chest where it is best heard, the results derived from percussion; the other concomitant symptoms and general history of the patient. Weak bronchophony, unaccompanied by the sensation of vibration, may attend the various morbid conditions above described, and is also frequently present, under certain conditions, when a large quantity of fluid exists in the cavity of the pleura.

The immediate effect of a considerable amount of effused fluid in the pleural space, is the compression of the lung towards the vertebral column, and the production of bronchophony in the interscapular region. Unless adhesions already exist capable of binding some portions of the lung to the lateral and anterior walls of the thorax, all traces of the voice will be lost over the general surface of the chest, with the exception of the position just indicated. The presence of old bands of false membrane attaching the lung to the costal surfaces, will lead to the formation of bronchophony at these parts of the chest, and will often puzzle the auscultator. In such cases we must depend upon the results given by percussion, the observation of the displacements of the heart and other organs, the measurements of the chest, &c.

Setting aside the cause of these adhesions, we have, in the existence of loud bronchophony, a valuable diagnostic sign between pleuritic effusion and pneumonia, or tubercular consolidation,—in the former (if the sound occurs at all) the vocal resonance is weak, and its loudness in no degree proportional to the dulness evinced by the percussion of the diseased side, while in the latter instances, the bronchial voice is usually excessively marked, and the dulness on percussion limited only to the space corresponding to the consolidated lung. And, as a further diagnostic mark, you may bear in mind that while the vocal fremitus is diminished in pleuritic effusion, it is abnormally increased in hepatized or tubercularly-infiltrated lung.

I have only to add to this sketch of bronchophony and its cause, that I have found the sound to be best developed by making the patient whisper, in place of speaking or counting aloud; the slower and longer waves thus formed appearing to find their way more readily down the bronchial channels, and to establish with greater facility consonating waves in the passages which traverse the air-less lung parenchyma.

Clinical Lecture

ON

AMAUROSIS.

Delivered at St. Thomas's Hospital.

By SAMUEL SOLLY, Esq., F.R.S.

GENTLEMEN,—I propose to-day to call your attention to two cases of amaurosis now under my care in George ward. The cases are interesting and instructive in themselves, but they are still more so in reference to the treatment of other and more obscure affections of the nervous system. All diseases of the eye are especially interesting to the pathologist, from the instruction he may derive from their study in the treatment of more deep-seated and obscure lesions. I have long been convinced that the obscurity which envelops the diseases of the brain and its membranes might, in some measure, be removed by comparing these diseases with those of the retina and its membranes. I believe that every form of mental disturbance is dependent on some change in the condition of the cortical substance of the brain, or the membranes attached to it. This change is, no doubt, often very slight and temporary; but nevertheless real, and would be perceptible to the sight if the parts were as open to observation as the eye. I have dwelt on this in my work on the Brain, but that must not prevent my directing your attention to it now. The term *functional disease* is a very useful cloak for our ignorance on many occasions, but I think it is our duty to discover, if possible, a real and material cause for every deviation from health. The diseases of the eye can be seen, and the effect of both internal and topical remedies watched during their operation. Many physicians of eminence who have been engaged in the treatment of the insane, believe in the existence of mental disease unattended with disease of the instrument (the brain) which the mind employs in its commu-

nications with the world. This partly arises from the fact that *medical treatment*, either constitutional or local, has hitherto had so little control over these diseases, and that *moral treatment* has done so much.

This, however, proves nothing. For there are many diseases of the eye which would get well by *moral treatment*, if I may so express it. The entire rest of the organ by seclusion will alone sometimes arrest disease. And, on the other hand, very active depletory measures has often done as much harm in the treatment of diseases of the eye as they have in those of the brain.

Let any man, ignorant of the treatment of ophthalmic diseases attempt the cure of a case of strumous ophthalmia; he would in all probability, seeing the red, inflamed conjunctivæ, the pain suffered by the patient, and the distress occasioned by the presence of light, employ all the most approved antiphlogistic measures. He would bleed from the arm, purge violently, and then possibly put his patient under the influence of mercury. What would be the consequence? Why, most assuredly the loss of the eye,—total blindness. And the same sad results followed the treatment of insanity, when it was considered to be an inflammation of the brain, except in very acute cases occurring in subjects with much constitutional power; injudicious treatment being attended in the one case with the loss of sight; in the other, with the loss of intellect.

