persisted in, I believe that dangerous symptoms might have taken place.

The immediate cause of strangulation in the mouth of the sac is sufficiently obvious. Subjected to frequent distension and stretching as it is, especially in old cases like this, where escape has been a common occurrence, and pressed upon constantly by an irritating truss, the serous and sub-serous arcolar tissues at the point of exit through the internal ring, where they have the least freedom for expansion, become thickened and indurated, entirely losing their elasticity; so that if the amount of escaping abdominal contents be unusually large, or the ordinary hernia become accidentally congested and swollen, strangulation is inevitable. Then of course, when taxis is attempted, if there be no impediment in either natural opening, and none in the canal, the whole force used must be exerted upon the peritoneal attachments around the neck of the sac, and tend directly to separate that membrane from the inner surface of the abdominal walls, thus forcing an artificial lodgment for the sac and its contents between the peritoneum and fascia transversalis. I suppose that in this case it was the elastic yielding of this thickened peritoneum around the orifice of the true sac which permitted a partial and deceptive reduction, and which also caused the *springing* re-appearance when pressure was removed.

A careful study and discrimination of the *nature of the resistance*, when the reduction of hernia is difficult by taxis, is a sufficiently obvious lesson to be derived from this and similar cases. I am inclined to call attention to a single other circumstance in connection with the case. There was *no local pain*, notwithstanding the severe constriction. In a fortnight after Mr. F.'s case came under my notice, I was called into a neighboring town to see a gentleman whom I found very near his death, as was, and had been supposed, from a severe attack of "bilious colic." A strangulated femoral hernia, as large as a walnut, was found in the right groin. *No local symptoms* of any description had called the attention of physician or friends to that vicinity, and the patient died before any surgical remedies could be attempted.

Worcester, February, 1857.

PERITONITIS FROM PERFORATING ULCER.

BY W. B. CASEY, M.D., MIDDLETOWN, CT.

[Communicated for the Boston Medical and Surgical Journal.]

ON Friday, January 30th, at 4, P.M., I was requested to meet Dr. Charles Woodward, a highly respectable physician of this place, in consultation upon the following case.

E. A. R., æt. 33, tall and of rather spare habit, dark hair and eyes,

unmarried, belonging to a family of decidedly strumous diathesis, regular and temperate in every respect, had been "ailing" for about a fortnight, and had consulted Dr. W., some twelve or fourteen days before, on account of some "dyspeptic" difficulties. He then went to New York on business, and on his return, a few days after, complained of having taken cold, and again requested Dr. W.'s advice. The doctor prescribed appropriately for the symptoms, and the patient appeared to be improving, until Wednesday, 28th, when having eaten heartily, he was attacked in the evening by rather a sharp diarrhœa; this yielded readily to simple treatment, but towards morning, Thursday, 29th, he was seized with severe pain in the bowels, but did not send for Dr. W., who, however, visited him soon after breakfast. Thursday night, he was restless and feverish, but yet went down stairs to breakfast on Friday morning, and remained below in spite of the doctor's advice, until about 3 o'clock in the afternoon, when feeling more unwell, and having a violent but short accession of pain, he again sent for the doctor, and was now persuaded to undress and go to bed. Dr. W. soon saw him, and not liking the aspect of the case, desired a consultation. I may as well state here, that Dr. W. had frequently examined the bowels through the patient's clothing, and had never been able to elicit much, if any, complaint of pain from pressure.

At 4 o'clock, P.M., I found Mr. R. in bed, with a soft, small and frequent pulse, 140 per minute, which an hour later had fallen to 135; tongue slightly red and dry at the tip, and somewhat furred; countenance anxious; voice weak; extremities inclined to coolness; urine scanty and high colored—almost red. The abdomen was moderately puffed up below the umbilicus, and at the right side, over the caput coli, there was some rigidity and an obscurely-defined swelling; *very little pain or soreness upon pressure*. It at once struck me that serious mischief had taken place, but as the patient was somewhat excited by the fact of the consultation, and considerably fatigued by the exertion of ascending a long stairway and undressing, both Dr. W. and myself, in spite of our fears, tried to put a more favorable construction upon the symptoms; and in the hope that there might be merely some intestinal obstruction (notwithstanding the previous diarrhœa), with perhaps some inflammation of the mucous coat, we prescribed enemata of oil and turpentine, applied a blister to the abdomen, and ordered morphine with brandy to be given once an hour. Another consultation at 9, P.M., was agreed upon; and by that time the nature of the case had become perfectly clear and unmistakable. The pulse had run up to 160, the extremities were cool, the forehead bathed in sweat, respiration beginning to be hurried, great restlessness, and increased anxiety of countenance. The abdomen was somewhat more swollen and tympanitic, but not

above the umbilicus. Dr. W. and myself agreed in the opinion, notwithstanding the obscurity of the previous symptoms, that it was a case of perforating ulcer, and so expressed ourselves to the family, announcing to them, at the same time, the fact that death was speedily approaching. The patient, also, was informed of the utter hopelessness of his case, and he thereupon calmly prepared himself to meet the final struggle. His senses remained clear and unimpaired until a few minutes before his death, which occurred about half past three, on Saturday morning, 31st.

