She was bled; a draught containing ether and laudanum was given, and some purgative medicine administered. By the following day she seemed almost to have recovered, and remained tolerably well till Friday, October 5th, when at four p.m. she was again suddenly attacked with violent pain in the epigastric region and left hypochondria. In a short time she vomited some bilious matter; the belly became tympanitic, and she complained of much pain in the loins and over the whole abdomen. Her bowels had been thrice open during the day. As the sickness was rather urgent, and the pain most excruciating, she was ordered to take repeated doses of calomel and opium, and some blood was abstracted from the arm. At twelve p.m. there was no abatement of the symptoms; the tympanitic distention had very much increased; the countenance was expressive of great anxiety, and she seemed to be suffering the most extreme agony. The pulse was 136, and very feeble, and the whole body covered with a cold sweat. I took twelve ounces of blood from the arm, which appeared to produce a little relief, and ordered a terebinthinate enema. To continue the opium and have a large blister to the abdomen.

October 6, ten a.m. Has passed a restless night; skin hot; pulse 140, small and feeble; belly enormously distended; pain much aggravated on the slightest pressure; bowels not open since yesterday. To take repeated doses of calomel and extract of colocynth, and have a stimulating injection administered immediately.

Four p.m. Is evidently sinking; says she has no pain; surface cold; pulse scarcely perceptible.

Half-past five. Died.

Inspection twenty-two hours after death.—

An immense quantity of air, with but little odour, escaped upon opening the abdominal cavity. All the viscera were forced towards the spinal column, and seemed to have been much compressed by the confined gas. A few shreds of lymph were observed upon the right lobe of the liver, and the peritoneum, generally, was more vascular than natural. There was a circular perforation about two lines in diameter, through the anterior part of the stomach, near the lesser curvature, and about an inch from the cardia, through which a small quantity of dark-coloured matter had escaped. Internally, around the aperture, the coats of the stomach were much thickened; the margin of the opening was smooth and rounded, and it was clear there had been an ulcer, extending through the mucous, submucous, and muscular tissues, which had cicatrised, leaving no other barrier to the escape of the ingesta than the peritoneum.

The whole of the mucous membrane lining the stomach was much thickened and softened, and one largish patch had a very dark, sloughy appearance. The intestines were not at all distended with air, and contained but little feculent matter. There was no effusion into the peritoneal cavity.

Several interesting cases of this affection will be found related in Dr. Abercrombie's excellent work on the diseases of the stomach and other abdominal viscera. He does not attempt, nor indeed have I anywhere seen, an explanation of the manner in which so large a quantity of gas gets into the peritoneal cavity. I shall not venture to hazard a conjecture about it myself, but should like to learn the opinion of yourself, or some of your intelligent correspondents upon a phenomenon at once so interesting and important.

I remain, Sir, your most obedient servant,
S. W. FEARN.

Derby, Oct, 10th, 1832.

CASE OF
METASTATIC PNEUMONIA.

To the Editor of THE LANCET.

SIR,—If you deem the following case of metastasis from the lungs to the brain, and *vice versa*, followed by complete recovery, worthy of a place in your invaluable periodical, you will oblige your constant reader and obedient servant,

HENRY COWARD.

North Shields, Oct. 9th, 1832.

Richard Wilson, aged 13, of fair complexion, was attacked, December 27, 1831, with every symptom of pneumonia early in the morning after exposure to cold; general bleeding was immediately resorted to, followed by calomel and antimony, with ol. ricini every two hours, until the bowels were opened; the dyspnoea was something relieved until the evening, when it returned with increased severity. Bleeding, both local and general, assisted with the counter irritation of a blister and a mixture of digitalis, squills, and nitrate of potass, every three hours, was exhibited. Some sleep was now procured; the skin became moist, the kidneys performing their proper functions, and the urine depositing a thick sediment; no expectoration. He continued to improve until 10th January 1832, when all the distressing symptoms returned with increased violence, by incautious exposure to cold, with the addition of a troublesome cough; pulse full and quick. He was treated on the same principles as above, assisting with enemata. The symptoms continued increasing until a complete state

