

or from their mode of arrangement, yet in general there is something peculiar to an experienced eye in both the situation and arrangement of these eruptions.

The character of the ulcer which the pustule forms is one of the most certain guides in the diagnosis; for its appearance is pretty much the same, whether it be large or small, and is, on the whole, very different from that of the ulcers in which all other pustules end.

Prognosis.—The severity of the disease may be estimated more by the size of the pustules, than by their number, although the fever is in general proportioned to the quantity of eruption. I would consider a case where there was only a very few pustules ending in large ulcers, a much more serious one than where the surface was covered by an eruption of minute pustules. Those cases in which the pustules are arranged in groups, are more severe than those where they are scattered over the surface; and where the pustules penetrate deeply, though they do not extend much on the surface, they are always more troublesome than when more superficial, though their extent may be greater. Pustules occurring on the lower limbs are generally more troublesome than those seated on the upper parts of the body. There are numerous other circumstances which regulate our prognosis of the eruptions, such as their complications with other symptoms; but these will be better considered when we are considering individual cases.

Treatment.—In the treatment of pustular syphilitic eruptions we have two great objects in view; the removal of the existing symptoms, and the prevention of subsequent eruptions, or subsequent symptoms of the disease in other parts. We have fortunately a remedy admirably suited to both these objects in the hydriodate of potash. We have also in mercury, when judiciously employed, a remedy well suited, in the majority of cases, to the same purpose; but relapses frequently follow its use, and much inconvenience often arises from its administration. There are also many cases in which, from various causes, it cannot be used, and in every case its administration requires more care and judgment than it in general obtains. The employment of the hydriodate of potash, compared with that of mercury, does not require so much caution—is not objectionable in so large a number of cases—is not so frequently followed by relapses—nor is it so apt to injure the constitution. On the whole this medicine affords a most valuable remedy for the pustular form of syphilis. Its particular application will be considered in future lectures, according as those cases are reviewed in which it has been employed.

I have now concluded a general account of the primary and constitutional forms.

FÆCAL ACCUMULATIONS.

SIR:—If you think the enclosed paper of practical utility, I request you will give it a place in *THE LANCET*. I remain, Sir, your obedient servant.

JAMES MURRAY.

Merrion Square, Dublin, July 22, 1836.

ON CERTAIN COLLECTIONS

IN THE

ALIMENTARY CANAL.

By Sir JAMES MURRAY, M.D., T.C.D. and Edinburgh, Inspector of Anatomy, and Physician to the Lord Lieutenant of Ireland, &c.

(Read at a Meeting of the College of Physicians, Dublin, May 1836.)

GENTLEMEN:—In the medical, as well as in every other department of science, it is more useful to extend our present information than to wait for the discovery of something new. Anxious to promote the mutual interchange and extension of existing knowledge, I have ventured to call your attention to a few cases of alvine collections, interesting from their *long continuance*, and from the *substances around which the concretions had collected*. Although other practitioners must have met with similar instances, and notwithstanding their symptoms have been well described, yet I hope your time will not be lost in listening to some additional observations upon such frequent occurrences.

You know that, in the human body, the small intestine is nearly five times the length of the individual; that this canal opens into the colon or great gut, not as a continuous pipe of direct communication, but it enters as a small tube into a larger one; that it penetrates the colon near its head, almost at an acute angle; and that two plaits or folds run across, at the entrance of the small intestine, like lips, so as to meet and form a valvulous covering for its mouth; by which contrivance the return of fecal matter, back towards the stomach, is prevented. The large end of the colon, being closed around, is called the *caput cæcum* or *blind gut*; from this bag, a small worm-like tube is given out, impervious at its extremity, but hollow all the way, and sometimes impacted with indigested matter. The colon is not more than one fifth the length of the small intestine, but it is generally five times its diameter, and undoubtedly serves to finish the process of digestion, and to extract nutriment from the remains of the alimentary matter detained therein.

