

not therefore expect that we should dwell at greater length upon points that enter under the domain of elementary descriptive anatomy: however, before terminating, let us recal to your memory the tissues which furnish the different envelopes of which we have spoken. The scrotum is evidently a prolongation of the cutaneous envelope: the dartos is continued from the subcutaneous cellular tissue (the fascia superficialis); the erythroid membrane is given off by the internal oblique and transverse muscles: the fibrous is surrounded by the subperitoneal cellular tissue: the tunica vaginalis is merely a process of the abdominal peritoneum; and the albuginea is the proper membrane of the testicle.

EXTENSIVE DISORGANIZATION OF VISCERA,

WITHOUT FOR A LONG TIME DESTROYING LIFE.

To the Editor of THE LANCET.

SIR,—The following report of a Medical-legal investigation which occurred in this neighbourhood about ten days since, may not be unacceptable to your readers, as the post-mortem examination was rather interesting.

I am, sir, your obedient servant,

J. L. M'CARTHY, M.D.

Macroon, May 21, 1835.

A coroner's inquest was held in this town on the body of a man named Walsh, who had for the last thirty years been one of the sheriff's bailiffs for this county. Walsh, the deceased, came out to the parish of Kilnamarten in this neighbourhood, for the purpose of executing some order from the sheriff, and having satisfactorily arranged his business, he stopped at the house of Timothy Kearney, a farmer in this parish, and an old friend. Walsh was suddenly taken ill during the night, and died at four o'clock next morning.

By the direction of a magistrate, I went with the chief constable of police and examined the body ten hours after death. In the examination I was assisted by Mr. Field, apothecary, residing in this town. The body was brought into Macroon and an inquest held on it next day, when the evidence given by Kearney, at whose house the man died, and also by a beggar man who spent the night at the same house, was to this effect.

The deceased came to Kearney's house in the afternoon, previous to the morning

on which he died, at about six o'clock; he was to all appearance quite well and in good spirits. He supped with the family at eight o'clock, and chatted with his old friend until ten, when all the family were preparing to go to bed. He was then suddenly attacked with a violent pain in the abdomen, and with inclination both to go to stool and to micturate, neither of which acts however could he accomplish. He was then placed before the fire on some straw, and his abdomen was stuped with woollen cloths wrung out of hot water. This treatment was continued for an hour without producing any good effect. Walsh then told the people of the house, "that if he got an injection it would relieve him, as it did once before;" but there was no apparatus for that purpose nearer than Macroon, which was three miles off, but to which place a messenger was dispatched for a clyster bag; but before it arrived, the patient was dead. It was stated that during his illness the deceased vomited but once only.

The external parts of the body, when I examined it, showed no mark of any kind except the discoloration from stagnation of the blood in its dependent parts. A little frothy bloody saliva escaped from his mouth. The abdomen was excessively enlarged, and sounded, when tapped with the points of the fingers, as loud as a kettle-drum. When this cavity was opened, an immense quantity of most intolerably fetid gas made its escape; and an extensive mass of disease presented itself to view. The sigmoid flexure of the colon and the left part of its transverse arch, most enormously distended, occupied the whole of the front of the abdomen, completely veiling all the other parts contained therein.

This intestine principally contained gas, with a small portion of fluid, grumous, feculent matter, of a bloody appearance. The coats were in some places of a bright-red colour, and presented every variety of shade, from that colour to a dark dirty-reddish green. The three tunics of this gut were converted into a soft pulpy matter, through which the finger might be passed with the greatest possible ease. The rectum was also unnaturally enlarged, and so much disorganized from disease, as to have given way in two places, permitting the escape of its contents into the cavity of the peritoneum, causing the inflammation of that membrane, which proved fatal. The mucous surface of the rectum was ulcerated in four places, two only of which had completely perforated the intestine. The edges of the ulcerations were not regular, but they were deep towards the centre of the sores. The

external openings of the perforated parts were extremely irregular and jagged at the edges, presenting the appearance of having suddenly been burst. One of these ruptures was situated about seven inches from the anus, and the other existed at the junction of the rectum with the colon.

A scirrhus stricture of the rectum was discovered, situated about three inches from the anus, presenting a ring of mucous membrane and subjacent cellular tissue, so much altered in structure and thickened, as almost completely to block up that passage. In some parts it was semi-cartilaginous in its composition. On the mucous surface of this stricture were several ulcerated slits, or fissures; some of them running in a direction with the long diameter of the intestine, and others having a spiral direction, and intersecting those others. The extent of the stricture was three-fourths of an inch, and the gut above the stricture was thrown into large pouches.

The large omentum was completely shrivelled up, and formed into a kind of rope, lying across the lower edge of the stomach. In many places the peritoneal surface of the small intestines showed strong evidence of severe inflammatory action, as also did the peritoneal lining of the abdominal parietes. Small pulpy shreds of lymph were scattered about, and loosely adherent to the parts on which they were situated. The mucous coat of the small intestines did not present any diseased appearance, except slight vascular enlargement of some of the mucous cryptæ or glands.

The cæcum and right side of the colon were but slightly affected. The stomach was healthy, the mucous coat towards its fundus being only a little engorged with blood, giving it a dirty-red appearance. The liver was smaller than usual; its surface was of a deep dirty-greenish colour; when cut into, its colour was natural, but its substance was firm, condensed, and heavy for its size. The kidneys were normal in their structure.

The cavity of the abdomen contained about 6lbs of a bloody fluid, mixed with feculent matter, and of a most detestable smell. I could not get the odour of it off my hands for nearly two days, and only then by repeated washings, which almost deprived them of cuticle.

In the thorax, the heart and its envelope were quite healthy, but both lungs were much condensed and engorged on their posterior or dependent parts. The trachea contained a quantity of frothy mucus mixed with blood, the result of the extreme agony and struggles of the patient while dying.

The brain and its membranes were healthy; a small quantity of serum, about a drachm, was found in the ventricles. The veins and sinuses contained much blood. The verdict of the Jury was "Died by the visitation of God."

I had a conversation with some members of this man's family who attended the inquest, and they told me that the deceased had been much in the habit of drinking large quantities of raw whiskey; but they stated that his general health was good, only that he sometimes complained of "pain and soreness in the bottom of his belly." He never was by his health incapacitated from doing his duty as bailiff, as his illness lasted only a very short time, and was extremely slight.

This case is an additional confirmation of the fact that extensive disease, and that of long standing, may exist in the intestinal tube without producing any severe symptoms, or even much inconvenience to the patient, until it causes the fatal termination.

CASES OF STONE

TREATED WITH

LITHOTRIPTIC INSTRUMENTS.

To the Editor of THE LANCET.

SIR,—I beg to forward to you reports of three cases of calculus in the bladder Treated successfully by lithotripsy, and to request their insertion in your valuable Journal. I have the honour to be, Sir, your obedient servant,

HEURTELOUP, Baron, M.D.

18, Holles-st., Cavendish-sq.,

May 16, 1835.

CASE 1.—Patient 70 Years of Age—Several Calculi—Sacculus in the Bladder—Modification of Percuteur to meet the Case—Six Applications—Recovery, since nearly 18 Months.

Mr. Richard Julian, seventy years of age, tall and stout, but of rather a weakly constitution, occupying a situation in the Treasury of Ireland, observed that for about three years he was in the habit of voiding bloody urine after taking exercise either on foot or in a carriage. After a time this evacuation of blood was accompanied with great pain, which became so severe and constant, that he was induced to consult Mr. Colles of Dublin, who sounded twice, and ascertained the presence of a stone in the bladder. At the joint recommendation of this gentleman,