

was brought to the surgery, thirty-six hours after birth, by a midwife. The child had not defecated, was very fretful, struggling, and crying constantly. Its abdomen was tense and full. On examination, the anus was found to be perfectly formed; but a membrane closed the lower end of the bowel, through which, with the peristaltic action of the intestines, the dark meconium could be seen now and again. I examined the vagina, but found no meconium there; and, satisfied that there was no way of exit for it, a crucial incision was made, and the child ordered a little castor oil, also to be brought back to the surgery in the evening, when the bowels had ceased discharging. The angular flaps were seized and tacked to the margin of the anus by four silver-wire sutures, and in the course of a few days adhesion had taken place. To obviate any tendency to contraction and narrowing of the orifice, an ivory clyster-pipe was ordered to be frequently used, anointed with oil; but from carelessness in its use the adherent flaps were again detached from the anal margin, and the bowel was again loose and movable within the anus. This, however, did not prove so great a detriment as might be expected; for the pipe could easily be inserted, and, with the exception of a few times that the bowel got twisted a little to one side, the child managed to relieve itself remarkably well. Injections were occasionally given. Several attempts at examination were made; but the peculiarity of the malformation was not decided upon further than that there was no recto-vaginal fistula, and that the bowel did not terminate at the anal orifice, nor yet at the anterior margin of the anus.

On the 24th May I was summoned to the child, in consequence of an attack of bronchitis having set in, and to which it succumbed on the following day. It is now a year within a few days since the operation, and the mother told me that the child had required very little attention of late, but that she had continued now and again the use of the clystic pipe, sometimes at intervals of three weeks.

Post-mortem examination.—I was allowed to examine the state of matters after death, when the following particulars were noted:—The anus was completely formed, the rectum terminating in a cul-de-sac, which turned upwards; its posterior wall was adherent to and incorporated with the recto-vaginal septum, from the anterior margin of the anus, extending upwards for a little more than two inches, and easily admitting the finger. This sac contained feculent matter with a very strong odour. Having cleared this away, I injected milk into the vagina, and was satisfied that no fistula existed. I now noticed the opening into the bowel; it was rounded, with a slightly thickened margin, and did not appear less than it was nine months ago. At the seat of the operation the bowel was of normal calibre, but the prolongation was somewhat smaller. No traces of inflammation were observed.

Remarks.—My object in placing this case on record is simply for the peculiarity of the malformation, since, after careful investigation, I have not met with a single instance of malformation of the rectum having this peculiarity. The occlusion was due entirely to the prolongation of the bowel, and its attachment to the septum. The cases of this kind generally met with are characterised by a deficiency of bowel, some few opening into other canals, as the vagina, bladder, or urethra; seldom have cases exhibiting a redundancy of bowel been observed. (See Ashton, Curling, &c.) I may here mention that an hypertrophied condition of the terminal end of the rectum has been known to occur, owing to excessive distension from superincumbent pressure of meconium, in cases that have remained for a long time unrelieved (Curling); but the discovery was soon made in this case, and no traces of inflammatory action remained. Moreover, the union was as perfect as is the case with webbed fingers or toes so commonly met with; but there was no history of congenital deformity in the family, so far as I could ascertain.

The operation was a failure. If the child had lived and matured, in all probability this condition of the bowel would have proved a serious inconvenience. It had thriven, and enjoyed perfect health for nearly a year; but I am inclined to think that such would not have continued long. A secondary operation might have been attempted—viz., to attach the bowel again to the anus, with a chance of its ultimate success, at the same time enlarging the opening in the direction of its anterior attachment to the anus. Time,

however, was not given for the carrying out of this project; and so long as the child continued in health, and was getting on so favourably, there might have been some advantage in deferring it.

Prompt interference was necessary, and relief was soon obtained by the incision; but the subsequent treatment being the most important, great care and precision are necessary in inserting the dilator for some time after the operation.

Bradford, Yorks, July, 1871.

CASE OF ULCER OF THE STOMACH.

EFFECTS OF ANIMAL CHARCOAL; RECOVERY.

By J. FARRAR, L.R.C.P. & L.R.C.S. Ed.

