

emboldened by the successful treatment of these diseases from the remedy I was in the habit of employing, I ventured to bring it, through the medium of the public journals, into notice, and since that time I have been repeatedly assured by many gentlemen who adopted it, that my opinion of its efficacy has been by no means exaggerated. I believe I am indebted to the work of Dr. Abercrombie, "On Diseases of the Abdominal Viscera," for the formula I am in the habit of employing; but as I write from memory, and have not an opportunity of confirming my opinion on this point by a direct reference to that excellent work, I do not wish to deprive any other author of whatever merit may be found to attach to its introduction as a remedy for those diseases.

I may observe that during the last four or five weeks diarrhoea has been very prevalent in this locality, and I do not overstate when I assert that I have used it in more than a hundred cases already, and always with almost instantaneous benefit. The formula that I generally employ is as follows:—Compound infusion of gentian, eight ounces; tincture of opium, a drachm to a drachm and a half; nitric acid, twenty minims: one ounce to be taken after every liquid stool or painful alvine evacuation. A mustard plaster applied to the epigastrium, and drinking sparingly of ice-cold mint-tea, relieve the sickness and thirst that frequently accompany the severer form of these diseases. I have found the remedy equally beneficial in some rather intractable forms of dysentery. I would strongly urge upon gentlemen, who meet with dysenteric cases, to give it a trial, as I feel satisfied they will find it a very powerful curative agent in their hands.

In an old number of the *Medical and Physical Journal*, from which I several years since made an extract, I find the following from a Mr. Hope, of Chatham. He says:—

"The first occasion of its use was remarkable. A young man, of sobriety and temperance, had suffered long with dysentery, and had been attended by a friend of mine for some time, who recommended those remedies that high authority and experience pointed out for relief; but finding no advantage, he sent for me, expecting more might be done. Nothing, however, recommended was successful, and, as I could but go over the same ground, no prospect of relief appeared; indeed his death was daily expected. At this time a woman who lived with him was attacked with dysentery, with extreme thirst. An acid occurred to me; but, fearing it might produce unpleasant effects, opium was added:—Nitric acid, two drachms; opium, two grains; water, two ounces: a spoonful to be taken in any vehicle three or four times daily. The effect produced was so great that my dying patient, unknown to me, begged to partake with her, and when I saw him next morning, which to my great surprise was with a cheerful countenance, he told me if ever I had a patient ill with his complaint, I should never fail to send the drops I had sent for the woman, for they had relieved his complaint at the first dose, and he was sure he should mend now, for they had saved his life this time. This was the only medicine he took, and in a few days he was able to walk about his room. In a third case I tried the acid without the opium, but it did not succeed. I then united them, and it effected immediate relief. I was still unwilling to persuade myself into the belief of its being a specific remedy, until a case of so extraordinary a nature occurred as compelled me to decide unequivocally in its favour. A young lad, sixteen years of age, fell over a dredging-boat into the water in the month of July last. Indisposition succeeded, but to what degree I could not determine, as another practitioner was at first called in to his assistance. Finding no relief, they applied to me, requesting my attendance. This was near a month after the accident. The remedies I applied failed in their efficacy. His friends, despairing of relief, requested me not to trouble myself to attend him any more (they lived six miles from me), saying he must be left to his fate, being assured a day or two more would finish the scene. At this time I recommended the anodyne, and with great difficulty it was that they could be persuaded to give it a trial. Twenty-four hours had not elapsed before he began to find relief, so that in four hours he left off the remedy. The disease returned; reapplication of the drops again removed it, and in a very short space of time, without any other medicine intervening, he became as hearty as ever he had been. The manifest advantage of the medicine was recognised by the parents; nor did they spare unjust reflections that I did not employ it before."

I am unwilling to theorize upon the *methodus medendi* of what I believe to be the principal agent in the above formula; yet I cannot help thinking that the nitric acid possesses some disinfecting agency, no less than an astringent efficacy, over autumnal diseases. "The fumes of nitric acid are believed to

