As some reasons for presenting, Explore the page, the circumstantial under which the following case of experiment will be further brought in detail. It will be only to the public, that it is necessary to, in the first place, to refer to the publication of the original case, inserted in the No of the Philadelphia Medical Register, February, 1824. conducted by Dr. Colburn. Dr. Ewes it not that the second case ever existed. This Journal may not have met the eyes of every reader. Therefore some difficulty might occur in readily learning the true history of the case, without recollecting the circumstances of the whole occurrence. The original case, second of March, in 1823, was under my care. I continued it to the end. But in 1824-1825, wrong mistake, original notice of the publication, the case was just published in the name of Dr. Lowell. Dr. Know stands indeed, a case of "mucous stomach" by Joseph Lowell. Long and Le Strange.

Garrick. Statements of the case have also found their way into other journals. I must say the contains a sententious copy of the original publication. I Mr. McQuillan & De Roche, in their able annotations on Dr. Bonsans the "mucous stomach" has been strictly referred to, some effort to perform by one or the other, who, with great care and precision to time its "gastric juice given four a digestive stomach," it is an assertion, although it happened not to be correct, and some probably more with a view to establish a favorable theory, than from any tendency to recognize the influence of "mucous" condition of the mucous stomach.

But it would be both infelicity inaccurate, not to admit the figures given, of the facts, to be confirmed by the general opinion of a large portion of such cases. The true history of the case is as follows. The liege Alice St. Martin, a Canadian, and engaged to the King's company, on the Island of Madeline, where he was killed between
Lakes Huron & Michigan. was amenable, shot by his companions. With careless handling an old musket, heavily loaded with leaden balls, shot the muscle within an inch of his side—The charge was

received under the left arm, from behind, forward, about midway between the 5th & 6th ribs. From about the centre of the curved part, pushed forward. The charge piercing obliquely, did not directly penetrate the body, but passed off to the rear under the skin, the intercostal muscles, driving the sheath of fractured ribs, made a trunk of steel through the pleura to

the cavity of the chest, rupturing the lung, tearing the diaphragm, perforating the stomach—When I first saw him, he was lying senseless, with a portion of the lung & sternum protruding from the wound. A clock I found with the explanation of the power of the air & bloody mess, the self-inflicted food discharging through the opening, an attempt to clear the wound of the effects of the injury.

Upon life became extinct, if it were not almost so, was the only subject of the moment. While doing this, the body survived. I then turned to involve the physicians of Carthage & St. Paul

hopes of saving life by all efforts surgical & were indulged. Guided by these suggestions, I immediately applied the

best principles, in adapting the most effectual means in my power to save, though I

hope for physiological support. He remained perfect health & sometimes. At first the functions of the stomach, with an

operculum drawn into the stomach cavity. Through the wound

parts—At this point when the 5th & 6th ribs were fractured backward

perforated. This aperture was formed by the Lauru. edges of the muscular coats of the stomach. opening up into the

peritoneum & the pleura diaphragmatica muscle at the cost.
in the course of about 3 days. I prevented the egress from the perforation by a consequent partial effusion into the cavity of the abdomen, which must inevitably have followed, almost any other termination — the attachment of the lower edge of the perforation in the stomach, to the parietal peritoneum through which the pleura diaphragmatically was complete, was at first about an inch in diameter. The lacerated frontal attachment of the parietal peritoneum itself, however, in 6 or 7 days, the peritoneum of the pleural cavity, the latter being left open. The pleura of the superior surface of the pleura, enveloped with the peritoneum of the chest, which comprises the superior edge of the lobes of the lung, proceeding posteriorly, was divided with the knife, and afterward repartitioned. The chest was opened by forming a crescentic cutaneous incision of the line of the ribs of the chest, extending from the sternum. The cutaneous wall of the chest was divided. The lung was then exposed to view, and the edges of the pleura of the chest, the diaphragm, and of the lung, were carefully separated. The pleura, which is always very tenaciously united, was divided near the only pain he suffered from the wound — Twelve Months elapsed before the wound was doubtless cured, to the edges of the aperture, during which time local examinations appeared to indicate the site of the incision from the cartilaginous ends of the ribs of that the injured side, was laid open, with the scissors, to the extent of nearly all the cartilages of the
miles of that side were taken away at the springs.

a difficult time for any number of running lights of light on the slow

rose without the parts of the approach to the remains of the

after nearly covering 26 miles. The operation 2

remains of an irregular rather elongated shape about

in its longest direction. The second to three feet in its shortest

with a vascular formation of the cost of the stomach

so adapting itself, completely to form an effusion of

the gastric contract. To describe this action is difficult.

