increased; the anxiety of countenance and of manner returned. She begged for chlorform with increasing earnestness. This was administered occasionally, and was the only means by which a temporary mitigation of suffering could be procured. The remittent character of the pulse increased; jaundice appeared; the tongue was not furred, but glazed. The treatment was continued. On the 21st she was much worse; she had lost 6½ pounds in weight; the distention of the stomach was again visible; tympanitis and some effusion in the abdomen. On the 22nd, at eight p.m., she sank. Her dissolution was followed by a return of copious vomiting. The suffering at the stomach, and the distress of breathing and the jaundice gradually became more intense.

Autopsy on the 24th.—The examination was limited to the stomach, liver, and intestines. A considerable layer of fluid in the stomach contained a considerable laver of fat in the stomach, liver, and intestines. A considerable layer of fat in the stomach was composed of nothing but normal tissues—muscular fibres and mucous membrane. The utmost that could be said was, that there was slight hypertrophy of the structures forming the valve. There was some clear fluid in the peritoneum. The lining of the liver was free from any mark of inflammation or adhesions; it was not enlarged or contracted. The colour was pale, the aspect like that of a nutmeg; no in- scised surface presented a similar appearance; the texture was soft and lacerable. On a microscopic examination, scarcely a vessel was found, and the blood in the capillaries was so scarce as to defy the utmost efforts of the microscope to fulfill its normal function could be found. It might be said with truth, that the hepatic cells in every part were full of oil. It is undoubtedly a matter for regret that circumstances prevented a more extended examination, embracing the heart, lungs, and kidneys. A careful investigation of the chest during life leads me to believe that the lungs were healthy. The urine had given no indication of granular disease of the kidney. It is improbable that there was any amount of fatty degeneration of the heart.

Confining our attention to the facts we possess, to what cause can we attribute the development of the sarcina in this case? We may reasonably conclude that the sarcina did not constitute the essential morbid condition. That the administration of sulphite of soda, alkalies, and quassia was attended with success, that the presence of sarcina may, indeed, appear to have been rendered manifest by the vomited matter in some cases described as cases of "serigious vomiting" have owed its green colour to the presence of sarcina? In many cases of green vomiting the colour is undoubtedly due to the presence of bile. In the case I have related, the general appearance of the vomited matter might well have justified the appellation of arruinous. Chemical tests afford the readiest means of manifesting the presence of bile: the microscope alone can afford satisfactory evidence of sarcina. In every case of green vomiting both methods of analysis should be employed.

Whether we regard the sarcina as an accident, as a mere symptom, or as an essential disease, the discovery of its occurrence can only be considered as a suggestive circumstance. In a case as interesting as this, it cannot be said with truth, that the hepatic cells in every part were free from oil. It is undoubtedly a matter for regret that circumstances prevented a more extended examination, embracing the heart, lungs, and kidneys. A careful investigation of the chest during life leads me to believe that the lungs were healthy. The urine had given no indication of granular disease of the kidney. It is improbable that there was any amount of fatty degeneration of the heart.

A sufficient number of cases now exists to show, at least, this much, that the sarcina may be developed in the stomach under a variety of circumstances. Examination of the cases recorded will also show that in most cases it was the result of the administration of sulphate of soda. This had certainly existed for a long period; and it is surprising that such extensive alteration of structure had not long before proved fatal. The slightly hypertrophied condition of the structures forming the pyloric orifice was scarcely sufficient to support the opinion of Dr. Todd, that eradication of the sarcina was the cause of death. The presence of sarcina in the stomach was the occasion of the development of sarcoïd. The thickening observed produced no sensible con- traction; nor was it observed that the stomach was unusually large. A sufficient number of cases now exists to show, at least, this much, that the sarcina may be developed in the stomach under a variety of circumstances. Examination of the cases recorded will also show that in most cases it was the result of the administration of sulphate of soda. This had certainly existed for a long period; and it is surprising that such extensive alteration of structure had not long before proved fatal. The slightly hypertrophied condition of the structures forming the pyloric orifice was scarcely sufficient to support the opinion of Dr. Todd, that eradication of the sarcina was the cause of death. The presence of sarcina in the stomach was the occasion of the development of sarcoïd. The thickening observed produced no sensible con- traction; nor was it observed that the stomach was unusually large.

