

tenance led me to suspect that he was the subject of peritonitis, and I therefore determined to try constitutional means before I proposed any operation. I ordered the patient to be put into a hot-bath, twenty leeches to be applied in the left iliac region, ice to the tumour, and gave him a grain and a half of calomel and half a grain of opium every three hours. On the 23th the pain in the abdomen was much relieved, the tenderness of the tumour nearly gone, and it had become small and quite soft; a purgative enema was administered in the evening, and during the night he had free evacuation. From this period he recovered, but was kept in the hospital in the recumbent posture; ice was applied to the tumour; and in the course of a week or ten days the hernia was reduced, a truss applied, and the patient got quite well.

The case with which I shall conclude this series of cases of hernia is one in which the rupture occurred in an individual of hæmorrhagic diathesis, a circumstance which gave rise to some peculiar and anomalous symptoms:—

James C—, aged twenty-nine, by occupation a cab-driver, came into the hospital in December, 1850. He was a man of very intemperate habits. Ten days before, he had been admitted under Mr. Cock, suffering from symptoms of strangulated hernia. At that time he had a warm bath, took opium, and had ice applied to the tumour; after which, Mr. Cock succeeded in reducing the hernia, and the patient left the hospital quite relieved.

Upon his second admission under myself, he stated that he had been ruptured about four years. The hernia had been down about six hours, and the symptoms of strangulation were very urgent. Taxis, warm bath, full doses of opium, and ice to the part, were all tried, but the hernia could not be reduced. The treatment was persevered in without effect for twenty hours. It was then determined that the operation should be performed without further delay. The operation was attended by an unusual diffused hæmorrhage; the sac was opened, and about eight inches of small intestine found protruding. This was of a dark red colour, and congested. It was returned with considerable difficulty. The next morning, symptoms of peritonitis showed themselves, and in spite of treatment with calomel and opium, leeches and poultices, it continued to increase, until the patient sunk, about forty-eight hours after the operation. After death, the body was examined. There was considerable ecchymosis around the leech-bites upon the abdomen, the superficial veins all over the body were distinct and prominent, and dark blood was escaping from the mouth and nose. Upon cutting into the lungs, they were found curiously mottled, as in pulmonary apoplexy. Bloody serum was found in the cavities of the pleuræ and pericardium; about two pints of clotted blood were found in the cavity of the abdomen, leading Dr. Lloyd to suspect that the epigastric artery had been wounded; the artery and vein were injected, but they were found to be intact; kidneys healthy; liver pale. From the appearance of the tissues generally, and from the statement of his friends, that in his lifetime the slightest cut was attended with severe bleeding, and that his flesh was easily bruised and became black and blue, it was evident that this patient was the subject of hæmorrhagic diathesis.

CASES OF FISSURE OF THE ANUS AND ULCER OF THE LOWER PART OF THE RECTUM.

By T. J. ASHTON, Esq.,

SURGEON TO THE BLENHEIM DISPENSARY.

Mr. A. B—, aged thirty-four, engaged in mercantile pursuits; of nervous temperament; has suffered for some years from indigestion and irregularity of bowels, being sometimes constive, and at others affected with diarrhœa. Has consulted several medical men, but never pursued any plan of treatment suggested. He applied to me the beginning of last year, suffering from indigestion, attended with pain at the epigastrium, flatulence, excessive nervousness, and inability to rest at night. Examining the urine by the microscope, numerous crystals of oxalate of lime were seen. I prescribed mild aperients and bitter infusions, with nitric and nitro-muriatic acids. He persevered with the remedies, and his health greatly improved. In the beginning of June (1851.) he was slightly troubled with an external pile; under ordinary treatment all inconvenience subsided in a few days, a small pendulous flap of skin on the anterior margin of the anus remaining. On the 24th of the same month I was sent for in great haste, and found my patient suffering from intense pain at the anus, extending up the hollow of the sacrum; pulse quick and irritable;

