

lowest point of the incision, at the verge of the anus, was very slow in healing, and thus interfered, for some time, with the use of the dilator.

In conclusion, I desire to call again attention to Whitehead's dilator, for the benefit of those who may prefer its use, though greatly inferior, in my opinion, to Molesworth's. He recommends a silk bag, devised by a patient, between the layers of the robber. I could not, for some time, exactly comprehend the rationale of this addition, and finally discovered that, without this, the instrument is "a delusion and a snare" to a great extent, except at the outset of dilatation; for this reason, that the gut, above and below the stricture, is very extensible, as is also the thin rubber which enables the dilator to be expanded to the extent of several inches in diameter, without the stricture yielding one inch. The silk, not being extensible, *when fully expanded, limits the dilatation above and below the stricture, and thus permits the additional water thrown in to stretch the stricture itself.*

COLD SPRING, Oct. 17, 1874.

ART. XVII.—*Note of the Termination of a Case of Uterine Cancer in which Lumbar Colotomy was performed.* By JOHN H. PACKARD, M.D., of Philadelphia.

In the number of this Journal for July, 1874, I reported the case of Mrs. H., in whom, on account of obstruction of the rectum by a malignant uterine tumour, the operation of lumbar colotomy was resorted to, with results which fully justified the adoption of that measure.

At the date of the former report, fifteen weeks had elapsed from the time of the operation. For nineteen weeks longer, or thirty-four weeks in all—eight months and a half—she maintained her struggle with the original disease, succumbing at length on the 12th of October. During all this period, there was no trouble whatever in keeping her entirely free from any annoyance, either to herself or to those around her, from the existence of the artificial anus; there was no involuntary discharge of flatus or feces, and the evacuations occurred with no more trouble than in the case of any other bed-ridden person.

An autopsy was made about 26 hours after death by Mr. Vogler, Dr. Buisnot's student, in the presence of Dr. B. and myself. The uterus and vagina were extensively diseased, the cancerous deposits involving them almost in one solid mass with the greatly enlarged lymphatic glands. The glands lying within the broad ligaments and on the anterior face of the sacrum were converted into large nodular masses of adventitious material. Among these masses the rectum wound so tortuously that a probe could

not be made to follow it until they had been divided with the knife. Its wall was rendered very firm and rigid by the invasion of its tissues, and its calibre almost obliterated. The bladder was wholly uninvolved.

One thing surprised both Dr. B. and myself, namely, the great length of bowel—about 18 inches—between the artificial opening and the anus; it was owing to the existence of a very long sigmoid flexure.

ART. XVIII.—*Case of Aneurism of the Abdominal Aorta successfully treated by Large Doses of Iodide of Potassium.* By THOS. M. MATHEWS, M.D., of Maant Enterprise, Rush Co., Texas.

DURING the past winter I was called to attend Mrs. W., æt. 38, married some twelve or fifteen years, but had never had any children. I failed at the time to detect any cause for her general ill health, but in April last I discovered a large aneurism of the abdominal aorta, which on close examination I found to extend from under the sternum obliquely downward to below the umbilicus.

Having been taught that such a condition was necessarily fatal, I should have given the case up as such had I not seen the article, on page 539 of the *Amer. Journ. of the Med. Sciences* for April, 1874, by Dr. George W. Balfour on large doses of the iodide of potassium in such cases. As a *dernier ressort* I determined to give the drug a trial. I at once put the lady upon twelve and a half grains dissolved in the syrup of sarsaparilla three times a day, and increased the dose each day till it reached fifteen grains. I then gave fifteen grains four times in the twenty-four hours. *My patient began at once to improve*; the large doses seemed at first to irritate the stomach a little, but this soon passed away. When I began the use of the remedy the lady was confined closely to her bed; could not sleep unless under the influence of chloral; now, five months have passed, she is able to be up nearly all the while; sleeps without the sedative; rides about, even on horseback, a good deal, and is apparently in very good health. The aneurismal thrill and the bruit are now nearly absent, though the remains of the "sac" can be distinctly felt, yet very much smaller than it was at first. I used nothing but the iodide of potassium, except during June, when I gave between the iodide doses of fl. ext. ergat, ʒj, and tr. digitalis, gtt. v. I have kept up the use of the iodide steadily till now, except for two weeks; at present I am giving iodide of potassium, gr. v, and carbonate of ammonia, gr. iij, three times a day.

Believing that in the potassic salt we have a remedy which will in a very great measure control, if not cure, this disease, which was formerly believed to be incurable, and hoping that others may be induced to try the remedy, I submit it to the consideration of the profession.