

nearly six months have now elapsed since the operation.—*Yours, &c.,*

ROBERT PATTERSON.

J. A. M. M. D. 1881

How the presence of external piles causes bleeding from the bowels, or how their removal prevents it, I am quite unable to explain; but do not, on this account, regard these facts as of less importance in practice. If their occurrence were extremely rare, they would be of less consequence, but happening frequently, as I have had occasion to see, their recognition is obviously a matter of no small practical importance.

Another source of hemorrhage from the rectum, which could not have been readily suspected or anticipated, is spasmodic stricture of the anus. The fissures and ulcers, which are so frequently connected with this condition, usually discharge a little blood, although hardly in such quantity as to constitute a prominent feature of the case; but, independently of any such complication, a more contracted state of the sphincter may occasion the most profuse and serious bleeding. As an instance of this effect, I may mention a very remarkable case that was presented to me not long ago, by a medical student of great talent and diligence. He complained of bleeding at stool, but, on examination, was found so perfectly free from hemorrhoidal disease, that I supposed he must labour under a relation. Some time afterwards, remarking that he had become extremely pale and emaciated, I was led to make further inquiry, and then learned from a companion who resided in the same house with him, that there really was a copious discharge of blood which issued in a fluid state, and then coagulated. On making another examination, I found that the external part of the sphincter was tightly contracted, and knowing that this might be the cause of bleeding, made a division of the tight muscular fibres. No blood was subsequently discharged, and the patient soon regained his healthy aspect.

There is still another source of hemorrhage from the rectum of which I have met with only one example. The patient was a young lady whom I saw along with the late Dr. Graham, the professor of botany. She had lost so much blood as to excite attention by her altered appearance, and was brought from the country in quest of relief. I could not detect any hemorrhoidal disease, or any other recognized derangement; but observed, that when expulsive efforts were made, the blood issued from a small round orifice, apparently seated in a varicose vein. To this point I applied a ligature with the effect of affording complete relief. — *Observations in Clinical Surgery.*

TYPHOID OR ENTERIC FEVER.

THE TREATMENT.—CONTINUED.

By ALEXANDER TWEEDIE, M.D., F.R.S., Physician to the London Fever Hospital, &c., &c. An abstract from his recent work on Fevers.

Hemorrhage from the Bowels.—Continued.

The oil of turpentine, in doses of from 20 to 30 drops, in emulsion, is also a good remedy, taking care to suspend its use if it produce irritation of the urinary organs. The failing powers should be sustained by wine and brandy, and the nervous symptoms be calmed by opium or its alkaloids.

Brachitis.—The regular catarrh attending well-marked cases of this fever, generally subsides in a

few days, without special treatment. The chest ought to be examined regularly to ascertain that the bronchitis is not attacking the smaller tubes, and becoming latent, for it is not until the more advanced periods of the disease that it is noticed. When confined to the upper large tubes, counter-irritants should be applied beneath the clavicles, and a mixture of wine of ipecac and tincture of hyoscyne be administered. Should it, however, involve other portions of the lungs, and the patient be able to bear it, a few ounces of blood should be taken from the chest; otherwise dry cupping and blistering must be substituted, with an expectorant mixture internally.

Even in the severest cases of bronchitis, when the patients are fast sinking, with a respiration of 40 in the minute, and the extremities getting cold, we have found them to rally and recover on wine and brandy, liberally administered, with the strongest beef-jelly extracted by heating over steam without water, given every half hour, and the decoction of seneka with nitrate of potash, every four hours; which we have kept up for several days notwithstanding their stimulating effects, want of sleep, delirium, and hot and dry skin. We have frequently found this treatment to be followed by profuse sweating, free expectoration, and refreshing sleep, after which we have still kept up the treatment, but less energetically. — *EL*

Pneumonia.—This may occur secondarily upon the bronchitis, and must be treated, unless there be special circumstances to forbid it, on the same principles as primary pneumonia, bearing in mind that we have to deal with it under very different circumstances. These measures embrace local abstraction of blood, or dry cupping, turpentine fomentations, or blistering, and the exhibition of small doses of tartar emetic with purgative.

Peritonitis.—From perforation of the intestines, requires opium in large doses (2 grs.) every hour until a decided impression is made upon the system. But if merely threatened, recourse must be had to leeching, warm fomentations, mercury with chalk and Dover's powder, and supporting the strength by suitable non-ferment. When perforation takes place, recovery is rare.

Laryngeal Angina.—This formidable throat affection, Bokitsansky ascribes to typhoid deposit in the delicate structure of the glottis; fortunately it is a rare complication, for it is seldom attended even by the promptest treatment. The first approach of hoarseness, with painful deglutition, and tenderness on pressing the region of the larynx externally, should excite suspicion. The nape of the neck should be cupped and the angles of the jaw blistered, avoiding the integuments covering the larynx, the vapour of hot water with the extract conium should be breathed, and from an eighth to a quarter of a grain of tartar emetic be given every three or four hours according to the urgency of the case. Gargles are worse than useless. Mercury so useful in sympathetic angina is less trustworthy in this secondary, from the bad effect produced by it upon the bowels. Death occurs from suffocation produced by effusion of serum in the rim of the glottis.

The Bladder.—This organ is liable to become distended in advanced stages of enteric fever, and the urine to be either completely retained or to dribble away from a full bladder. Its state must be determined upon frequently by percussion; and should there be any doubt, the introduction of the catheter ought not to be delayed.