

tion of the disease, usually exhibited itself. 5thly, Calomel, in the doses already mentioned, in conjunction with opium, or nux vomica, may be considered as the chief means of cure in the internal treatment of cholera, according to our present authority. It has the effect of stimulating the biliary secretion, permits the bile to pass along the ducts, and when the matters vomited and discharged by stool begin to be tinged with bile, the patient may be considered saved, and it is a warning for the discontinuance of calomel. Though Richter used calomel in this manner very freely, and, as he informs us, with great success, he only witnessed two cases of salivation. Richter concludes his report with the following summary of the number of cases, and the result of those which he treated in the temporary hospital at Moscow under his charge. From the opening of the house on the 29th September, until the 25th November, 219 patients were received; of these 89 recovered, and 130 died. Amongst the fatal cases, 11 were brought dead into the house, 43 died before the lapse of 12 hours after admission, and 38 before 24 hours.

Thus we have run over the chief circumstances of interest regarding this disease in the report of Richter; and with this we conclude our notice of the work at present. We shall, in our next publication, return to the work of Lichtenstädt. We shall consider the pathological history of cholera presented to us in these Russian official documents, somewhat more methodically than the time at which we received the work has permitted us to do, in the foregoing notice. We shall particularly consider the various and opposing facts which they contain, in reference to the mode in which cholera is communicated. We shall see if these are capable of being reconciled or accounted for; and, above all, we shall examine carefully, the report of the committee upon the breaking out of cholera in Astracan in 1823. We flatter ourselves that we shall thus perform a more acceptable service to our readers, than if we were to fill our sheets with our own crude notions of the history of a disease, with which we are, and trust we ever may remain, practically unacquainted.

J. P.

---

XII. *On a peculiar Conformation of the Colon.* By ROBERT HUNTER, M. D., Professor of Anatomy, Andersonian University.

(To the Editors of the Glasgow Medical Journal.)

GENTLEMEN,—When demonstrating the abdominal viscera a few days ago to my class, I alighted upon a conformation of the colon, which, from its very uncommon character, is

worthy of being notified in your Journal. I had traced the colon to the left iliac region before I discovered any thing peculiar. *There*, however, the intestine appeared to terminate in a blind sac, but, on a closer inspection, I found it continued across the vertebral colon, and traced it up to the liver, to which organ it was attached by a process of peritoneum. At this point it bent upon itself, and descended to the right iliac region, when it entered the pelvis upon the right side of the promontory of the sacrum, and terminated at the anus. When brought fairly into view, it had some resemblance to a double colon. It assumed this character more particularly after the small intestines were removed, and the colon itself fully inflated. It appeared then to sweep from right to left, encircling the upper part of the abdomen, and from the left iliac region to sweep back again to the commencement of the colon, when it passed into the pelvis, and descended to the anus.

To ascertain what light the arrangement of the blood vessels of the colon could throw upon the subject, I examined these vessels with great care, and am happy to say, that the examination has enabled me to arrive at a satisfactory conclusion. I believe that the size of every artery is in a direct ratio to the size of the part which is formed and nourished by it. In all animals, as well as in man, the relative size of brain and face, for example, depends on the relative size of the internal and external carotid arteries. When the brain is larger than the face, as in the child, the internal carotid arteries are always larger than the external; and in old age when the brain shrinks, and the skull and external parts of the head attain an increase of development, the external carotids are larger than the internal. When any part of the body receives an increase of development, either in health or disease, we find the artery or arteries on which the development depends, exhibiting a corresponding increase of size, so that we can infer from the size of the arteries, the development of the parts upon which they ramify. If an organ, then, such as the colon, which has many parts, presented an irregularity of development, could we not discover by an examination of its arteries, whether the irregularity appertained to the whole organ or to a part of it? The arteries which supply the great intestines are few and determinate. We have uniformly one part of the tube supplied from the *superior* mesenteric artery, and the remaining part of it from the *inferior* artery of that name. But more than this; the anatomist can easily particularize the arteries that supply the different parts of the tube:—what branches supply the cœcum—what the ascending colon—what the transverse portion—what the descending—what the sigmoid