The blind gut, or head of the colon, receives and delays the sediment which is unfit for affording nourishment, and retains it as in a reservoir, for expulsion when nature requires. But this *cul de sac*, or blind pouch, may be so much obstructed at

its exit by *spasm, tight-lacing, old inflammations, or thickened tunics*, as to be distended into a kind of *cess-pool*, where the sordes may accumulate until their aggregate mass becomes too much consolidated, and too large, to escape at the then angular passage of the distended bag. In the mean time, whilst the solid contents form a large cake, or ball, the liquid ingesta pass away, like water through a half obstructed sewer; there may then be a loose state of the bowels, and frequent fluid motions, at the same time that there is a collection of waxy deposition concreting around some nucleus in the short head of the colon. Even more; the patient may undergo tedious courses of saline and other unsuitable purgatives, which may run over the pasty collection in watery evacuations, and yet leave the solid cake unremoved. This is one reason why the presence of these waxy accumulations is frequently unsuspected. They are often mistaken for ailments of the liver, or other neighbouring parts, and are maltreated accordingly.

Since I became Inspector of Anatomy, and have had the opportunity of seeing bodies examined every day, I have observed various degrees of this kind of collection, impacted like glaziers' putty, occurring in subjects which had died from some other disorder.

Where you are all so conversant with such matters, I need not detain you by details of the multifarious symptoms and ailments originating in these sources of alvine derangements. I shall merely ask your attention to a very few of the examples I might adduce, and which I may yet submit in a fuller manner.

As I was the first person in Ireland, so far as I can ascertain, who published any case of the kind, I beg to say that it was owing to the practical lessons of my venerated clinical preceptor, Doctor Hamilton, author of the valued work on purgatives, that my mind was impressed with the importance of the subject. In the Royal Infirmary of Edinburgh, in 1806-7-8, I was fortunate enough to witness the successful practice which he describes in his work.

1st.—*Magnesia as an Intestinal Concretion.*

The first case of magnesian concretion on public record, occurred to me in 1812. A child became much distressed by tormina and tenesmus, fulness and tenderness of the abdomen, vomiting, colic pains, frequent watery evacuations, spasms, and nervous twitchings, with febrile exacerbations. Symptoms resembling those of hydrocephalus began to exhibit themselves; Mr. McCluney, a respectable surgeon of Belfast, was in attendance with me. After the administration of castor oil, rhubarb, and the hydrarg. cum creta, the child began to pass off large quantities of hard alvine concretions, like peas. Having submitted them to

analysis, I found that they consisted of magnesia, enveloped in the mucus of the canal. By the continued use of mild aperients, and diluted mineral acids, with a few drops of laudanum, this cause of disorder was removed. The nurse had mixed magnesia for a long time in the child's food.

Ten years after this, Mr. Brande published the next case on record, where a concretion of magnesia had accumulated, amounting to three pounds, and was found in the colon after death.

2nd.—*Of Carbonaceous Deposition in the Caput Cæcum of the Colon.*

The next case of alvine concretions, published in Ireland, is that of Mary Cole, of which a short account is given in page 20 of my Essay on "Temperature and Dilution," and which I now beg leave to read: "Mary Cole (Madame Keandy's nurse) complained of severe pain in the side and abdomen. On examination I found a dull confused fulness and swelling in the hypogastric region. This enlargement moved, and felt painful on pressure. She had been under the care of a surgeon during some months, who had ordered long-continued courses of Epsom salts, so as to keep up a discharge of watery evacuations several weeks. Notwithstanding this repeated purging, I suspected that solid fæces were impacted in some duplicature of the colon, and immediately commenced the use of the jalap soap, combined with mercurial pill. As the severe uneasiness in the swelling prevented repose and kept up continual irritability and febrile anxiety, I ordered the opium soap to be well rubbed into the abdominal tumour every night; the pain soon subsided; a week's perseverance with the new purgative began to bring away hard particles and fragments, which had evidently broken off from a larger mass; and in the end, about two quarts of a substance like broken coals had passed away, embedded in tough matter like clay. Instant and permanent recovery ensued."

Three years after the appearance of my work, Mr. Ferrall—and he was the next Irish practitioner who did so—published cases of alvine concretions. They appeared in *The Edinburgh Medical and Surgical Journal* for 1831. Dr. Smith has lately adduced others, in a separate publication. I shall now proceed to detail a few other instances of intestinal accumulations, the nuclei of which were detected after long continuance in the bowels. I omit alluding to similar concretions in the lower animals, such as those described by Voight, who gives an instance of an enormous concretion in a horse, the weight of which amounted to 13 pounds. I also avoid the consideration of biliary or hepatic concretions passing into the bowels, so many varieties of which have been described by Morgagni, Gemina, Bezold, Vater, Moriali, Portal, Coe, Peterman, Burch,

Sloane, Vogel, Van Sweitæn, Reverius, Fernellius, and, more lately, by Hay, Monro, C. White, Rubini, Unger, Marriere, and others.

