

of a mild blister over the region of the liver been unattended with benefit. Many practitioners entertain a very high opinion of rubefacient liniments to the spine, and over the abdomen. There is no objection to their use, as this form of infantile remittent is unaccompanied by irritability; but I may add, after an extensive trial of them, that the present writer has not been able to realize the benefits others seem to have derived from their employment. The following case will illustrate the disorder's obstinacy, and inculcate a cautious prognosis:—

In the month of May last, the child of a Mr. H., of Rochdale, ætat. fourteen months, was brought to Manchester for my opinion. It had been under the care of two highly respectable and intelligent practitioners of that town, who had adopted for a considerable time every variety of treatment they could think of. The child's case was, though by no means an uncommon, an admirably marked example of chronic infantile remittent fever. Upon the closest scrutiny, no evidence of organic disease could be detected; little pyrexia accompanied the complaint's progress, and the child took everything, whether in the form of food or medicine, that was given to it; yet I am not aware that the slightest benefit followed the use of those additional remedies which were for some time employed by the present writer. Indeed, according to my general experience, if the means alluded to before, viz. very warm clothing, the hot-bath, mercurial alteratives, &c. fail, after a fair trial, little benefit will accrue from a further use of medicine in this unpromising state of atrophy. Change of air, a generous diet, and cordials, may be tried, and in some rare instances they unexpectedly effect our object.

When infantile remittent fever assails plethoric children, previously in tolerable health, it is generally observed under the last alluded to, or entonic form. For this variety energetic measures are required, and their use seldom disappoints us. After the *prima via* has been well cleared (of which the practitioner should have ocular daily proof), by the persevering use of purgatives, such as senna, calomel, jalap, scammony, &c. and the accumulations so often observed in this complaint, are removed, it is not unusual to find the child complaining of pain in some one of the abdominal regions. Its seat is very various. A few leeches, warm fomentations, and a succeeding vesication, or the antimonial ointment, seldom fail in its removal. After premising these measures, it has been customary with me to commence the employment of a mercurial (generally the hyd. c. creta), combined with ipecacuanha, in small doses, of which latter medicine, in intestinal affections of the young, I apprehend we can scarcely entertain too high an opinion. Every one who

has seen much of infantile remittent fever, will acknowledge *irritability* to be one of its most prominent features. On this account the addition of a little opium to the evening mercurial, in most cases is accompanied with benefit, with this proviso, that the tongue is disposed to be moist before we employ it. Occasionally however, as with the adult, opium disagrees, and hyoscyamus affords a good substitute. Enemata, throughout the whole of this malady, are most appropriate remedies—varied of course according to age, temperament, and other attending circumstances. As one almost invariable ingredient therein, spirits of turpentine will be found useful, as in a large proportion of instances of the malady, the fever is heightened and the irritation increased by the presence of worms. As soon as the pyrexial symptoms have declined, and not before, calumba, iodine, and cascarrilla, may be employed, in forms as suitable to a child's palate as possible, intermitting not, however, the morning use of some gentle aperient, which, during the whole course of the disease (a period averaging probably three weeks), must be regularly enforced. Wine may now be found a useful auxiliary.

In conclusion, let me remark that the junior practitioner must not be surprised at the occasional failure of his best-laid and most promising measures. The fretfulness of the little sufferer, the perversity of ignorant nurses, the occasional impossibility of administering remedies by the mouth, and the natural obstinacy and dangerous character of the disease, will, sometimes, but too successfully, combine to thwart and disappoint his wishes.

Manchester, Nov. 11, 1835.

HEMORRHOID IN THE RECTUM, FOLLOWED BY ABSCESS IN THE PERINEUM, WITH FISTULA RECTI ETC.

To the Editor of THE LANCET.

SIR,—As the following case will, perhaps, be considered to possess some practical interest, I shall feel obliged by its insertion in the pages of your journal. I am, Sir, your obedient servant,

ROBT. ROMLEY CHEYNE.
57, Berners-street, Nov. 11, 1835.

