bility of operative interference in lesions of the cord, appears to me to warrant the publication at the present time of the above scheme, even should it prove not to be strictly accurate in all details.

A CASE ILLUSTRATING THE VALUE OF SURGICAL TREATMENT OF PULMONARY CAVITIES.

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A GENTLEMAN, aged about 33, in the winter of 1887, about December, having for years passed cloudy urine, with mortar-like pieces of calculous material, and albumen, from the left kidney, developed symptoms of renal abscess. The abscess broke in four or five places in the back on the left side, and discharged much matter and watery fluid. Throughout the months of February and March, 1888, these wounds were thoroughly drained by india-rubber tubes, and well syringed with disinfecting lotions, and under this treatment the wounds gradually healed, with the exception of one place, which allowed a few drops of thin watery fluid to escape throughout. The patient, being now convalescent, was sent to the seaside to complete his recovery.

Up to this time, March, 1888, there was nothing whatever to point to any pulmonary trouble. The matter which came from the fistulous passages was never particularly offensive. On his arrival at the seaside he was seized with a rigor, and, having remained there short of a week, he returned on March 18th. The cause of the rigor was open to some doubt at first, and it was thought to be probably due to a fresh abscess formation around the left kidney. But in a few days (about two) shortness of breathing, with cough, came on, and it was then evident that the left lung was in a state of pneumonia. At the same time the old wounds in the back broke open, and discharged copiously the same thin matterly fluid; this they continued to do throughout the remainder of the illness.

At first the pneumonia seemed disposed to run a favourable course, but, by April 24th, profuse night-sweats, dyspnoea, amounting to orthopnoea, urgent cough, and other symptoms raised the fear that the exudation, instead of undergoing resolution, would break down and form one or more abscesses. During the month of May, 1888, every care was taken of his general health, but emaciation took place rapidly, accompanied with incessant hacking cough, with considerable expectoration, which towards the end of the month became foetid. There were now all the physical signs of a cavity of the lung posteriorly, just below the angle of the scapula and to its inner side. Pectoriloquy, both spoken and whispered, was very distinct, whilst crepitation could be heard at a slight distance around the point of greatest intensity. During the month of June egophony occurred below the point where the pectoriloquy was best heard. Considerable interest attaches to the value of this sign for diagnostic purposes, but it was my own opinion, as well as that of Dr. Blomfield, who was now associated with me in the case, that the pulmonary pleura was subjected to irritation from the propinquity of the abscess walls, and that effusion had taken place to some extent; the character of the effusion we could not accurately determine, as the temperature could not be relied on, being equally the chart of abscesses around the kidney.

The patient was now in a highly critical condition; the pulse never below 140, whilst the temperature kept very high (102°), and only came down when profuse night sweating occurred; and more especially the incessant cough weakened him, and the free expectoration of putrid material seemed to poison him, whilst the odour of the room was sufficiently noxious to cause *malaise* in his attendants.

Disgust for food helped to run him down, and emaciation was advancing rapidly. By the end of June, on explaining the nature of the procedure, we readily obtained his assent to the operation for exposing the pleura, and making an opening into the abscess cavity with a view to draining it through the chest walls.

On July 2nd, without any anæsthetic, the operation was done. An incision being made through the skin at the lower border of the intercostal space which ran through the centre of the area of loudest pectoriloquy, an aspirating needle, with bottle attached, was plunged in to a depth of three or four inches. This was done

gradually, the sharp point being retracted. Matter flowed freely through the tube. The tissues were now cut through down to the pleura. The latter was cut through, and found slightly adherent to the pulmonary pleura in places; the lung seen, and a scalpel thrust in, using the aspirator needle as a director. A drainage tube of silver was used at first, shaped like a tracheotomy tube, but flat. This was found too short, and on the fourth day a piece of gum elastic catheter was introduced, not less than six inches in length, for it was evident that the cavity had been opened at its extreme lower limit, and the way the elastic catheter slipped in showed very clearly that the cavity was of more than one inch in diameter, possibly more than two. The amount of discharge which came away during the first few days was quite surprising, being enough to thoroughly saturate the Lister dressing applied. The cavity was daily syringed out with very weak solution of carbolic acid, until the fœtor was somewhat checked, when Sanitas fluid was substituted, mixed with warm water. It was most noticeable how the cough seemed to cease after the counter opening was made, as soon as free discharge occurred through the tube.

The tube was kept in for one month, when a rubber tracheotomy tube was substituted. At the end of the second month the tube was removed, and all discharge ceased. The cough was quite gone, and the wound quickly healed. Large tracts of the lung, previously dull to percussion and impervious to air, recovered themselves. The patient gradually regained two stone in weight, and the renal fistulæ in the back healed a second time; and at Christmas, 1888, only one small aperture existed, the patient being about to resume his employment.

The fact of this case occurring in one suffering from renal fistulæ and ending successfully lends an additional interest to this mode of treating abscess cavities in the lung surgically.

NOTES OF A CASE OF SCLEREMA NEONATORUM.

By ALFRED G. BARRS, M.D., M.R.C.P.,

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ON March 6th, 1888, A. Y., aged 1 month, apparently in good health, was brought to me for an intense livid redness of the nates, corresponding pretty much to the surface covered by her napkin, and extending downwards well into the popliteal spaces. The surface, which was uniformly affected, was dry and polished, and the redness disappeared to a great extent on pressure. The appearances were obviously not due to any eczematous condition. The lower limits of the condition tailed off into papules of varying size, which had not the same characters as the general body of the disease. Looked at more closely, the change was seen to affect the parts limited above by the iliac crests; below by the lower borders of the popliteal spaces, and laterally by the line of the ilio-tibial band. Over the whole of this area the skin and subcutaneous tissue, and it almost seemed the still deeper parts, felt as though infiltrated and welded together by some solid material, producing a very close resemblance both in colour and consistency to that of an uncooked ham. The firmest pressure produced not the slightest pitting. The pudenda were not affected. The cleft of the nates had been reduced to a mere line by the mutual pressure of the two sides, converting its naturally rounded surface into a sharp rectangle. It was quite impossible to separate the skin from the subjacent parts at any point in the affected area. One or two isolated patches of a precisely similar nature were found in the right deltoid region. There was nothing in the family history, or in the child's condition, to suggest syphilis or any diathetic or local cause for the disorder. The mother stated that the condition had been first noticed on the fourth day after birth (though it might have been there earlier) on the back of each thigh, just above the popliteal space, and had gradually spread till it had attained the limits above described in the course of about ten days, since which time it had been stationary or nearly so. I ordered the parts to be protected as much as possible from any excoriation by the napkin and excretions, and half a grain of grey powder to be administered night and morning.

On March 13th, the redness was a little less marked, the surface was still dry and polished, and except that there was only a slight disappearance of the condition at its lower part, the