3rd.—*A silvered Mercurial Pill, and a Tea-leaf, the Nuclei of Ileo-cæcal Concretions.*

I need not detain you by detailing the particulars of an interesting case, in which I detected a small pasty tumour in the right side of the abdomen. By long and steady perseverance the collection was brought away, and proved to be composed of two balls. In the centre of one was a tea-leaf, and the nucleus of the other was a mercurial pill, silvered and intact. The patient (a distinguished nobleman) had not taken a single mercurial pill during five years and more. This case is reported at length in *The London Medical and Surgical Journal*, 25th January 1834.

4th.—*Concretions accumulating around Fragments of Almonds.*

The following is the statement of a schoolmaster, who suffered from this source of illness from 1806 till March 1809:—"I am not subject to nervous complaints, or much weakness of stomach, but my tongue is foul, and I have a bad taste in the mouth. I can eat, but I do so without relish, and wish for cold water frequently. I have a dull pain in the right side, much increased upon pressure; my bowels are sometimes loose, and sometimes confined. When on my back, in bed, I feel a swelling in the right side, like half a small loaf of bread. The pain has gradually become worse, and now it hurts me when I cough, laugh, take a drive on a car, or use any active motion. I have been treated for liver-complaint, gall-stones, and gravel. I repeatedly tried mercury, leeches, blisters, and long-continued purging with aloes, sena, salts, and other medicines, but all failed."

It would be tedious to continue the narrative. Suffice it to say that the use of mild alterative treatment, for about six weeks, exhibiting such aperients as promoted secretion into the canal, and combining them with gums, so as to reach the part affected before exerting their powers; by the combined use of oil of turpentine and castor oil, by nourishing diet and mild tonics; the condition of the sac improved, the conglomeration became more liquid and broken down, and at last passed away in fragments, each containing a nucleus of half-chewed almonds, as perfect as on the day they were swallowed, which he knew to have been nearly four years before.

5th.—*Concretions, the Nuclei of which were pieces of Radishes.*

In 1819, Miss D. had suffered during six years from a so-called liver-complaint. She had been mercurialized and salivated until all her teeth were removed, and her health

was broken and undermined. Being consulted, I found that the tumid condition of the right side extended lower and deeper than when the liver is enlarged. The irregular state of the bowels, the scanty and offensive motions, the nausea, and the twisting pains of the intestines, with many other symptoms, indicated a mass of fæcal matter in the blind gut.

The long-continued use of tonics and frictions, a change of air, the employment of enemas, and the occasional exhibition of castor oil and turpentine emulsions, at last broke down the collection, which came away in solid cakes, composed of waxy substance, agglutinated, in concentric circles, around fragments of half-masticated radishes, which she had suddenly swallowed several years before. It is remarkable that the vegetable was as perfect as when first eaten, and the colouring matter of the rind as fresh as when the radishes were growing.

When this enormous mass was removed, the recovery was almost instantaneous; her strength and appetite returned, and all the conditions of health were speedily re-established.

6th.—*A Pomegranate Kernel, the Nucleus of an Alvine Concretion.*

A married lady had endured a series of distressing symptoms for many years past; pain of the right side, lassitude, depression of spirits, cardialgia, and irregularity of the bowels, with exceeding irritability of the nerves. This lady had tried every medicine and every climate in vain. Being consulted, I satisfied myself, after the most careful examination of the swelling, that it was a tumour, fixed down in the right side of the iliac region, separated from the liver, for which it had been mistaken, and, from all the circumstances, that it must be contained in the cœcum. I commenced the use of restorative diet; tonic medicines, with the *hydrag. c. creta*; occasional oily emulsions, and enemas, frictions, and gentle exercise. After six weeks' patient and determined perseverance, the cohesive masses began to break up and come away, and in the centre of a hard substance, like putty, was found the nucleus, a pomegranate kernel, which the lady had swallowed FOURTEEN YEARS BEFORE! As in the other cases, instantaneous restoration to health followed the removal of this tedious source of disorder.