Mrs. K., ætat. 50, of a sallow complexion and spare figure, housekeeper to one of the West-end Club-houses, consulted me on the 22nd of last August, for what she called very uneasy sensations, with extreme weakness, about the loins and hips, and severe pain in the calves of her legs, increased by

walking, or any exertion. She had thus suffered during two months, and knew no cause for her complaint. The menstrual secretion ceased six years ago, since which time, until lately, she had been perfectly well. She had never, to her knowledge, had piles, nor passed blood by stool. The bowels acted regularly, and without pain. She had never had leucorrhœa; her constitutional symptoms, when I first saw her, were not severe, the pulse being very little quicker than natural, the tongue only slightly furred, and the skin cool and moist. She experienced, however, much anxiety (which was expressed in her countenance), from the apprehension of permanently impaired health.

This history, I must confess, induced me to consider the case as one of sciatica, and (acting on that idea) to recommend very moderate diet, gentle aperients, thirty minims of *Vin. Colchici* in *Mist. Camphoræ*, three times a day, and the use of the warm hip-bath every night at bed-time.

This and similar treatment, continued until the 26th, afforded partial relief; but still there existed a sensation of weakness, and, lately, of soreness, about the hips and perineum; and once, when at stool, a slight pain had been felt shooting through the anus. From these facts I now hoped to obtain light enough to dispel the obscurity of the case. As I was aware that diseases connected with the rectum often assumed very anomalous characters, an examination *per anum*, was immediately proposed, with the view of ascertaining whether the present was a case of that nature. The result was, the detection, about an inch within the anus, on the floor of the rectum, of the presence of a soft elastic hemorrhoid, of the size of a cherry, surrounded by some thickening and swelling, as if the coats of the bowel were pushed inwards by fluid in the vicinity. The impression, too, of distinct fluctuation, was given to the finger, when forcible pressure (which gave no pain to the patient) was made by the other hand, on the perineum. All doubt being now cleared away, the proper practice was evident. The contents of the abscess should have been at once discharged through a large opening, and then, in all probability, my patient would have been well in a few days; nothing, however, would induce her to consent to my request: she could not imagine the existence of an abscess without much more pain than she experienced. Under these circumstances nothing more could be done than to advise her to keep quite quiet, to take a teaspoonful of *Elect. Sennæ* every night, and to inject an enema of warm water every morning.

Thus the case proceeded until the 1st of September, when I was hastily summoned to my patient, whom I found suffering acute pain in the perineum, the integuments of

which were now of a livid red colour, hot, and swollen, and acutely tender on pressure. There was, also, as might be expected, a great deal of symptomatic fever. The application of twenty-four leeches was immediately ordered, and afterwards a warm poultice; and in the evening these measures were repeated, and an anodyne draught was administered.

The next day the pain and swelling were less; but there was more fever, and some difficulty in making water. No further opposition being now offered, a free opening was made near the anus, when more than half a pint of dark-coloured offensive pus, with bubbles of gas, escaped, to the surprise of the attendants, and with great alleviation of the severe pain and feelings of tension in the part. A poultice was then applied, and directed to be repeated three times a day, and an anodyne to be taken at bed-time.

Sept. 3. Has had a restless night; pulse 120; tongue loaded with a brown fur; copious discharge, mixed with sloughs of cellular and adipose tissues. Complains still of much soreness and distention about the perineum; to relieve which, another opening was made, and a great quantity of pus flowed out.

℞ *Ammon. Subcarb.* gr. xvj; *Acidi Tartarizi* ʒj; *Aq. Distil.* ʒiss. M. et int. effervescendum 6ta quaq. horâ sumatur. Contin. catap. et haust. anod.

4. Has had a better night; looks less anxious; pulse 110; bowels open; no difficulty in making water; copious discharge, and the sloughing continues. Cont. medic. et catap.

7. Has been improving for the last three days. Sloughing has nearly stopped; no pain; less fur. Cont. medic. et catap.

The three weeks following the last report were spent in aiding the efforts of nature to repair the extensive mischief, which, as has been seen, was the work of only a few days. During this time the sloughing process had converted the incisions of the lancet into a deep cavity surrounding the intestine, laterally and posteriorly, discharging at first an unhealthy pus, which, however, improved in quality, in proportion as the constitutional vigour of the patient was restored under the use of tonics and good diet. Strong astringent lotions were also employed, of which those composed of *Sol. Chlor. Calcis*, and port wine and water, seemed the most effective. The stage of granulation at length commenced at the bottom of the abscess, and continued until all, save a fistulous canal, had been filled up, which, when traced with a probe, was found to communicate with the bowel in three places—viz. one, two and a half inches from the anus; another, *through the centre*

of the hemorrhoid above alluded to, and the third close to the base of the latter.