But suppose a judicious surgeon, one bred in the school of Farre, Travers, Lawrence, and my late respected colleague, Frederic Tyrrell, called upon to treat this strumous inflammation of the eye; he would support his patient's general health with a tonic plan of treatment; he would improve the condition of the circulating fluid, and the instruments which circulate it; he would endeavour to arrest local inflammation, by small local bloodlettings, counter-irritants, and astringent lotions, by removing him from all those atmospheric influences and moral circumstances which would stimulate the organ. And thus he might ultimately succeed; but what care, what patience, and what confidence in the remedial agents employed, does it require on the part of the surgeon who treats these cases, to effect a cure!

If, then, it is so difficult to subdue an inflammation in an organ, the actual condition of whose bloodvessels we can view, to which we can actually apply local remedies, and from which we can draw the injurious agents which have produced this inflammation, and exclude the natural stimulus of the organ, and see, in the whole course of our remedial measures, the progress, or the failure, of each particular plan of treatment, is it astonishing that physicians should have failed so much in the treatment of chronic and strumous inflammation of the arachnoid, pia mater, and hemispherical ganglion, when they have all these difficulties to contend with, and want many of the adjuncts?

Mr. Tyrrell, in his lectures, used to relate, in illustration of the importance of generous diet, and tonic medicine, in the cure of chronic asthenic ophthalmia, the case of a young gentleman, who was brought to him by his father, an intelligent medical man, on account of the obstinacy of the ophthalmia from which he was suffering. The father had been employing antiphlogistic measures. Mr. Tyrrell said: "Before I prescribe for your boy, go and give him a good dinner, and a pint of porter." The father was thunderstruck—the boy delighted, for he had had nothing but water-gruel &c. for the previous week. The father did as he was told; the same principle was extended to the prescriptions, and the boy soon got well.

Now, supposing that this inflammation, instead of being of the eye, where it could be seen, had been an inflammation of the brain, which cannot be seen, the existence of which could only be imagined by symptoms, and the physician had prescribed the same phlogistic treatment, with the same success, he would adduce it as a proof that there had been no inflammation at all.

Again, the cures that are effected by moral treatment alone, are often brought forward as a proof that mental diseases are unconnected with, and independent of, corporeal diseases. It would be just as correct to say an inflammation of the eye was no inflammation of the eye, because such inflammation is sometimes cured by placing a patient in a dark room, and removing the part from the injurious stimulus of light and atmospheric influences.

The moral treatment of the insane is no more; it essentially consists in the removal of injurious stimuli, soothing and tranquillizing the organ. I have at present only adverted to strumous ophthalmia in illustration of this view, but, as I have already said, there are many other ophthalmic affections which

are equally in point, and the consideration of which will, I think, be found equally instructive: iritis, choroiditis, and amaurosis, but especially the last.

The treatment of iritis is chiefly instructive in demonstrating the superiority of mercury over bloodletting, in subduing a deep-seated inflammation, and the necessity of bringing your patient rapidly under its influence, to prevent the consequence of adhesive inflammation.

Amaurosis, consequent on chronic choroiditis, of which one of our present cases is a good illustration, is, I believe, almost pathologically identical with mental imbecility, consequent on chronic meningitis.

In the first case, the delicate structure of the retina, the vesicular neurine, which expanded from the optic nerve, has been pressed upon by its vascular and serous membranes—the choroid and membrana Jacobi, thickened by morbid deposit. In the second, the vesicular neurine of the hemispherical ganglion is pressed on by the thickened pia mater and arachnoid. And most certainly the success which attends perseverance in the treatment of chronic choroiditis and amaurosis, ought to encourage us to similar patience and perseverance in the treatment of chronic meningitis.

But I must now read to you our notes of these cases, and you will then see more clearly how the successful treatment should encourage us to pursue a similar course in the treatment of diseases of the brain.

