, a teaspoonful every two hours until sleep was induced; gum water and sago being given as nourishment.

14th, 9 A. M. Patient slept well all night; the vomiting has ceased; some sago has been taken; the bowels not having been moved for three days, I ordered calomel gr. iij. pil. iv, one every hour, to be followed by small doses of magnesia usta, until they were moved.

15th, 10 P. M. Bowels moved three times; vomiting returned; pulse 80, feeble; skin rather hot; patient complains of pain in the head, back, and left leg; no pain in the stomach; pressure on the spinous processes of lumbar and dorsal vertebræ gave some pain. I ordered a large sinapism to be applied down the spine and a spice plaster to the epigastrium, directing the patient to take lime water and milk, a tablespoonful of each every hour, chipped ice, iced gum water, and morphia solution at night.

16th, 9 A. M. Stomach quiet; sleeps middling well; pain in the back and leg better; no headache; pulse feeble; 78 in the minute. Directed essence of beef, and sago for her diet.

17th. She has retained all she took yesterday, and is sitting up out of bed; thinks she is much better; looks better; no medicine appears to be required; sago and beef-tea continued; tea and crackers.

18th. Did not see her till evening; she said the beef-tea did not agree with her as well as heretofore, that she had vomited several times; was free from pain, and slept none. Prescribed tinct. lupulinæ twenty drops; tinct. hyoscyami 40 drops every two hours; oysters, soft part; cream with milk and lime water; chicken water as a nourishment, and an enema to open the bowels.

19th, 4 P. M. Patient better; stomach settled; bowels opened by the enema; she slept tolerably well, but complains of being very weak, and of a trembling and moving in the stomach like worms, with a throbbing sensation in that organ; she has some palpitation of the heart; I made no alteration in the treatment, except that I directed the use of a teaspoonful of the solution of muriate of morphia at bedtime, to be repeated every three hours until she slept.

20th. She continues about the same.

21st. Vomiting returned; pain in the back and leg; none in the stomach; no fever; pulse as before. All the remedies used thus far have produced no effect. Directed nit. argent. gr. iss., muc. gum arab. ʒiss; aq. ʒij; a teaspoonful every two hours; blister over the stomach. Saw her again at 11 at night; and she was no better. I directed an anodyne enema; $\frac{1}{4}$ drop of creasote every hour.

22d, 9 P. M. No better; vomits every thing; complains of no pain in the stomach; pulse 90 and feeble, has had no sleep and is thirsty. Ordered to take chipped ice and soda powders; 11 at night is no better.

23d. Dr. C. W. Pennock was called in consultation; he made a minute examination of all the cavities and organs, and inquired into the history and symptoms of the case, and furnished me with the following note:—"The skin of an ash hue, dry and harsh; on the right cheek near the angle of the mouth is ulcerated from one to four lines in depth, with uneven jagged edges, its surface presenting pale, reddish-gray granulations; countenance anxious; complains of no pain, but some uneasiness is experienced upon pressure being made upon the intervertebral space of the middle dorsal vertebræ; slight œdema of the legs. *Thorax* is well developed; the percussion throughout resonant, and beneath the left clavicle it is preternaturally so; respiration normal, with the exception of the upper third of the left lung, where the vesicular murmur is very feeble. *Heart* by percussion is of natural size, the rhythm of movement natural, the sounds at the apex are normal, but a slight saw sound is heard over the aortic valves.

Abdomen. The *liver* enlarged, extending as indicated by percussion two inches below the right hypochondrium, and the left lobe occupies the upper portion of the epigastric region; immediately below is a hard mass four — four inches, extending to the umbilicus. A sense of oppression or suffocation is induced by pressure upon this mass; a strong impulse over the course of the aorta synchronous with the pulsation at the wrist exists, but no abnormal murmur attends this impulse.

24th, 10 A. M. Dr. C. W. Pennock in consultation—another minute examination was made. I am indebted to my friend Dr. Pennock for the following note:—"The abdominal tumour is much less than yesterday. It is now confined to the epigastric region; the impulse or upheaving movement over the central portion of the tumour is very forcible, but it diminishes laterally, and is not felt on its borders; in a word, there is no expansive movement. The diagnosis presented is not an aneurismal tumour, but a scirrhus mass connected with the pyloric extremity of the stomach, together with an enlargement of the left lobe of the liver; the aortic valves of the heart cartilaginous, with probably some ossific deposit." Patient appeared much better; slept well; had no vomiting; had taken some beef-tea and sago; pulse weak, not exceeding 80 in a minute; countenance and intellect good; she attributed her improvement to quack medicines; Stuckert's nervous

cordial, which she took without our knowledge. To test the efficacy of this medicine, we allowed her to continue it, stopping all other treatment, and left the case. I did not see her again until the 28th, when I was sent for at eleven in the evening. She had been vomiting blood and a green pus-like matter, since eight o'clock, and had ejected about a pint and a half. She had fainted several times; had no pain; a clear mind; a cool skin, and a frequent pulse. As there was no vomiting on my arrival, stimulants of brandy and ammonia with sinapisms over the stomach and extremities were ordered, and I directed in case vomiting returned, acetate plumbi gr. v. every hour, nourishment, soup, &c. At 3 A. M. of the 29th, vomiting returned with violence, a large quantity of blood was thrown up, she fainted and died.