As it was now evidently useless to waste time in the effort to cure the fistula without the operation, this was performed,—the incision dividing all the parts included between the highest opening into the intestine and the anus. After this the granulating process recommenced, and went on until it reached the situation of the two other points of communication with the rectum; and now, instead of again using the knife (as the hemorrhoid could be readily drawn out with a hook), a ligature was tied round its base, including that portion of the mucous membrane in which the third small aperture could be distinctly seen. In three days the ligature came away during the action of the bowels, and from that period the case proceeded so well, that towards the close of the month Mrs. K. went into the country quite recovered, promising, however, to continue the use of an enema of warm water twice a week for some time, in order to ensure the regular action of the bowels.

Remarks.—This case is full of interest. It shows the fact that large collections of matter may take place in the neighbourhood of the rectum, without being preceded by the usual inflammatory symptoms, or, indeed, by any that are distinctly diagnostic; and no less clearly does it prove the great importance of freely opening abscesses in that situation at an early period. To the refusal of my patient to submit to this practice, all the subsequent mischief was to be attributed. Inflammation, once set up in a tissue possessing such feeble vitality as the adipose (especially in individuals of an unhealthy habit), is very little under the control of antiphlogistic treatment. Leeches, which, undoubtedly, should be applied in large numbers, followed by poultices, relieve the pain, but do not materially retard the sloughing process when it has once commenced. Indeed, we can do little more, when the case has so far advanced, than support the patient as much as possible, and aid the escape of the sloughs as soon as they are loose; for these, lying in contact with the living structure, cannot fail to prove a source of irritation.

Most abscesses near the rectum, forming, as in the above instance, in a passive manner, are perhaps connected with some cause of obstruction to the return of blood through the hemorrhoidal veins, and hence frequently coexist with piles. In our present case, the secretions of the rectum probably found their way through the hemorrhoid (which was also, in fact, what is called "a blind internal fistula") into the surrounding tissues, and this excited an irritation which led to the formation of the abscess; but in bad constitutions, a varicose state of the venous plexuses in the adipose tissue of

the perineum, with the consequent imperfect circulation in the capillaries, is quite sufficient to explain the occurrence of supuration.

CHARGES PREFERRED BY THE LATE

SURGEONS OF THE

PRESTON DISPENSARY

AGAINST THE PHYSICIANS OF THAT INSTITUTION.

To the Editor of THE LANCET.

SIR,—As you have always evinced a desire to rectify abuses in the medical profession, and to expose the misconduct of public officers to that obloquy which it merits, we trust you will permit us to lay before the medical public, through the pages of your journal, an instance of intrigue and faithlessness, that is, perhaps, unique in the annals of our medical institutions.

The principal medical institution in Preston is a dispensary, which was established in 1809. At first it was managed by two or three physicians, and a house-surgeon. In 1830, three surgeons were appointed to assist in the labours of the establishment. The two senior physicians then consigned over to their surgical colleagues, such operations as they had previously performed; but the junior physician, Dr. Moore, tenaciously clung to his share of the surgical cases, and continued to act as a general practitioner, at the same time that he laid claim to the honours and the fees of a physician in private practice.

Thus the business of the dispensary continued to be managed, until the senior physicians withdrew, and junior physicians were appointed. These gentlemen, imitating it is supposed their senior, took their station as general practitioners also. There was no division into medical and surgical practice, but each honorary officer took all cases indiscriminately that were presented on his day for the reception of patients. There were, ostensibly, three honorary physicians and three honorary surgeons attached to the institution; and so the rules enjoined, and the reports continually declared; but, in reality, there were six general practitioners. Notwithstanding this anomalous state of things, the greatest harmony seemed to prevail among the honorary officers up to December last. Then an alleged irregular attendance of some of the medical officers induced the sub-committee (whose duty it was to see that the affairs of the institution were regularly conducted) to inquire into the cause of the neglect, and where the