CASE 1. (Reported by Mr. Chaldecott.)—Francis H—, aged thirty-six, single, an excavator, of temperate habits, was admitted into George ward, under Mr. Solly's care, Nov. 27th, 1849, with partial amaurosis of both eyes.—*History:* His work as an excavator has been in the tunnels, working therefore by candle-light. His sight, he says, had been, until thirteen months since, particularly good. Three years since, had a severe blow on the head from a brick falling down into a shaft where he was at work, on a railway in France. He recovered from the concussion induced by the blow in half an hour, and though for a fortnight afterwards he remained at home, he suffered only from slight headache, unaccompanied by febrile symptoms; he was attended by an English medical man, but he was not bled. The accident, however, produced a depression, which still remains, situate about the junction of the middle and posterior third of the sagittal suture, one inch long and a quarter of an inch broad, the long diameter being placed transversely. Ever since this accident he has suffered from occasional headache, to which he had never before been subject; the pain generally beginning at the depression.

About thirteen months since, he first observed a fixed black spot before the right eye, the sight of which began to be indistinct, and soon after, the headaches began to be more severe and frequent, keeping him for days together from his work. These severe headaches continued for about three months, and then abated. Seven months ago, the sight of the left eye began to fail, and a fixed black spot appeared before it. This spot increased in size, until it produced considerable dimness, like a fog before his eyes; the dimness of vision has been gradually increasing up to the time of admission here. Five months since, began to suffer from flashes of fire passing before both eyes. His health during the whole of the times has been very good. Shortly after his vision first became impaired, he consulted Mr. Foulkes, of Shrewsbury: under his care he took mercury, which slightly affected his mouth, and his sight improved, but he could not afford to remain there, out of work.

On admission, there was nothing abnormal to be distinguished in the structures of either eye, but with the right he could but just tell light from darkness, and could distinguish no object. With the left he could see objects across the ward, and in good daylight distinguish the features on the face so as to know again the person he looked at, but at dusk or by candlelight he was quite blind. He could see objects much more distinctly with the left eye, if they were placed on its outside, and not straight before him. The flashes of fire were very vivid and many. Ordered, mercury with chalk, two grains; compound senna mixture, half an ounce, every morning.

Jan. 15th, 1850.—He continued the mercury with chalk until about a week ago, when, the mouth being very evidently affected, it was left off. The flashes of fire, though still present, are much less vivid and numerous. The right eye is very much improved; with it he can now distinguish a person walking down the ward, and he can see also the window-frames; the curtain before it is less thick and more distinct: the left eye is also much better; he can now read with it print of this size, P, and though still quite blind at candle-light, can

see much better by dusk. He can still see an object better if placed to its outside than when straight before it. Dilatation of the pupil by belladonna does not improve the sight.

In reporting this case, gentlemen, Mr. Chaldecott has very properly detailed the fact of his having received a blow on his head previous to the occurrence of the amaurosis, as it enables me to call your attention to one not unfrequent source of amaurosis—namely, pressure on the optic nerve, or optic ganglion, in the cranial cavity.

Amaurosis is palsy of the optic nerve, and like palsy of other nerves, may arise from different causes. The most frequent cause is pressure. Sometimes the pressure is on the optic nerve within the skull, sometimes in the orbit, sometimes on that expanded portion called the retina. When the retina is compressed the pressure is generally produced by a deposit on the choroid, with which it is in such close contact. The thickening of the choroid is the effect of inflammation, constituting the disease we call choroiditis, and this we shall soon have to consider in connexion with the next case of amaurosis I have selected for our instruction to day.

