is so much fat in and about the chest, that the lungs are scarcely capable of long-continued laborious action; and lastly, and most of all, as the circular chest cannot enlarge to any great degree, and yet purified blood must be supplied, what cannot be done by increase of surface must be accomplished by frequency of action, and thence comes inflammation or disorganisation.

The narrow-chested Horse subject to Inflammation.—It is worse with the narrow-chested horse, who has scarcely capacity of the thorax sufficient for ordinary exertion; and who is not only deficient in that which gives the power of action to the muscular system, but in that system itself. Five out of six of those who perish from inflamed lungs are narrow-chested animals; and I would almost venture to affirm, that nine out of ten of those who are lost in the field, after a hard day's run, are horses whose training has been neglected, or who have no room for the lungs to expand. We learn hence the most important of all points in the conformation of the horse. An elevated wither, or oblique shoulder, or powerful quarters, are great advantages, but that which is most of all connected with the general health of the animal, and with combined fleetness and bottom, is a deep and broad or swelling chest. After all, however, the arch of the ribs is far less marked in all the mammalia than it is in man, and the comparative lengthening of the sternum is in all of them remarkable.

Evil of tight Girthing.—If a chest that cannot expand with the increasing expansion and labour of the lungs is so serious a detriment to the horse, everything that is more than is absolutely necessary, interferes with the action of the intercostal muscles and is carefully to be avoided. Tight girthing ranks among these, and foremost among them. The tightness with which the roller is buckled on in the stable must be a serious inconvenience to the horse; and the partially depriving those muscles of their power of action for so many hours in every day, must indispose them for labour when quicker and fuller respiration is required. At all events, a tight girth, although an almost necessary nuisance, is a very considerable one, when we require from the horse all the exertion of which he is capable. You have perceived the address with which, by bellying out the chest, the old horse renders every attempt to girth him tight comparatively useless; and you have observed when a horse is blown, what immediate and great relief ungirthing him has afforded, by permitting the intercostals to act with greater power. So easy and effectual a method of relief will not be neglected by him who values the services of his quadruped dependant. If half what is now af-

firmed of the self-adjusting elastic rollers be true,—if they will retain the saddle secure, yet not interfere with the action of the intercostal muscles, they will constitute a valuable addition to our horse furniture, and no person of humanity will be without them.

CASE OF MELÆNA

TREATED WITH THE OIL OF TURPENTINE.

Strongly illustrating the Efficacy of that Medicine in the Disease.

By GORDON JACKSON, M.D.

Lic. K. and Q. Coll. of Phys. in Ireland,—Grad. in Med. Univ. Edin.—M.R.C.S. Lond.—and one of the Phys. to the Sick Poor Inst. in Meath St. &c.

Mr. James Humble, æt. 52, married, residing at Irishtown.

May 5. Six days ago he was seized, in the evening (as he expresses it), with a swimming in his head. The following morning, May 1st, he took a saline purgative, after which he passed a quantity of dark, pitchy-coloured matter from the bowels; four similar dejections occurred on that day.

2. Three dark, pitchy, alvine, discharges.
3. No evacuation from the bowels.

4. Two stools; the first natural in colour, the last dark in colour.

For the last three years he has been, at intervals more or less distant, liable to much epigastric uneasiness, continuing without intermission for a few hours, and in general occurring after meals. He states his general habits to have been temperate, although his profession is that of a sailor, a class of persons nowise remarkable for temperance. For the last two years he has been attached to the royal yacht, as boatswain. He has never had the ague, or dysentery, notwithstanding his long residence in warm climates, particularly in the West Indies. There is no abdominal swelling, and he can suffer pressure over the several abdominal regions with impunity. He has been taking pills composed of blue pill, calomel, and antimonial powder, under the direction of his family apothecary. Pulse at present is 104, soft, and small; tongue furred; countenance hepatic; skin yellow; emaciation considerable.

℞ Calomelano, gr. xii;
Pulv. ipecacuanhæ, gr. vi;
Opîi, gr. iij, extracti taraxaci q. s. ft. pil.
xij, st. j nocte, maneque.

May 5.—℞ Sulph. magnesicæ, ʒiiss;
Acidî sulph. dil. ʒij;
Aquæ fontis, ʒxvi; M. st. ʒi
ʒiis. horis per diem.

