she commenced the use of this, and from no one, nor from all successively tried, did the slightest benefit accrue.

I find much discrepancy of opinion concerning the kind of oil most medicinal. The kind used in the above case was the fine, clear, white oil. It cannot be procured for less than one dollar a pint. The colored, coarse oil, at about half this price, or less, I have not recommended, because but few stomachs could bear it without nauseating, when continued for the length of time necessary. The effect of the other, instead of nauseating, is to improve the appetite, and the digestive and assimilating functions; hence it ought to be preferred in all cases. It is to be apprehended that the high price of it will lead the dishonest to making an inferior imitation, that can be sold at a cheaper rate. In cases of this kind, as in many others, the cheap article is dearest in the end. I am trying it in three other *hopeless* cases of consumption, in which all other means have failed. They are all improved, but what will be the result time must develop. They have not taken enough yet to know what it will do. They all find an improvement in the appetite, and two of them express themselves as increasing in strength; their fevers and sweats are diminishing.—*American Journal of Medical Sciences.*

COLIC, WITH OBSTINATE CONSTIPATION AND STERCORACEOUS VOMITING—RECOVERY.

BY JOHN P. DROMGOOLE, M.D., OF RUTHERFORD CO., TENN.

ON Sunday, the 15th of October last, I was called to see Mr. T. C., whom I found laboring under, what I thought a severe attack of cramp colic, which came on soon after supper the evening before. His pulse was 90 and full; tongue coated with fur; complexion bilious; complaining of very severe pain in the region of the colon; bowels costive; surface of body cold and clammy; no swelling in the region of the pain; no tenderness upon pressure. I gave him 25 grains calomel, combined with 15 grains jalap, hoping it would produce an evacuation from his bowels, and relieve them from their irritating contents.

About 12 o'clock that night I was again called to him in great haste, and found all the symptoms much aggravated, his medicine not having operated. I gave him 15 grains of jalap, and 20 grains of calomel, followed by senna tea, which proved equally ineffectual. The pain being so excruciating I gave him morphia, and used at the same time hot fomentations, hot salt, hot ashes, friction, &c., over the seat of pain, but all without any material abatement of the symptoms.

16th.—Patient no better; symptoms even more alarming; vomits up large quantities of bile; medicine has produced no effect. I gave him large quantities of ext. colocynth in the evening, followed by castor oil, senna, manna, gamboge, &c., without producing any effect upon his bowels. Just before night, ordered several simple injections, but with no better results. Same night ordered injections of ext. colocynth, manna, olive oil, spts. turpentine, &c., but to no advantage.

17th.—Patient's stomach very irritable; vomits something which very much resembles coffee grounds. Warm bath used, but with no relief to the symptoms. Blister to the epigastrium; and venesection, under which his pulse became frequent and feeble. Towards midnight he became almost pulseless, his eyes sunken; surface bedewed with a cold, clammy perspiration; very great pain in abdomen; convulsive movements of the limbs and body. Under stimulants he rallied a little before morning.

18th.—Medicine has produced no effect on his bowels. The only medicine now used is morphia and opium. In the evening he commenced vomiting large quantities of stercoraceous matter, which increased till about 11 o'clock at night, at which time, while vomiting, he had an evacuation from the bowels.

19th.—Patient much better; pain greatly alleviated, yet stomach very irritable; vomits everything taken into the stomach, except small doses of sodaic powders.

20th.—Complains greatly of his stomach; very much pain; pulse 100, full and strong; tenderness in the epigastrium. I applied a large blister over the region of the stomach, gave mucilaginous drinks, sodaic powders, &c.

22d.—Patient much better; slept a little; stomach not so irritable; pulse 80 and not so full.

23d.—To-day his abdomen became very tender upon pressure, and somewhat swollen; very offensive dejections from bowels. Applied a blister over the whole abdominal surface; mucilaginous drinks; sodaic powders.

24th.—Patient is much relieved.

25th.—Urgent diarrhœa commenced, and threatened to carry the patient off. Dejections watery and offensive; tongue foul; pulse 110 and weak. Administered calomel, chalk, acetate of lead, opium, kino, galls, &c.

26th.—Diarrhœa unabated, and stools have become bloody; bleeding also from the gums and nose; bloody urine; involuntary discharges; extensive exhaustion. Ordered one grain nitrate of silver every hour for six hours.

27th.—Patient feels much better, though very weak and almost pulseless; diarrhœa arrested; tongue becoming clean; some pain.

28th.—Typhoid symptoms came on. Active and immediate stimulation resorted to and persevered in till the 30th, at which time he was a little better.

30th.—Pulse 90, weak and regular; tongue a little coated and red on edges; some appetite; complains greatly of his back; abdomen sore; bowels too loose, but checked by the chalk mixture.

Patient has been gradually improving ever since, and is now walking about, though still feeble.

The above is certainly a remarkable case. The first question that naturally arises, is as to its pathology. What was the nature of the obstruction? Was it spasm, a stricture, a hernia, some foreign body in the bowel, or

was it intussusception? I confess a satisfactory answer has not suggested itself to my mind. Recovery has seldom taken place under a more alarming combination of symptoms—stercoraceous vomiting, convulsions, involuntary evacuation of bowels and bladder, bloody urine, and hemorrhage from the nose and gums. It may admit of doubt whether the active medication in the first stage of the disease was not prejudicial, and had not some agency in the development of the train of symptoms that succeeded. I should resort earlier to the lancet in a similar case, and, from the increasing testimony in its favor, should certainly make trial of chloroform as an anodyne, instead of relying upon morphia and opium. The doses in which I administered the nitrate of silver were large, but the result seemed to justify the practice; for the diarrhœa, which had proved intractable under all the ordinary astringents, yielded promptly to this remedy.—*Western Journal of Medicine and Surgery.*

PUERPERAL PERITONITIS AND HYSTERITIS, SUCCEEDED BY PHLEGMASIÆ DOLENS.

BY D. B. TRIMBLE, M.D.

Mrs. A., aged about 28 years, of a leuco-phlegmatic habit, was delivered of twins, after a tedious labor, on the 15th of July. I had been called to see her three times within the preceding month: the first time, on account of severe cephalalgia, of an intermittent character, accompanied with some uneasiness in the loins. Her pulse being pretty full, I took about 12 ounces of blood from the arm, and in about an hour after the pains in the head ceased, and became regular in the back. After remaining a considerable time, and finding the os uteri undilated, I administered an opiate and left her. The pains in the loins gradually abated, and next morning she appeared entirely relieved. Twice after this, at intervals of a week or ten days, she sent for me, when the uterine contractions were so strong and regular as to induce me to think that labor had commenced, the os uteri being slightly dilated. On the 15th of July she was delivered of two boys, and though the labor was tedious, there was no difficulty in removing the secundines, and she appeared to be doing well up to the 20th, when she was taken with severe pain in the uterine and abdominal region, and when I saw her (about 12 o'clock, M.) I found her suffering severe pain, particularly in moving, or on pressure in the abdomen, which was considerably tumefied. The lochia was entirely suppressed, and the secretion of milk diminished; retention of urine, and the pulse fuller and more accelerated than usual. I bled her freely, administered a full dose of ol. ricini, and had warm stimulating fomentations applied to the abdomen. At 6 o'clock, I called again; the swelling of the abdomen had greatly increased, together with the tenderness; there was considerable dyspnœa; the pulse was soft and small, but frequent. She was reclining, with her shoulders elevated, her knees drawn towards the body, so as to relieve the tension of the abdominal muscles; she was larger than before her delivery;