

When collapse of the air vessels has taken place, and the circulation is feeble, the skin pale and cool, the difficulty of breathing extreme and asphyxia threatened, and the case is desperate, without quick aid from new resources, we would look to oxygen gas with great hope. It has been suggested that an increase of oxygen in the air might be affected by burning chlorate of potash on live coals in the room with the patient, but a more satisfactory mode would be to manufacture the pure gas, and administer by means of a gas bag. The imperfect decarbonization of the blood may thus be corrected until other means can be brought to bear favorably on the chances of the patient's life. In more ordinary cases of bronchitis the inhalation of atomized fluids has been found convenient and useful. The vapor of water alone is often beneficial. This may be practised by means of a tin tube extending from the boiling kettle to the cradle of the patient.

Water, holding in solution those medicines which promote expectoration, or which render the vapor more agreeable, may be used by means of an atomizer. Zinco, carbolic acid, tolu, vinegar, muriate of ammonia, etc., have been used to great advantage.—*Virginia Medical Monthly*.

INTESTINAL OBSTRUCTION OF TWENTY-ONE DAYS' STANDING RELIEVED BY CARBONIC-ACID-GAS INJECTIONS.

Dr. Heustis, of Mobile, reports this remarkable case in the *Medical News* of June 3d. It is of great practical interest.

After a tedious labour, attended by an extensive perineal laceration, and followed by puerperal fever lasting three weeks, a severe colic attacked the patient. Anodynes relieved the pain, and after this various cathartics were ineffectually given; likewise enemata. Obstinate emesis came on, and on the second day stercoraceous vomiting occurred. Dr. Heustis continues as follows:

Seeing that it was a case of ileus, calomel and opium were given regularly (calomel, two and a half grains; opium, one grain) every two hours; but the opium had to be increased to two and a half grains, and sometimes given every hour when the distress was great. Warm poultices were kept on the belly, and large injections of soap and water, or ox-gall and water were used every day. The opium appearing to be too slow in its effect, a grain of morphia was substituted, and a quarter of a grain of extract of belladonna, with the *two and a half grains of calomel*, which was kept up every two hours while awake. She would generally get a little sleep at night, but was hardly ever free from pain, and almost every day a large quantity of stercoraceous matter was vomited. Notwithstanding this, the expression of countenance remained good and the belly soft. Before the coming on of an attack of stercoraceous vomiting there would be a

rumbling of the bowels; but instead of causing a desire to go to stool, there would be a reversed action and then the horrible vomiting.

No spot could be located as the seat of the obstruction; and though the same train of symptoms continued from day to day, the last resort of making an exploratory opening of the abdomen was postponed. Her dozen pills (of *thirty grains of calomel*, twelve of morphia, and three of belladonna extract) would last two or three days, sometimes not so long; but there was no appearance whatever of salivation.

On the seventeenth day it was determined to make an exploratory incision into the abdomen, but the gentlemen to assist could not be got together, and it was deferred until next day. Next morning her pulse and countenance were good, belly soft, free from any swelling; and the operation was deferred. Large injections containing ox-gall were forced through an india-rubber tube, eighteen inches up the rectum and colon, with a stomach pump, but nothing but the injection would come away. Quantities of melted lard were tried in the same manner, with the same result.

Having read of carbonic acid gas succeeding in such cases, I had the husband get one of the large siphon bottles, sold as seltzer water, fasten the India-rubber tube tightly on the spout, and after oiling it well and passing it far up into the bowel, turn on the seltzer. He did so in my absence, and when I saw her in the morning she declared that the gas came out of her mouth; she was sure of it for she tasted it distinctly. Still her bowels did not act, and she had another attack of stercoraceous vomiting next morning.

Her husband having got another quart bottle of seltzer I attended to the administration of it, passing the tube about eighteen inches up the bowel before turning on the gas. It made an noise like escaping steam as it passed into the bowels, and before the bottle was half empty the feces began to flow out; and when the flow stopped, the gas was turned on again, to be interrupted by more feces; and so it was kept up until the bottle was empty, and the bowels too, apparently, from the quantity passed.

After that her bowels acted every day, and she had no further trouble with them.

As the exact seat of the obstruction could not be ascertained, its cause remained doubtful. Possibly a band of adhesive lymph resulting from the recent attack of peritonitis might have pinched the bowel; but in such a case there would probably have been swelling and tension of the abdomen. In the absence of positive signs, it will be reasonable to assign a spasmodic contraction of the bowel as the cause; but why it should have continued so long, and not be relieved by such large quantities of morphia, is a mystery.

The elastic and pervading force of carbonic acid gas thrown far up into the colon would appear to be the readiest and best means of overcoming such obstructions.