

great difficulty and uncertainty, owing to the position of the gut. Being strongly led to suspect that the intestines communicated with the bladder, I did not deem it justifiable. It is worthy of notice that this child lived nine days.

### FIBROID INFILTRATION OF THE STOMACH, CONSEQUENT ON CHRONIC GASTRITIS.

By PERCY BOULTON, M.D., Beverley.

E. M., aged 22, had led a most immoral life, and had gonorrhœa three times before she was fourteen years of age. Three and a half years ago, after confinement (her first and last), she began to complain of a burning pain at the region of the stomach, and was treated by a dispensary doctor, evidently for acute gastritis, most probably brought on by the excessive use of raw spirits, for which she had from her youth had a great predilection. This had run on to the chronic form, partly from the more frequent use of ardent spirit to deaden the pain, and partly from neglect; and thus matters had gone on gradually getting worse, till last February.

Between last February and the 6th of October, the dispensary doctor had, at intervals, prescribed either hydrocyanic acid to relieve sickness, or astringents for the concomitant diarrhœa; but since the first attack (three and a half years ago) nothing had been done towards allaying the chronic gastritis.

On Monday, the 6th October, the mother came in a great hurry for me, thinking that her daughter was dying, and wished me to examine her (which had never before been done), and to tell her disease and present state.

I found her dreadfully emaciated; the limbs were slightly œdematous; and she was too weak to speak but in a whisper. Her pulse was imperceptible, or nearly so. I ascertained that she was not pregnant, and that the catamenia had appeared at the usual time, and in the usual quantity, etc., about a week previous. She complained of great pain at the region of the stomach; and, on examination, a tumour, as large as a cricket-ball, was felt, hard and tender on pressure.

I found that everything which was taken was vomited instantly with great force; coffee-ground vomit accompanying, and some times pure blood alone. In consequence of the vomiting, no food had been kept on the stomach for many days. It was evident at once, that a hypertrophied and hardened stomach was the cause of these appearances and symptoms; and, considering her very young to have cancer of the stomach, I told her friends that it was a disease resembling cancer of the stomach, but not cancer—meaning the cirrhotic inflammation of Dr. Brinton.

She lingered on for one week, during which time I ordered mustard or fomentations to the parts externally. As nothing stayed on the stomach, I ordered food and laudanum *per anum*, and tried to settle the stomach with ice, chloroform, opium, etc.; but all to no use, and she died on Monday the 13th October.

I got leave to make an opening in the abdomen to examine the stomach, and found the following appearances.

The stomach, immediately on opening the peritoneum, appeared as a more or less purple livid tumour, as large as a good sized cocoa-nut. After dissecting for some time to separate it from the surrounding parts, I found that it was so adherent to a hob-nail liver, the diaphragm, etc., that I should have to remove far more than I expected, in order to get the stomach entire, and more than the friends wished; I therefore made an incision into the viscus, when there followed an immediate flow of watery fluid and collapse of the organ. I then discovered a perfect cast of the stomach of a gelatinous consistence, lying, also collapsed, inside the stomach. This curious cast looked exactly as if made of hard-boiled white of egg,

and was very like it in every respect. Unless it were diseased and hypertrophied mucous membrane, it was perfect abnormality; for after removing it entire, the stomach itself inside was covered with a thick layer of a fibro-cartilaginous material—white, uneven and corroded thicker at some parts than at others; in fact, representing exactly what one would expect in a case of fibroid infiltration consequent on chronic gastritis, or what Dr. Brinton has called the "cirrhotic inflammation." I should think so diseased a stomach has rarely been seen in so young a subject before.

### RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 507.]

CASE XVIII. *Puerperal Disease.* On July 18th, I was summoned to a distance to see a lady who had been confined several days. She had had several children before, and on two occasions her labours had been followed by an attack of phlegmasia dolens. On the present occasion she had a chill before labour, but went on well for a day or two. Then another chill occurred, followed by great depression, and other symptoms indicative of poisoned blood; the lochia were one day very offensive, and then almost ceased. She became intolerant of light and noise, and it was with great difficulty she could be kept from fainting. Her pulse rose to 120, and was feeble; her respiration was panting or sighing, and her mind slightly wandered. The abdomen was distended, but not painful on pressure. Her surgeon had very judiciously got the bowels open, and applied turpentine stupes to the abdomen; and when I arrived in the afternoon of the 18th, she was better than she had been in the morning, both patient and surgeon attributing the amendment to turpentine. The pulse was down a little below 100, her mind was tolerably clear, although her aspect still unfavourable, and she appeared much exhausted. We agreed to persevere with the turpentine externally and also to give it internally should there be any increase of the symptoms; but not otherwise, as she expressed great repugnance to it and felt sure it would make her sick. We also allowed wine freely, and ordered a turpentine enema if anything were required for the bowels. The vagina to be thoroughly washed out daily.