6. Two stools, the first of which was yellow; the last was pitchy in colour, and fætid. He has taken the pills and mixture as yesterday prescribed, and some of the expressed juice of dandelion this morning. He appears at present (one o'clock P.M.) to be somewhat better in countenance; the tongue exhibits less fur; skin of moderate temperature.

Cont. medicamenta ut hori præ.

Two o'clock P.M. About half an hour after my departure from his house he became affected with vertigo, which was soon followed by a copious discharge of pitchy, offensive, matter by stool. Immediately after the alvine dejection, he began to eject from his stomach immense quantities of dark bloody coagula, bearing a resemblance to the pulp of plums; a state of syncope supervened. On reaching his house I found him extended on the sofa, the face, head, and neck, bedewed with a cold clammy sweat; prostration of strength excessive, countenance pale and collapsed; pulse small and quick, averaging 130 in the minute; skin cold; tongue remarkably foul.

To be placed in bed.

Interm. mistura acida c. sulphate magnes.

℞ *Olei terebinthinæ*, ʒiij;

Tinct. opii, ʒiiss, *aquæ menthæ pip.* ʒvi;
Syrupi simplicis, ʒij. *M. st.* ʒi, ʒis horis,
(*R. agit.*)

℞ *Olei terebinthinæ*, ʒi;

— *olivæ*.

Mucilaginis acaciæ, aa ʒiiss;

Decocti avenæ hordeatæ, ʒviij. *M. ft.*
enema vespere injiciendum.

7. A good night; some tendency to somnolency this day; no vomiting nor alvine dejections have occurred since my visit of yesterday. The terebinthinate mixture produced, after the first dose, a grateful sense of warmth, and shortly after the exhibition of the terebinthinate enema, a copious warm perspiration broke out over the entire surface of the body. At present the pulse is 98, soft and fuller than yesterday; tongue furred; skin soft and perspiring; troubled with flatulency; urine deposits a white sediment.

℞ *Olei terebinthinæ*, ʒij;

Tinct. opii guttas, xxx;

Aquæ menth. pip. ʒij. *M. et divide in*
haustus duos. St. i, statim et alterum
post horas quatuor.

Repetatur enema terebinthinatum vespere;
Cont. pil. ex calomelane, ipecac., et opio.

8. Four dejections: the first consistent, but pitchy; the other fluid, dark coloured, and not so offensive as hitherto. Passed a tolerably good night; some stupor occasionally. Has taken the draughts of turpentine and opium. The terebinthinate

enema is reported to have produced a grateful sense of warmth; it was retained nearly half an hour; there is no abdominal swelling, or tenderness, evinced on pressure; tongue foul; skin yellow; pulse 95, soft, and fuller than yesterday.

℞ *Olei terebinth. ʒiij, ovi unicus vitellum*
tere simul et adde gradatim;

Aquæ cinnamomi uncias ser. syrupi simp-
plicis, ʒiij. M. st. coch. ij ampla se-
cundâ quâque horâ;

℞ *Enema terebinthinatum vespere;*

Cont. pil. ex calomelane, ipecacuanha, et
opio; st. j, ter de die.

9. Two dejections since my visit of yesterday, not so dark, offensive, or consistent, having the appearance of coffee-grounds; the enema was retained for upwards of fifteen minutes; the mixture has been taken regularly; the urine and alvine discharges give out a terebinthinate smell; skin continues yellow; no tension, pain, or swelling of the abdomen; appetite improving. He has taken some mutton broth this morning. Dandelion juice not given; passed a good night; tongue foul; pulse 75, soft, fuller, and more regular.

℞ *Unguenti hyd. fortis, ʒiij;*

Camphoræ, gr. x. M. et div. in chartas
ser; infr. i, omni nocte regioni epigastr.

Cont. mistura terebinthinata. Cont. pil.
st. i. nocte maneat tantummodo. Rep.
enema tereb. vespere.

10. A good night. Two alvine dejections, the first of which was dark and thin, the last consistent and yellow; the enema was retained for half an hour; the mixture has been taken regularly; the pill night and morning; mercurial friction to the epigastric region last night.

Appetite much improved. Has taken some mutton broth with pleasure, and ate pudding for dinner yesterday. Pulse is 86, soft; tongue somewhat furred.

Cont. omnia.

11. A good night; mouth sore. Two consistent stools since my visit of yesterday, which exhibit a natural appearance; urine limpid; tongue foul, but soft at the sides and apex; pulse as yesterday.

Cont. omnia.

12. Continues to improve; yellowness of skin diminished; mercurial factor perceptible; pulse 88, soft; tongue foul; skin rather dry.