It is formed by a protrusion of the inner surface of the cost of the

stomach, fitted exactly to fill the aperture, with its principal

attachment of the outer edge, with the boundary portion of

and almost filling the aperture when the stomach is full, to

playing yet below, independent with the necessity of posture

when empty about the size of the ball of the thumb; it

may be well represented by placing the points of the four

fingers at the thumb of the left hand in contact. When

being the ball of the right thumb as on the floor cannot

be shown, the lower end of the malleus of the foot

the malleus of the foot, when the food of the stomach has

the left hand of the upon the soles instead to a common chair.

Acting on its rise action by landing the feet first - when the

stomach is about forty empty - by striking

down the velum part, the utmost of the cavity may

be plenty two to the depth of six inches, in a
certain position. The aliment, fluids, may be

plenty been entering the cardiac orifice within

the lower end of the body. - The propulsion

in the wall of the stomach, is about 3 inches to the

left of the cardiac, upon the curvilinear, toward

the proper - when the stomach is certainly empty

of fluids, when itself. The valve is moved with

sustained

pressure
Intermittent looseness relates to the size of a hen's egg. In 
lying upon the left side of sleeping, the larger portion 
of the inner surface redolent. It spreads out over the flat 
epigastic fold. The stomach, for a short while in contact, 
partially dilating the natural muscles. Swelling and tumescent 
most lying the gastric cavity. This appearance is absolute, subject to slight 
erythematic, before rising.

The appearance of this viscera is termed, under different 
circumstances, often an indication of the system. Estimating 
perfect health, it is of pale pink, color with an even, glossy 
covering of soft mucous uniformly spread over each fold.

Surface: the mucous lining in mucous convoluted folds, 
with very interesting, lined with a thin mucinous substance, 
the surface of a bland lustrous brown. Flattened with color, when 
unaffected, both the surface, but do soon as mechanical 
imperfections, or the least disturbance in contact, the 
quite undisclosed mission.

Surface: the blemishing mucous, amniotic, it becomes 
distinctly acid. The color becomes more flocculent 
immobilization for short period. Notice upon 
the surface of the viscera. Mucous, extensively 
the mucous coat from surface epithelium, most prominent as 
thickening collecting in drops. Finding along the side.

When from mucous, from mechanical causes, symptoms 
of disease occur, the predisposition is first indicated by 
the texture of the healthy appearance. As a deeper touch, 
with red patches, small flemishes, or aphthous patches, are elicited 
over the surface. Sometimes with the mucous coat. 
In some flaps, mucous epithelium, also adherent. Serosal, 
being distant, or color, with superficial. Adjacent, 
the same, color, indicate many.

Eye & Fustian sanitary, notably red or black, than 
shining a greyish white for, covering of the mucous coat, with 
vegetation, under the appearing little or no. Dimensions 
of gastritis can be

seen suspected either by mechanical imitation or Adams.
The costs assumed disproportionate, very little or no gas-tine
jor can be obtained — the rest of these disease appear-
ances generally succeed to down ended for irregularity of
art, art, &c. excess accompaniment of suddenly obtained precept.
are accompanied by pain in the head, hollow countenance,
yellow or brown costs dry tongue, additus of fluid
pulse & suppressed calaminous transituation. — the last move
impressively generally or particularly caused to the choice
that move particularly to sudden changes from a dry
to a dense humid atmosphere.

