

ON PHAGADÆNA ORIS.

By RICHARD LANYON, M.D., F.A.S, &c.,  
*Lostwithiel.*

formed, are a very slight smarting sensation in the canal, scarcely amounting to pain, and succeeded very soon by marked relief, in passing water. The scalding becomes greatly lessened after each injection, and is soon completely removed, the cure, in light cases, being accomplished in 24 hours, and the most severe which I have had an opportunity of treating, always yielding in the course of three or four days, at furthest. If any pain be caused by the injection, it may be removed at once, by injecting a little cold water immediately afterwards, and diluting the solution a little more. However, it ought to be of such strength as to produce a slight tickling, or itching sensation in the part, and this will subside altogether in a few moments.

The following case may illustrate the efficacy of this treatment:—Many years since, a gentleman having contracted a gonorrhœa, was obliged to undertake a journey, on horseback, of nearly 40 miles. During his ride, the urethra became exceedingly painful, the irritation of the motion producing violent erections, with chordee, and blood was forced from the orifice. In this state of suffering he arrived at his journey's end, and had recourse immediately to my treatment, with *frequent and weak* injections. Immediate relief followed, and, at the end of two days, he assured me that he was perfectly free from the disease.

Since that time I have had many opportunities of testing this treatment, and it appears to me to be incomparably superior to any other that is at present known. It has never, so far as I have yet seen, been succeeded by any symptoms of stricture, even in those who, from irregularities of life (as has been the case with the above-mentioned gentleman) have had frequent recourse to it; nor has it, in any one instance, been followed by testitis, although one might suppose, from the quick removal of the disease, that there might be some danger of a metastasis; but this may be explained by the fact, that although the discharge is *quickly* removed by this plan, still it is *gradually*, and not *suddenly* suppressed, as it might be, were the injections used very strong and painful. I wish also to add, that I have tried several other weak solutions, such as those of alum, nitrate of silver, and acetate of lead, but I have not found any to be attended with so little pain, or, indeed, to answer so well, in every respect, as that of the sulphate of zinc. I am, Sir, your obedient servant,

M. B.

Dublin, Jan. 20, 1840.

[For many years back Mr. Thomas Evans, late of Mortimer-street, London, has been in the habit of recommending the same treatment, and on precisely similar principles.]—

*Sub. Ed. L.*

No. 860.

SEVERAL cases of gangrene of the mouth have of late been recited in THE LANCET, which cannot fail to turn the attention of the profession more particularly to that intractable disease. The valuable contribution of Dr. P. Hennis Green \* affords us the melancholy testimony of eight deaths; and the experienced Dr. Marshall Hall has lately been cited to give evidence at an inquest, which the father demanded, respecting the death of one of his little patients, who fell a victim to the ravages of this fearful malady.† These gentlemen, as well as the profession generally, have failed to propound means curative or alleviatory of these gangrenous affections. The question of mercury having been its cause, has not, I believe, been satisfactorily substantiated by clinical investigation; indeed, I perfectly agree with Dr. Hall that pytalism is extremely rare among children, and when it does occur that its consequences are not so confined as to produce well-marked cases of phagadæna oris. In the same number of THE LANCET, and immediately following the communication of Dr. Marshall Hall, is a paper by Mr. T. Coward, in which Mr. C. bears testimony to this disease not being the effect of the adhibition of mercury, but rather the consequence of small-pox, or measles. In illustration of these remarks I append the following case, exemplifying a mode of treatment which, under more experience, may prove to be a valuable mode of procedure in effecting a cure:—

The child of a labourer, in the month of September, 1838, had a blister applied at the nape of the neck, which was followed by sphacelus, and sloughing, to such an extent, that there was but little hope of recovery. In December last it suffered much from hooping-cough, which was accompanied by inflammation and sloughing of a portion of the left cheek. The disease had proceeded so rapidly and fearfully as to expose the lining membrane of the mouth, when it struck me, from having just read the excellent little work of Mr. Davies, that the tincture of iodine might be used with advantage. Without loss of time it was applied freely to every part of the ulcerated surface. On the succeeding day it was found that the ravages of the disease had been checked, and the parts were pencilled with rectified spirit. On the third day, although the sloughs were being separated, and healthy granulations had begun to make their appearance, still it was thought advisable to use the tincture as at first. After two or three subsequent ap-

\* Vol. I. for 1839—40, p. 404.

