done to prevent decomposition ; the precaution is, in so far, reasonable enough ; but it is also said that these frequent renewals secure a warm application for the part. This is a mistake ; for the poultice first yields its own high temperature to the limb, and afterwards receives heat from it ; so that the temperature is always relatively the same. Thus a poultice may remain twenty-four hours on a limb, and retain a certain amount of heat, except the member be cold. You see, then, that it does not lose its temperature, and that it is therefore useless to change it so often. As for decomposition, it is not likely to take place in so short a time, save the temperature have been very high, or the meal bad. A poultice may remain ten hours in the hottest weather ; and it is rare for decomposition to come on before twelve hours, at least, are elapsed ; so that changing twice a-day is quite sufficient. This is done in hospitals, and is indispensable ; for after twelve hours a poultice may become acrid, because the purulent matter secreted by the wound gets effused between the skin and the cataplasm ; a re-action takes place, which gives origin to a new product, which is of an injurious nature, and acts very prejudicially on the patient.

We may, then, sun up and state, first, that poultices made with plain water are the best applications for the wounds we have now to treat, until the commencement of the third period has arrived ; second, linseed meal is the best substance they can be made with ; third, it is more advisable to apply them directly on the skin than to allow a piece of linen to intervene ; fourth, they should be renewed twice a-day, and changing them more frequently would be both useless and injurious. As to cold water, recourse to it may be had when there is great inflammation, intense heat and sharp pain. This application, however, has doubtful and sometimes mischievous results ; but as these are not likely to occur during the first week, particularly when the temperature of the atmosphere is high, it may within that period be employed with some advantage.—*London Lancet*.

CASE OF OBSTRUCTION IN THE INTESTINES.

BY JNO. W. RICHARDSON, M.D., OF RUTHERFORD COUNTY, TENNESSEE.

ON Wednesday, the 7th of October, 1846, I was called to see a negro boy, aged 18 years, belonging to Mr. William James. Mr. James informed me that the boy had been unwell, to his knowledge, from the Monday night previous, when he vomited occasionally, and complained of pain in his belly.

On Tuesday he was still sick, and in very much the same condition. At night he took some castor oil, but soon threw it up. On Wednesday morning, Mr. James gave him some more oil, which he soon rejected. At noon on the same day, he gave him a dose of calomel, and at 4 o'clock, P. M., I saw the boy. His appearance was quite natural, and nothing unusual was observed about him, except during a paroxysm of

pain, which returned at short intervals. His skin was warm, tongue clean, and pulse very little, if any, accelerated.

On questioning the boy, he stated, that on Sunday last he ate a parcel of hard sweet apples, was sick and had pains in his belly on Sunday night—that he had the “stinking belch” on Monday, which was followed by vomiting, severe pains in his belly, and costiveness, and that he had had no passage from his bowels since Sunday, and but a very small one then.

As he had not vomited since he took the calomel at noon, now four hours, and says he feels easier, I left him without giving any medicine, directing his master, if the calomel did not operate by 9 o'clock, P. M., to give some more oil.

Thursday, 8 o'clock, A. M. The calomel failed to operate; at 9 o'clock the evening before, the oil was given and thrown up. The dose was repeated this morning, and it was thrown up also.

The boy suffered considerably through the night, vomited frequently; had no motion from the bowels, and is complaining very much. At this moment, whilst thinking about what to do for the boy, I was sent for in great haste to see a woman, ten miles distant, who had a retained placenta. I made, however, six pills of the crumb of corn bread and croton oil, one drop of the oil to each pill; gave one myself, and directed Mr. James to continue them, one every two hours, until I returned, unless his bowels were moved.

I returned a little after 4, P. M. The boy had taken five of the pills; had no passage. His sufferings seemed now to be almost intolerable. He complained of the most excruciating pain to the right of the umbilicus; his abdomen was swollen, tight, and unusually hard about the point where he felt most pain. His countenance was anxious, and indicative of much suffering. Pulse rapid, small and hard.

While a barrel of water was warming, I bled him, in the erect posture, until he became very faint and perspired profusely. Having seen some account of the wonderful effects of hog's lard in such cases, reported in the Southern Medical and Surgical Journal, I determined to try it. A pint was melted, and the boy ordered to drink it—he vomited worse than ever. I tried it again, but the vomiting was increased so greatly by it, that it was discontinued.

As soon as the water could be heated, the boy was put in it, and kept there until the faintness became so great that it was considered best to remove him. He was laid on the bed, and a tobacco enema prepared immediately. It is proper to remark that the common purgative enemata had been tried perseveringly for two days.

I do not know the precise quantity of tobacco which was used. I pulled a handful off of a large manufactured twist, threw it into a wash pan, and poured on it about a quart of boiling water. As soon as the water cooled sufficiently, the tobacco was stirred around in it several times, and a pint of it was thrown up the rectum. The infusion looked very strong. In a few seconds the boy complained of giddiness, and asked to get up. He was placed over the vessel, when the enema was discharged,

but nothing else. He vomited now severely; afterwards said he felt easy, and was laid back on his bed.

