

affection of the sciatic nerve, attended with a troublesome cough. The patient got better of both under its use, but not rapidly, though I think it had some effect in the case. The patient was a girl of 12 years of age, of a very susceptible habit. She could take 3iss. of the tincture four times a day, but 3ij. made her dizzy. I am, &c. X+Z.

EXTRAORDINARY CASE OF LODGMENT OF A FOREIGN SUBSTANCE
IN THE LOWER PORTION OF THE COLON.

REPORTED BY GEORGE MOODIE, M.D.

[We are indebted to our friend Dr. Channing, of this city, for the following remarkable history, which was sent him for publication in some medical journal. We shall take the liberty to place after it a brief discussion that lately occurred in the Medical Society of London, on a case bearing some resemblance to that of Dr. Moodie.]

I WAS called, on the fifth of April, 1834, to visit a man named Steven Hovey, in North Andover, in the vicinity of the factories. I inquired of the person who came for me, the nature of the case. He could give me no further information than that the patient had a pain in the abdomen, and complained of numbness in one of his legs, and requested me to make haste. I hurried as expeditiously as possible to the patient's residence, supposing it to be a case of common colic. On my arrival at the house, I found the patient up, with his clothes on, exhibiting but slight marks of indisposition. I immediately asked him if he had an attack of colic. He hesitated a moment, and then said, looking round to see if any one was within hearing, "I have got a tin tumbler up in my body! and I wish you to keep the circumstance as private as possible, as people will laugh at me." I immediately inquired how he could possibly get it there, and how long it had been there. He simply stated that it had been in his bowels about thirty hours; that he had had a prolapsus of the rectum (an affection to which he had been subject), for which I had treated him in 1829, but he had not been troubled with it since, till the present time, when, owing to unusual dilatation of the sphincter ani, the rectum had descended to a considerable extent, and having tried the usual method of reduction with his fingers, &c. ineffectually, he placed a large tin tumbler on the floor and sat upon it, thus forcing up the prolapsus. When the intestine returned to its proper situation, owing to a sudden and violent action of the sphincter and the sudden and quick contraction of the parts, the tumbler passed up with the rectum. He had made an ineffectual effort to extract it with his fingers; he then had recourse to a pair of shoemaker's forceps. With these he had considerably broken and flattened the edge of the base, or rim, of the tumbler, and forced it beyond the rectum, into the colon. This was the situation in which I found it on my arrival.

After examination, considering it as nearly a hopeless case, I immediately placed him in a horizontal position, and passing my hand and forearm through the rectum, seized the substance and made a powerful effort to extract it; but owing to the violent contraction of the walls of the rectum

and the sphincter, I had not strength to accomplish my object. I then desisted, and had recourse to the blunt hook. With this I brought it down so as easily to distinguish it externally ; but owing to its flattened state, it hitched in the plicæ of the intestine. Finding I had not strength to extract it, if it was practicable, and wanting advice, the Hon. Jos. Kittredge was called. He made another attempt to extract it with the blunt hook, but did not succeed ; he likewise said he should like more counsel, and the Haverhill physicians were sent to. Accordingly, about half past two or three o'clock, Dr. Whiting arrived from Haverhill. I then related the facts of the case as they had come within my knowledge ; stated that I thought the sphincter ani might be divided, and an incision made up the sciatic notch in the part nearest the sacrum, the walls of the rectum divided by a bistoury, and the levator ani cut through, a speculum ani introduced, and the parts dilated so as possibly to extract the offending substance. I thus stated my opinion, and submitted myself, as the youngest, to be guided by my elder associates. Dr. Whiting was of opinion it was best to extract it with several kinds of forceps, and accordingly the patient was placed again in a horizontal position. Another young man and myself dilated the parts, and the tumbler was brought down and seized with forceps by Drs. Kittredge and Whiting, and they made a powerful but vain effort to extract it. It was then agreed that Dr. Whiting, he having the smallest hand, should introduce it beyond the rectum, and make another effort to bring down the tumbler ; he succeeded in passing his hand into the rectum, but was unable to bring the tumbler away, owing to its lodging in the folds of the intestines. The patient now expressed a desire to be opened through the walls of the abdomen ; this, he was told, would produce certain death. It was then proposed to open through the levator ani, but Dr. Kittredge thought he might expire from hæmorrhage from the hæmorrhoidal arteries ; and as it was now growing dark, the operation was abandoned.

The patient lived about three days after this. His tongue sloughed and turned black, and gangrene took place in the large intestines. The tumbler was extracted after death ; it measured 3 1-2 inches in length, 3 1-2 in width in the direction of the flattened part, 2 inches across the bottom, and would hold nearly three gills.

Hovey had been cut for the stone in the Massachusetts Hospital in 1828, by Dr. Warren. It seems that he introduced the nucleus of the stone himself through the urethra, which consisted of a small bean, when a boy ; it rolled about in the bladder, and this collected the stone which was extracted by Dr. Warren.

I have been requested by the neighboring faculty to prepare this statement—

1. Because it is a new and unheard-of fact in the annals of medicine.
2. To prevent misrepresentation.
3. To show how large a substance may pass through the rectum.
4. To turn the attention of the faculty to the proper method of treatment, should like cases ever occur.