tongue slightly furred, skin somewhat hotter and drier than natural; countenance anxious; he had experienced slight pain for two or three days, and was in a state of great alarm about himself, imagining he had cancer of the rectum commencing, having a short time previously lost a sister by that disease. Examination revealed a fissure of the posterior part of the anus, about one-eighth of an inch broad, and half an inch long. Ordered an enema of four ounces of decoction of barley, and one drachm of laudanum, which had the effect of relieving the pain; to take four grains of grey powder, and five grains of Dover's powder at bed-time, and a saline aperient in the morning. The following day the bowels acted several times, attended with smarting pain, followed by aching, but not so severe as on the previous day; to have an enema containing half a drachm of tincture of opium.

On the 27th, I directed a small piece of lint, saturated with the following lotion, to be kept within the margin of the anus, and renewed three times a-day. Sulphate of zinc, six grains; tincture of opium, half a drachm; elder-flower water, three ounces. I also ordered a light, bitter tonic, with bicarbonate of potash, and the bowels to be regulated by mild laxatives. In nine days the fissure had quite healed, and my patient has been perfectly free from pain or annoyance since.

Mrs. M—, aged thirty-seven, married, the mother of four children, has suffered from hæmorrhoids for some years, particularly during pregnancy; consulted me in consequence of fearing she had stricture of the rectum. She had for some time previously experienced considerable pain at the time of defæcation, which she described as of a cutting character, resolving into severe aching, frequently so agonizing as to compel her to go to bed. She tried the local application of cold and hot water, experiencing slight relief from the latter. The symptom which added greatly to her alarm, and which she had been told indicated stricture of the rectum, was a reduction in the size and contortion of the evacuations when they were at all solid. On making an examination, I found two external piles, and upon divaricating the buttocks I perceived a fissure passing upwards between the piles; the sphincter ani was strongly contracted. I ordered a full dose of castor-oil to be taken the following morning, and an enema of infusion of linseed to be administered by means of a large caoutchouc bottle, fitted with a small elastic tube. The bowels being well freed by the oil and enema, I removed the piles, and applied nitrate of silver to the fissure, my patient having previously been put under the influence of chloroform. The following day I found her tolerably comfortable; she had remained in bed by my directions. The following ointment to be applied on lint:—Spermæti ointment, one ounce; acetate of lead, six grains; extract of belladonna, one drachm. On the third day, the bowels not having acted, I ordered a dose of castor-oil, and the linseed enema to be administered, which was carefully done by a clever and trustworthy nurse. The oil and enema having had the desired effect, I prescribed an electuary of equal parts of confection of senna, bitartrate of potash, and extract of taraxacum: a teaspoonful every night. I also directed the injection into the bowel, night and morning, of four ounces of water, eight grains of sulphate of zinc, and one drachm of compound tincture of lavender. She recovered in less than a month, and all symptoms of stricture of the rectum entirely disappeared.

Mrs. N—, aged thirty-seven, married, the mother of several children; a patient, in Oct., 1851, at the Blenheim Dispensary, suffering from gonorrhœa communicated by her husband; she had miscarried seven weeks previously, in her sixth month of pregnancy. Under ordinary treatment all vaginal discharge soon disappeared; but becoming affected with catarrh, she remained under my care about three weeks, when she complained of great pain at the anus, extending up the sacrum and down the thighs; the pain was increased to a violent degree by defæcation, continuing some time after. She told me she had suffered the same pain for the last several weeks, but not so intensely as at present. She had also observed matter with the stools, which she now passed with difficulty, and which were small and compressed. With care I introduced my finger into the bowel, but in so doing occasioned the patient great pain. On the left side of the rectum, within the external sphincter, I felt a depressed surface, with defined margin. I ordered a dose of castor-oil to be taken immediately, and an enema of infusion of linseed.

