

*vitæ Hoffmani** externally, alleviated regurgitation, which, in more than one case, produced a sense of constriction, palpitation of the heart, oppression, and occasionally pains in different parts of the body, which the patients ascribed to wind. Creosote, in doses of a quarter to half a drop, taken before meals, was useful in preventing flatulency consequent on fermentation. I have also seen the use of this remedy in some cases alleviate vomiting in Bright's disease. On account of its bad taste, however, many people take it very unwillingly.

Vegetable charcoal is useful in the putrid decomposition of the contents of the stomach, with eructations having the taste of rotten eggs, as in closure of the pylorus, or suppurating cancer. As common wood coal generally contains splinters, which cause irritation, it is best to use coal made of burnt bread.

In chronic inflammation of the stomach, I have given with success small doses of iodide of potassium, from three to four grains daily. In two cases of obstinate vomiting, after many other remedies had been used in vain, I tried small doses of tincture of iodine, three or four drops daily, and with success.

I tried aqua regia (according to Prout's recommendation), in two cases in which a feeling of weight in the stomach after eating was complained of, with heaviness of the head, flatulency, and water-brash, and in which there was much loss of strength; in these cases oxalate of lime was found in the urine. The result was successful.

OPERATION FOR IMPERFORATE RECTUM NOT IMPRACTICABLE.

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WILLIAM, the son of Wm. Lund, was born on the 6th of December, 1851, and on the morning of the following day the nurse reported that there was an obstructed anus. On examination, the cleft of the nates was found sufficiently marked, but there was no evidence of an anus, either by protrusion or discoloration. During the night there had been occasionally bilious vomiting, and latterly straining, as if to evacuate the bowels. There had been no discharge of urine. Had taken no food of consequence, but had tried to nurse. The countenance looked badly, and there was lividity about the mouth and eyes. Was somewhat stupid; did not cry, but was constantly moaning.

Operation thirty-two and a half hours after birth, with the assistance of Dr. Henry Osgood Stone. The child was held upon the lap of the nurse, its nates resting over the right knee, and the

* A compound of the ethereal oils of lavender, cloves, cinnamon, lemon, mace, marjorum, thyme, orange flowers (also rue and amber), and balsamum Peruvianum, macerated in alcohol.

knees raised as for lithotomy. I made an incision in the centre of the cleft of the nates from the scrotum to the coccyx, and crossed this with another, at right angles, from the tuberosity of one ischium to the other. The dissection was carried on with a sharp-pointed, straight bistoury, backward and a little to the left, for two inches. No evidence of the neighborhood of the rectum being obtained with the finger, I passed a hydrocele trocar into the wound, in the same direction, a half inch further. On withdrawing it, meconium was found upon it. The wound was then enlarged with the knife, and a female catheter was introduced, through which an enema of warm water was administered. There was immediately a fair discharge of meconium, and a slight discharge of urine.

The child cried but little, and the whole loss of blood was not much more than two drachms. A few spoonfuls of milk and water were given, and it was dressed in the usual manner, no application being made to the wound. Half an hour later, the moaning had ceased, the child looked brighter, and there was a profuse dejection.

5, P.M.—Has had two full evacuations, but has not vomited nor passed urine. At 5, P.M., on the 8th, I introduced a sponge tent two and a half inches, with some little difficulty. During the attempt at introduction, the efforts of the child to evacuate the bowels produced an audible passage of air through the penis, which was rendered visible by the spattering of urine, and perceptible to the hand, which was laid above the pubes.

Dec. 9th.—Removed the tent, immediately after which, he passed a large amount of almost colorless urine in a jerking stream. No passage, either fluid or solid, by the anus at the time.

I have the regular reports of each visit, but select only such as are of particular consequence.

Dec. 14th.—Tried unsuccessfully to introduce a bougie of more than one fourth of an inch in diameter. Umbilical cord has not yet separated.

16th.—Introduced a female catheter with difficulty.

25th.—Free dejection. Passed a bougie of ebony, seven sixteenths of an inch in diameter.

27th.—In pain all night. Tumor in left side just over short ribs, size of a small walnut. Nurse says, she discovered it last night.

29th.—Tumor increasing in size. Passed bougie of 25th again with ease. Some bloody pus followed it.

Jan. 1st, 1852.—Opened tumor, which discharged an ounce of pus.

7th.—For several days the left side of the scrotum has been swelling.

13th.—Opened small abscess in front of scrotum. Child weighs 9½ pounds, an increase of 2½ pounds since birth.

22d.—Bougie has not been introduced since the 16th. Has two

dejections daily, and sometimes more. The scrotal abscess is well; there has been a slight gathering again on the left side, which broke yesterday and does not discharge to-day.

