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Original Communications.

THREE CASES OF INFLAMMATION OF THE CÆCUM AND CURE OF ARTIFICIAL ANUS.

By WM. A. GILLESPIE, M.D., Louisa Court House, Va.

SEVERAL years ago a young physician, Dr. White, came to my office to get some purgative medicine, stating that he was very costive. In a few days he sent a message to me to visit him. He complained of pain and soreness in the right *iliac* region, which upon examination I found to be tender, with a distinct boggy tumor, some three inches in diameter, dull on percussion. His bowels were costive and he had some fever. I diagnosed inflammation of the *cæcum* (a very rare disease). General antiphlogistic treatment, purgatives, calomel and a blister were advised; but, notwithstanding treatment, general peritonitis ensued, with complete obstruction of the bowels, and he died in two or three days. No *post mortem*. Some time afterwards I was called in consultation to a Mr. A., fifteen miles from my residence, whom I found laboring under similar symptoms of a more chronic character; a distinct boggy tumor in the right *iliac* region, tender and painful, with constipated bowels. He was attended by a young physician, who stoutly and confidently contended that it was a case of hernia! I advised leeching, fomentations, blistering, calomel and purgatives—but meanwhile an abscess formed and discharged itself externally, and after lingering some weeks he recovered perfectly, and is now a healthy man, aged 70. The third case had a similar history; a painful chronic boggy tumor in the right *iliac* region, with constipation; was attended by a young physician (of more boldness than prudence) who plunged a lancet into the tumor, and the discharge was principally *fæces*, which continued to flow for some weeks. The late Professor Chas. Bell Gibson was called to the case and pronounced it a hopeless case of *artificial anus*. Afterwards I was called, and after hearing the history of the case I inquired if

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any *fæces* passed the natural way, and on being answered in the affirmative I determined to close the external opening. With solid nitrate of silver I thoroughly cauterized the thickened, callous, fistulous opening of the artificial anus, then passed three needles deeply through the lips of the orifice, and closed it by wrapping silk ligatures over the needles, as in hare-lip cases. Some ten days afterwards I removed the needles, and found the fistulous opening thoroughly united, the *fæces* having passed readily *per vias naturales*. He made a good, early and thorough recovery, and is alive and well now, after ten or twelve years from the time of the accident.

Such cases Dr. Symonds, in the Library of Practical Medicine, calls *peritonitis of the cæcum*. See also Copland's Medical Dictionary, Art. *Cæcum*.

CAUTERIZATION OF THE LINING MEMBRANE OF THE UTERUS.

By WM. A. GILLESPIE, M.D., Louisa Court House, Va.

MUCH has been said about the difficulties, and different plans of cauterizing the internal surface of the *cervix uteri* and of the body of the uterus, and of the dangers of injecting any liquid caustic preparation into it. I am therefore prepared to give a simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body of the uterus. I have practised it repeatedly in a large number of cases, with the happiest results:

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver, which will sink into, and adhere to, the wax. Then through a suitable speculum carry the prepared tent through the cervix, and if desirable, to the fundus, and let it remain twenty-four hours. No remedy in my hands has done more good in as short a time, in chronic inflammation, engorgement, enlargement or ulceration of the os and *cervix uteri*, and I have never known any unpleasant results from it.

September 1, 1869.

[WHOLE No. 2176-77.]