colour. This portion of the tube was about fourteen or sixteen inches from the caput cæcum coli, and was found to be tied down very tightly by one or two bands like a thin cord, exceedingly firm and resisting, which included the above-mentioned knuckle of intestine, and was situated on the right side and below the umbilicus. It appeared as if the bowel had become twisted over these bands, which most effectually closed the canal against the passage of any liquid through it; the middle and internal coats were ulcerated, leaving little more than the peritonæal. The intestine within the stricture was much thickened, and that part on the stomach side was inflated with air; but the portion nearer the cæcum was quite empty, and much congested even to the cæcum. The stricture was so tight that it was quite impossible to draw the intestine without laceration; and in order to liberate, it was divided with the scalpel. The internal ring was examined, and found quite free from any intestinal adhesions.

There was no doubt in my mind that the whole mischief resulted from an internal strangulation of some portion of the intestinal canal, (and that opinion was, previously to death, communicated to the friends.) From the free passage and retention for an hour or two of the large injection, as well as the fæculent escape of matter, I was pretty certain that the colon was not implicated, and consequently the obstruction must be in the small intestine. It was, moreover, evident that the femoral hernia had nothing to do with it, as it was never in an irreducible state, the patient being able to return it herself without any difficulty. In the case reported by Dr. Bird and Mr. Hilton, the intestine strictured was the ileum, and about the same distance from the cæcum; the adhesions also were many of them of long standing. The stricture in their case was by a circle formed by another portion of intestine, and maintained in this form by strong adhesions; in the present case, it was solely by strong adventitious membranous bands. In both cases the intestine on the stomach side was distended, and quite empty on the cæcal; this is of importance in cases when operations are being performed, and enables the surgeon to follow up from the empty part the seat of the obstruction; but even in the dead subject this was not done without some difficulty and delay. The convolutions being distended with air completely hid from view the strictured portion, which was fixed behind, firmly, to the right lumbar region, immediately above the sacrum. The secretion of urine in both cases was abundant; but the particular character of pain, mentioned by them, (Dr. Bird and Mr. Hilton,) by a slight dragging or giving way on the right side, "corresponding to the seat of stricture, was not noticed in the present case. The patient complained of the pain as being "dull and heavy," not lancinating or twisting. It is questionable whether purgatives or even the metallic mercury given, were not rather injurious than otherwise; both would produce inflammation when the stricture was impassable, and the mercury, with an ulcerated condition of the coats, might cause immediate rupture by gravitation. Large and repeated injections of bland liquids appear to be the most feasible. I conceive the above is one of those cases in which an operation might, if performed early, have been attended with success. The point of obstruction was the knuckle of intestine within the stricture, which could only be relieved with the knife; the recent effusion of lymph and the adhesions of the convolutions of intestines were consequent upon this stricture. The bands were no doubt of long standing, and would continue, as previously, to produce little inconvenience, if not interfering with the contents of the bowel, which was not the case, except in the part alluded to above, where they were the result of chronic peritonæal inflammation under which she had suffered, and was mistaken by her for indigestion. There was about one pint and a half of bloody serum in the peritonæal cavity.

Nottingham, April, 1848.

ON THE APPLICATION OF POULTICES.

By ALFRED MARKWICK, Esq., M.R.C.S. &c., London.

THE remarks of M. Velpeau on poultices, contained in a late LANCET, being, I conceive, somewhat at variance with the now very general opinion of medical men in this country, I am induced, as the introducer of the spongio-piline, to solicit a short space in your journal for the purpose of substantiating the statements I have therein and elsewhere made relative to this material as a means of applying warmth and moisture.

M. Velpeau states, that "it was believed at one time that poultices were useful merely in virtue of the water they contained, and that if water were kept on the affected part, the same end would be gained as when using a poultice," from

which, and from his giving the preference to linseed-meal, "because it imbibes liquids thoroughly, and contains a certain proportion of very sweet oil, which is not to be found in any other meal," I infer that he considers this opinion to be no longer current, and that the effects produced by these remedies are partly due to the fæculent matter of which the body or corpus of the poultice is formed. In my descriptions of the spongio-piline, I have stated, on the authority of several distinguished writers, that warmth and moisture, whether simple or medicated, are the only active ingredients in a poultice, and that the bread or linseed-meal &c., instead of increasing their soothing and relaxing action, tend, by the irritating qualities they acquire, to destroy them. Thus Dr. Copland remarks, that "fomentations and poultices containing emollient, narcotic, or other medicines, are efficacious, not merely by the moist warmth they afford, but in a great measure by the impression made upon the nervous tissue by the particular medicinal substances they contain;" and that "moist heat employed in various ways is the principal agent by which the physician or surgeon is able to diminish the tension of rigid and unyielding tissues, lessen pressure on sensitive parts, and produce an emollient and soothing effect."* Sir Astley Cooper, after illustrating the sedative effects of heat and moisture by what happens when a person takes a warm bath, observes, "Here, then, is direct proof of what heat and moisture can do when they are applied generally; and when used locally, their action on the part is precisely the same;"† while the late Professor Liston says, that "heat and moisture are the qualities by which a poultice produces its soothing and beneficial effects."

Supposing, then, these views to be correct, it is evident that warmth and moisture should be applied as directly as possible to the skin, in order that they may produce their requisite beneficial action. Can this be done with the ordinary poultice? I maintain that it cannot. Take, for instance, the linseed-meal poultice to which M. Velpeau gives the preference, and see what is the condition of the fluid it contains. Is it free or combined? Is it not so intimately blended with, in fact, absorbed, or, as M. Velpeau happily expresses it, imbibed by the meal, as to be prevented from coming into this close contact with the cutaneous surface? Can it be done with the spongio-piline? I am prepared to affirm that it can, and for the two following reasons:—1st. It is merely an absorbent, and has no tendency to combine with or clench up, as it were, the fluid with which it is impregnated. 2ndly. It is spongy in its texture, and therefore allows the moisture to gravitate towards the surface on which it is applied.

The next remark to which I wish to refer is as follows:—"A 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," and "as for decomposition, it is rare for it to come on before twelve hours, at least, are elapsed, so that changing twice a day is quite sufficient." That a poultice first yields its own elevated temperature to the part upon which it is placed, I am prepared to admit, but I am not prepared to agree with the talented French surgeon in the opinion which, from the above remark, he evidently entertains—viz., that at the end of the twelve hours the poultice possesses the same soothing and relaxing properties as at the commencement. Experience, in fact, tells us to the contrary; moreover, we have in opposition to this the following statement of the late Professor Liston. He says, "The question has been suggested—How long does a poultice continue to be the bland, inoffensive, and soothing epithem, as when first applied?" The answer he gives is, "Only for a very short period after its application;" in fact, so prejudiced was he against it, that the very name even of a poultice he considered to be "associated with putrefaction and nastiness."

The spongio-piline, on the contrary, he was well pleased with; he found it to be perfectly free from the slightest tendency to decomposition, besides being clean and comfortable to the patient, retaining its warmth and moisture for a much longer time than any cataplasm.

In making these observations, I wish it to be understood that I am stating nothing but what is fully borne out by the experience of numerous medical men, who have testified to the efficacy of the material in question, and that I am actuated by no other motive than a desire to bring under the notice of the profession, what I believe to be a more convenient and efficacious mode of applying moist heat to the surface of the body.

Langham-place, Aug. 29th, 1848.

* Dictionary, vol. ii. p. 416.

Lectures on Surgery.