In the case we are now considering, I do not see sufficient reason for believing that the blow on the head is the primary source,—that the amaurosis has a cerebral origin. The injury occurred about a year and a half before his vision first became defective; he has no cerebral symptoms. It is true he says he has suffered from headaches frequently since the blow, but these may be neuralgic, the nerves of the scalp must have been seriously injured by a blow which would produce such a depression in the skull. We must then, I think, look for another source of this amaurosis, and this may be found in the nature of his occupation. As a tunnel excavator, he was working in a close damp atmosphere, working by a dim light; and suddenly emerging into daylight once or twice in the twenty-four hours, living an irregular life. For though he was not a drunkard, he was an unmarried man, and his wages, which were large, were spent in eating, drinking, and most probably in venereal excesses. We all know the sudden effect produced by passing from a dark room to a bright light; we can see nothing, the retina is temporarily paralyzed. Now if the change is taking place every day, we can quite understand that at last some permanent injury may be inflicted on the retina. The stooping position in which he had to work would all favour congestion of the choroid membrane. The flashes of fire in his eyes prove that the vessels of the choroid and retina were liable to sudden and momentary distention. You all, I dare say, know that a blow on the eye will, to use the schoolboy's phrase, make it strike a light. The concussion of the retina induces the sensation of light. In the absence of an external force for this phenomenon, we must look for an internal one, and this we find in the fact, that all bloodvessels may be suddenly enlarged, and thereby the surrounding parts exposed by the yielding coat of the vessel to the whole impulse of the heart's action. I have explained so freely my views on this physical cause of determination of blood to a part in my last lecture on epilepsy, that I need not dwell on it now. You see it illustrated in the phenomenon of blushing, and in the erection of the penis. We all know that in inflammation of the conjunctiva, where the vessels can be seen, as soon as the eye is employed, the vessels become distended. Every organ in the performance of its function requires blood to enable it to perform that function, and we cannot use the retina without the assistance of its bloodvessels. In the healthy state of its vessels, they admit no more blood than is sufficient for their office, but in disease the middle coat yields to the pressure of the heart, and the inflamed part throbs with each contraction of the left ventricle, and the irritated retina conveys to the brain of the patient the impressions of light, which in a state of health are only excited by vibration of the æther which surrounds us.

The following case is also extremely interesting. It is amaurosis produced by choroiditis.

CASE. (Reported by Mr. Sedgewick.) *Imperfect Amaurosis of both Eyes.*—Thomas Highsted, aged thirty-six, fish-seller, was admitted into George ward, under Mr. Solly, on the 13th of November, 1849. Has always had good health; countenance heavy. About nine years ago the sight of the left eye became dim; he could not judge of the size of objects, lumps of fish which he was going to buy appearing larger than in reality they were; the vision was misty, but he never perceived scintillations or muscæ; occasionally had pain in the eye, not supra-orbital. The sight gradually got worse; and about five years after the first attack, he could perceive light, but could not see objects. About one year ago he first had sparks of light and muscæ volitantes in this eye. Fifteen

months since he received a blow over the right eye with a stone, which produced ecchymosis of the lids. The sight was not in the least affected, and, as he asserts, no severe inflammation of the globe followed, although he confesses to some redness of the conjunctiva. Eight days subsequently, while going out to work in the morning, he saw a black object frequently passing him on the right side, which, as soon as it was perceived, vanished. This occurrence happened very many times during the day. When night approached, but before it was quite dark, he was unable to observe any light, or to distinguish any object. Occasionally has had severe pain in the supra-orbital region, but is not aware of the occurrence of any inflammation. In a few days *muscæ volitantes*, large flashes of light, and brilliant coruscations, made their appearance. He was not able to find his way about for three months, and then only very imperfectly, the sight having slightly improved. From the beginning, the outer side of the retina was totally senseless; the inner half much less useless. On bright days, the glare of the sun being absent, he can see best; is about blind in the evening, in moonlight, and on dull days. Now the iris of each eye is slowly sensible to light; the pupil is much dilated and irregular, from adhesions of the posterior surface of the iris to the lens; no pain in the eye; general health good; lens transparent. Ordered, mercury with chalk, two grains, every night.

Jan. 15th, 1850.—Gums a little tender; sight, on the whole, improved; *muscæ* and scintillations much less numerous; complains of weakness or inability to look at any object for even a minute. To omit the mercury.

This man has been in the habit of driving a fish-cart, during the night, between Hastings and Brighton. The constant exposure to all sorts of weather, and the varying influence of light upon the eye, have been the exciting cause of this disease. When you observe the great irregularity of his pupils, and their adhesion to the capsule of the iris, all of which have been necessarily caused by subsequent inflammation, it must seem strange to you that the patient says that his eyes have never been inflamed.

This history is not singular, as I have already stated the disease is often so insidious that it creeps on unobserved, until the sight is seriously affected. When the disease is confined to one eye, it often continues for two or three months, without the patient being ever aware of,—and the friends are often the first to perceive,—this lamentable result. In illustration of this fact, I will another day relate to you a case, on which I have been consulted within the last few days, as it is strikingly in point.

