

and the patient has vision, which for nearly seven years was lost.

To speak again of gonorrhœa. I have had many cases of it up to twelve months standing, and it is seldom that, even at that late stage, my friends have to ask for a third "poke" of the bougie. If the trial and its results should prove as beneficial in other hands as it has done in mine, I shall be glad; for this simplicity of treatment in the early and latter stages of gonorrhœa will conduce much to the alleviation of a most teasing, and, to both patient and surgeon, tedious disease and irksome attendance.

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#### IV.

#### CASE IN WHICH THE FOOD PASSED UNDIGESTED THROUGH AN OPENING IN THE SIDE.

Communicated for the Boston Medical and Surgical Journal.

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MRS. SULLIVAN, aged 61, entered the Hospital on the 24th of last May. She was then suffering and very feeble in consequence of a large tumor in her left side, which was ascertained to be about an inch and a half above the crest of the ilium, and a little obliquely forward toward the umbilicus. The tumor proved to be an abscess, and, after proper applications, opened and discharged most freely. Her constitution seemed to fail under this great issue, and tonics were administered. The discharge continued undiminished for the space of several weeks, and at length, by the application of cerate of stramonium and opium, healed entirely. She left the Hospital and was apparently cured; but after several weeks returned, and on the first of

August complained of pain in the left iliac region, about an inch and a half from the crista of the ilium, which was the spot where the abscess had opened and been cured the last of June. Upon examination, there was severe pain and evident fluctuation, with rigors and cold chills alternating with heats. By poultices the swelling pointed, broke, and discharged large quantities of puriform matter, and again healed. The last of November the patient complained of the same trouble; her strength was greatly diminished, and after the abscess discharged there was an exudation of serous fluid from the abovementioned spot, and upon examination it was found necessary to repeat the same applications. On the 10th of December, much moisture was felt by the patient on the left side of the abdomen. The former opening of the abscess had taken a fistulous character, and whatever aliment was received by the mouth was excreted in the same form and appearance, totally undigested, from the fistulous opening. The dejections were less copious and less frequent, but natural; urine scanty and natural in appearance. From the situation of the fistula it was supposed to pass into one of the small intestines, but from extreme weakness of the patient no examination could be made. Stimulant tonics were administered, and nutritive enemata were resorted to, to support her strength. As everything taken passed out of the orifice, I thought I would endeavor to produce adhesion; but believing that inflammation would ensue, that idea was abandoned. On the 24th, the patient died from exhaustion, having lived a fortnight solely upon injections; and on the 25th an examination was made.

*Post-Mortem Examination.*

Upon looking into the abdomen and following the course of the fistula, it was found to pass into the stomach, instead of the intestines as was supposed; therefore the opening had been the outlet for the food. The stomach was found to be smaller than natural, the coats thicker and corrugated. The organ was perforated in the cardiac region, almost opposite to the portion where the œsophagus enters. The adhesions from the parietes was most perfect, and the opening from the stomach was truly fistulous. There was also a firm adhesion of the liver to the stomach, for the distance of two inches.

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**A NEW PREVENTIVE OF SMALL-POX.**

THE credit is certainly due to the French physiologists and practitioners, of leaving no subject untried which offers itself to the test of experiment. Among other curious notions advanced in their Journals, one of the latest is that chlorine is capable of rendering the system insusceptible of the contagion of smallpox. A Dr. Remy announces this discovery to the Academy of Sciences, which he says was made in the following manner. He had occasion about the same period to vaccinate sixty individuals, in five-sixths of whom he found, instead of the regular vaccine disease, that a pustular eruption manifested itself the next day, and on the third there existed a

pustular scab. As some of these patients were subsequently attacked with smallpox, he re-vaccinated the greater part of them the following spring, and in this manner convinced himself fully that the first was a false vaccination. Of two or three hundred vaccinations performed at the second period, only two proved spurious. He now recollected that at the time when the first set of vaccinations was performed, he had in his pocket a quantity of the chloride of lime, and he did not hesitate to attribute to this cause his remarkable failure. Determined to pursue the idea thus furnished him, he in a period of epidemic variola selected twelve children susceptible of the contagion, and directed them to be washed with a solution of the chloride of lime twice a week, at the same time giving them one or two drops of the chloride of soda. Two experienced, at the end of a week, an eruption similar to the spurious vaccinia, with slight fever; the others were regularly washed for a month, and had no disease, although associating with variolous patients. The experiment was repeated with the same success on ten other children. Some others were treated in the same manner in the commencement or at the height of the eruption. In all these the inflammatory symptoms increased in intensity. He then had recourse to bloodletting, which was followed by profuse sweating, and the progress of the eruption appeared to be arrested. The pustules remained in the same state as at the period of the lotions, and dried very slowly. The last expe-