The following day I visited her, and having administered chloroform, I introduced a speculum, and exposed to view an ulcer somewhat less than a shilling in size, of an oval form, and having a defined and slightly indurated margin, with a pulpy, indolent surface. I applied the solid nitrate of silver freely to the ulcer, and desired the recumbent position. The next day I ordered the linseed enema to be repeated; also directed two grains of extract of belladonna to be rubbed up with four ounces of mucilage, and injected twice a day.

By the seventh day she was much better. I again examined the rectum with a speculum, and slightly touched the ulcer with the caustic; it was reduced in size and progressing favourably. There being no longer rigidity of the sphincter, I changed the injection for one containing eight grains of sulphate of zinc to four ounces of water, to be used morning and evening. By the third week she was quite well.

Twelve months ago I saw Mr. S—, aged thirty-nine, a gentleman residing in the country. He had suffered for some time pain in the rectum, and frequent desire to micturate. He consulted his usual medical attendant, who considered his symptoms arose from irritation of the urinary organs. Various medicines were prescribed, and catheters introduced into the urethra, but without any beneficial result. On his arrival in town he applied to me. In stating his case he complained of great pain at the anus during the act of defæcating, increasing to intense agony, and continuing for about two hours after. The bowels were constipated, and from the pain he suffered he avoided going to the closet as long as he could. His bladder was in an irritable condition. I informed him I considered the rectum to be the part affected, and made an examination. The sphincter was strongly contracted. On introducing the finger into the bowel, I felt, on the left side, an ulcer nearly an inch in its long diameter. The margins were much indurated. I ordered four grains of grey powder, and five of Dover's powder, to be taken at bed-time; a dose of castor-oil in the morning; and to sit over the steam of hot water. From the hard edge of the ulcer, and the time it had probably existed, I considered incision the appropriate treatment, and received the patient's consent to the operation. On the following afternoon he was put under the influence of chloroform. I then introduced a speculum, exposing an ulcer with defined and raised margin, and having a foul, indolent surface. I transfixed its base with a small curved bistoury, and divided it by cutting inwards.

In little more than three weeks he had quite recovered; the bowels were regulated with castor-oil occasionally, and an electuary of confection of senna, bitartrate of potash, and extract of taraxacum.

Mrs. H—, aged twenty-nine, married; a patient at the Blenheim Dispensary in the autumn of last year, having ulceration of labia, fissures of tongue, and general ailment; in the early part of February was prematurely confined; child dead. On the 2nd of March, she again placed herself under my care, complaining of smarting at the anus on defæcating, followed by extreme aching, which continued between one and two hours. On examination, an external pile presented; the sphincter was strongly contracted; and within the margin of the anus, at the posterior part, a fissure existed. Ordered, confection of senna, one ounce; jalap, one drachm; sulphur, two drachms and a half: a teaspoonful every morning; and to inject half a pint of tepid water into the bowel after each evacuation.

On the 5th of March, I removed the external pile by incision, and directed the following ointment, on lint, to be applied to the anus: zinc ointment, one ounce; powdered opium, ten grains. For several days she did not progress so rapidly as I could wish. The electuary having very little effect, and the bowels remaining costive, I ordered a pill to be taken every second night, composed of blue-pill, five grains; croton-oil, one drop; and the following ointment to be used to the fissure of the anus: extract of belladonna, one drachm; spermaceti ointment, one ounce: and six ounces of infusion of linseed to be injected night and morning. The pill thoroughly freed the bowels, and great improvement took place. Before the end of the month she was quite well.

Mr. H—, aged forty-five, consulted me last autumn, (1851.) He had suffered, for about eight weeks previously, severe pain at the anus, extending up the sacrum to the loins, the pain then being excruciating. The bladder was sympathetically affected, producing frequent desire to micturate. He had observed his linen stained with blood and pus. Leading a sedentary life, and being of costive habit, he had for several years taken large quantities of Morison's pills.