be efficacious," says the late Dr. Montgomery, "in destroying the effluvia of typhus and other febrile diseases." Diluted with water so as to form an acidulous drink, Dr. Duncan of Edinburgh used to employ it in the low fevers that prevailed in the suburbs of that town. But independent of its chemical action over animal effluvia, it appears to me to act as a direct astringent in all diseases of the mucous membrane. Thus in purulent ophthalmia, what remedy is so efficacious as nitrate of silver in solution? In fact, in all mucous discharges it is almost the sole remedy upon which the surgeon depends; and of course the nitric acid is the chief agent in this valuable therapeutic. I am in the habit of employing a formula of a nearly similar kind as a topical application, but with double the amount of acid, in cynanche and in diphtheria; and I can speak very strongly upon its beneficial effects. In broken-down constitutions impaired by mercury, by syphilis or other irregularities, the above remedy will be found frequently valuable; and given in combination with taraxacum, it will prove very serviceable in sluggish conditions of the liver. I am in the habit of employing it with very considerable advantage in the diarrhoea of infants, and, combined with the muriated tincture of iron, in tabes mesenterica. I may further state that I have given the other acids, singly and in combination, the full benefit of a fair trial in all the above forms of disease; and, without any prepossession or prejudice, my experience enables me to give a decided preference to the claims of the nitric acid in combination with opium, as a very superior therapeutic remedy. I have not had an opportunity of making trial of it in the very severe forms of epidemic cholera, although I have had formerly ample opportunities of treating that disease. I have, however, many years ago, tried extensively, *inter alia*, the plan of treatment recommended by Dr. Foulsham of Brighton, thus anticipating his views (see THE LANCET of Aug. 17th), which certainly look well in print, particularly as they are eloquently, indeed elegantly, introduced; but when weighed in the balances they will be found wanting.

In conclusion, I may observe that the large mortality which these diseases annually bring in their train calls for all the curative agency the profession can muster to encounter their fatality. I am vain enough to indulge the hope that the more extensive employment of my suggestions may not be altogether useless; and, in the unassuming language of the Roman writer, I shall say—

"Si quid novisti rectius istis
Candidus imperti, si non his utere medicis."

Nottingham, August, 1861.

REPORT OF A CASE OF MALIGNANT DISEASE OF THE SIGMOID FLEXURE OF THE COLON.

By T. OSBORNE WALKER, Esq., M.R.C.S.,
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MR. D—, aged thirty-two, rather tall and thin, a farmer by occupation, of active and temperate habits, called at my house on the 8th of June last, on his way to Northampton, complaining of severe pain in the bowels; for which I gave him an aperient mixture, and recommended him to return home, which he refused to do, saying he must go, as he had urgent business to do. The medicine failing to relieve, I was sent for next morning to see him, when I found him suffering from symptoms of enteritis. There were pain, tenderness on pressure, and dulness on percussion, over the left iliac region; his bowels had been freely moved the day before I was consulted; he had been chilly; his pulse was small, wiry, and rather quickened; tongue dry and slightly furred. As yet there had been no vomiting; this, however, soon came on. The usual remedies for inflammation of the bowels were applied—with the exception of venesection, to which my patient objected,—and gave relief. Ptyalism was readily induced, even before he had taken a scruple of calomel.

On the fourth day from the onset of the inflammatory symptoms a copious alvine evacuation, semi fluid, and of a dark-green colour, occurred, affording a feeling of comfort to my patient, and leading me to think favourably of his case. Afterwards, the inflammation returning, it was found necessary to recur to the remedies for extinguishing it. Although the ten-

derness had disappeared, the bowels continued obstinate, refusing to act except under the stimulus of enemata and purgatives. By these means, sometimes hard scybalous masses, sometimes more natural fæces, were passed, affording temporary relief.

The patient continuing in a vacillating state—sometimes appearing better, sometimes worse—it was deemed advisable, on the 17th, to call in a physician, who, as well as myself, was induced to give a favourable prognosis, Mr. D— having had in the morning several evacuations (mostly fluid ones), and expressing himself much better. This amelioration was, however, of short duration; for, after a day or two, there was a recurrence of pain, restlessness, tympanitis, hiccough, and occasional vomiting, the patient passing during this period a stool consistent and formed, but of diminished size—no larger than that of a young child.

This state of things continued up to the night of the 23rd, when, at ten o'clock, I was summoned to my patient, whom I found in a collapse, with cold sweat running down his face and collecting in little pools in the hollows of the neck and about the clavicles. He was very thirsty, drinking often of cold water; there were hiccough and vomiting; pulse 120; his wrists and arms had a sodden feel, with cold clammy sweats. The abdomen was very distended and hard, but not tender to the touch. His bowels had not acted for three or four days. The posture was supine, with the knees drawn up; the breathing short, quick, and entirely thoracic, the diaphragm taking no part in respiration. The pulse rapidly increased in frequency and diminished in force and regularity, becoming finally extinct at the wrist; the breathing meanwhile continuing, but likewise gradually diminishing in frequency, till death at length closed the scene, exactly twelve hours from the supervention of the collapse.

