evinced my respect for the object of the institution, as well as the gentlemen who compose the medical department, by answering the several interrogatories contained in the circular, and shall hereafter communicate any fact, case, or other information likely to be interesting to the cause of science or to themselves. The institution has my most cordial good wishes.

Very respectfully yours,

Warrenton, Va., Feb. 23, 1843.

F. HORNER, M.D.

NOTE.—The basis of much of the disease of this region of country is unquestionably the strumous diathesis—the manifestations of which have declined in frequency and force of late years, in general, in consequence of the improvement and increased variety of solid comfort, i. e., subsistence, clothing, or accommodation, or all combined, except during seasons peculiarly changeable or inclement, or such as follow upon the heels of such seasons, and partake more of their changeableness than their inclemency. This was the case last year, 1842, which followed several unusually severe winters, and was less inclement than changeable itself. The whole year was very fruitful in glandular affections of many varieties. This diathesis seems to be the offspring, in many families, of hereditary digestive disorders. Phthisis is not very common in this population. The cases which we do meet with are among the scrofulous or their children, or the grandchildren of dyspeptics afflicted for years with hereditary diseases of the digestive organs—and transmitting glandular or pulmonary disease to their children and grandchildren.

F. H.

COLON STRANGULATED BY THE MESO-COLON.

By Gilman Davis, M.D., Portland, Me.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 13th Oct., 1843, was called to Anson Robison, Esq., æt. 26, merchant. I found him complaining of violent pain, not constant, but paroxysmal, and referred to the epigastrium. There was no tenderness on pressure over any portion of the abdominal surface, no thirst, and the pulse not accelerated; the bowels constipated, and had been so for some time. The most remarkable symptom was a tonic rigidity of the abdominal muscles. On applying the hand to the abdomen, the muscles were felt to be literally as firm as board, in a perfect tonic spasm, and yielding to no pressure. Colocynth, calomel and hyoscyamus were given internally, conjoined with morphia and repeated injections. After three days the symptoms yielded, but there was pain, and rigidity of the recti and other muscles remaining for several days. The relief began as soon as an evacuation from the bowels was procured.

On the evening of the 5th of May, 1844, I was again called to see Mr. Robison. He had enjoyed moderate health in the interval since I had last attended him, but had been troubled by constipated bowels. During the latter part of the time, he was observed to place his hand frequently during the day, on the hypogastrium, as if in pain, and during

the last week had repeatedly said to a member of the family, that he could obtain no evacuation from his bowels. There was a very small discharge, however, two days previous to my visit. I found him complaining of great pain, as in the previous attack, but with much less of the muscular rigidity; the pain, as before, coming on in paroxysms. There was now superadded to the previous symptoms, constant vomiting, the smallest quantity of fluid being instantly rejected, and the effort of vomiting increasing the pain. There was *no* thirst, *no* pain caused by the firmest pressure on the epigastrium or other parts of the abdomen, and the pulse not perceptibly accelerated. His pain he referred to the epigastrium, placing his hand directly below the sternum, and repeatedly said there "was a stoppage there," and that "he should feel better if he could only have an evacuation from his bowels." There was no appearance of hernia. There was a remarkable restlessness and nervous agitation, as much as I ever before saw.

The same medicines were given as before—calomel, colocynth, hyoscyamus, morphia, and injections. Between 11 and 12 o'clock that night, there was a slight alvine evacuation, but it afforded no relief. Hot fomentations with hops enclosed in flannel bags were kept constantly applied. The morphia afforded slight temporary relief. There was no vomiting of *fæculent* matter at any time.

He remained in this state Monday and Tuesday, during which I visited him four times a day. On Tuesday night, at 11 o'clock, I visited him, and the symptoms had not changed; still no tenderness and no apparent acceleration of the pulse, though I examined carefully and often, and with surprise. It was evident there was some internal strangulation, and that it must end fatally. On Wednesday, at my morning visit, I found a great change—a Hippocratic face, the pain much less, and the pulse between 130 and 140, and so feeble as to yield to the slightest pressure. He was also thirsty now, but the smallest quantity of fluid was rejected generally, though he had swallowed and retained a very little broth. There was extreme restlessness and jactitation, the patient going repeatedly from one room and one bed to another.

He remained in this state till evening; the extremities then became cold, but he lingered till the next day (Thursday) and died at 12 o'clock, noon. For hours before death the limbs were icy cold, and no pulse, and the most incessant restlessness, the poor sufferer rising up in bed with a look of indescribable anguish, and then falling back faint and apparently dying. I remained with him from Wednesday noon through the night, and until his death, with the exception of an hour and a half on Thursday, when I was obliged to leave him.

On the following morning I opened the body. The stomach was empty, with considerable ecchymosis; the gall-bladder fully distended with dark bile; the intestines filled with gas, and a little fluid *fæcal* matter. In the hypogastrium appeared a large knuckle of intestine, of a deep port-wine color. I removed the whole with great care, and found this knuckle to be composed of thirteen inches of the colon, strangulated in an aperture in the meso-colon, the aperture being about the size of an American quarter of a dollar. From the strangulated part of the colon

to its termination in the anus, it measured four feet. I need not add that the portion included in the aperture was in a complete state of mortification. The aperture was round and with even edges, with no appearance that could lead to any reasonable conjecture as to its formation; nor could I learn that the patient had ever had any severe fall or blow upon the abdomen.

I know of no similar case. In the two cases recorded by Sir Astley Cooper of mesenteric and meso-colic hernia, in the last edition of his work on Hernia, the bowel was contained in a sac formed by the intestine protruding itself through one layer of the peritoneum forming the mesentery, separating the two layers, and remaining enclosed between them. In this case the aperture was through the entire thickness of the meso-colon, and through this thirteen inches of the colon had passed and become strangulated.

DENTISTS' EXTRACTING FORCEPS.

[Communicated for the Boston Medical and Surgical Journal.]

THE very great amount of disease and pain occasioned by constitutional imperfections of the teeth, and the neglect of appropriate and seasonable attention to them, is a subject always deserving our serious consideration—and especially when we have anything to present which will in some good degree diminish the suffering that is too often occasioned by the maladies to which they are subject, or the mal-treatment which they receive from various sources.

The introduction of suitable forceps for the extraction of teeth, has already diminished the amount of human suffering in these operations to an extent which can only be estimated by those of the profession who have long been familiar with dental surgery, or by patients who have repeatedly experienced the effects of the old and the new mode of operating—have writhed under the grinding fulcrum of the German key and pelican, or have had their teeth crushed by the *ancient*, or even modern, rudely-made pincers; and after this, have been separated from tooth and toothache by the dextrous application of well-constructed forceps.

About twelve years ago I had so far succeeded in improving these instruments by a perfect adaptation of their jaws to the various forms of the teeth, that I found they could be used in all, even the most difficult cases, and with a degree of satisfaction, both to patient and operator, which could not possibly be obtained from the old-fashioned instruments above mentioned.

After a full and fair trial of them, I published an account of the result in your Journal, with a plate illustrating the application and advantages of each instrument, stating at the same time, that by them, the use of the old key, &c., had been entirely superseded in my own operations.

I had full sets of them made, not only for my own use, but to supply many gentlemen of the profession whom I requested to give them a fair trial. The result has been, that they have been used and approved in all