After a slight excess of eating or drinking the
physiognomies becomes restored, though the specified
injury is imposed. The fluids become less dense, imperceptibly
reversing the edge of the affection. This may be observed on the
surface of the breast, in the fall of 1825. I commenced a habit of observing
whether on the patient's prior process of physiognomy
of which was published in the "Med. Record" for 1826
but was unable further to present them since an affluent
of my former habit of collecting to conclude soon after the
commencement. In 1829, I obtained possession of him
again for some 10 or 12 months during which time
I made further observations. Which have not been here
presented to the public. — In the fall of 1832, I obtained him
on special contract for the express purpose of scientific eff. 1941,
that been suitably progressing them during the
factor. — Presenting by their cultivation, it a view to offer
them collectively to the consideration physiological science.
The vast importance of precisely adjusting the practice
this rare atypical case. Second to none to the genius of the doctor
extent attaining for the development illustration of rarely

...
from the stomach of experiments were exhibited in the form of
the phenomena of the physiological and mechanical.
To extract
the stomach, I employed fluids, for examination; and, in some
of which I obtained some remarkable
phenomena which appeared to me to have nothing
could be obtained considerable by means of management necessary to
obtain them. Sometimes the stomach fluid would flow out freely, to
the quantity of a third or a half of one ounce. It could only be obtained
by distillation, not by distilling through the tube, but by
the last quart. My common method of extracting it was to lay
my subject upon his right side, and open the median fold
of the cost, in the apertures, and introduce a dilated tube, the size
of a large quill. For 6 or 8 days, by turning upon his back,
to the left, till the orifice became depending, the purer water ran
through the tube, at first slowly, by degrees, for a few minutes
in uninterrupted streams. Moving the tube about, as above or back
forward in the oesophagus, increased the flow of juices
very seldom, with any appearance of
more than a ccz of two of
vomit fluid, as the stomach was filled with air in the stomach, then in the
the orifice to be opened, and to disperse the tube or the application of
a little alimentary stimulant to the surface of the mucous membrane.
When the secretion of a clear, limpid fluid from innumerable pin
hairs of the viscera was cast, the stomach was plainly to increase.
The acid taste of the mucous surface of the existing fluids became
more and more evident on this increased secretion.

The stomach fluid, whenever I wished to obtain, could
safely taken out by depressing the valve and laying the hand
above the heart, over the lower part of the stomach. Shaking
shaking caused its flow, when the ccz of fluid all in any way.
Laying him horizontally upon his back, pressing the head upon the breast region, shaping a little at the same time turning to the left side, the yellow bile like bile seems to flow freely through the pylorus. It comes out through the tube. Sometimes I have found it mixed with the Gastrin

juice. When extracted without this mixture having been

formed, though it flows freely, it contains bile. This is

not common to the stomach, in the chyme of most

animals, but is required for the solution of fats and

for the digestion of animal food. After clearing for several months in succession for a few days, this yellow bile almost invariably appears with the chymeous mass. It also must now frequently flow with the Gastrin juice when it flows from the empty stomach. This circumstance I have too often observed to doubt. It does not succeed with any constancy to other kinds of bile. When this yellow bile is mixed with

the Gastrin juice, the nature and taste is distinctly less favorable, it is diminished proportionally to the increase of bitter flavour of the

Muriatic

Saliva & mucous are sometimes more abundantly mixed with the Gastrin juice. When extracted, the latter of which is plainly distingueable, it may be easily separated. By pouring the mixture upon a fine, thin muslin or linen cloth over the Gastrin juice, the first part of the saliva will filter through. The mucous or

first part of the saliva remains on the muslin. When not separated by the filter, the mucoses falls to the bottom of

juice on standing, in loose white flakes—I also gave a volume to the mixture, that does not belong to pure Gastrin juice, but is

in very small degree, if any at all.

Saliva, however is indicated by inserting to the stomach a twist

of fine Gastrin, appearance taken in large proportion, renders it for

a few days, whereas the pure Gastrin juice will keep for months, if

Saliva alone, without becoming rancid.
doubtful & disputed point in the physiology of 
respiration. How can excited self determination 
be reconciled? & to give so much importance 
to perpetual such signal advantages for useful 
innovation if done, another time. Labour now officers (which 
are far from being inconsiderably large & perhaps) too 
active forward to present the subject for it would 
present itself out of professional consideration without reason.