Medical Inquiries arising from this Case.

1. What analogy would an operation in this case bear to the operation for fistula in ano ?

2. If an incision had been made, how far could it be carried without endangering the nerve ?

3. How much dilatation would be obtained by dividing the sphincter ani ?

Boxford, Mass., April 18, 1834.

A Case in which a common Earthenware Egg-cup was found in the small Intestines.—Mr. Dendy brought before the notice of the Medical Society of London, the following singular case :—A man, aged 60, came into the Christ church work-house, with serotal hernia, which had existed thirty-five years, but was partially reducible. He had been for some time subject to repeated attacks of chronic diarrhœa and dysentery, and ten weeks previous to his death he had diffused peritonitis. About three weeks previous to that event he was seized with stercoraceous vomiting, and the taxis was applied, but was not perfectly successful, as a small tumor still remained, similar in appearance to a knuckle of intestine. The symptoms continued, and on the 4th of December he died.

About twelve hours after death, Mr. Dendy, in the presence of Mr. Stevens and Mr. Brown, proceeded to examine the body. The stomach appeared to have suffered from inflammation, and the pyloric orifice could be distended with the greatest facility ; the small intestines were matted together, and their coats were so attenuated that they formed a perfectly diaphanous membrane. The ileum was of a purple color, and marked in some places with little patches of ulceration ; in the interior of this intestine, about ten inches from the ileo-colic valve, was found a common-sized earthenware egg-cup, resting upon the lumbar vertebræ, near the posterior superior part of the crest of the ileum ; the mouth of the cup was in the direction onwards, towards the large intestines, and its interior was stained of a black color. No portion of the intestine was found in the hernial sac, but there was a chocolate-colored fluid, similar in appearance to decomposed intestine, in it. The ileo-colic valve was perfectly healthy, and of its natural size ; and, although the colon and rectum were traced throughout their whole course, no marks of disease could be discovered ; the cœcum was found full of scybala. The deceased had been much addicted to drinking, but had never exhibited any symptoms of insanity : nor did Mr. Dendy, from any part of the man's conduct, although he had been under his observation some time, expect to find such a source of disease. He was of opinion that, from the healthy state of the large intestines and the valve, and the diseased condition of the smaller ones, the cup must have passed by the mouth. The portion of intestine which had formed the hernia was below the cup.

Mr. Salmon could not think that this body had passed the pylorus ; it would probably have suffocated the man. He had, however, seen many instances where patients had confessed to having passed foreign substances through the anus : it might by possibility pass the valve of the colon, but could not, in his opinion, pass by the mouth.

Mr. Stevens thought that if the cup had entered into the stomach, it might with facility pass the pyloric valve, which was so unusually large : the state of the intestine led him to suppose that it had passed in this way.

Mr. Hooper mentioned a case which occurred at St. Bartholomew's Hospital, in which a six-ounce bottle had been passed into the rectum. Mr. Lawrence was sent for, and on his arrival proceeded to dilate the anus with his fingers, and finally succeeded in extracting the foreign body.

Dr. Ryan remarked, that if this man were subject to delirium tremens or melancholy, he considered it probable that he might have swallowed the egg-cup when his mind was much affected. He mentioned the circumstance of Gosse, of Geneva, having swallowed metallic balls of two inches and a half in diameter.

Mr. Headland made some remarks as to the fact that the egg-cup was not acted on by the gastric fluid.

Dr. Severn observed that the cup was made of silex, which was not soluble in the strongest acids, and it was then glazed with cobalt with the same intention.

Mr. Kingdon said that he had seen a man nearly killed by swallowing a shilling, but that eventually it passed by the rectum.

Dr. Ryan, Mr. Hooper, Mr. Dendy and Mr. Salmon, mentioned cases in which farthings, half-pence, pence, and sovereigns, were swallowed without having produced any bad effect.

Several other members spoke as to the probability or improbability of the cup having passed by the mouth.

INTRODUCTION OF AIR INTO THE VEINS.

READ BEFORE THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

BY BENJAMIN F. WING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

GENTLEMEN,—I have selected for the subject of my communication this evening, the Introduction of Air into the Veins. My attention was first drawn particularly to the subject, in consequence of having witnessed the death of an individual, which was supposed to have been caused by this accident while she was undergoing a surgical operation. Believing that as good an understanding of it might be obtained by interrogating nature, through a series of experiments, as by studying the different authors who have written upon it, I undertook the following experiments.

Exp. I.—The external jugular vein of a full-sized rabbit was laid bare for some distance, and a branch of it selected for the insertion of a tube, that the current of blood through the principal vein should not be interrupted. By means of a small syringe the air was forced into the vein, and globule after globule was seen to enter the jugular and pass along with the blood, producing in the vicinity of the heart a slight gurgling noise. This organ immediately testified its presence by violent action for the space of about one minute, when it suddenly ceased to act. The animal made a few convulsive struggles, uttered a cry, gasped at intervals of some seconds, and expired.

An examination of the body was made twenty minutes after death. The muscles contracted under the stimulus of the knife. The brain presented no uncommon appearance. Its bloodvessels were not engorged,