J. A—, a farm labourer, aged twenty-six years, unmarried, presented himself about a month ago with the following history and symptoms:—About ten weeks previously he began gradually to feel sick, as if he were going to vomit; which feeling was accompanied with a sensation of heat at the pit of the stomach, heart-burn, and a falling-off of his appetite. The heat in the epigastric region continued to get worse, till, as he said, it felt “burning him”; and he now had a dull, heavy, continuous throbbing pain at this place. These sensations of heat and pain were always worse just after meals. The patient was almost constantly affected with dizziness, but especially after food; and with a severe headache. On placing his hand on the seat of pain, he felt a tumour there, which, he thinks, was much larger than an apple, and which he could very clearly define, as he could grasp it in his hand as a “hard, firm lump.” On his exerting pressure at this place he experienced a severe pricking, cutting sensation, amounting to intense pain on the pressure being increased. At times he had shooting pains from the tumour through to his back and up to the left shoulder, but more particularly to his back, and which, I may incidentally mention, I found to be at a point a few inches below that at the pit of the stomach. These symptoms becoming worse, he was compelled to cease work; and he then applied for relief to a medical man in the district, who gave him a “bitter, sour medicine,” and advised a day or two’s rest, treating him for “liver complaint.” In a few days he thought he felt better, and began his work; but was again in a short time compelled to take rest. He then put himself under another medical man for three weeks, and finally came home to be treated by the family doctor, by whom he was attended for a period of four weeks, and up to the time at which he applied to me.

On examination I could detect no tumour in the epigastric region, but there was extreme tenderness there. He still felt pains darting through to his back and up to the left shoulder, the right shoulder also being now implicated. His tongue was dry, parched, and coated with a dirty, thick, yellowish-white fur; bowels costive, the fæces described as hard and dry—“crumbly.” There was great thirst, and the patient had no appetite; he had dizziness and headache. Skin moist; head cool; pulse 110, somewhat jerking and wiry. He always rested well at night. There was nothing in his general appearance to indicate that there was malignant disease, though he was somewhat thin from his inability to eat. He could recollect no blow having been received at the seat of pain, nor could he give any reason to account for his disease. He is not addicted to strong drinks, and has always been steady and regular in his habits. His greatest discomfort was the presence in his mouth, at night when in bed, of a fetid and highly disagreeable fluid, which came from the stomach. He never awoke without finding his mouth filled with this abominable matter, and running out of the angles of the mouth on the pillow; by day he was never thus troubled unless he lay down, and he therefore avoided the horizontal position as much as possible.

I gave him no medicine, but told him to continue with that which he was taking from the family doctor till it was exhausted, and then again present himself, and, if possible, to bring with him, in a thoroughly cleansed bottle, a little of the fluid which found its way into his mouth; he was to

well wash out his mouth before going to bed, and on awaking to immediately allow the fluid to run into the bottle from his mouth, and bring it to me the same morning for examination. The matter thus collected was found to be a dirty greenish-yellow fluid, which emitted a most abominably fetid stench; under the microscope it was found to consist of pus-cells, a few blood-corpuscles, epithelial scales, &c., suspended in a thin but apparently viscid fluid.

From the foregoing history and symptoms, together with the patient's general appearance, I diagnosed the case to be one of non-malignant ulcer of the stomach. He was ordered to keep his bowels open, so as to have one motion a day, with castor oil; to abstain entirely from every kind of stimulant and all hot irritating fluids and condiments—no pepper, cayenne, mustard, &c.; his food to be of the simplest and lightest character—no animal food to be taken except in the fluid state, as broths, beef-tea, milk, &c.; and nothing to be taken at a higher temperature than that of new milk. On every alternate night he was to apply a mustard cataplasm over the seat of pain; also to take perfect rest.

This treatment continued for a week, gave great relief to the burning and throbbing pain in his stomach, but had no apparent effect whatever in restraining the disagreeable rise of the fetid matter into his mouth. He had hitherto been given nothing in the way of medicine. I now gave half-teaspoonful doses of animal charcoal three times a day, to be taken, if possible, mixed with a little cold water—just enough to form it into a bolus, and to be taken half an hour or more before food; his diet as before. On the second night after beginning the charcoal he expressed himself so greatly relieved of the presence in his mouth of the fetid fluid that I at once doubled the dose of the charcoal; and with the effect, during the first night, of complete immunity from this the patient's most distressing symptom. From the day on which he commenced taking this remedy in the larger dose, up to the present time, he has only on one occasion been troubled with the symptom, and this was one night when he had run short of the charcoal.

In a few days after the disappearance of this symptom the pain and heat in the stomach also began to diminish; so, too, the headache, the dizziness, &c. The tongue became moist and clean, and the thirst subsided. In short, the patient rapidly improved in every particular from a few days after the time the charcoal treatment was adopted. The mustard cataplasms were, however, still continued, one now being applied every third day, and the same precautions carried out with regard to the food, &c., as at first, the only alteration being an allowance of milk and egg—two eggs beaten up with milk, and two or three table-spoonfuls of this taken at a time every hour or two.

