of view, I will briefly relate it, and conclude the subject:—

J. J., of tender age, quick intellect, slight conformation, and delicate constitution, became gradually ailing with symptoms of mesenteric disease. The abdomen was swollen and painful, he lost flesh, and his general health declined. On this account he was placed under the care of eminent medical men in London, who sent him for a time to the sea-side; the disease, nevertheless, steadily though slowly advanced, and whilst the enlargement and tenderness of the abdomen increased, the rest of the body became attenuated. At length the quantity of the alvine discharges, which were of a pale-white colour, was observed to decrease, and as the quantity became less and less, an abscess was discovered to be forming externally on the right side of the abdomen, below the umbilicus. When it broke the faecal smell of the discharge at once proved that it came from the cavity of the intestine, and very soon afterwards a calculus, of a whitish colour, and about the size of a nutmeg, was found on the poultice. This abscess was succeeded by another more posteriorly; and through these openings several more calculi, of nearly the same size and colour, were from time to time expelled with the faecal matter. The expulsion of these concretions gave some hope of recovery, and every effort to effect it was redoubled, but no improvement took place. All the stools continued to pass through the abdominal openings, he became colourless and atrophied, the peritoneum infiltrated, his lower extremities anasarcous, and he gradually sunk from exhaustion.

On examining the abdominal viscera, the omenta and peritoneum were found studded with a multitude of small tubercles; and the mesentery, from the quantity and size of the tubercular masses it contained, was like a net bag full of white marbles. The external openings communicated with the cavity of the caecum, which had become the seat of an abscess, extending almost as high as the transverse arch of the colon. The involved portion of the gut was fixed by peritoneal adhesions superiorly to the acute margin of the large lobe of the liver, laterally to the omentum majus and small intestines, and inferiorly to the fundus of the bladder. The cavity of the caecum at its inferior extremity was freely open to the ileum; but its superior part was so blocked up by a fungoid growth that it would scarcely allow of the small end of a blow-pipe being passed into the transverse arch of the colon. The internal surface of the bowel presented a mass of chronic and irregular granulations of a dark red colour, some of which were elevated into nipple-like processes. The same dark colour pervaded the villous coat of the intestinal canal at either end of the disease, and that of the ileum, close to the ileo-caecal valve, was extensively ulcerated.

The *rationale* of this interesting case may be summed up in the following order:—Debility of constitution; tubercular diathesis; tubercles of the mesentery more actively developed; atrophy; softening of the tubercular matter in the villous coat of the caecum; super-

ficial ulceration of the same, extended and kept open by the irritation of faecal matter; granulations shooting up, and by degrees obstructing the passage of the colon; formation of concretions by the gradual deposit of the phosphates upon indigestible nuclei, namely,—orange pips, apple pips, &c., which were found in their centres; and lastly, ulcerations through the abdominal parietes, to expel the calculi, and serve as an outlet for the faeces.

[To be continued.]

Southampton, May 17, 1852.

REMARKS

ON THE

TREATMENT OF BURNS AND SCALDS.*

By W. J. MOORE, Esq.,

Resident Surgeon to the Queen's Hospital, Birmingham.

BURNS or scalds involving the neck and upper part of the chest, are undoubtedly to be dreaded more than those of other parts of the body; first, from their tendency to terminate fatally, either by laryngitis or pneumonia; and secondly, from the great difficulty of preventing the deformity so liable to occur in such a situation during the healing process. Bandages and splints are here not easily applied; and it likewise requires much firmness, both on the part of the patient and surgeon, to prevent the head from inclining downwards. If a patient, severely burned, does not die of the collapse consequent on the accident, there are still other grave causes of danger, most frequently, perhaps, having reference to the respiratory organs, congestion of the lungs, sometimes complete pneumonia, and more rarely laryngitis, coming on. Sometimes, however, there is no collapse present, and the patient goes on well for one, two, or three days, when suddenly the breathing becomes difficult, the pulse perhaps being increased in volume, and countenance flushed; in a short time, however, (an hour or two,) the extremities become cold, the pulse intermittent, and the patient rapidly dies by asthenia; at other times he seems to rally from this state, and then the lungs certainly become affected.

When a patient is seen thus, the difficulty of breathing having come on suddenly, it is often a nice point to diagnose the probable termination, and therefore to determine with certainty the proper treatment. Supposing the case to terminate by asthenia, wine and brandy should certainly be administered; but if given, and the patient should survive and have pneumonia, they will without doubt do injury. Leeches, with antimony, are here called for; and with children the application of two or three to the spine, and the exhibition of small doses of antimony, combined with tincture of cardamons, has often been followed by success.

* Concluded from page 308.