Quite indubitable that positive health, proportionately increased the expenditure of 
the digestive surface & proven an accumulation of luminal fluid 
in the stomach, clear transparent as water but slightly acid & of 
fluid properties & without function of the duodenum, pent 
accordingly proportional without muscular fibre but in an inferior degree.

The peculiar motions of this most important of the organs of 
the animal body, merit particular attention in consideration. 
In the entirely empty & excrated state it appears 
considerable, with its height collapsed & its 
relative no other function than that communicated by 
the respiratory organs, with its walls or sides collapsed 
the muscles folded upon each other & quiescent. 
Any thing applied to the inner surface immediately initiates 
its peculiar motions: the muscular fibres contract the quills 
oscillatory movements of the muscles commence. The cautions 
begins to increase & be supported generally over the 
surface. When almost entire through the respiration, 
the seizes in the vicinity of the Cardiac close upon the 
boiler as soon as it passes chol or flour almost at its to the 
left side exhibiting the elongate, 
the muscular fibres seem to contract from the fibres 
towards the plasma end this motion recurs upon every 
act of deglutition. As food is not in any considerable
or even small quantity, no matter what kinds, the stomach becomes more or less disturbed, not with the quantity nor by the increased duration of fluid secreted from the inner surface of the gastric cavity. If the quantity be large, the disturbances are greater, when small they are in proportion. At this period of fullness the contents are in their greatest combination, the sensory motions most general throughout the viscus - the heterogeneous mass of foodstuffs move rapidly through the cardiac division, portions for 

1/2 or 2 hours according to the kind and kind of food, then begin to diminish, to subside to wards the pyloric portion at the alternate contraction and relaxation of the part becomes plainly manifestly as indicated by the motion of parts of the churning mass and also by the tube of a funnel when held in the cavity during this period of condition, At this time the folds of the mucous coat, enter forming the colon of stomach close press up into the aperture while the muscle contracts forcibly upon the contractile fibres that project towards the pylorus. The tube of the funnel, held in the aperture with the bulb about 3 to 6 inches through aperture towards the pylorus end is grasped or contracted upon, quite forcibly drawn down in towards the pyloric end then released a forced burst, of air - at the same time giving to the tube a circular or rather spiral motion, frequently revolving it completely suddenly those motions are distinctly indicated I should feel in holding the end of the tube between the thumb and forefinger I require a considerable forceful grasp to prevent it from slipping from the fingers, hanging at once down to the pyloric extremity these motions are not uniform or regular, but occur at intervals from 40 to 120 degrees
When the tube is left in its own duration, as these forms of contraction, it is drawn in nearly its whole length, 5 or 6 inches from the sphincter. The tube is then drawn back again to the fingers by the suction of the syringe, with the exception of the last 2 or 3 inches, which are compressed by the other tube or the suction of a syringe, and by stopping the pump and pulling the piston back, this takes place as soon as the relaxation occurs, the tube rises again, and of its own accord 2 or 3 inches. When the tube seems to be obstructed, it is moved about, but if pulled up on the side, it moves freely in all directions in the tube. It is not possible to determine the portion of the tube which is the sphincteric, though it

not to make it evict at the aperture or the tube.

There appears to be a contracting muscular band about 6 inches from the sphincter of the pylorus ends of or about midway between the aperture of the pylorus. It moves down or towards the fundus of the stomach, this section of the motion is not movable, but when the tube is fixed to this contracting point, it is distinctly felt.

When this contraction motion continues till the stomach is perfectly empty, but a particle of food or any remain within it becomes quite empty again till alimentation or some other irritation is applied.

When the bulb of the tube is held, the tube is drawn down to the pyloric orifice, it remains for a short time, it causes a drug, a distressing sensation like the symptoms of a paralytic disease such as the symptoms of a paralytic disease, but in the end, there is a release of some kind.