

recommended by Mr. Startin for the treatment of varicose ulcers; but I had used it before I was acquainted with his paper. Patients complain of the heat of the flannel rollers, but they gladly bear it in consequence of the great relief they soon obtain from its use. Domette partly obviates this objection. I have one other observation to make: the roller must be accurately made, and in one piece. I get eight yards of domette, and have it washed. I then cut my rollers myself, measuring the width of each accurately with a rule. They should be two and a half inches wide.

CASES OF PERFORATING ULCER OF STOMACH AND OF INTESTINE: WITH REMARKS.

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So many questions of interest arise on the subject of chronic perforating ulcer, that it would be difficult, without some comprehensiveness, to deal with even the more prominent of them. I shall select a few only of these points for observation, and especially in relation with the following cases, which I will first relate.

CASE I. *Perforating Ulcer of the Ileum in a Young and Robust Man: Rapid Sinking and Death: Post Mortem Examination.* Mr. B. P., a young florid man, aged 27, in good circumstances, and one of the healthiest looking men I have ever seen, of perfectly temperate habits, had never been troubled with ill health to any marked extent. On one occasion, about twelve months previous to the last attack, he was affected with a somewhat obstinate diarrhoea; which, however, did not in any way incapacitate him for business. This attack must have lasted ten days or a fortnight, and since that period he applied to me on account of a second attack, which yielded soon to remedies.

On December 27th, 1858, having been called to visit him, I made the following note:—"Some shivering; slight heat of skin; he is sitting up in the house, and has been slightly unwell for a day or two. The tongue is furred, white; he has passed a little blood by stool, and feels rather sick at times. The pulse is somewhat feeble. There are nervous tremors, and some agitation." He was treated by salines and five grain doses of carbonate of ammonia.

Dec. 29th. He was not quite so well, and had vomited a little. He complained of no pain.

Dec. 30th. He was in bed with a brown and dry tongue. The pulse was small and about 120. He complained of occasional pain of the abdomen. The bowels had been twice freely opened. The abdomen being carefully examined, there was found in one spot on the right, about five inches from and nearly opposite to the umbilicus, a little tenderness. There was slight tenderness also on the left side of the abdomen. No tympanitis was present. One grain of opium and a grain and a half of calomel were given at bed-time; and a simple saline mixture, of acetate of ammonia and nitric ether, every four hours. A small quantity of sherry and water was ordered to be given occasionally.

Dec. 31st. The abdominal tenderness had all disappeared. The flat hand pressed well upon the abdomen rather gave a feeling of relief than pain. He was quite easy, and complained of no pain whatever. The tongue was very brown, very dry, and cracked across in several places. He had had three free motions since the last evening, which had not been saved. Pulse very tremulous, and about 140. The general signs of typhoid sinking were intensely marked and urgent. He was ordered to take five grain doses of sesquicarbonate of ammonia every two hours; and egg-flip pretty strong every four hours; with beef-tea in the intervals.

Jan. 1st, 1859, 11 A.M. The whole of the symptoms had deepened. The tongue might be a little moist in comparison with the previous day, but the sinking was more marked. The countenance was intensely modified by the lowered condition of the vital powers; the features being sunken and contracted into the true *facies Hippocratica*. The pulse was tremulous and exceedingly rapid. There was no purging. He was ordered to continue the brandy and eggs every two hours.

8 P.M. There was no improvement. For a few moments occasionally there was excruciating pain in the bowels. Half a grain of opium was given to soothe the pain. This had the desired effect.

Death took place at 12 P.M., after one hour's sleep. He awoke up apparently free from pain, turned over, and in a few minutes expired.

This case not only gave me intense uneasiness from its result and other circumstances and relations, but it was in very truth a great puzzle to me. The brother, shocked at a result so unexpected in such a healthy subject, called upon me for my opinion as to the cause of death. Of course, I was in fact unable positively to state this; but I had carefully thought over the case, and, guided by the recollection of slight tenderness in one spot in the early period of the case, a little but stubborn diarrhoea some months before, and by the few attacks of agonising pain three or four hours before death, I suggested the possibility of perforation of the intestine; or else of some other unascertained but equally grave condition. My request for an examination of the body was at once complied with.

POST MORTEM EXAMINATION thirty-six hours after death. The body was firm, well nourished, and fat. There was some blood oozing from the nostrils; and, by the stains and wet, several ounces might have thus escaped. The abdomen when cut into, showed an inch and a half of fat in thickness. The moment the knife entered the peritoneal cavity, blood flowed out freely. Many of the intestines were darkened by blood in their interior. There was no sign of peritoneal inflammation; no lymph; and no gluing together of intestines; but the peritoneal cavity contained fully half a pint, possibly nearer a pint, of blood. Moreover, nearly the whole of the intestines, from the stomach were partly filled with dark blood. On carefully lifting the small intestines from their position on the right side, corresponding with the spot at which some tenderness was noted at the early part of the progress of the case, several days before death, some fluid blood and a small clot were seen to escape. The intestine was then tied, and a careful search was made; when an ulcerated, rounded, and somewhat jagged and blood-stained opening of three-fourths of an inch in diameter, was seen in the ileum, very near to the cæcum, this last being filled with clotted blood, some of which had escaped when the intestines were previously lifted from their position.

I need hardly remark how thoroughly the results of this examination were calculated to set at rest the anxieties consequent upon so unlooked for an issue as this case presented; and how amply and fully every grave feature and symptom was accounted for in the appearances after death. The early and fearful sinking would no doubt be attributable to the great loss of blood from internal hæmorrhage, combined also with the depressing effect upon the nervous system of a fatal lesion, while not until some four hours previous to death was there present any of that agony and intense suffering which we look for when the contents of the alimentary canal escape into the peritoneal cavity. The supervention of this pain in short but acute paroxysms, no doubt marked the period of *actual escape*, perhaps of *successive escapes* of blood and other matters from the intestinal cavity through the opening.

[To be continued.]