Amongst the numerous affections which may arise after a burn, I may mention the phenomena of epileptic convulsions. These probably depend on irritation of the peripheries of the nerves, and may be relieved by immersion in warm water, or sometimes by the exhibition of full doses of tartar emetic, to produce vomiting. In this latter case, however, it will generally be found that the stomach has something to do with the convulsions; and it will be likely that the child has been eating some rather indigestible substance prior to the burn, which the stomach, sympathizing, as it necessarily must do, with the disturbance of the whole system, is unable to digest, although in a state of health it would have done so with ease. I therefore always inquire if anything likely to disorder the stomach has been taken latterly, and then (*ceteris paribus*) act according to the information obtained. Relief frequently follows vomiting, just as we find the same thing happen in convulsions from a similar cause, where there is no complication of burn. In our inquiries it is well to bear in mind that an article which would not cause irritation in a healthy state would do so after a scald or burn.

Another cause of death, but one which happily occurs rather seldom, is tetanus; sometimes partial, sometimes involving the whole muscular system. If this complication happens the case must be considered all but hopeless; and it is therefore good that it does not more frequently occur, particularly as the suffering then experienced must be of a horrible description. One case of lock-jaw, following a superficial burn of the chest, just now occurs to my recollection, where it was with the utmost difficulty that any sustenance at all could be administered. The trismus came on gradually, commencing on the fifth day, and the girl died on the thirteenth in an asthenic condition. Such a case, although bad, does not strike the beholder with such horror, as others were opisthotonos or the other forms of spasms are present. A friend of mine, who holds large colliery appointments, and often has occasion to treat burns, informs me he some time back had two cases where opisthotonos was observed; and, what is strange, they occurred both within a very short time of each other. The treatment in the one case was stimulating, in the other the reverse; but both were equally fatal in their termination.

When we consider the numerous complications which may arise and endanger life during the progress of a burn, we naturally turn to *post-mortem* appearances, as a means of elucidating some fact, and throwing some light on a sufficiently dark subject. But here we are defeated; for it often happens, particularly in cases such as those last mentioned, that morbid anatomy adds nothing to the subject. It is true there are certain appearances often met with after death from burning; and it is likewise true that inflammation and congestion of various organs show their presence by their appropriate signs—serous effusions and the like; but when the nervous system has to be searched, we in vain look for the causes of convulsions—epilepsy, tetanus, &c. In the case referred to above, where trismus resulted, there was no evident cause for such

affection. The brain was but little congested, and apparently healthy in structure, and the medulla spinalis was also free from morbid appearances. I regret I have no account of a *post-mortem* on the other cases; but from a consideration of the morbid appearances usually found in tetanic cases, I do not apprehend much would have been elucidated.

After a burn has healed, and a cicatrix formed, it often happens that it becomes a question if any operative interference will relieve the state of contraction too often present. Much depends upon the depth of the burn in the first instance, as should the muscular structure be destroyed, no good can possibly result from any interference whatever; thus in a case latterly brought under notice, the whole of the triceps muscle on the posterior part of the humerus was destroyed, and the integument and periosteum of the bone firmly united for some distance up the arm; the forearm was extended, and of course could not be flexed, there being little or no motion of the elbow-joint. The deformity is irremediable.

Sometimes, however, when the cicatrix and contracted portion is not very firm, and cartilaginous, some good may be done by the use of the knife, either dissecting off the cicatrix, or dividing the prominent bands resulting from it. This, however, frequently fails, as the new granulations have the same tendency to contract exhibited by the old wound. I have never seen subcutaneous section tried for the cure of such deformities, but am of opinion that good would result from its adoption; the hardened tissues beneath the integument being divided, and the integument stretched, which it would allow of when the resistance beneath was gone; the integument, although newly formed, and perhaps but partially organized, evidently retaining more elasticity than the condensed fibro-cartilaginous structure found in these cases beneath it.

Sometime ago I had occasion to treat a case of very bad contraction following a burn, of which the following is a brief account:—A lad about twelve years old, had the misfortune to get severely burned about the back, left axilla, left arm, and side of the chest. In the course of time the wound had almost healed, but the arm remained nearly touching the side from the contractions which had taken place, and therefore motion was almost lost. Under these circumstances screw splints and other contrivances of the kind were brought into requisition, but with little, and only temporary benefit to the arm. One morning while attending to the case, I was inducing him, as was my habit, to move the arm as much as possible, and to aid him in the attempt applied my hand to raise the elbow from the side, exerting but a slight degree of force. That force, however, was sufficient to rupture much of the newly-formed material and a gaping wound resulted, some five inches in extent, and passing horizontally round the chest, about two inches below the axilla. It was not in a line but very zig-zag in direction, which, as afterwards proved, was a great means of procuring a better medium of union. The dressings were lint and water; and presently, from the numerous promontories of integu-

ment spoken of, fresh skin began to form, so that when it was again healed, there was very tolerable motion of the arm.

