

XXXI. *A short Account of Dr. Maty's Illness, and of the appearances in the dead Body, which was examined on the 3d of July, 1776, the Day after his Decease. By Dr. Hunter and Mr. Henry Watson, FF. R. S.*

Read May 1,  
1777. **A**BOUT two weeks before he died, he was taken with a fit of violent oppressive pain, just above the pit of the stomach, which made him feel as if he was very near dying. He was bled, and gradually recovered; yet so imperfectly, that any motion of his body, or any pressure upon that part with the point of a finger, instantly brought on such oppressive pain, that he was convinced the least addition to what he had several times felt, must have put an end to his life. He had an idea that there might be a collection of matter behind the sternum, which might be discharged by some chirurgical operation.

Upon examining the part, which with the whole body was very much emaciated, there was no protrusion or discolouration. All thoughts of making any perforation were laid aside; and it was thought probable, that there was some inflammation or adhesion of the pericardium

dium, or of the heart itself, at its anterior part, just above the diaphragm. His cough was almost incessant in the night since he had left off the use of opium, to which he had been long accustomed. For seven or eight years, he said, he believed he might have had twenty purging stools in every twenty-four hours, from a complaint in his bowels, the principal seat of which he pointed out so exactly in his emaciated state, that it was observed at the time it must be in the colon, where it passes down on the outside of the lower end of the left kidney. It was therefore thought probable that there was contraction with internal ulceration of the gut at that place: and about three years ago, with this complaint, which always continued in his bowels and left side, he had a fistula in ano, for which he was cut, and thereby cured of that disorder; but from that time, he was always sensible that the lower part of the rectum remained in an awkward, uneasy state, so that it was difficult and painful to pass a common glister-pipe into it.

His medical friends were of opinion, that no more could be done for him than to palliate, and to procure ease and sleep. He returned to his opium, of which he took one grain twice a day; and at times was thereby much relieved and comforted.

The heart and lungs were examined with great care, but there was hardly any appearance of disorder in either, contrary to what was expected.

The conjecture that had been formed about the complaint in the bowels proved to be perfectly just. The small intestines were apparently pretty sound; the cæcum and beginning of the colon were much distended with air, but not inflamed. The arch, or transverse turn of the colon, was likewise much distended, and its blood-vessels were so loaded, that there was, at first sight, the outward appearance of an internal inflammation. The enlarged part of the colon terminated at the lower end of the left kidney, where there was an annular stricture on the outside of the gut, and there the gut felt hard and fleshy. The enlarged part being slit up, was much inflamed and superficially ulcerated on the inside, and more in proportion towards the lower end. At the stricture there was but a very small passage left, winding irregularly through an inch and an half of hard ulcerated gut. Below this, where the colon passes over the psoas and iliac vessels, it was in its natural state; but the rectum had been at some former time very much diseased, and for a finger's length to within two inches of the anus was contracted to almost a goose-quill size, and of a livid colour. The lower two inches were not so much contracted

tracted, but of the same livid colour, and the surface of the gut there was almost as unequal as the fasciculated surfaces in the heart; the effect, probably, of universal ulceration there, which had been a part of, or a companion to, the fistula, of which he had been cured by the operation; for, on that part, the villous coat of the intestine was destroyed.

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TO this account, more particularly of the two last weeks of Dr. MATY's illness, and of the appearances upon opening the body, as drawn up by Dr. HUNTER, I shall beg leave to add the few following remarks.

The heart and lungs were indeed neither of them essentially diseased; yet there was a whitish spot, about the breadth of a six-pence, upon the right ventricle of the heart, near its apex; a rough border on the left side of the diaphragm, as if the lungs had been glued to that part and torn off again; a partial adhesion of the lungs to the pleura; and a little purulent fluid within the pericardium. Certainly these were some signs of a slight inflammation having attacked the membranes investing the contents of the thorax. Neither can we suppose such appearances to have existed without occasioning some uneasiness: they were, perhaps, sufficient to account for

that great tenderness and oppressive pain which the doctor felt from the least pressure on the sternum, or upon any part of the breast near it.

The principal seat of the disease which proved so tedious, and in the end so fatal, was, no doubt, confined to the colon only; and it was entirely within the gut. The part first affected must have been that portion of the canal in which we observed the most mischief. The superficial extent of the disease over so large a surface as the whole arch of the colon, and the more formidable appearance of it, in only a few inches of the same gut, distinguished the part where the disease first began, and where it must have had its longest duration.

The cause of all this mischief was conjectural with Dr. MATY himself. Had it arisen, as he suspected, from having bruised his side with the hilt of his sword, we then should have found the gut injured from without inwards. But is it not most likely, that a little bit of bone, the stone of fruit, some sharp or hard body, in passing, had injured the gut so much, as to lay a foundation for all the growing complaints? Nearly the same appearances have been observed in the œsophagus from only a hard crumb of bread lodging for a time in the passage; which, after being forced down, was succeeded by great soreness, inflammation, ulceration, and at length

so complete an obstruction, as to occasion the death of the patient; of which I once saw a very deplorable instance.

The ulcerated intestine is a disease generally, as in the case before us, slow in its progress, but certainly fatal. An accumulation of acrid matter, confined air, solid ingesta, in short any thing capable of stretching, irritating, or hardening the gut, will spread and increase the disease.

The fasciculated appearance in the rectum is what I have once met with in a very sound gut, where the vilous coat was not in the least injured; it is therefore sometimes an original conformation, but apparently unnecessary, as the gut, we may presume, would perform its office much more agreeably without it.

H. WATSON.