of asphyxia was formed; all that could be administered now, was a little wine and water. Suddenly his head became affected, when his breathing was less laborious. He was now enabled to swallow a little milk and water, in fact, metastasis had evidently taken place; he then fell into a comatose state, but his pulse became calmer with moisture of the skin; thirst less; but took any fluid when offered to him. Leeches were applied to the temples, with a blister to the nape of the neck, assisted with a febrifuge and warm-bath. He continued in this state four days, without being able to articulate one word; the power of speech now partially returned, when he mildly asked "What is the matter?" The pneumonic symptoms now returned; difficulty of breathing, increase of pulse, &c., when I had recourse to local bleeding and small doses of digitalis, with the external application of a blister, kept open with ungt. sabinæ. The symptoms were again subdued, and again the delirium returned, and so on alternately for some time, which left him ultimately in a very weak state; but with milk diet and change of air he is now perfectly recovered, and has returned to school, which, considering the alarming symptoms, is more than I anticipated.

TREATMENT OF THE
MALIGNANT CHOLERA
WITH
TARTARISED ANTIMONY.

To the Editor of THE LANCET.

SIR,—I have always, and that in about fifty cases, cured this disease, truly marked by rice-water or urine-like-looking stools, where coldness from exhaustion had not taken place, by giving thirty grains of tartarised antimony, in doses of five grains every twelve minutes; and, three hours after the vomiting hath stopped, following it by about fifty grains of submuriate of mercury. Those so treated have not kept their beds more than two days, and have always followed their business within the week.

After the middle of July, cholera morbus first clearly showed itself in my neighbourhood, when I had two cases, where, having cramps early, I was therefore called in time, and on giving ant. tart. gr. ij, or gr. iv, every twelve minutes till well vomited, and following it in two or three hours after the vomiting stopped with thirty or forty grains of calomel, both got well at once. Looking on the disease in its general bearings as most like fever, I had long made up my mind so to treat it.

Had many about this time, and have had since, having what I have called in my return to our Local Board of Health "warning cases," stools being *thin* only, with nausea; slight cramps of the legs; muddy headach; slightly furred tongue; feeling of tremor on exertion; occasional catches of pain here and there; rumbling or feeling of distention in the bowels; feeling of uneasiness about the præcordia. All these were treated in a similar way, and not one has had the disease to attack them in the decided form.

Cases of the decided form have *watery* stools, either like gruel or rice-water, or of a urine-like look, with white flakes therein; generally there is nausea or vomiting more or less violent, and in some the cramps begin early, but mostly not until the body has been much drained. After the watery discharges have lasted from three to six hours, the cheeks* and extremities begin to get cold.

The next decided case was on July 28th.

Eliz. Vining, aged 40, at Landrake, a village four miles from Saltash, containing about 400 or 500 persons on the top of a hill, where abject poverty is not felt. She was a clean, industrious woman, and had been to Devonport two days before. Was taken at five a.m. with vomiting and purging; saw her at twelve at noon. Face and hands cold and purple, fingers shrivelled, profusely sweating, and would not keep the bedding over her; voice strong but husky; treated as the former ones; and also used strong liniment of ammonia, so as to take off the cuticle in large patches all up and down the back and front of the body. Kept bladders of boiling water to her body, and used friction until she would not bear it any longer. Never had bilious vomiting, but became warmer during the action of the antimony. Ceased to vomit about two or three p.m. Died in 32 hours from attack.

Between this time and Aug. 21st, saw three cold and desperate cases; did nothing for them; two of them died within 24 hours of the attack, and one lived 48 hours.

Aug. 21. Phillis —, aged 40, taken with vomiting and purging at Landrake at five a.m.; and though her sister and sister's husband had died of the disease in the same house, and she had been rebuked for not using in her sister's case the medicine which I had left at Landrake—knowing all this, and well knowing the presence of the disease, still she set out on foot for Devonport. She dropped on the road three miles on, soaked with rain; saw her at nine a.m. cold, and turning blue, and pulse

* The word "cheeks" was inadvertently printed "chest" in a notice of Mr. Littleton's treatment, page 49.