† See p. 408, l. c.

plications, and the rectified spirit on the intermediate days, the disease was brought to a successful issue, although the child eventually died of hooping-cough.

One other case of the kind occurred in my practice some years since, which terminated fatally.

Where the reputation of the practitioner is so frequently the cause of investigation by coroners' juries, it behoves the members of the profession, generally, to place on record cases and opinions which may be resorted to as authority under circumstances when the law demands judicial inquiry. The only solace a medical man has, when his professional conduct is being questioned, is the consolation that he has it in his power to appeal to authentic histories, as his sanction under circumstances of doubt and difficulty.

Lostwithiel, February 10, 1840.

### CASE OF OBLITERATED COLON,

WITH UNUSUAL DIVISION AND CLOSURE.

By HENRY SMITH, Esq., Surgeon, Plymouth.

A HEALTHY-LOOKING, well-formed female infant, born at the full period, was brought to me on January 17th last, 30 hours after birth, in consequence of there having been no passage from the bowels. Castor oil had been given by the nurse, without effect. By this time the infant had begun to vomit a brownish fæculent matter. I examined *per anum* (being inclined to suspect a stricture, from having had a case of the kind before), but could not pass the little finger further than half an inch, in consequence of a firm resisting ring, which closely embraced the tip of the finger, but beyond which there was evidently a passage. My friend, Mr. Square, afterwards passed a bougie to a considerable distance. It was, therefore, uncertain at what point the obstruction existed, and, with regard to its cause, a probable conjecture only could be entertained. That the rectum had begun to contract very near the anus, was evident from the finger being unable to pass. The infant lived nine days, did not appear to suffer much, took the breast feebly, and continued to vomit, occasionally, brownish fæculent matter; the abdomen gradually became distended; some viscid mucus was discharged *per anum*, daily, whitish, and in long tenacious strings. It died Jan. 28th.

#### *Body examined Four Hours after Death.*

The integuments around the groin were discoloured, and the belly was very tense. On laying open the walls of the abdomen no trace of inflammation, or its consequences, appeared. The viscera were much distended with flatus and fæcal matter; the colon, which was very much inflated, passed up on

the right side, and, turning across the umbilical region, terminated in a smooth-rounded extremity, or blind sac. There was no great omentum, that being entirely wanting; this portion of colon had, however, a covering of peritoneum. There was a well-formed caput coli, and the ileocæcal valves were perfect—the appendix vermiformis was deficient; the colon was quite smooth and even throughout; the small intestines were healthy and perfect; the sigmoid flexure and rectum appeared not to have been formed at all. On turning aside all the viscera, and examining the pelvis, there appeared a tortuous gut, not larger than a swan-quill, which could be traced along the left side of the spinal column, and which, passing through the pelvis, terminated at the anus; the upper and unconnected extremity was smooth, quite closed, and pointed, commencing about the middle of the abdomen; its termination at the anus was pervious, and from this a bougie could be easily passed through the canal to the upper and closed commencement of the gut; it was confined to its situation by peritoneum and cellular tissue; from its anterior surface, near the anus, the peritoneum was reflected on to the uterus and bladder; the coats of this gut, which may be said to represent the sigmoid flexure and rectum, were firm, and admitted of but little distention; it was quite isolated, having no connection whatever with other viscera.

The length of the obliterated colon, from the ileum to its rounded termination, is nine inches; that of the narrow gut, terminating at the anus (whose diameter is not greater than that of a swan-quill), rather more than ten inches, allowing for its tortuous or convoluted form.

Notte-street, Plymouth,

Feb. 10th, 1840.

P.S.—I may here claim attention to a short sketch of another case, which occurred to my colleague, Mr. Hutton, and myself, when I was house-surgeon to the General Lying-in Hospital, Westminster. The cause of obstruction was an obliteration of the canal of the rectum, to the extent of three quarters of an inch, very near to the anus. It occurred in a remarkably fine female infant, and caused death in five days. By introducing the little finger *per anum*, and passing at the same time another finger *per vaginam*, the examining finger could be traced immediately below the stricture, and the fluctuation of the distended rectum felt above the stricture. A very careful attempt was made by Dr. Cape and Mr. South to relieve the infant, but it did not survive.

After death the intestines were found distended with flatus, especially the colon; the rectum was distended to its utmost extent with meconium; the obliterated portion of the rectum was, to the extent of three