Autopsy 36 hours after death, present Drs. C. W. Pennock, W. Brincklé, and Spackman.

Moderate emaciation; skin, as in life of an earthy hue. Some serous infiltration of the ankles and legs.

Chest. The lungs upon opening the thoracic cavities were found to be natural, with the exception of the upper lobe of the left, which was emphysematous, the air vesicles being much enlarged. The heart coincided in size with that indicated by percussion of the thoracic parietes in life; the walls of the left ventricle were slightly thickened; all the valves natural, with the exception of the semilunar valves of the aorta, which were cartilaginous with some spiculæ of bone near their margins.

Abdomen. Opening the cavity of the abdomen, the liver was found to be much enlarged, especially its left lobe, which occupied the upper third of the epigastric region; immediately beneath and behind the left lobe was a rounded, irregular, lobulated mass of 4 by 4 inches, lying upon, and immediately in front of the abdominal aorta, but not connected with it. This abnormal growth commenced at the pyloric orifice of the stomach, occupying one-half of the lesser curvature of the stomach, and was strongly attached and united to the liver at the great portal sinus. Upon cutting into the tumour it was found to be carcinomatous. The whole of the internal structure was dyed with extravasated blood, which when washed off, showed that internally the surface of the tumour was of a slight bluish-white colour, very firm, hard, striated, fibrous, and creaked when cut by the scalpel. Interspersed through this structure, were some ten or twelve masses of the size of filberts, filled with a brain-like substance, of the consistence and colour of thick cream. The tumour, by ulcerative absorption, had eroded a large cavity in the left lobe of the liver, from which it could be only separated by the scalpel, and was found to have penetrated into the large branches of the vena portarum, and that these vessels had emptied themselves through the softened encephaloid portions of the tumour into the stomach. The liver around the tumour presented the appearance of the scirrhus transformation, and was generally cirrhotic. The stomach contained a pint of clotted blood, the mucous coat was of a slate colour, and generally thickened, mammelous.

Around the pyloric opening is a carcinomatous band, half an inch in thickness, and nearly two inches broad. This abnormal formation appears to be a transformation of the cellular and muscular coats, and was in intimate connection with the tumour previously described.

Some small hard rounded masses of a light blue colour were observed in the *spleen* presenting a striated appearance when cut into. The *mesenteric glands* were also hardened, and presented a similar appearance to the masses in the spleen.

The *kidneys* were of a *fawn colour* and granulated; some of the *tubuli uriniferi* were obliterated. *Intestines*, and the other viscera not examined.

REMARKS.—This case presents several points of interest. In the first place, the fact of the existence of a carcinomatous formation of the size of that which has been described, *unattended by pain*, is very surprising, and shows that pain is not a necessary or invariable attendant on carcinoma. Again, *the existence of the cephaloid*, brain-like masses, in the midst of the scirrhus mass, is extremely interesting, as it conclusively shows, that the two affections or lesions, depend on the same pathological conditions, in different stages of development. The immediate cause of death, by hemorrhage into the stomach from the vessels of the liver, through the softened cephaloid portions, was very remarkable.

But the point of greatest interest is that which points out the means of differential diagnosis of scirrhus or hardened tumours, accompanied with pulsation, from those tumours dependent upon aneurism. In this case, a tumour lying in contact with the abdominal aorta, received the impulsive movement of that vessel; but this pulsative movement was only felt in a small part of the tumour: it was felt forcibly over the central portions, but not towards the sides of the tumour; it was *not an expansive impulse*, and it was for the want of this latter characteristic, that the diagnosis, which was ultimately verified, was founded.

ART. IX.—*Gun-shot Wound. Extensive laceration of the Brain, without loss of consciousness, or impairment of mind.* By J. H. THOMPSON, M. D. of Salem, N. J.

Monday, Feb. 13th, 1843. Mr. Wm. L. Johnson, ætat. 22, in attempting to shoot a bullock on his father's farm, which is about two miles from this town, was wounded by the bursting of the gun, a fragment of which struck him in the median line at the root of the nose. I saw him in about twenty-five minutes after the occurrence. The hemorrhage, which was said to have been profuse, had nearly ceased. At the moment of the accident he was prevented from falling by a person near him. He then walked into the