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IN THE LANCET, for September 3rd, 1853, page 214, you have reported, in the "Mirror," a fatal case of phagedænic ulceration, after bubo, in a patient of Mr. Moore, at the Middlesex Hospital. I beg to submit to your notice a similar instance, which I have recently observed. I have been consulted by a man of the name of W., aged twenty-five years, of a lymphatic temperament, residing in a large town about fifteen miles from this city. The patient, in consequence of some local injury, had a sore of the foot, which he treated with the usual applications, and in the course of some months the ulcer assumed an extensive character. He was afterwards admitted to the chance of contagion he observed a small pimple immediately behind the corona glandis, and near the frenum. As he had sufficient reason to suspect its character he was induced to consult a person to whom he was attracted by perusing an advertisement posted on the walls. This was liberally applied to the sore, and he was supplied with a wash and some pills. This plan of treatment was pursued for a fortnight, when the patient was much improved, the size of the ulcer had diminished, and the patient was again able to work. At this time, however, he began to complain of swelling, stiffness, and
soreness about the groin, from the effects of which he felt considerable inconvenience in moving about. For this he was directed to rub in blue ointment on the part, and to persevere in the use of the lotion and pills. The symptoms of the bubo had the superintendence of extensive works, and a number of workpeople under his charge and direction.

The chancre was at this time almost the patient's own words on his first calling to consult me, given to me in almost the patient's own words on his first calling to consult me. From the period of the giving way of the abscess the wound began to extend rapidly: in consequence of that, together with the pain experienced, the increasing bodily indis-

The above is a succinct history of the case, given to me in consultation, and accordingly the following day he did so. After examining the case, and being informed of the treatment that had been adopted, he gave it as his decided opinion that nothing short of the hot iron would prevent the patient suffering so dreadfully, to try, nearly worn out by suffering, at once assented; consequently it was done at once, and afterwards the parts covered with pledgets of lint, spread with cerate, composed of two parts of the nitric acid, twelve grains of Dover's powder, at bed-time. To the ulcer, the nitrate of silver, an opiate lotion, and poultice of linseed-meal. To give the symptoms and treatment of this protracted case in extenso would be tedious. Suffice it to say that he took the compound decoction and extract of sarsaparilla, the mineral acids, quinine, opium, and various preparations of iodine; to the wound were applied the strong nitric acid, muriate of antimony, the balsam of Peru, preparations of the phagedænic ulceration re-commencing, which spreading of the ulceration arrested, discharge more healthy, surface of the wound granulating, and cicatrization in some parts commencing.

In a few days subsequent to the above report, there were appearances evinced at three points, the edges of the wound, of the phagedenic ulceration re-commencing, which were, however, speedily changed on the second application of the cautery.

In the next place, to observe the rapid reparation of so great an extent of mischief. Granulation and cicatrization went on so quickly, that in the course of a few weeks the wound was reduced to little more than the size of a crown-piece, when the membraneous process became suddenly arrested; the ulcer now became of an indolent character, with thickened edges, its surface shining, and of a pale colour, and it was not before the lapse of several months that it became entirely healed. The patient, at that time, I saw he was in about two years after his recovery; he was then in excellent health, but the appearance of the groin was somewhat forbidding, from the extent of cicatrix, puckering of the integument, and two or three extensive hard swellings. In the month of February, 1848, on leaving the shores of England for Canada, I determined to test the efficacy of the papers of Dr. Ayre, of Hull, published in the second volume of The Lancet for 1848, to adopt the plan of treatment in cholera which had proved so eminently successful in his hands — namely, that of small and repeated doses of calomel: in one of the cases published in the August number of that periodical, he had reported body, which were liable to crack and ulcerate from very trifling causes.


ON THE SUCCESSFUL TREATMENT OF CHOLERA, IN CANADA.

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