On examination, finding the sphincter strongly contracted, and taking into consideration the other symptoms, I suspected the existence of an ulcer. I attempted to introduce the speculum, but the patient could not tolerate the pain. I therefore put him under the influence of chloroform, and then introduced the instrument, bringing into view, on the left side, an ulcer, of oval form, nearly an inch in its vertical diameter; the edges were sharp and indurated; the surface of an ash colour. I ordered some mercury-and-chalk, with Dover's powder, at bed-time, and confection of senna and sulphur in the morning; to be followed by an emollient enema. I also desired the recumbent position to be observed. From the appearance of the ulcer, I deemed incision necessary, but my patient objected to the operation, requesting I would try other means first. On my second visit, I

applied the nitrate of silver, no beneficial effect being produced. I applied it a second and third time, with no better result. A variety of stimulating and other applications were tried, during six weeks, without any advantage being gained. I then insisted on performing the operation, to which my patient now consented. Having administered chloroform, I introduced into the rectum the forefinger of the right hand, and passed upon it a straight, probe-pointed bistoury, and made an incision through the centre of the ulcer, dividing the mucous membrane, submucous cellular tissue, and probably some fibres of the sphincter ani, but not the entire muscle. From the time of the operation the ulcer rapidly improved, and in three weeks had quite healed.

Fissure of the anus and ulceration of the lower part of the rectum are of frequent occurrence, giving rise to intense suffering, quite immensurable with the pathological change in the part. Fortunately they readily succumb to judicious and proper treatment. The foregoing cases I have selected as exemplifying the different phases of the disease, and illustrating the plan of treatment. Differences of opinion exist on several points among those who have written on the subject; some authors thinking, in the treatment of fissure and ulcer, all sorts of applications, whether stimulating or soothing, are unavailing, and incision affords the only remedy. They also differ as to the extent of incision; some maintaining the entire division of the external and internal sphincter to be necessary, while others limit their incision to the mucous and sub-mucous tissues. My experience leads me to the conclusion that recent cases will yield to treatment without incision, as is clearly illustrated in several I have recorded, as well as in others of a similar character which I have treated in the same manner. But in order to obtain the greatest probability of success, it is highly essential the surgeon should apply the medicaments, or satisfy himself they are properly applied by a competent and trustworthy attendant. If the ulcer has existed some time, and the edges have become much indurated, then incision is most appropriate, if not absolutely necessary, but need not be carried through the sphincters. The operation is simple, causes little pain, and occasions the loss of only a few drops of blood. It may be performed either with a probe-pointed bistoury, passed flat on the forefinger previously introduced into the rectum, and then turning the edge towards the centre of the ulcer, and making the requisite incision from within outwards, dividing the mucous and submucous tissues only; or the ulcer may be transfixed by a small, sharp-pointed, curved bistoury, and divided from without inwards, as recommended by Mr. Syme. In performing the operation the latter way, I prefer using a speculum to cutting on the finger, which thus escapes the chance of being wounded.

Cavendish-square, July, 1852.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proæmium.

KING'S COLLEGE HOSPITAL.

Gout from Infancy.

(Under the care of Dr. TODD.)

MOST of our readers are aware that Dr. Todd strove to prove, in his Croonian Lectures at the College of Physicians, in 1843, that gout and rheumatism are "diseases of the blood," which owe their origin either to hereditary contamination, to some check upon one or more of the ordinary excretions, or to the supply of nutrient material to the blood being too great for the rate at which excretion is carried on. This doctrine has, since the above-mentioned period, been gaining much ground among physicians, and forms the basis of the prophylactic, palliative, and curative treatment generally adopted. The term "blood diseases," if taken too literally, would, however, convey an erroneous idea of the theory; for one moment's reflection will show, that whatever contaminates the blood must, by the process of nutrition, produce more or less alteration in the solids. Dr. Todd says, with reference to this mutual influence, "Now gout is primarily induced by errors of diet; these give rise to defective assimilation, from which