Feb. 13th.—No bougie since Jan. 16th. Three dejections. Weighs $11\frac{1}{2}$ pounds.

March 11th.—Gains daily. Nurses well. Bowels open freely every day, without medicine. No bougie since Jan. 16th. Has gained another pound.

Soon after this last report, the child left town for Gardiner, Me., and returned on the 28th of May. Saw it that afternoon. Looks well, and is fat and hearty. About the 1st of May, discharged urine and fæces mixed, by urethra; but has not since. For several days last week, had diarrhœa, which stopped on the 21st. No instrument has been passed into the anus, which is red and shining about its edges, and bled a little on separating the nates.

Aug. 5th.—Has six teeth. For several weeks has had diarrhœa, and fæcal matter passes by the urethra, as much as by the anus.

In the fall, the family removed to Malden.

Oct. 21st, 1857.—Saw Mrs. Lund, the mother, at 36 Leverett Street. She informs me that her boy upon whom I operated is still living, and is generally in good health. He occasionally has pain in the pubic region, but she considers him well. There is, however, at times, difficult micturition. The family still reside at Malden.

The above case is given, because it was stated, as appears by the records, at the Boston Society for Medical Improvement, as the belief of one gentleman, "that in the present state of the art it is better that a child born with either of these imperfections (*of anus or rectum*) should die without this operation, although it must occasionally be performed in deference to established opinion." The question may be asked, if my case is not one of those exceptions which are said "to prove the rule." If it be so, then the rule is one of those which should be honored in the breach. An *ex cathedra* statement, as that from an officer of the Massachusetts Medical College is, and ought to be, may have an unfortunate effect upon many a timid physician, who dares not think for himself, and who would hesitate to ask the aid of one who denounced the operation. If there has been one successful case, which the profession have not known, it is very probable that in the case-books of other private practitioners there are other such. It is very likely that they have not been brought to light, because physicians have had no reason to suppose them peculiarly fatal until now.

The case reported by Dr. Jones, at the Suffolk District Medical Society, has been spoken of as if it were not a fair case of imperforate rectum, because the sphincter contracted upon the finger. If the child had died without a *post mortem*, would any one have questioned its being a *bonâ fide* case? The recovery is the only evidence that there was merely a septum across the gut.

The case which I have reported is one of imperforate anus, absence of the lower part of the rectum, and communication with the bladder.

So far as my own reading extends, I do not find any great distinction made by writers between imperforate anus and imperforate rectum. The names do not convey a just idea of the malformations, particularly if, by the name, one is to decide upon the propriety of attempting to save life.

In the *Edinburgh Monthly Medical Journal* for January, 1857, which must have been seen by a large number of the members of the profession in this city, is a case, precisely like the above. The patient is still living at the age of 36 years, and in perfect health.

Samuel Cooper not only thinks the operation justifiable, but says "it is the surgeon's duty to do everything in his power to afford relief," and then goes on to describe the operation. He follows with the statement that "by such proceedings many infants have been preserved," in some of whom incisions two inches and more have been made, and alludes to cases by Wolff, Hildanus, La Motte, Roonhuysen, Hutchison, Benj. Bell and Miller.

It is certainly remarkable that these cases should have escaped the notice of the gentlemen connected with the only institution for instruction in medicine and surgery in active operation in this city at the present time; and it will be equally remarkable if the officers of other schools should arrive at the same conclusion as they have respecting the operation.

RUPTURE OF THE GALL-BLADDER.

[Reported to the Medical Society of the County of Albany by S. H. FREEMAN, M.D., and communicated to the Boston Medical and Surgical Journal by LEVI MOORE, M.D., Secretary.]

THE patient was a gentleman retired from business, of vigorous constitution, florid complexion, and 65 years of age. He had usually enjoyed good health and spirits, with the exception of occasional attacks of cardialgia and other minor symptoms of dyspepsia.

I was first called on the 15th of October, 1857, to visit Mr. K., who was supposed to be suffering from an ordinary attack of colic. Found him vomiting and suffering occasional paroxysms of spasmodic pain, which he referred to the pit of the stomach and to the region of the umbilicus. There was no tumefaction of the bowels, nor tenderness on pressure. The tongue was slightly coated brown, moist; pulse 80, full and regular. The vomiting and pain were soon relieved by the immediate administration of a dose of dilute chloric ether, followed by the exhibition of small doses of calomel and opium. He enjoyed a comfortable night, and the following morning had a free bilious evacuation from the bowels.

On my second visit the next day, at noon, I found him sitting in his easy chair, quite comfortable; and, indeed, he expressed him-