7th.—*Kernels of Nuts, the Nuclei of Concretions.*

An admirable and excellent lady had long been tortured by colic-pains, weakness, loss of appetite, dull pain of the right side, bad taste of mouth, confusion of ideas, and head-ach. When this train of ailments had continued some time, she became a martyr to cancer of the uterus. During the treatment of that disease, a course of mild aperient

medicine was administered, by which the intestinal secretions were improved, and many hard balls, as large as apples, came away, each containing in its centre a part of the kernels of nuts, which she had hastily swallowed *five years previous* to their dislodgment from the bowels. The uterine disease at last proved fatal.

Numerous other cases might be adduced where collections had formed around pips and skins of fruit, stones of grapes and cherries, and the husks of grain, meal, &c.; but I will only allude to that of a young lady, attended by Mr. Commins, Inspector-General of Army-Hospitals; Mr. Basker, of Great Britain Street, and myself. The disease presented, at first, many symptoms of chronic congestion of the head, and even of effusion into the ventricles of the brain,—headach, dilated pupils, lethargic apathy, hot skin, quick pulse, and constipation; there was fulness of the iliac region of the right side, with dull pain on pressure. The *pale hydrag. c. creta*, active purgatives, and turpentine emulsions, were resorted to. After some time, quantities of offensive matter, mingled with particles like *broken cinders*, were dislodged, and speedy recovery ensued.

I do not remember whether other writers have noticed the fact, that large accumulations in the caput cœcum occasion piles. I have observed, in many instances, that this effect seems to be produced in two ways; first by retarding the return of blood through the hæmorrhoidal veins; and secondly, by determination to the lower part of the rectum, from the extension of irritation by *continuous sympathy*.

These circumstances led me to the observation, that the congestion and pain of the cœcum itself are more effectually diminished by the repeated application of leeches to the *anus*, than by a direct abstraction of blood over the region of the part affected.

CASE OF GLANDERS IN THE HUMAN SUBJECT.

To the Editor of THE LANCET.

SIR:—You will much oblige me by giving insertion to the following case of Glanders occurring in the Human Subject, in an early number of your valuable journal. I am, Sir, yours most respectfully,

J. MASSEY, Surgeon.

High Pavement, Nottingham,
July 22, 1836.

JOHN GAMBLE, aged 23, healthy looking, of middle stature, an ostler by occupation, and having enjoyed good health, had, on the 26th May, been skinning a horse, which he said had died from glanders. For a few days previously he had not been quite

well, having suffered from slight catarrh, but not to such an extent as to prevent him from working at his business. On the 27th the left-hand became painful and stiff, and for the three following days continued to get worse, the hand being swollen, hot, and painful, more particularly between the thumb and forefinger. Leeches and poultices were applied to the part, and relieved him a little.

June 2. An abscess had formed at this point, which his mother opened with a needle, and discharged about a table-spoonful of bloody, purulent matter. In a day or two he recollected having pricked himself over the part where the abscess had formed, though no wound was detected. At this period he applied for medical assistance, when I saw him. His pulse was then quickened, and he had headach, with slight febrile symptoms, but the wound looked healthy, and disposed to heal. He complained of pain and stiffness in the limbs, more particularly of the larger joints, with inability to walk. He kept in bed and took salines, with calomel purges.

5. Purulent discharge from nostrils, which frequently becoming dry, he pulled away with his fingers, causing a discharge of blood. On the following days the headach, with the pain and stiffness in the limbs, continued, and he was not inclined to move in bed.

9. Increased headach; is dull, drowsy; answers questions slowly; the pain and stiffness of the joints are much increased, particularly on motion; he has had rigors, pain at the epigastrium, and much pain in the right knee, on its outer side; there was tumefaction, a leaden hue, heat, and great pain on being touched: cathartic medicines, with colchicum, were prescribed, with effervescent draughts every four hours.

10. The medicines operated freely; motions very offensive; twelve leeches to the temples, and continue as before.

11. Expresses himself as feeling much relieved; alvine evacuations healthy, the urine having much of the lateritious deposit.

12. Much worse; restless night; delirious at times; complains much of headach; on different parts of the limbs there are tumefactions, of an inflammatory and nodulated character; there are two or three on the fore part of the legs, one on the left thigh, and several upon the arms; that on the right knee has increased, and a larger one than the others has formed on the superior part of the head, and contains fluid, accompanied with an erysipelatous condition of the integuments of the left eye and face. An eruption of a pustular character was observed on the extremities, chest, and neck; those on the extremities are somewhat larger and more distinct, whilst those on the neck and chest are smaller and clustered together,