Utatur gargarismate astringente infricentur
solummodo, gr. xv. Unguenti hydr. i.
Camphoræ, omni nocte. Interm. pil. et mis-
tura tereb. vespere. Rept. enema terebinthi-
natum.

13. Soreness of the mouth excessive, with considerable pytalism; the yellowness of the skin is daily diminishing.

Omitt. frictiones hyd. et pil. et calomelane, &c.
Cont. gargaris. Rep. enema terebinthinatum vespere.

14. Distressed with tormina; in other respects continues to improve.

R^o *Ol. ricini*, ʒvi;
Ol. terebinth., ʒij;
R. opii guttas, x;
M. mentha pip., ʒi. *M. fiat haustus statim sumendus.*

To have some veal for dinner.

Omitt. enema terebinthinatum; sed injiciatur enema emolliens si tormina perstiterint.

15. Four stools from the draught; tormina removed; skin soft; tongue cleaning; appetite improved; countenance more indicative of health.

Rep. haustus oleorus cras mane. Cont. gargarisma.

17. Six stools since my visit of 15th, the first of which was scybalous; mouth better; expresses himself as much better. *Omitt. omnia medic.* To be allowed some chicken.

21. Continues to improve.

25. General health improving. Some tormina occurred on the 23rd, which he attributes to the use of cider; it was removed by an anodyne draught, with one drachm of turpentine in it; bowels rather constipated; skin natural in colour, having lost the previous yellow hue; pulse natural and soft.

R^o *Pil. hydrargyri. Extracti colocynthidis comp. aa.*, ʒss; *olei carni st. ij; ft. pil.* xij; *st. ij, 2da nocte.*

R^o *Infusi gentianæ*, ʒxij;
Subcarb. sodæ, ʒij;
Tinctæ cascarillæ, ʒss;
R. cardam. c., ʒiij. *M. st.*, ʒi, *bis de die.*

July 1. Complains occasionally of pain in the left hypochondrium. Appetite improved. His general health is good, and the functions appear quite restored.

R^o *Pil. hydrargyri*, ʒi;
Pulv. rhei c., ʒij;
Pulv. Jacobi veri, gr. viii;
Ipecacuanhæ, gr. vi;
Ft. pil. xx, st. i, nocte manequæ.

REMARKS.

The foregoing case of melæna is given as a verbatim transcript from my note-book, without any attempt at embellishment. The subject of it is still in existence, and continues to reside at Irishtown, with the enjoyment of tolerable health. The absence of any abdominal pain, on pressure being applied over the parietes of the abdomen, or tangible enlargement of any of the solid abdominal viscera, I think in this

case a very remarkable circumstance. I am not disposed to attach credence to the patient's statement with respect to temperance, as in former days sailors were remarkably addicted to the use of ardent spirits. The reverse is happily the case at the present day. The jaundiced state of the skin afforded ample evidence of biliary obstruction.

The late Dr. Brook of this city* has given cases of melæna in the first volume of the *Transactions of the College of Physicians* in Ireland, and Dr. Nicholl of Ludlow, in the 3rd volume of the same work, illustrative of the efficacy of the oil of turpentine in melanic affections. In their cases the turpentine was exhibited in much smaller doses than I am in the habit of directing. Small doses of this valuable drug are apt to affect the neck of the urinary bladder, producing thereby great urinary distress, an inconvenience which seldom follows its more liberal exhibition. The inauspicious circumstances under which the introduction of turpentine in puerperal diseases took place, it is to be feared retarded the use of this medicine for some time. That very sagacious physician, the late Dr. Brennan of Dublin, who first introduced it, instead of reward received nothing but opprobrium. At the same time that I feel disposed to bestow a deserved posthumous panegyric on the late Dr. Brennan, I by no means approve of the conduct he pursued towards his professional brethren.

I should have given this case to the public ere this, but as one of the physicians to the Sick Poor Institution in Meath Street for the last six years, I did expect that amongst the numerous patients of that valuable institution, I should have met with other melanic cases before this. Although I have had no second opportunity afforded me of trying turpentine in melæna, I have had cases of purpura hæmorrhagica in which its use was followed by the most happy results.