Autopsy, twelve hours after death.—Present, Drs. Woodward, Barratt, Burke, Dummer and Casey. Cadaveric rigidity not marked—emaciation not very great—tympanites, or puffing, moderate.

The abdomen being opened, the intestines presented a very bright red color, and were extensively agglutinated, on the right side, by recently-effused lymph; considerable reddish-colored serum in the cavity; omentum thin, and pushed over to the left side. On tracing the small intestine to its junction with the large, a perforation, large enough to admit an ordinary lead-pencil, or pen-handle, was discovered about two inches from the ileo-cæcal valve; in the appendix vermiformis there was a lump of hard, dark-colored faecal matter, about the size and shape of a small bush bean. On removing a portion of the intestine, extending some inches above and below the perforation, splitting it open and washing it, it was found that an ulcer had worked its way through the intestine; the margin of the perforation was smooth, dark-colored, and glandular; and in its immediate vicinity were some ten or a dozen patches, composed evidently of tuberculous matter, from the size of a small pea to that of a half dime, in various stages of softening and excavation.

The object of the autopsy, viz., the verification of the diagnosis, having been attained, and darkness coming on rapidly, it was not thought advisable to extend the examination. The stomach, liver and other parts in sight, judging merely from their external appearance, were healthy.

There are some points in the history of this case which appear to me worthy of notice—viz., the almost entire absence of pain upon pressure; and the very slight or circumscribed swelling of the bowels after the occurrence of the perforation, which must have taken place just about twelve hours before death. I should also state another fact which I have omitted—the entire absence of nausea and vomiting. Louis, Chomel and other pathologists have laid great stress upon the sudden supervention of abdominal pain, the exasperation of that pain by pressure, the occurrence of nausea and vomiting, and of extensive tympanitic swelling, as diagnostics in the lesion under notice. But in the case here related, the pain which followed the occurrence of perforation, though severe, lasted but a few minutes, and was not exasperated by pressure. There

was no vomiting and scarcely any nausea, merely a little eructation of "wind" or gas; and the swelling of the belly was very slight, not extending at all above the navel—the rapid fatality of the case, however, may account for this last fact.

The patient had been able to attend to his business, and take several journeys, until within a few days of his death, and though "ailing" for some weeks, his symptoms were too slight and indefinite to excite any alarm, or suspicion even, on his own part or on that of his friends. That the disease was entirely tuberculous, or scrofulous, there can be no doubt at all.

NOTE.—The Secretary of the "Boston Society for Medical Improvement" will remember a somewhat similar case, where death resulted from a perforating ulcer in a phthisical patient, whom we both saw in London in 1850.

FATAL EFFECTS OF NEW ENGLAND RUM, IN AN INFANT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Thinking the following case may be of sufficient interest to be inserted in your Journal, I place it at your disposal.

J. SEAVERS.

Jamaica Plain, February, 1857.

I had been attending a Mrs. McA. with an attack like colic. On the 22d inst. called at 5, P.M., and found her relieved. Her husband was lying on the bed, apparently stupid from the effects of liquor, but she excused him, saying that he was worn out by taking care of her. Next morning, on calling, I found her sitting up in bed and holding in her arms a child two years old, who seemed asleep. She declared herself better, but that the child required my attentions.

On inquiry, she reported that she had by the side of her bed a tumbler containing rum, sugar and water (put there "to wet her hands with when she was faint on getting up"); that the child, being unwell, feverish and thirsty, about day-break cried for it; that she could not rouse her husband to get it water, as he slept so heavily, and that finally, to quiet it, she gave it the tumbler, thinking it would not like the taste, but to her surprise it drank the whole, and soon fell asleep. In a few hours after, being somewhat alarmed, she gave it some melted butter to make it vomit, which it did a little and roused up also, but had since been as I saw it.

She said that the tumbler (rather a small one) was about two thirds full of the mixture, and that in it was only about two spoonfuls of rum, "such as you bathe in,"—the spoon indicated being one between a dessert and table spoon, which would hold perhaps three drachms: furthermore, that the child had frequently drank a little spirit; and that last summer, when ill, it took, by the advice of a physician, a half-pint bottle of porter daily for several months,