In reference to Highsted, it is gratifying to observe the gradual but steady improvement which is taking place in his sight. The weakness of which he now complains, and the difficulty he feels in turning the eye to the light, though distressing to him, is a good sign. In a physiological point of view it is also interesting. The retina, beginning to be relieved of the burthen which weighed down its powers, is at first unnaturally sensible to light; the stimulus is too much for it; but this will soon pass off. It is one of the most unequivocal proofs of the beneficial action of the mercury, in removing, by absorption, the deposit in the choroid. This circumstance must not deceive you with regard to the action of mercury. You must not suppose that a rapid salivation will effect a rapid cure; such is not the case.

Yes, gentlemen, the great secret of success in the treatment of these chronic cases, as indeed it is in all chronic cases, is not to attempt to take the disease by storm. Do not attempt too much. Be contented with a *very* slow progress, but, being firm in your view of the pathology of the case, persevere. Do not be turned to the right or to the left either by the stupid and officious interference of the kind friends of your patient, or by his own impatience. You may often be obliged to give mercury in minute doses for one or two months before there will be any improvement in vision, but this must not discourage you; go on, and you will have the satisfaction of seeing your patient ultimately recover. But you must stop short of salivation.

Mercury will often restore the sight in amaurosis, even where the perception of light is destroyed. Mr. Tyrrell used to consider that a case was not entirely hopeless if the globe retained its natural consistency, neither abnormally hard nor soft and shrunken; for when the disease is of very long continuance, then the retina and vitreous humour become sometimes implicated in the morbid action, and partial atrophy ensues.

If we could apply the same test in our diagnosis and prognosis of cerebral affections—if we could ascertain by the

touch when the ganglion has become atrophied, and when it is still unchanged in structure—we should administer our remedies with more confidence. In these amaurotic cases it is not merely necessary to sustain the mercurial action for months, but at the same time the power and tone of the patient's constitution must be sustained by a good nutritious diet and a moderate quantity of stimulus. Mr. Tyrrell's words are,*—"I consider that the safety of the treatment and its efficacy depend very greatly upon the support of the general power; for whilst this is properly sustained, I believe that the remedy cannot produce any general injurious effect, though its operation upon the local disease may proceed most beneficially. Unless the general power be maintained, the effects of the mercurial action on the system are extremely distressing and injurious, and it can rarely be continued long enough to remedy the amaurosis."

CASE.—Mr. T— relates the case of a man about thirty-eight years of age, who had been amaurotic for seven years, and had lost the perception of light; but the globes possessed their natural firmness and elasticity; the pupils were clear, but irregular, from many points of adhesion between the pupillary margin of the iris and the anterior capsule of the lens; the irides were discoloured and dull, and he had the vacant aspect of a blind person. I admitted him into the infirmary in Charterhouse-square, and put him under mercurial treatment, with a nutritious diet; as soon as the mouth became tender, a considerable degree of scleritis occurred, with pain and tenderness of the eyeballs. The plan was, however, steadily continued, and some belladonna was applied night and morning to each eyebrow; he soon became sensible of light, and gradually acquired the power of discerning objects, and at the same time the adhesions between the iris and the capsule of the lens began to give way, and the pupils to reassume their natural figures. By degrees the vision improved, all appearance of inflammatory action subsided, the pupils became nearly regular, and the irides brilliant; the full mercurial action was kept up for above six weeks, when the amaurosis was completely subdued, and his vision perfect. For about sixteen weeks he discharged about a pint and a half of saliva daily; but in spite of the severity of the treatment, he came out of the course improved in appearance, and evidently increased in bulk. I must again repeat, that the more I see of chronic affections of the brain the more I am convinced that the same rules ought to guide us in the treatment of these cases and ophthalmic affections.

The following case shows the value of this plan of treatment in chronic meningitis, with some serious effusion.

CASE 50.—A lady, aged forty-eight, a married woman, but without any children, consulted me, on the 8th of December, 1841, for drooping of the right eyelid, and violent pain in the head. The right eyelid droops over the eyeball, and she can only raise it half way. The left she has complete command over. There is a quivering motion in both eyelids and eyeballs. When she closes the left eye, and attempts to look at anything with the right, she finds her vision very imperfect and misty.

She complains of a shooting pricking pain in the ball of the right eye, with a feeling of great pressure and pain in the left side of the head and face.