In conversation, Mr. — expressed equal confidence in the turpentine treatment with myself, and said he had not lost a case of puerperal fever since he employed it.

August 7th. He writes, "Our patient has been progressing favourably since your visit, but her tongue remains coated in the middle with a dark fur, which has increased since you saw her. In every other respect, her recovery is perfect." Again on the 10th, in answer to further inquiries, "There was no occasion to give turpentine internally, nor even by enema; it was only applied to the abdomen for two or three days after you saw her."

CASE XIX. *Severe Puerperal Disease.* On Friday December 7th, 1860, I was requested by Mr. — to visit a robust florid Irishwoman, the wife of a small farmer and dealer; but, although of strong and healthy appearance, some doubt had been expressed as to the condition of her lungs; and two or three of her brothers, also fine looking men, had quickly succumbed under illness. She was confined the Monday before; labour was natural and not prolonged; but for some days previously she had crampy pains in the uterus, sufficiently severe to require opiates to subdue them. On Tuesday evening she had a chill; and was restless in the night, having at times severe pains in the abdomen. Mr. — gave a dose of six drachms of castor oil and half an ounce of oil of turpentine, and opiates afterwards. On Wednesday, the lochial discharge

lessened, and became very offensive; and, as the medicine had not acted on the bowels, Mr. — gave another similar dose, and applied a turpentine liniment to the abdomen. The pulse was 140, the tongue furred, respiration hurried, and the body very tender. The bowels acted once; but the following morning Mr. — gave an enema containing half an ounce of oil of turpentine, and she had four motions in the course of the day. On Friday, I found her with an anxious countenance, a furred dry tongue, moist skin, tumid and excessively tender abdomen, and offensive lochial discharge; but she had slept a little better in the night, and her pulse had dropped to 110. Since yesterday, she had been taking half drachm doses of turpentine in an emulsion every four hours, and was not sick. She could not move in bed without great pain, neither could she draw a deep breath; and the abdomen, especially in the uterine region, was so excessively tender that I advised a large blister, to be followed by bran poultices over the whole abdomen. We also determined to have the vagina well washed out by means of an enema syringe, and to continue the turpentine mixture every four hours.

December 8th. She was much better this morning. The bowels acted once after our visit yesterday. She had taken the turpentine mixture regularly every four hours. Pulse 108; tongue cleaning at the edges. The blister had drawn well, and she bore pressure on the abdomen much better than yesterday. Respiration was easier than for the last two days, and she could lie upon her side in bed. The vagina was washed out twice yesterday, and there was no smell on the linen this morning; the discharge, however, was quite pale, and she complained of a good deal of forcing after the use of the syringe. She was ordered to continue the turpentine mixture and bran poultices, with light nourishment.

December 9th. She was better, but she had an imperfectly formed abscess in the thumb which disturbed her in the night. She had taken the turpentine every four hours, but began to complain of uneasy feelings in the stomach after taking it. Pulse 100; tongue cleaner. The abdomen was less tender, but there was still some fœtor in the vaginal discharge, and a feeling of heat in the vagina. The vagina was ordered to be washed out once daily, and the turpentine taken twice in the day, if not sick. She was ordered also to have two drachms of oil of turpentine injected into the rectum in a pint of gruel.

December 10th. The thumb was still painful, but discharging. The abdomen was not tender except from the blistered surface. The injection yesterday remained an hour, producing a feeling of warmth in the bowels, but returned without fœces. Pulse 100. She took the mixture twice yesterday. An enema of soap and water and castor oil was ordered.

December 11th. The injection yesterday was followed by one very copious motion. She took the turpentine twice yesterday; she complained that she now tasted it a long time, but had not been sick. She had a plentiful secretion of milk; the lochia were very pale, but less fœtid. Pulse 96; tongue clean; countenance cheerful; and she was in every respect improving. I gave her to-day drachm doses of tincture of calumba, improved her diet, and left it optional with her whether or not to take a dose of the turpentine mixture.

December 13th. All abdominal and uterine symptoms were at an end; there was no pain, no distension, no sickness. Pulse 72; tongue quite clean; appetite returning. She had taken no more turpentine, but continued the calumba. I saw her no more until Monday the 24th, when I found she had been downstairs in the morning, and for a short time the day before; and, with the exception of a rather too ample uterine loss of coloured healthy lochia, she was going on remarkably well.