Dissection, the grand expounder of obscurities and difficulties, has not as yet assisted much in elucidating the pathology of melæna; the disease, it is true, is rare, and this must account for the circumstance. It is, in general, a fatal affection; the victims of it are commonly old drunkards and immoderate eaters, who have long suffered under visceral disease, especially engaging the liver, stomach, and intestines. Indeed, melæna is not so much a disease, as the invincible symptom of a disease in a broken constitution. The discharges, whe-

* In this lamented gentleman were happily combined the Christian, the man of honour, and the sound physician.

ther by the mouth or anus, appear to consist of dark-coloured blood, poured out by the vessels of the villous coat of the stomach and intestines whilst in a state of excitement, with an admixture of vitiated bile, gastric and intestinal secretions.

Dublin, No. 2, Blessington St.,
Feb. 10, 1832.

SUDDEN EXPULSION OF THE BOWELS PER ANUM.

To the Editor of THE LANCET.

SIR,—The following case appears to me deserving of publicity, and should you be of the same opinion, you will have the goodness to give it a place in your admirable Journal. I am, Sir, yours,

T. DICKSON, Surg., R.N.
Cookstown, Co. Tyrone, Ireland,
Feb. 1, 1832.

Nov. 12, 1831, about ten P.M., I was summoned in the utmost haste, and with most earnest supplications, by a young man, to see his father *Patrick Gilman*, aged about 55, of fair complexion, stout frame, and good constitution, a mason by trade, who had, to all appearance, met with his death. I found him lying in the kitchen of a poor cottage in the suburbs, almost insensible, retaining some power of speech, but that incoherent. It appeared that he had drunk a great quantity of beer, being fair day; that late in the day he had been attacked by diarrhoea and tenesmus, and that in one of his attempts to relieve nature, he had fallen backwards from an eminence, on to the pavement. Immediately he exclaimed "he was gone," becoming suddenly sick and faint. A blanket had been thrown over him, and one or two respectable practitioners, who had examined his situation, were standing aloof, appearing disposed to leave him to his fate, which disposition I could not disapprove of, when, on raising the blanket, the whole of the small intestines, of extent sufficient to fill a peck measure, appeared outside the anus, fouled with mud, gravel, and chaff. The ileum was pushed back over the sacrum in four or five large curves, inflated, stiff, cold, and brown; the mesentery stretched six inches beyond the anus; the jejunum towards the perinæum, in several smaller folds, of a light carnation, softer and warmer. The pulse was indistinct, and the whole surface cadaverous, both in aspect and to the feel.

Encouraged by the recollection of a some-

what similar case (which may be sketched hereafter), I boldly attempted the poor man's relief, under feelings of considerable responsibility, and before a crowd of spectators. I washed the mass of bowels with some warm potato water (the bits of boiled roots I knew were not hurtful). I applied general pressure, hoping to force up some of the contents; but this was soon given up. Then relaxing the abdomen by position, I began, by minute gradations, to return that part of the jejunum which had protruded last; but after getting up a few inches, they were suddenly expelled by spasms, accompanied by heavy groans. I then got him held up on his knees and breast, and renewing my efforts, gradatim, I found it, after some time, going up, and finally, in about ten minutes (from raising him on his knees), the whole was replaced. About twenty minutes had been already expended in attempts in the horizontal position. I thought I felt it return through an irregular opening in the fore part of the rectum next the bladder, but, it may be supposed, I did not minutely examine it. A firm compress and T bandage were then applied, the patient carried to his own house, put to bed under a vigilant watch, and two grains of opium administered.

Next morning found him rational; pulse full and strong, not very frequent; some liquid had escaped from the anus; the compress and bandage giving great annoyance, were removed for the day, and had no occasion to be reapplied. He had frequent colic pains, repeated vomiting, great thirst, and universal prostration. He was immediately bled to $\text{ijl} \text{lbs.}$; had fomentations applied to the abdomen, and strict antiphlogistic regimen enjoined; nothing allowed but barley water with a little nitre and cream of tartar in it. Next day (14th) felt better, but the vomiting continued; bowels constipated. A drachm of sulphate of magnesia, dissolved in cold water, was given every third hour; warm fomentations occasionally.

15. Vomiting ceased; colic pains abated, and bowels opened; no tension of the abdomen; pulse nearly natural. He was restricted to farinaceous slops for 10 days longer, and gradually recovered, taking nothing excepting a little rhubarb occasionally, and one bottle of infusion of gentian. In a month he was at work, as well as ever, and so continues.

P. S. He laboured under scrotal hernia of the right side; it was never returned, appeared entirely omental, gave him no trouble, and was evidently unconnected with the accident.

Cookstown Dispensary.