flexure—and what the rectum. If any one of these parts was preternaturally developed to such a degree as to affect the whole character of the intestine, could we not, by a careful inspection of the arteries, discover the part to which the peculiarity of development is confined? The result of my investigations enables me to answer the question in the affirmative, and the application of the principle in this case was eminently successful. With these principles fully in view, then, I proceeded to the examination of the arteries. I found those branches of the *superior* mesenteric artery, which usually proceed to the colon, presenting their usual arrangement, and as far as I could judge, their usual size. I therefore concluded that the cœcum, the ascending portion of the colon, and half of its transverse portion were in their ordinary state of development and this exactly harmonized with the appearance of these parts. I found the *inferior* mesenteric artery which usually supplies the left half of the colon and the rectum, peculiar in size and course, but not in the number of its branches. It was considerably larger than usual, and we might seem therefore to arrive at the conclusion, that the malconformation consisted in a greater than usual development of the left half of the colon and rectum. But from a careful inspection of the arteries, I have been enabled to arrive at a still more particular conclusion. The inferior mesenteric artery was found descending in the direction of the right iliac region, and dividing into its three ordinary branches, viz., the *colica sinistra*, *sigmoidea*, and *hæmorrhoidalis superior*. The first and last of these branches were of the usual size, and held their ordinary relationship to the intestinal tube. Of these two branches, the *arteria colica sinistra* crossed the aorta from the right side, ramified on the descending colon, and inosculated as usual with the *colica media*. The *hæmorrhoidalis superior* passed immediately betwixt the laminæ of the meso-rectum, and terminated on the rectum. We may therefore conclude that the descending portion of the colon and the rectum were of their natural size. On examining, then, the middle branch of the inferior mesenteric artery, called *arteria sigmoidea*, I found it of double its usual size, and ramifying in that portion of the colon which extended from the left iliac region to the liver, and from that to the right iliac region, or, in other words, I found it ramifying upon that portion of the colon which gave the irregularity to the whole. Now, as the *arteria sigmoidea* usually ramifies only on the sigmoid flexure of the colon, I conclude that the malconformation is confined to that part, and its situation on the right side of the abdomen may be accounted for from the corresponding situation

of the artery on which it depended for its very existence.—  
I am, &c.

ROBERT HUNTER.

17th October, 1831.

XIII. *Report of a few of the more interesting cases treated in the Surgical Wards of the Glasgow Royal Infirmary, from 1st November, 1830, till 1st May, 1831.* By M. S. BUCHANAN, M.D., one of the Surgeons to that Institution.

It is no easy task in drawing up such a paper as the one which the Surgeons of the Glasgow Infirmary have voluntarily imposed upon themselves, for the information of the readers of this Journal, to fix upon a plan, which, exhibiting the most useful facts, shall, at the same time, avoid that tiresome repetition of common-place cases, or that regular transcript from the house journals, of even those of rare occurrence, which fatigues the eye, and, in general, adds little to the progress of science. Tables of surgical diseases also, are really of little importance; besides, these being exhibited in the annual reports of this hospital, published by the Court of Directors, for the information of the general body of contributors, any communication of this kind at present, of one-half only of the surgical patients, would tend rather to confuse the surgical statist, than add a single fact of consequence.

There is a document, however, of a much more interesting nature, one, which above all others demands investigation, but which, till lately, was given to the world in so confused and inaccurate a manner, that very little reliance could be placed on it. I mean the list of surgical operations. Whence does this inaccuracy proceed? Is it from a want of care on the part of the attending surgeons, or of system on that of the Directors? It will be scarcely credited, when it is mentioned, that the Surgeons of the establishment have nothing to do with this very important paper, the senior physician's clerk being the person, uniformly I believe, intrusted with the drawing up of this, as of all the other tables in the annual reports. On the last *Friday* of December, 1830, by accident I got a glance of the list of operations performed during the year, made up in the usual manner. I remarked to the gentleman who showed it me, that surely there must be something wrong in the number 63, the total which was inserted; and, on more minute examination, I found the omission of some of great magnitude, and the insertion of others scarcely worth recording. I remonstrated, and requested that the lists should be corrected, as far as possible, by the respective surgeons who had been in attendance. This reasonable demand was, to the credit of the Directors, instantly complied with, provided I