CASE XX. *Puerperal Disease.* Mrs. —, a little over 20 years of age, was confined with her first child on

Thursday, October 24th, 1861. The last stage of her labour was very protracted on account of rigidity of the perinæum, several hours being occupied by its dilatation. No laceration took place, nor were instruments used. The child was born alive and healthy, the placenta came away naturally, and there was no hæmorrhage. She had a rigor the next day, but seemed not to be going on unfavourably, except that her after pains were occasionally more severe than is usually the case with a first labour, and there was sloughing to a slight extent of portions of the vulva. But, on the morning of Wednesday, October 30th, her pains became more constant, her pulse was rapid, the bowels relaxed, the lochia deficient, the mind somewhat confused, the abdomen exquisitely tender, and there was no secretion of milk. At night I was summoned a distance of twenty-one miles, and arrived at the house at about four o'clock in the morning of Thursday the 31st, when I found her in very much the same state as above described, with a pulse at 140, tongue dry, uterus large and exquisitely tender, some purulent vaginal discharge and a tendency to diarrhœa, which had been checked by chalk mixture and opium. All present had formed a very unfavourable impression of her, and feared she would die; a result the more to be dreaded, in consequence of her husband having lost a former wife five months after marriage, about two and a half years ago. On examining the uterus *per vaginam*. I found it very tender, but there was nothing presenting at the os; the vagina was very hot, and there was some slightly offensive discharge. She was naturally a healthy person, but her vital power was now at a low ebb, her pulse was extremely uncertain and easily disturbed, and the abdomen was beginning to be distended with air. She could not turn in bed, or attempt to do so without pain, and her countenance bespoke, or rather betokened severe disease. I at once advised the turpentine treatment, which was readily acceded to by her medical man. We applied it freely to the abdomen externally, and gave her drachm doses internally every four hours, with ten drops of laudanum in each to guard against diarrhœa. She also took milk and a little wine and water now and then. In an hour or two after the commencement of the treatment, she was decidedly easier; and, when I left at ten in the morning, she had had some comfortable sleep; had not rejected the turpentine; experienced no pain except on pressure, and her pulse was 120. I recommended a continuance of the turpentine in half drachm doses, with a caution to leave it off immediately, should there be any signs of it disagreeing with the stomach. The vagina was ordered to be washed out daily with warm water.

I was with her again at night on Friday November 1st, and found her in all respects much relieved, although the pulse remained at 120. The turpentine stupes had on one occasion been left on longer than usual, and nearly the whole surface of the abdomen was vesicated; but it was less distended, the uterus was smaller and scarcely at all tender to the touch; there had been no troublesome diarrhœa, and she was still able to take the turpentine without nausea; we therefore continued it in half-ounce doses at longer intervals, and applied linen dipped in salad oil to the sore surface of the abdomen. She took the turpentine in weak brandy and water, but had very little other stimulant, as her pulse was not very feeble, and she was said to be of an inflammatory habit. Milk continued to be her chief nourishment.

I stayed with her all night, and left her in a progressive state of improvement at 8 A.M., on Saturday the 2nd. In the evening I received a favourable report. On Monday, the 4th, I had an interview with her brother-in-law, a surgeon, who had spent the previous night with her. He gave me a good report, and said she had first complained of the turpentine on Saturday night, and it was then discontinued. All pain and tenderness had ceased, but her pulse was not yet below 118. Her tongue was moist, and her spirits cheerful; and he told me he advised some

spirit of the acetate of ammonia, with liquor ammonie acetatis. I expressed some doubt about the latter, for fear of disturbing the bowels; but did not object to a little aromatic spirit of ammonia in camphor mixture, if she required it; but I thought upon the whole it would be better to let well alone, trusting to an improved diet, and the daily vaginal washings for her further restoration.

On the 5th, her surgeon reported her very much better, and expressed an opinion that we had only now to wait and look on, while Nature did her work of recovery. "The ammonia mixture, which Mr. — rather wished her to have yesterday, was tried; but, after two doses, the pulse rose from 108 in the morning to 120 or more in the evening, and there was a good deal of excitement. It was therefore discontinued; and this morning, after a tolerably quiet night, the pulse is 96, and the skin is perspiring freely, without any extreme heat. The tongue is also cleaning nicely. The chalk mixture is still required now and then; but no opium has been given for twenty-four hours."

On the 7th, I received another favourable report; all going on well, except that the catheter was still required. (I should have noticed, that never since her confinement has she been able to pass her urine).

On the 9th, she is reported to have recovered the power of evacuating the bladder naturally; and the only matter of importance was, that she was a good deal troubled with an erythematous eruption, spreading from the nates to the loins and upwards to the shoulders; this disappeared a few days afterwards, on the recurrence of slight diarrhoea.

On the 16th, she was on her sofa; and by the 21st, was able to walk about a little.