About 8 o'clock, P. M., I gave him another tobacco enema, which acted about like the former one; I then left him for the night to see my own family, some of whom were sick and needed attention. I directed Mr. James to repeat the tobacco enemata occasionally through the night, always observing to make the boy discharge them as soon as he became giddy and sick.

Friday morning, 9 o'clock. There has been no operation from the bowels yet; skin cold and wet; pulse small, feeble, and very rapid; occasional vomitings; less pain in the abdomen.

I asked permission to operate by gastrotomy, telling Mr. James that it was the only remedy which promised relief to his boy. Mr. James and the boy were both opposed to the operation, and as the case seemed now rather unfavorable for the success of an operation, I did not insist very strenuously.

Gave the boy a large portion of sulph. morph., and left another for him at 1 o'clock, P. M., unless he rested easy. The portion which I gave him afforded much relief for a short time only, and at the time prescribed he took the second portion.

4 o'clock, P. M. Called to see the patient; not much pain; other things about as they were in the morning. Directed the morphia as often as necessary to relieve pain and keep the patient quiet. Gave tobacco enema again, and repeated once or twice through the night.

Saturday morning, 9 o'clock. Boy much better, though he has had no operation from the bowels. He has quit sweating. Skin warm; pulse slower and fuller; abdomen neither so hard, nor so much swollen as on yesterday; slept some, for the first time; has some pain occasionally. Continue the morphia as directed before, and give another enema at night.

Sunday morning, 9 o'clock. The boy slept more last night, says that he feels quite comfortable; skin nearly as warm as it ought to be; pulse about 80; complains but little from pressure on his belly, which feels softer, and much more natural. Enemata of oil and turpentine were given to-day.

4 o'clock, P. M. Called by Mr. James's. The boy has just had some passages, and as my visit this evening was not expected, the vessel was emptied. Mr. James informed me that there was nothing unusual, except some long shreds of mucus.

From this time the boy took no more medicine; his alvine evacuations increased, and in a few days he was as well as usual.

Remarks.—This was a case of very obstinate constipation, and although there was no stercoraceous vomiting, yet it seemed to require the operation of gastrotomy, perhaps in an equal degree with the majority of cases in which the operation has been performed. I do not make this remark, nor any other, to *oppose* gastrotomy (for I doubt very much if the operation has been performed half as often as it ought to have been), but only for the purpose of more particularly directing attention to the *medical* treatment.

Is it not probable that some such cases as the one recited have been made fatal by the habitual custom of giving powerful cathartic medicines? Is it not also very probable that if I had continued to give this boy purgative medicine, he would have died? And is it not pretty certain that the change for the worse so rapidly on Thursday was produced by the croton oil? These are important questions, and much depends upon correct answers.

As to the proper medical treatment for such cases, everything depends upon knowing what causes the obstruction. Is it produced by spasmodic action of the bowels, by intussusception, or by the peculiar and unnatural condition of the contents of the bowels? These are the questions to be determined.

Having ascertained what causes the obstruction, the proper remedies will suggest themselves to the intelligent physician. The diagnosis, however, is very difficult, I will not say unattainable, but until more light is thrown upon the subject, it must often be uncertain, and sometimes incorrect. Bleeding, the warm bath and morphia, would have cured this boy in the beginning. This is my opinion.—*Western Journal of Medicine and Surgery.*

ACCUMULATION OF GRUMOUS BLOOD.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 3d, 1847, I was called to Mrs. B., age 26; stature large; complexion light, fair; habit strumous. She was in labor with her first child. The presentation and labor were natural, and terminated, after about six hours of severe pain, without any unusual symptoms. On the 5th day after confinement, she complained somewhat of the piles. On the 8th, I was informed by her nurse that she had mistaken the nature of her trouble. Upon examination, I discovered very considerable redness and tumefaction of the right labium. The inflammation had extended to the urethra, causing some strangury. I could discover little if any fluctuation in the part. Presuming upon the existence of an abscess, I prescribed fomentations and poultices. On the 11th, fluctuation was distinctly perceptible. The diseased labium was so much swollen as to cause its eversion, so as to expose its mucous membrane to the extent of three fourths of an inch beyond the external surface of the other labium. I carefully pressed upon the parts so as to turn it still more out, and introduced an abscess lancet at a point nearly one inch from the naturally external part, and about the longitudinal centre of the labium. I made the incision about one inch in depth, and nearly one in length. Black grumous blood is small quantity issued from the wound, but no pus. No pain had been caused by the operation. She did not even know that I had made the puncture, until I told her.

In the afternoon of the same day I was sent for in haste. She had been unable to pass urine, and her sufferings on that account were ex-