I have not had many opportunities of trying rupture of contracted parts, but in one other case where the contraction occurred in front of the elbow-joint, the same means were adopted, and with much success. Should I have cases of a like kind to treat, I should feel disposed to follow out the plan; at the same time I would, for two or three obvious causes, limit its employment to recent cases. There also seems to be no reason why the same principle should not guide the knife in cases of this description. Instead of dissecting the cicatrix, or dividing it, as is usually done, I would make incisions in different directions, and even leave small detached portions of integument, and thus imitate what occurs when the parts are ruptured by force. Each promontory or isolated portion of integument becomes as it were a spring, from which new matter is formed. This suggestion, however, requires to be practised, ere its efficacy can be fully established, and I probably shall practise it in a case now under my treatment, and give the results to the profession.

CASE OF WOUND OF HEART BY A NEEDLE.

By FLOYD PECK, Esq., NEWMARKET.

*Read at the St. Ives Meeting of the Cambridge and Huntingdon Branch,
June 16th, 1852.*

ELLEN PAVIS, aged 6, a healthy child, was observed to come home crying about eleven A.M., on Friday, August 1st, 1851. She complained of pain in her chest till about one o'clock, when some tea was given her and she became better, and played about till evening, when she became sick and continued so all night. About two P.M., she brought up worms, and at eleven A.M., on Saturday, she became worse, and the Union Medical Officer was applied for. The Relieving Officer came to see her, but finding her asleep did not think the case sufficiently urgent to require a doctor, consequently she had none. She complained of pain sometimes in the belly, sometimes in the chest, till she died, at eight, P. M. on Saturday.

I was requested by the coroner to examine the body, which I did forty hours after death.

The abdomen was first examined, but all the organs in it being healthy, the chest was next inspected. In separating the sternum from the anterior mediastinum, the scalpel struck against a metallic body, which proved to be a stout and strong needle, which had been thrust through the junction of the sternum with the cartilage of the third rib, and broken off short externally. A corresponding small spot was then noticed on the skin of the chest, but which, under ordinary circumstances, would have attracted no attention. The part projecting inwards measured about an inch, and had wounded one or two mediastinal veins, and made a small opening into

the pericardium, which was full of blood. There was considerable bloody infiltration into the tissues around. The lungs were congested. The external wall of the right ventricle of the heart was frayed as it were by the point of the needle, in a peculiar manner. On making closer inquiry, some complaint had been made by the child of a needle she had in her pinafore having been broken and pricked her. The points of interest in the case seem to be the unsuspected existence of so serious a lesion, and the absence of any detailed symptoms which might have led even a medical man, had she been seen by one, to have inferred any injury of that nature. The situation of the injury to the heart would indicate with much precision the movements of that organ to be two fold—up and down, and over from right to left.

TWO CASES OF VITILIGOIDEA.

By W. FOSTER, Esq., HUNTINGDON.

*Read at the Meeting of the Cambridge and Huntingdon Branch,
St. Ives, June 16, 1852.*

ABOUT twelve years ago I saw a young lady with a curious affection of the skin of the neck, traversing the left side diagonally from the ear towards the sternum, about one inch in width. At first sight it appeared as the scar of a burn, or skin removed from some superficial cause, not unlike a prolonged scar from the pustule of vaccination, but at the lower part the skin was elevated for a short distance, smooth, and of a colour something like a permanent wheal of urticaria; it seems that it spread by this elevation, which was succeeded by the scar-like appearance; there was no pain or uneasiness; the general health good. The appearance was anything but prepossessing, but as no indication of treatment presented itself, the case passed away with the impression on my mind "that I knew nothing about it." I saw the young lady the other day; there is a very slight elevation just above the collar bone, and the scar-like appearance is much more superficial, and has now nothing more than a dirty appearance.

I saw no other case until last autumn, when a young gentleman, just about to enter Oxford University, showed me what I recognised as the same disease. It appeared in his case after suppressed perspiration, as he supposed; it shewed itself just above the left eyebrow on the forehead in one or more patches. I recommended him to try collodion and *live well*. I could not give him the name of the disease, nor say more about the treatment. I heard from him soon after, when he stated the same affection had all at once darted up his head for about an inch and a half in length, and one in width, entirely destroying the hair at the roots. He applied the collodion assiduously, took more animal food, and a few weeks since I saw him, the disease was evidently stayed on the head, (but the hair had not grown in the least,) also on the forehead it was healed.