She says she sometimes has feelings as if she was not right in her mind, as if she was going delirious. These feelings existed previous to the eye being affected. Her countenance is rather wild and anxious, the eyes staring and unnatural.

She complains of sensations in the body and extremities, and she calls "live blood," or "pins and needles," as if there was something fluttering underneath the skin; sometimes the right eyeball flutters so violently, that it feels to her as if it would jump out of her head. The right arm and leg sometimes is numb, but the left never feels so.

She passes per anum, from piles, nearly a pint of blood during the week, which, she considers, gives great relief to the head. I found, on inquiry, that she had been much harassed latterly, and suffered much anxiety of mind.

About six years ago she had a miscarriage, since which the womb has been displaced, and it has become hard and shrunken, and prevented all connexion for two years. She has only menstruated once during the last two years, and that occurred about two months ago, and she felt relieved by their appearance. Pulse quick and irritable; tongue rather pale, but not furred; appetite pretty good; sleeps tolerably; feels very weak. Ordered mercury and chalk, two grains, night and morning; blister to the forehead.

After using the mercury in doses varying according to its effect, and never so as to salivate, with various counter-irritants, issues, &c., at the same time supporting the general health for two months and a half, the paralysis of the eyelid was entirely cured, and the pain in the head left her, and she felt nearly well; she left off her medicine, and I lost sight of her for above two months, after which time she came to me again.

Her countenance is worse; the right eyelid again droops. She says that all her sufferings have returned as bad as ever, though her general health has improved.

The pain at the back of the head is most violent, and the burning sensation at the top of the neck so severe that she can scarcely contain herself; at times something seems to pass over the eyes, so as to make her blind. Sometimes the sensations are so horrible that she feels as if she was going mad. She has some loss of power on the right side, across the right leg—it feels numb and heavy—moral causes appear to have produced this relapse, though she says that soon after the mouth became well from the mercury, she began to feel uncomfortable. This time I was obliged to cup her three or four times, as well as employ mercury in full doses. She came under my care, on this occasion, on the 13th of April, and it was not till the 22nd of June that I could report any decided improvement; by this time she was able to walk pretty well; her head felt easy, and she says she can now use her reason.

I continued the mercury for four months, at the end of which time she was quite well. Her sight was quite restored; no pain in her head; feels strong and hearty; spirits good; mind equable and placid. Her countenance is entirely changed; instead of a staring, wild, unnatural expression, she looks composed and comfortable. She expresses herself grateful for her recovery.

I shall take an early opportunity of returning to this subject again; in the meantime I am sure you will watch the progress of these two cases of amaurosis with attentive interest.

SURGICAL CASES.

By JOHN ERICHSEN, Esq., F.R.C.S.,

ASSISTANT-SURGEON TO UNIVERSITY COLLEGE HOSPITAL, ETC.

(Continued from p. 143.)

THE four following cases are good illustrations of some of the points that have been adverted to. In the first two the obstruction was dependent on causes that were removable, and that gave way to treatment,—in the last two, the precise nature of the obstructing cause could not be made out with such distinctness as to have warranted any operative interference, and after death it was found that no operation could have been attempted with a chance of success.

CASE 3.—A lady, about forty years of age, unmarried, of delicate and spare conformation, and habitually costive, came under my care in September, 1846, for obstruction of the bowels, supposed to be dependent on a tumour in the abdomen. When first I saw her, the bowels had not acted for five days. There was some tenderness of the abdomen generally, and rather severe pain of a dull, aching character, with much deep-seated tenderness in the left iliac region. The abdomen was slightly tumid; and was tympanitic on percussion about the umbilicus and along the course of the cæcum and colon. In the left iliac region, percussion gave a dull sound; and some hard, nodulated, badly-defined tumefaction could be made out, by careful palpation. The countenance was anxious; pulse quick and small; tongue white; and frequent vomiting of mucous and bilious, but not of feculent matters. On examination by the rectum, the bowel was found to be empty, with the exception of a few small flattened scybala, but the tip of the finger touched what appeared to be the lower segment of a large, irregular, hard and solid ovoid tumour, which could be felt at the upper part, somewhat behind and to the right side of the rectum, through the parietes of that gut. The upper margin of the tumour could not be reached. The uterus was healthy. The question arose as to the nature of this tumour. The patient was seen in consultation with me by four or five of the most distinguished surgeons and physicians in London. The tumour could be distinctly felt when the finger was introduced to its full extent, about four inches from the anus. It lay to the right of and somewhat behind the rectum, and could be felt through the coats of that gut. The lower segment was ovoid, distinctly circumscribed, irregularly nodulated, hard, but somewhat doughy.