Early in December, she had a painful menstrual nixus, followed by the proper discharge, for which a few leeches had been applied over the left ovary: and on the 14th, she was reported as nearly well as possible. Mr. — says: "the only drawback is that there still remains a little tenderness on the left side just above the top of the hip bone towards the middle of the body, on being pressed deeply; together with a feeling of induration. A small blister was applied last Sunday, and another has been put on to-day near the same spot. She has not the slightest pain except when deeply pressed, and then not very much; it is not pain but tenderness. She has been taking quinine and bitter ale this week, and they seem to agree very well."

A few weeks after this, she called upon me in Norwich, to report herself perfectly recovered.

[To be continued.]

**HOMŒOPATHIC THERAPEUTICS.** In chronic catarrh of the bladder, Dr. Hastings effected a cure by *pareira brava*; Dr. Pope by *belladonna*; and Dr. Henderson by *mercurius*. Acute articular rheumatism is one of the most easily recognised diseases, and, as compared with others, one of the most uniform in its course. Here, if anywhere, one would expect a uniformity of treatment. In vain; Dr. Henderson cures his cases with *bryonia*, *aconite*, and *belladonna*. Dr. Henriques employs *bryonia* only once, and *belladonna* and *aconite* not at all. His remedies are sulphur, china, *arnica*, *rhus*, and *antimony*. Dr. Black, in addition to most of the above, gives *pulsatilla*, *spigelia*, *arsenic*, *mercury*, *lachesis*, *colchicum*, and *nux*. Lastly, Drs. Wurmb and Caspar, in forty-seven cases, resorted to *aconite*, *bryonia*, *pulsatilla*, *mezereum*, *colocynth*, *rhododendron*, *ledum*, *ruta*, *colchicum*, *staphysagria*, *china*, *mang. caust.*, *sulphur*, *mercurius*, *spigelia*, *euphrasia*, *lachesis*. And the cheering result of their abundant experience is, that "nothing has been achieved up to the present time for the treatment of rheumatism"! (Dr. Roberts.)

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

NOTE ON A CASE OF DIABETES MELLITUS.

By JOHN KENT SPENDER, Esq., Surgeon to the Eastern Dispensary, Bath.

[Read February 27th, 1862.]

SOME members present may recollect two papers on the subject of diabetes in the BRITISH MEDICAL JOURNAL for November 1860, by Dr. W. Roberts of Manchester. These papers are valuable, because they convey a very correct idea of what we can really do in this disease, and what ought to be our aim in its management. Dr. Roberts insists that the therapeutics must be regarded apart from theoretical considerations; that the various explanations of the pathology of diabetes offered from time to time show how provisional those explanations really are; and that we are bound to follow, in the main, the teaching of experience, however rudely that may cut athwart our physiological opinions. Indeed, we now know, even with greater certainty than when Dr. Roberts's papers were published, that sugar may continue to appear in the urine after every particle of sugar and starch has been withdrawn from the food. It is not pretended that a diet devoid of starch and sugar can eradicate the disease when it deeply affects the system; but I think it is impossible to read the history of the treatment of diabetes, without being convinced that the non-saccharine and non-starchy plan has greater claims to our confidence than any other.

CASE. A confectioner of this city came under my care in January 1861, on account of loss of flesh, thirst, want of appetite, great weakness, and a copious flow of urine. He was lying prostrate in bed, and had no idea of the nature of his complaint. Within twenty-four hours of my first seeing him, I found that the urinary flux measured a little more than nine imperial pints, and its specific gravity was 1042. I prescribed the following diet: boiled mutton; green vegetables in any form (such as sprouts, cabbage, brocoli—not turnips, parsnips, nor carrots); "torrefied bread"—i. e., the crust of common bread baked almost black; tea without sugar or milk; and weak brandy and water. As medicine, I gave him two grains of sulphate of iron, with one grain of powdered opium, three times a day.

In one week the following improvement had taken place. The quantity of urine was six pints in the twenty-four hours; the specific gravity was 1035; the man had more sleep and appetite, and a proportionate increase of general strength.

At the end of the second week my patient was not so well, and only very little better than at first. He attributed this to mental anxiety. I ascertained that he rigidly adhered to the prescribed diet and medicines, and that he was sensible of the importance of doing so. I recommended frequent sponging with tepid salt water, the administration of a larger quantity of brandy, and an increase in the dose of opium. The bowels were alternately relaxed and constipated.

The lapse of the third week brought about a most favourable change. I now allowed my patient some bran bread, and a small measured quantity of milk with his tea.

In three or four months, this man reached that stage which Dr. Roberts calls "conditional improvement"; that is, a state of amelioration which is not overpassed, but which can be readily sustained, provided that no pathological casualties of other kinds occur. In this way a person may live for many years in precarious health, just able to do his daily work and earn his daily food.