the convexities and expanding of the circumferences of the heads, and in widening of the sockets. It is also productive often of a knotty condition of the end of the bone, which may become covered with a sort of fibro-cartilage, as in this case. Frequently all trace of cartilage disappears, becoming rubbed away or absorbed; and the chafing of the apposed bony surfaces upon one another gives them a smooth, polished, "porcelain-like" appearance. It is not usually attended with acute pain; nor is the pain increased immediately by movement: indeed, it often diminishes or ceases if the movements be continued. Hence the patient commonly goes on using the joint. At the same time, the qualities of the synovial fluid being altered, and the structure of the cartilages being impaired, the latter are unable to resist the effects of the friction, and disappear, leaving the ends of the bones covered only by an uneven, imperfect, fibro-cartilaginous substance, which affords an insufficient protection, or quite exposed and chafing upon one another. The chief effects of the disease are, therefore, such as result from a continuance of the movements of the joint when the natural provisions against friction are imperfect or gone.

Our museums contain many specimens of the results of "chronic rheumatic arthritis": indeed, it is a disease of the pathology of which we see and know more than of the treatment. The sufferers are often, in other respects, in the enjoyment of good, even robust health; and they very commonly prefer to endure the inconvenience of the malady rather than submit to any tedious ordeal of treatment. Probably some decided form of local counterirritation is more likely to do good than any other means. I have seen much benefit derived from a seton and an issue.

The temporo-maxillary articulation is well known to be less often the seat of disease than most other joints. When it is affected, the malady in general bears the characters of "chronic rheumatic arthritis"; and incipient indications of its presence may be observed in the crackings and other uncomfortable sensations of a similar nature, which are not uncommonly experienced in one or both joints. These cause great annoyance while they last; but, happily, they for the most part subside after a time spontaneously, or yield to attention to diet and the general health. In one gentleman now under my care, they have resisted treatment for a long time; the joint, moreover, is stiff, and aches in the morning. It is seldom that the affection proceeds to the extent witnessed in the young woman whose case I have described. It is satisfactory to know, when it does so, that the treatment adopted in her case was so completely successful.

There was reason to believe that the glenoid cavity was enlarged and altered in a corresponding manner to the condyle of the jaw; but, considering the nature of the disease, we had every reason to presume that it would cease to progress in the one articular surface after the other had been removed. The condition of the patient at the present time sufficiently verifies this expectation.

ST. MARY'S HOSPITAL.

SURGICAL CASES.

Under the care of WILLIAM COULSON, Esq., Surgeon to the Hospital.

I. ABSCESS IN THE LUMBAR REGION.

THE diagnosis of the cause of an abscess presenting itself in the lumbar region is not generally a matter of any difficulty. Sooner or later, it is in most cases shown that caries of the vertebræ is at the root of the evil. It is, however, occasionally by no means easy to determine demonstratively that diseased bone exists in the neighbourhood, although the nature of the opening and the chronicity of the affection afford strong presumption that such is the case. When diseased bone cannot be detected, and there is no deformity of the spine or indication of a tubercular cachexia in the patient who is the subject of the affection,

the difficulties in the road to a positive diagnosis are not readily surmounted.

In the case given below, the latter combination of circumstances obscured the nature of the case; and, as the facts which came under observation with reference to it are interesting, we subjoin them.

CASE. Cornelius B., aged 21 years, a healthy looking man, with a ruddy handsome complexion, was admitted into St. Mary's Hospital Sept. 29th, 1855, under Mr. Coulson. The patient is a footman in a gentleman's family. He has always enjoyed good health, has never had any cough or hæmoptysis, and scarcely ever a day's illness. His family are all likewise healthy, his father and mother living. Two months ago, he had a slight feverish attack, with shivering. About one month ago, after taking rather a long walk, he felt a lump the size of an egg in the left loin. It was not painful, and might have been there for some little time without his knowledge. It has not prevented his walking about as usual, and has given him very little actual uneasiness since. From the date at which it was first observed up to the present time, it has slowly increased in size. He has not been at all lame, and has not at any time experienced pain in the spinal column. There is now a soft tumour, of the size of the fist, below the last rib, and about three inches from the median line posteriorly on the left side. Fluctuation is evident, and the fluid contents are not far from the surface. There is no tenderness on pressure either round the swelling itself or at any part of the spinal column, and no projection of the spinous processes, the line of direction of these being perfectly normal.