The extent to which it reached upwards could not be ascertained by digital examination, but it appeared to be continuous with the tumefaction that could be felt in the left iliac fossa. An O'Beirne's tube could not be made to pass to a greater height than about five or six inches, when it met with some obstacle that caused it to turn back upon itself. When an injection was thrown up, the greater part evidently did not pass beyond the rectum; but occasionally a small quantity of the liquid seemed to get above this gut, and was discharged some hours after injection. The age of the patient, the cachectic countenance, the feel of the tumour, the occasional passage of hard, flattened scybala, which looked as if squeezed through a narrow aperture,—all led to the conclusion that the rectum was compressed by the tumour that could be felt through it, and that this might probably be of a scirrhus character. As purgatives greatly increased the patient's distress, without relieving the constipation, they were not continued, but calomel and opium, with effervescent salines, ordered instead. Attempts were made to bring away the contents of the bowels by means of enemata, but without any success. The constipation continued without any relief for eleven days, when, on examining the rectum, I found a large, solid, and hard rounded mass of indurated feces, apparently as large as a foetal head, and distending the gut. This mass was broken down by means of the handle of a spoon, and copious enemata of warm linseed oil and gruel, and thus removed piecemeal in large quantities. After its removal, the hard tumefaction in the iliac region was found to have disappeared as well as the tumour that had previously been felt through the parietes of the rectum, lying to the right of that bowel. The same occurred twice during the next month, large rounded masses of solid compact feces being brought away by means of a spoon, and giving rise, during their descent, to obstinate constipation, which on one occasion lasted for eighteen days; and although during this time the constipation was complete, and the vomiting very distressing, it was never feculent, but merely consisted of mucus and bile. The precise seat of fecal impaction in this case was obscure, but I think it most probable, from the position of the tumour, that could be felt through the rectum to the right of that gut, and which was evidently composed of indurated fecal matters, that the case resembled the fatal one recorded by Dr. Buchanan, in which impaction took place in a preternaturally elongated sigmoid flexure of the colon, which descended by the side and to the right of the rectum.

CASE 4.—A case lately occurred to me of a young lady, fourteen years of age, who went to bed in perfect health, and was suddenly seized, in the course of the night, without any apparent cause, with all the symptoms of strangulated intestine. Incessant vomiting, but at no time feculent; obstinate constipation, and fixed dragging pain, with tenderness on pressure, in the right iliac region, and much general distress. No hernia could be discovered; the abdomen was but slightly distended, and was resonant throughout. She was freely bled and leeches, and calomel and opium were given, and enemata administered. Mr. Phillips saw her, in consultation with me, when it was determined to continue the calomel-and-opium treatment, and to wait the result.

On the fourth day after the setting-in of the symptoms, large masses of dry impacted feces came away. There was afterwards threatening of pericæcal abscess, but, by proper treatment, this was averted.

These cases afford good illustrations, the one of chronic, the other of acute obstruction, dependent on removable causes. The treatment that was found most successful in both was calomel and opium, followed by castor oil; effervescent salines, to stay the vomiting; and, in the second case, local and general bloodletting, for the threatened peritonitis. There was constipation, fixed local pain, and almost incessant vomiting; but the vomiting was not feculent, consisting merely of glairy mucous and bilious matters, and the symptoms, though threatening, were never of such a nature as to justify operative interference. There are, however, some cases that are not attended by any special symptom, that would enable the surgeon to determine that the cause was one that could not be removed by operation. And it is rather these cases that would afford the greatest difficulties and sources of embarrassment to the surgeon than those in which the obstruction is removable by medical means.

The two following cases are instances of fatal obstruction of the bowels, occurring from causes, the precise nature of which could not be determined during life, and which could not have been removable by operation.

CASE 5.—I was requested, on the 7th February, 1846, by a