The autopsy, which occurred twenty-four hours after death, showed a thickened and injected state of the peritoneum generally, with effusion of fæces into general peritoneal cavity; the bowels were fully distended with air, and contained a small quantity of liquid fæces; they were almost transparent and thinned; and at the sigmoid flexure of the colon was a bruise-like discoloration, with several small, darker-coloured points of ecchymoses, about the size of, and very much like, leech-bites, in the lowest of which was a small opening of a circular form, and just large enough to allow a hemp-seed to pass through it, through which, on applying pressure, fæcal matter escaped. This opening was situated in the anterior wall of the upper segment of the flexure; and about an inch below this was found a malignant mass, occupying the entire cylinder of the gut for about an inch and a half on the posterior and external wall of the intestine, and binding it down to the iliac fossa so tightly as to occasion great difficulty in its removal. It is not more than an inch deep on its anterior aspect. It presents the appearance of cerebriform matter.

The most noteworthy circumstances presented by the foregoing case, and most available for diagnostic purposes, were the small quantity of fluid the bowel was capable of containing without pain and urgent desire to evacuate—not exceeding a pint and a half; the persistence throughout of dulness on percussion over the left iliac region—the site of the disease; the occasional distinct course of the distended colon appreciable both to inspection and palpation as far as the diseased portion; the peculiar brownish colour of the patient's skin, being quite toad-like; the very small size of the stool once observed; the fluid vomited containing neither biliary nor fæcal matter. Neither tumour, stricture, nor ulcer discoverable on examination per rectum, though at the anus was found a hæmorrhoidal tumour, of the size of a Spanish nut. At the onset of the attack, the quantity of urine, which was then voided with difficulty and pain, was small and of a brandy colour, without sediment; but in the course of the case it increased in quantity, and was passed with greater ease, still retaining its deep colour. It was ascertained by inquiry into the history of the case, that the patient had on some occasions observed his stools to be slimy and streaked with blood, and had suffered at times much abdominal pain and flatulence, with a bad appetite. The collapse marked the perforation, which was followed by fatal peritonitis.

August, 1861.

ROYAL COLLEGE OF SURGEONS.—The next examination of candidates for the Membership of the College will commence on Monday, Sept. 23rd. Candidates are required to give fourteen days' notice to the Registrar of their intention to offer themselves.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

FIBROUS TUMOUR OF THE ANTRUM EXTENDING THROUGH THE HARD PALATE INTO THE MOUTH; SUCCESSFUL REMOVAL.

(Under the care of Mr. FERGUSSON.)

THE patient in the following complicated case was the subject of two tumours, one situated in the right cheek, the other in the antrum and roof of the mouth. The growths were, however, perfectly distinct from one another. Both were removed at a single operation, which has been attended with the best results. From some remarks made by Mr. Fergusson at the time, we learned that he had seen the patient twelve months before, and the disease then presented so malignant an aspect that he dissuaded her from undergoing any operation. Some months later, the disease in the mouth was found to be an ulcerated, sloughy-looking mass, and the finger could be readily passed alongside of it into the antrum. Perceiving that its progress had been slow, and that it was within the reach of surgical aid, he thought he would give her a chance, more especially as there was no development of disease in any other situation, and the tumour in the cheek was quite distinct from that in the jaw. The steps of the operation are detailed in the notes of the case furnished by Mr. G. Fortescue, house-surgeon to the hospital. Mr. Fergusson could not accomplish all he wished in regard to the incisions which he ordinarily practises, inasmuch as he had not only to remove the upper jaw, but also the soft palate, besides the tumour in the cheek. The passage of the right nostril was free, for the tumour had not extended far in that direction; nor did it involve the orbit.

M. C—, aged thirty-eight years, a domestic servant, unmarried, of good complexion and healthy appearance, admitted April 27th, 1861. On admission the right side of the face was extremely deformed and prominent. The prominence was due, in great measure, to a tumour imbedded in the right cheek, in front of the masseter muscle, about the size of a hen's egg, hard, smooth, and movable, with the skin over it natural and unadherent. On looking into the mouth, a foul ulcerating growth was seen protruding through the hard, and involving also the soft, palate of the right side, which were both bulged downwards towards the floor of the mouth, extending backwards to the anterior pillar of the fauces, and encroaching to some extent on the nostril of the same side. The orbit was not concerned in the growth, and the eye appeared natural, but occasional attacks of double vision were complained of. The glands beneath the jaw were not affected. The history of the affection was somewhat obscure; but the first symptom of disease in this locality occurred (she said) some thirteen years ago, as a swelling in the throat about the right tonsil, commencing without pain, but soon impeding the power of deglutition, which was regained, however, after the growth had been cut into by a surgeon. Soon a tumour began to appear in the right cheek, and, growing for six years, was removed by the knife seven years ago. The duration of the present disease seemed very uncertain; it had existed, however, for several years, and of late its progress had been rapid.

May 4th.—Chloroform was administered, and Mr. Fergusson proceeded to remove the disease. An incision was made through the upper lip, near the middle line, into the nostril, carried upwards along the ala of the nose, and, finally, taken horizontally outwards upon the malar bone, close beneath the