Internal Strangulation of the Ileum.

339

encampment, had been rainy and peculiarly chilly and unhealthy, and he had been noticed, for two or three days preceding, to expectorate a sanious and purulent matter—showing that much irritation had been produced in the bronchial tubes.

This case is peculiarly interesting—showing the subtle and deadly effects of malaria in contaminating the blood; that persons, apparently in ordinary health and strength, may, in a few moments, be so struck down or prostrated by it that all human efforts for their relief become unavailing. It shows, in a most striking and conclusive manner, what I have endeavored to show in my previous numbers on the diseases of the West, that most of our residents are subject to sudden and fatal attacks. It adds another illustration to our argument that the danger of the common people lies in looking at the symptoms, and considering the ague harmless, because it is only a chill, when it should be considered as an evidence of seriously diseased action going on within, and that their delay in seeking for a remedy, thinking that the symptoms will wear out, only permits the disease to become so seated, and produce such lesions of the vital organs, before much disturbance or pain is manifested, that all chance of cure is past, before the medical man is called on to prescribe.

This case is also interesting from its singular exception to the general cases of congestion that terminate fatally, in that, the extremities and whole surface of the body maintained their natural standard of temperature almost to the final dissolution, the hands only becoming slightly cold just prior to death.

Had the patient been seen early in the paroxysm, and been so situated as to have been plunged into a warm mustard bath; had severe friction with hot spirit of turpentine, with a liberal and judicious administration of a permanent stimulant, and venesection, then been used, the balance of circulation might have been established, the congested organs relieved of their load of pressure, and, with subsequent judicious treatment, he might have been ultimately restored to health; for no disorganization or death of structure appeared to have taken place, sufficient to have produced death, only in the mechanical way in which it was brought about.

Andrew Stone, M.D.

CASE OF INTERNAL STRANGULATION OF THE ILEUM.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. G., aged 29, of medium stature; naturally of a delicate constitution; never was in gestation; for several years past has had occasional attacks of vomiting, dizziness, and pain in the abdomen, which were generally relieved in a few hours by mild cathartics and carminatives; habitually costive; was never dyspeptic, but her food produced an uneasy sensation in her bowels.

On Sunday, April 18th, 11 o'clock, P. M., I was called in consultation upon her case. Arriving at the house, I met Dr. Thayer, who had
Internal Strangulation of the Ileum.

been called at the same time, and Dr. Plaisted in attendance. I there learned that on Saturday previous she was attacked with similar symptoms as on former occasions; Dr. Plaisted being immediately called, ordered a dose of ol. ricini and an enema of fol. sennæ, mag. sulph. and pulv. jalape. The injection produced a slight evacuation. Sunday morn, the symptoms having increased in severity, Dr. P. ordered a dose of calomel, the enema to be repeated, a warm bath, and fomentations with poultices to the feet and abdomen.

I found the patient tossing about the bed, with intense pain in the back and bowels; pain not increased by pressure, nor influenced by position; pulse a little accelerated; skin moist; some thirst; occasional vomiting of the substances taken into the stomach; had had no alvine evacuation for the last twenty-four hours. Prescribed, hyd. chlo. mit., 3 j.; fomentations to be continued; an enema of soap and warm water, and one sixth of a grain of sulphate of morphia every hour or two, until the pain should be relieved.

Dr. Thayer and myself remained with her most of the time until five o'clock, Monday morning, when we left her, with vomiting unchecked; but coming gradually under the influence of the morphia, which was continued until 9 o'clock, A. M., when she became quiet.

From between 8 and 9 o'clock, Monday, A. M., until 8 P. M., she was under unprofessional treatment, and I did not see her. At 8 o'clock, however, Drs. T., P. and myself were again called. Found her sinking; pulse 165; no evacuation from the bowels; without pain; some distention in the lower part of the abdomen; extremities cool; countenance anxious. Nothing was ordered, believing her case to be hopeless.

Saw her again Tuesday, 4 o'clock, A. M. Was then pulseless at the wrist; extremities cold; countenance Hippocratic. She gradually sunk, and expired between 11 and 12 o'clock, A. M., retaining her mental faculties to the last.

Permission for an examination being granted, I was requested to take charge of it.

Necropsy, 29 hours after death. Present, Prof. Loomis, Dr. Thayer, Dr. Boutelle, H. A. Smith, Esq., and a medical student. Abdomen a little distended with flatus; cavity opened by a crucial incision; beneath the integument was a deposit of fat three or four lines thick; the peritoneum contained a small quantity of bloody serum. Bowels, examined in situ, were congested; a portion of the lower part of the ileum was of a very dark color, approaching gangrene; found extensive adhesions in the right hypochondriac and lumbar regions, the bowels being agglutinated and confined to the abdominal parietes, throughout nearly the whole of those divisions, by an organized adventitious deposit. No other unnatural appearances being observed, the viscera were removed for a more careful examination.

The sanguineous vessels of the stomach were injected and arborescent; a small patch in the greater curvature, softened, and of an ash color; the mucous membrane generally, throughout the whole alimentary canal, was erythematous. About three inches from the ilio-cæcal valve,
Case of Nasal Calculus.

a portion of the ileum, twenty-eight inches long, was found strangulated by an abnormal band thrown across a convolution of that intestine, so as to strangulate it at each end of the coil, originating near the attachment of the ileum to the mesentery, and passing entirely round, with few minor adhesions, to the place of its origin; forming a ring around the neck of the strangulated part. That part of the ring opposite to its attachment, was round like a cord, and about the size of a pack thread, strong and somewhat elastic. The intercepted part was in a state of incipient gangrene, full of faecal matter, and portions of it thickened and indurated. A little above the last, unconnected with other adhesions, was another adventitious band, about an inch long, and three lines wide, lying on the ileum, parallel to the mesenteric attachment and about half an inch from it, under which the thumb could be readily passed. The examination was not carried farther. V. P. Coolidge, M.D.

Waterville, Me., May 10, 1847.

CASE OF NASAL CALCULUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following case came under my treatment not long since, and being one of rather rare occurrence, I have thought it might not be unworthy a place in your valuable Journal.

Mrs. H., aged 25, of good constitution, had been suffering for the last eighteen months from severe headache. The pain most intense over the frontal sinuses, accompanied by an offensive discharge of a mucopurulent character from the left nostril and throat. The pain in the head had increased to such a degree, as to materially impair her memory, causing at times dimness of sight, particularly of the left eye, giddiness, with loss of appetite, and a disordered state of the digestive organs; in fact, her general health began to be seriously affected, and in this condition she applied for advice.

On examination, the nasal passage, on the left side, appeared to be completely blocked up. I was first led to suppose that the obstruction might be owing to a polypus, or other morbid growth, but on passing in a probe a hard substance was encountered, about two inches from the orifice, feeling to the touch like a portion of bone in a state of necrosis. The septum was forced over to the opposite side, causing the right nasal passage to be somewhat contracted. The left lachrymal duct was obstructed, and pressure made at the inner canthus was followed by a discharge of purulent matter from the puncta. Stillicidium lachrymarum existed, and the conjunctiva of the eye was somewhat injected. The probe being withdrawn, a pair of polypus forceps were then introduced, and with some difficulty I succeeded in grasping and extracting a hard body through the nostrils. Considerable hemorrhage followed, but it was soon checked by the application of cold. The foreign body was of irregular form, rough, about an inch long by half an inch in diameter, hard, brittle, and evidently of a calcareous nature.