In parenthesis, I will notice here an appearance I observed in the epigastric region, produced by the action of the cataplasms. This was an increase in the redness of the part in the situation of the ulcer, showing in a manner the size and extent of the ulcer. The spot thus defined in the space covered by the mustard was not circular, but irregular in outline, having projections from its centre like the rays of a star-fish; it was, in fact, in appearance something like a crab, and might therefore, if the *shape* of the mass only were considered, be called *cancer*. I mention this appearance because I have not yet seen it noticed by anyone, or heard it spoken of; and because in such diseases, with more obscure symptoms, the mustard cataplasm might thus perhaps be made use of in assisting us to determine as to the presence or absence of an ulcer or vascular tumour in this situation, though this appearance may, as far as my knowledge goes, be purely of an accidental character, and have nothing whatever to do with the existence of such diseases. If the appearance was a result of the presence of an ulcer in the stomach, there must have been a limited amount of peritonitis between the anterior walls of the stomach—where I believe the ulcer was situated—and the walls of the epigastric region, resulting in the union by lymph of these parts, and forming one continuous solid wall from the exterior to the internal ulcer—in a similar manner to what is sometimes seen in abscess of the liver.

Aug. 28th.—Everything is as could be desired, the patient being to all intents and purposes cured of the disease; there is now no tenderness on pressure in the epigastric region, no shooting pains, no disagreeable taste in the mouth; the appetite has returned; and the only thing which prevents

the patient from resuming his duties is his general weakness, consequent on the forced abstinence from a sufficient quantity of proper food during the two months he has been ill.

Remarks.—I am firmly of opinion that the most important part of the treatment in this case was the administration of charcoal. The patient, from the day on which he took the first dose, felt greatly relieved, not only of the presence in his mouth of the discharge from the sore, but in every other respect. The feeling of nausea immediately left him; also the headache, the dizziness, the thirst, &c. Whether the remedy acted by preventing the formation of pus, or it absorbed, altered, or destroyed some of the more obnoxious and acrid parts of the discharge, I cannot say, but certain it is that it effected from the first a most striking change for the better in the patient's condition; and its power was all the more clearly and certainly recognised when at one time the patient had run short of it, and was again, on that particular occasion only, troubled with the most distressing of his symptoms.

Boroughbridge, Aug. 30th, 1871.

ON A NEW FORM OF NEEDLEHOLDER.

By SAMUEL THEOBALD, M.D.,
OF BALTIMORE, U.S.

THE needleholder, of which the accompanying cut gives a correct idea, I have had made more especially for ophthalmic surgery, where delicacy of manipulation is particularly desirable.

The holder generally used by ophthalmic surgeons is, I believe, the invention of Dr. Sands, of New York. It is so arranged as to fasten, when closed, by a spring catch. This arrangement has some advantages, enabling an assistant to place the needles in the holder, and pass it when desired to the surgeon, or permitting the latter perhaps to put the instrument out of his hands, if he may so wish, without the needle becoming displaced. Its disadvantages, however, I think, more than counterbalance these, especially in delicate operations on the lids, in Critchett's abscission, or in cases where it is desirable to stitch the conjunctiva. A more or less rude effort is required to release the needle. If this be large, the effort must be increased, as it will be held more tightly in proportion to its size. If, on the contrary, the needle be very small, the blades may fail to grasp it firmly, because not held sufficiently close together by the catch. It is also often desirable to let go the hold of the needle, and take a second while the stitch is being made. Under such circumstances, it is very provoking to be compelled to fasten and unfasten the holder each time, and yet this is unavoidably necessary. As originally made, Dr. Sands's instrument had the further disadvantage of frequently breaking the eye of the needle by the sudden snapping-to which takes place as the catch fastens. This, however, has been remedied by coating the grasping surfaces with lead.

In the instrument which I have designed, I have endeavoured, by doing away with the spring catch, to get rid of these faults. At the same time, I have so modified and increased the leverage that the needle may be held with great firmness without any effort (which might unsteady his hand) to the operator. With it a very slight motion of the thumb only is required to grasp or let go of the needle. The closure of the blades is regulated by the hand, so that whether the needle be large or small it is grasped with equal firmness. Again, as the snapping-to of the instrument is avoided, there is no danger of the eye of the needle being broken, and hence the lead coating is not required. It is, moreover, simpler in construction and less expensive than the old form, both of which are points in its favour.

Grooves should be filed in the grasping surfaces, so that the needle may be held firmly in different directions. The extremity of the lever (*a*) should be shaped so as to play in a narrow groove about half an inch long in the under-surface of the lever (*b*). This groove should end abruptly, and the extremity of the lever (*a*) playing in it should be so shaped as to catch firmly against the end of the groove, thus keep-