

Carcinomatous Tumor of the Rectum

ances in one of the cases, he thought it not impossible the child might have recovered; the adventitious deposit, in this instance, being confined to the larynx. With the view of placing the operation in question in a more favorable light than it was at present with the majority of the profession, Mr. Crisp referred to a number of cases, in which it had been successfully employed, and directed attention particularly to the cases of M. Trousseau, recorded in the "Journal des Connaissances Medico-Chirurgicales." In a table published by this distinguished surgeon, it would appear that he had performed tracheotomy for croup in thirty cases. Of these eight were successful. In six of the unsuccessful cases three of the patients were dying when the operation was commenced, and three perished in consequence of the inexperience of the assistants. Seven out of the sixteen last operated on were saved. Trousseau observes, that seven of these had been largely bled, and all of them died; thirteen had been moderately depleted, and six of these recovered; four had received no treatment, and two of them did well. With reference to the cause of the disease, Mr. Crisp considers it to depend very frequently on errors in diet; and in regard to the mode in which calomel acts beneficially, he makes the following observations:—

"The beneficial effects of calomel appear to me to arise from its peculiar irritative action upon the mucous lining of the intestines, which is often produced a few hours after its administration. I doubt, however, whether this or any other medicine is likely to be of service in the last stage of the disease."

Dr. Bennett considered that many of the cases of croup related by French practitioners were different from that inflammatory species of the disease known to English physicians, and that no data could be drawn from them as to the success of tracheotomy. With regard to the operation in cases occurring in this country, he thought we were not justified in having recourse to it early; and that in the latter stages, in consequence of the implication of the entire respiratory apparatus, it would be useless.—*London Lancet.*

CARCINOMATOUS TUMOR OF THE RECTUM.

BY ALFRED HITCHCOCK, M.D., ASHBY, MS.

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GEO. A. WHEELER, æt. 25, by trade a house carpenter, tall, well formed and muscular, Nov. 18th, 1839, applied for advice with the following symptoms:—Countenance of a sallow leaden hue; features sharpened, and expressive of suffering; general debility; respiration and circulation very much hurried by exercise; pulse habitually from 90 to 110, small, hard and wiry; mouth clean; tongue red at tip and edges, rough and rather dry at root. Complained of a sinking faintness at epigastrium, of constant uneasiness, and an "unsatisfied" feeling in the right iliac region. These sensations were very much aggravated just before going to stool. His dejections had been liquid, and from six to ten in a day for the last eight months. For several years past has felt that

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his labors have not passed perfectly natural; had occasionally partial ischuria, and frequently diarrhœa when a little unwell. The abdomen I found hard, tumid and tender in the right iliac region. No other tenderness of the abdomen or thorax, except over two or three of the upper dorsal vertebræ, which were exceedingly tender to the touch. This soreness was speedily removed by a vesicatory, and with it a troublesome spasmodic cough which had existed for two or three weeks when he first applied to me.

At the time of his applying to me, I viewed his case as one of chronic inflammation of the large intestine. The imperfectly defined tumor in the right iliac region I conjectured was either organic disease of the cæcum or intromission of the ileum through the valve of the colon—either of which I considered as sufficient to produce the inflammatory symptoms along the track of the large intestine. For three months the patient used internally demulcents, blue pill, bals. copaiva, borax, sulph. ferri, frequent laxatives, and rigid farinaceous diet. Externally, over the enlarged part of the abdomen, blistering, cupping, tart. emetic and iodine ointments.

During the month of January his symptoms apparently very much improved; his pulse became slower and fuller, appetite and strength better, dejections much less frequent. About the first of March, however, his symptoms became very much aggravated; abdominal soreness and pain increased; dejections muco-sanguineous, and from 15 to 20 in a day; tenesmus, and complained of "weight" in the perineum on going to stool. I then made an examination per ani, and introduced a catheter into the bladder. With the point of the finger I could reach the apex of a tumor lying between the rectum and bladder—hard, smooth, and resisting—resembling in feel the compressed foetal head passing through the pelvis. The catheter passed readily into the bladder, revealing only some slight irritation at its neck. Some time in April, by the advice of counsel, I punctured the tumor with a broad lancet carried on the finger through the anus. A slight hemorrhage and temporary ease followed. The tumor gradually increased in size, and extended lower in the pelvis; blood, mucus, and ill-looking pus were daily discharged, with tenesmus. All his symptoms became daily more aggravated; hectic, œdema and distressing soreness of the fauces, till death ended his sufferings, May 25th, 1840.

Autopsy, May 26.—Thorax contained 3 pints of water. Lungs had a few small tubercles in their upper parts—otherwise natural. The cavity of the abdomen contained from 2 to 3 quarts of water; some pus and coagulated mucus were also found floating in the cavity. At the lower part of the abdomen a large mass of disease was found, involving the cæcum, and about 10 inches of the lower part of the ileum, the bladder, the sigmoid flexure, and the rectum. The shape of the tumor was broad at its upper part, extending across the brim of the pelvis, involving the parts just mentioned—while its lower part extended down between the rectum and bladder, completely filling and taking the shape of the basin of the pelvis. The morbid mass was very firmly attached to the psoas muscle, the iliac fossæ, the brim and basin of the pelvis, so that its re-

moval became very difficult. The tumor, after being cleanly dissected out, was found to weigh 3 lbs. 12 oz. avoirdupois.

The diseased mass was of a dark modena color, hard and resisting to the knife, and through its whole substance was penetrated by numerous sinuses, containing either a sanious or cheese-like pus. Near the promontory of the sacrum were several deep and ragged ulcerations opening into the track of the rectum. The ileum, about 6 inches from the valve of the colon, opened directly into the rectum through an ulceration in the tumor of a size sufficient to admit the finger, so that the intestinal contents had not for several weeks passed through the colon. The bladder was very much contracted, and its posterior surface was completely blended with the morbid mass. Numerous ulcers, with patches of thickening and induration of the mucous membrane, were observed through the whole track of the alimentary canal. The spleen was slightly enlarged and indurated. The kidneys were slightly enlarged, and contained several spots the size of walnuts, of a white encephaloid structure. The liver healthy, except a slight hardening at several points.

In the history and pathology of the foregoing case, several circumstances are worthy of remark. 1. His mother died, several years since, of a disease of a scrofulous character, and he has now an older brother suffering dreadfully from scrofula of the lower limbs. 2. His age, and the absence of *lancinating* pain, would lead us to doubt the disease being scirrhus. 3. Total inability, from idiosyncrasy, to use any of the narcotics. 4. Apparent amendment during the cold months—probably the effect of the season, and not wholly of medical treatment.

July, 1840.

NECROLOGICAL NOTICE OF DR. RALPH GOWDEY.

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SOCIETY is seldom called to mourn the death of an individual whose loss will be more felt than that of him who is the subject of this memoir. As a man, a physician, and a friend, Dr. Gowdey was most esteemed by those by whom he was best known.

At an early age he received the literary honors of Middlebury College. Soon after the completion of his collegiate course, he repaired to the State of Georgia, where he was engaged for several years as an instructor. The climate, however, having ultimately an unfavorable effect upon his health, he returned to Vermont, and shortly after commenced the study of medicine. In the year 1825 he received the degree of Doctor of Medicine. Soon after this he commenced the practice of physic in Rutland, Vt., where he continued till the close of 1828, when he removed to Middlebury, his native place. From this time till his death he steadily gained the confidence of the community as an *honest man* and a *good physician*.

As a scholar Dr. Gowdey ranked high. His mind was well cultivated and properly balanced. In his deportment he was gentlemanly, unassuming and unofficial. He read much, reflected much, and re-