Mr. Coulson, having recognised the presence of matter in the swelling, opened it by a horizontal incision, and gave exit to some puriform fluid. The wound was ordered to be kept open.

Oct. 1st. The patient is rather feverish and hot, and complains of pain round the abscess in the back. A saline mixture, with tartar emetic, was prescribed every four hours; and a purgative administered.

Oct. 6th. Pulse rather quick; perspiration rather more profuse than usual during the night. There is no cough. The tongue is a little white; there is no appetite. The abscess discharges now much less than before, and the lint has been removed from the wound, which is now dressed with zinc lotion.

Oct. 10th. The last day or two there has been a little pain in the back, on the right side; and the patient has complained of coldness of the feet, with a little tendency to shivering.

Nov. 1st. Mr. Coulson directed the edges of the wound, which showed very little disposition to unite, to be touched with caustic every day. The wound has been repeatedly probed, but no diseased bone has ever been hitherto met with. There is no tenderness over the spinal column, and the patient does not walk lame.

Nov. 6th. The fistulous opening—for it has assumed that character—is now large enough to admit the finger; the discharge is in pretty good quantity. The patient feels quite well.

Dec. 16th. The opening has become somewhat reduced in size; the edges have the appearance so generally seen where there is a communication between the surface of the skin and diseased bone, but the latter condition cannot be detected.

Dec. 21st. There has been very little change in the condition of the opening since the last report; and the patient, feeling desirous of returning home, and being quite well in every other respect, was discharged. The further issue of the case must be regarded as doubtful.

II. FRACTURE AND DISLOCATION AT ANKLE-JOINT.

CASE. Joseph M., aged 43 years, married, a labourer by occupation, was admitted into St. Mary's Hospital Dec. 1st, 1855. A short time before his admission, the patient had jumped from a wall five feet from the ground, and, in so doing, sustained an injury. When he alighted on the

ground, he heard a crack, and found himself unable to walk. He was then brought here.

The left ankle is very much hurt. Both the external and the internal malleoli are fractured, and the foot turned inwards. The skin over the ankle and foot is not, however, broken. The sole of the foot looks upwards, the dislocation being inwards. It appears as if the calcis had been torn away from the astragalus, though it is hardly probable that this was the case. The parts seem very much swollen, and all movement of them exceedingly painful. The ankle was covered with an evaporating lotion, and perfect rest enjoined.

Dec. 2nd. Ten leeches were applied, and warm fomentations ordered, the pain and swelling being very great.

Dec. 3rd. Patient has slept better; still a good deal of pain about the joint; foot still a little turned in. The skin over the inner ankle is inflamed, and large blebs are making their appearance.

Dec. 7th. More leeches were necessary, and were repeated on the 8th and on the 11th.

Dec. 29th. Zinc lotion is being used now. The pain about the joint has all gone, as also the swelling; but the heel is a little sore, from resting long in one position.

Jan. 2nd, 1856. Better. The heel, having been padded with cotton wool, is less painful. The only spot where pain is felt is just below the outer ankle.

After this time, the case proceeded favourably; and, on Jan. 15th, the cure was so nearly completed as to render it probable the patient would soon leave the hospital.

