tion of urine had now taken place, after a complete cessation of forty-eight hours. Mr. — had, in fact recovered.

REMARKS. The foregoing particulars I leave with you. I offer you them in earnestness, and yet with all deference to the individual experience and conclusions of gentlemen present. Pray do not prejudge this question of the treatment of cholera; it is one of great importance, involving as it does the health and life of very many now living, and of countless thousands yet unborn. Be assured that cholera statistics are, up to this time, in many respects valueless. You will have seen elaborate tables, long drawn out, prepared to show the comparative failure of the eliminative treatment of this fearful malady; but I would ask you to remember that the castor oil treatment is *not* the legitimate "eliminative" treatment. Such does not constitute the treatment by purgatives, as the foregoing case detailed to you so completely and successfully realises. The statistics of cholera remain to this time to be demonstrated.

INTESTINAL OBSTRUCTION, WITH STERCORACEOUS VOMITING AND HICCUGH, DURING SEVEN DAYS.

By Jos. C. S. JENNINGS, Esq., Malmesbury.

[Read before the Bath and Bristol Branch, Sept. 24th, 1857.]

Miss A. K., aged 18, of sallow complexion, but with the catamenia regular, came under my care on Tuesday, March 3rd. She had consulted me a few days previously for slight dyspeptic symptoms. I now found her in great agony, with incessant bilious vomiting. I ordered two pills of compound extract of colocynth and blue pill to be taken immediately, followed up by effervescing draughts.

March 5th. On this morning the pills were repeated, with the addition of creasote; but this failing, the following was ordered:—

R. Pulveris opii gr. j; hydrargyri chloridi gr. j. M. Fiat pulvis 3tiis horis sumendus. Mitte iv.

An enema, containing compound extract of colocynth, was also administered.

March 6th. The same treatment was pursued, but without allaying the vomiting. There were now (10 A.M.) great tenderness of the right hypochondrium, acute lancinating pains, and hard rapid pulse—indeed, all the usual symptoms of enteritis. I therefore had recourse to bleeding, and directed eight leeches to be applied to the painful region.

March 7th. The enemata, with warm fomentations, and the powders, were continued at intervals during the day; but, as no relief was obtained, and the vomiting had become fecal, I passed up the rectum an œsophagus-tube, to which a pair of bellows was attached by vulcanised India-rubber tubing, and proceeded to inflate the bowels with air until the distension could be no longer borne. This had the happy effect of instantly exciting the peristaltic action of the intestine; and a copious scybalous stool was the result, with immediate abatement of all the alarming symptoms. Some effervescing medicine was afterwards prescribed. In two days the patient was able to sit up, and I found her engaged with her needle; and, though much reduced in strength, apparently in her usual health.

March 10th. I was hastily called on to see her, in consequence of a return of vomiting and violent pains in the abdomen, recurring at intervals of a quarter of an hour. I gave immediately two grains of calomel and a grain of opium; and an antispasmodic mixture, containing compound spirit of sulphuric ether, to be taken every two hours, alternately with a pill containing half a grain of hydrochlorate of morphia.

March 20th. An enema of compound extract of colocynth was administered; and, as the thirst was great, a small quantity of simple effervescing mixture was allowed occasionally. Eight more morphia pills, one to be taken every four hours, alternately with the same containing one drop of croton oil in each, were ordered. The pulse was now small and rapid, but there were no inflammatory symptoms. The vomiting had, however, become stercoraceous, and was ejected with great force and suddenness through the mouth and nostrils.

March 21st. Pills containing one grain of opium were now given after every vomit, and the enemata were continued occasionally. Inflation now failed to relieve the bowels. O'Beirn's tube having, therefore, been passed about a foot, a copious injection of cold spring water was thrown up, to the amount of two quarts; but this also failed to excite any action, although

had recourse to three times at intervals. Two-grain doses of opium were now administered in pills, to relieve the very distressing vomiting.

March 22nd, 8 A.M. The vomiting continued. The pulse was very small and rapid; the countenance anxious. Two enemata of cold water were administered without success.

10 P.M. A fermenting mass of yeast, flour and water, was now injected through O'Beirn's tube passed a considerable distance up the bowel, and the opiates were continued during the night.

March 23rd, 12 noon. Great distension had been produced by the yeast which had been retained, but there had been no action of the bowels beyond expulsion of flatus. The pulse was now scarcely perceptible; the throat was dry, with sense of constriction; deglutition very difficult; and the tongue preternaturally red with raised papillæ at its edges. The patient had taken nothing except medicines for two days, and appeared almost unconscious except when spoken to. The eyes were much sunken, and surrounded by a dark zone. Her condition more resembled that of catalepsy. There was also scanty menstruation. I now gave a turpentine enema, and finding after an hour that its peculiar smell could be detected in the breath, I administered the following day, March 24th, at 10 A.M., a similar enema, followed up by inflation of the bowels, and afterwards gave the following pills during a lull in the vomiting.

R. Olei crotonis gtt. iv; extracti colocynthidis co. gr. viij; pilulæ hydrargyri q. s. M. Fiat pilulæ iv, quarum ij statim sumantur.

Three hours afterwards, a copious stool was passed.

March 25th, 2 A.M. There was a dejection; semi-fluid, containing scybala; compressed, riband-like, and fawn-coloured.

5 A.M. Similar stool.

10 A.M. I prescribed aperient effervescing draught to be taken every three hours.

March 20th. The patient was convalescent, and went on well till May 21st, when vomiting returned. A compound colocynth enema was at once administered, and two drops of croton oil with compound extract of colocynth and blue pill were given, followed by a turpentine enema, which produced a copious stool, and all the symptoms subsided.

REMARKS. The first attack appeared to be produced by a long walk after an early breakfast, without the usual full midday meal, and a hearty supper of cold boiled beef and a subsequent walk of two miles. I was induced to diagnose intussusception in the first and second attacks, and the peculiar compressed riband-like character of the fæces evacuated seem to favour this supposition. I find a very similar case recorded by Dr. Brittan in the BRITISH MEDICAL JOURNAL for January 17th, and another by Dr. Jackson on March 14th, in which the advantage of treating these cases by opium until the tendency to vomiting has subsided, is clearly demonstrated. The means ultimately adopted for the evacuation of the bowel may, I think, be frequently used with advantage, and in some cases where a cataleptic state of the system appears to be indicated.

MALFORMATION OF THE HEAD IN THE FÆTUS.

By HENRY G. TREND, Esq., Eye, near Peterborough, late Resident Accoucheur to St. Thomas's Hospital.

DURING the past twelve months, three almost similar cases of malformation of the head in the fetus have occurred in my practice; and from their comparative rarity, and the difficulty that was thrown in the way of detecting the presentation, I am induced to lay them before my fellow-associates.

CASE I. On September 29th, 1856, about 8 A.M., I was summoned to attend Mrs. J. L., aged 19, a fine healthy-looking young woman, in her first confinement. Her residence not being more than a dozen yards from my own door, I was on the spot immediately, and found her down stairs lying on the floor in a bucket full of liquor amnii and bloody fluid; the women present being all very much excited. I had her carried up to bed, and on inquiry found that she had passed a very good night, and had been first taken poorly when her husband went out to work at six o'clock. On examination, the os uteri was found almost fully dilated, and the finger came against a soft placental-like mass. My first thought was that it was a case of placenta prævia; on further examination, however, I detected higher up posteriorly an uneven serrated edge. I was turning over in my mind what the presentation could possibly be, when a violent pain expelled a male child, and unravelled the mystery.