III. STRANGULATED FEMORAL HERNIA: OPERATION: DEATH.

CASE. Eliz. B., aged 63 years, was admitted into St. Mary's Hospital, Dec. 1st, 1855. The patient has been ruptured on both sides for as much as six years, but the herniæ had never occasioned much inconvenience until now. When admitted, there was a tumour in the right groin, which, on examination, proved to be a femoral hernia. It was about the size of a small egg, very tender on pressure, and evidently composed of intestine. The woman was very ill, and complained of great pain on that side of the belly. She had been sick, but was not so when admitted. It was not known exactly how long the bowel had been strangulated, but some hours, at all events, had elapsed since it had taken place.

Other measures having been unsuccessful in returning the bowel into the cavity of the abdomen, Mr. Coulson determined to lose no more time, and the operation was accordingly performed two or three hours after her admission. The gut was cut down upon in the usual manner. The intestine, when exposed, was found rather congested, but not very greatly so; and the stricture having been divided, it was returned without difficulty. A small dose of opium was administered after the patient was put to bed. The next day she was not so well as after the operation. On the previous evening, she had complained of pain in the abdomen, and of distension with wind. Hot fomentations were prescribed, which partially relieved her. The opiate draught to be repeated at bed-time. Beef-jelly to be given.

Dec. 3rd. At four in the morning, she began to complain again of severe pain in the belly, and seemed low and weak; but nothing else in particular was noticed. Warm poultices were applied, and a little stimulant administered. The pain increased, unattended with sickness or other symptoms; and the patient died at 10 A.M., having been conscious up to the last. The bowels had not acted since the operation. The urine had passed naturally.

The *post mortem* examination showed that the operation had completely answered the ends in view; the gut (a small portion of the small intestine) having been completely relieved from the constriction. There was some redness and inflammation marking the spot where the knuckle of intestine had been received, and traces of recent peritonitis were observed on that side of the abdomen chiefly. There was no other particular lesion; and the cause of death was

evidently peritonitis. The patient was considerably advanced in life, and unable to bear up against the shock of the operation and the subsequent inflammation.

WESTERN DISPENSARY,

SUPPURATION OF THE SUBMAXILLARY GLAND FROM IRRITATION PRODUCED BY A FOREIGN BODY.

By THOMAS WILLIAM NUNN, Esq., formerly Surgeon to the Western Dispensary, Westminster.

CASE. A. B., a female between 50 and 60 years of age, patient of the Western Dispensary, residing in Chapel Street, Westminster, was visited by me at her own home. I found her with hot skin, flushed face, quick pulse; in short, with all the symptoms of severe constitutional disturbance. There was considerable swelling of the right side of the neck, but the tension was most considerable in the sub-maxillary region. Pain was excessive, and the patient had not slept for several nights. It seemed quite clear that the large salivary gland belonging to this region, the sub-maxillary, was acutely inflamed. On examining within the mouth, I discovered a fulness under the tongue of the affected side. There was great tenderness on pressure, but not distinct external evidence of disposition "to point". I ordered hot fomentations and poultices to be applied below the jaw, and gave some opium internally.

The patient stated that, whilst sweeping the floor of her room, which was scattered over with straws, from allowing her son to keep some tame rabbits there, she fancied that a bit of barley-awn had flown into her mouth, and had fixed itself under the tongue. She declared that she positively felt its progress along the floor of the mouth. Two or three days after this occurrence, the gland began to be painful, and to swell; I was therefore led to conclude that the particle had insinuated itself along Wharton's duct, and that its presence was exciting the inflammation from which the patient was suffering so severely; and I anticipated that the offending substance would be discharged by an external aperture, along with the pus which, from the severity of the constitutional disturbance, it was quite evident would sooner or later be formed in the gland: in fact, there was reason to believe that suppuration had already taken place. However, from the diffused character of the swelling, it did not seem advisable to make any hap-hazard incisions; I therefore determined to wait twenty-four hours longer before attempting to reach the abscess by the bistoury, hoping that the exact spot at which the incision should be made would be indicated by Nature.

At the expiration of the twenty-four hours, there was but little more appearance of pointing; I therefore pushed a tolerably broad double-edged scalpel into the most prominent part of the swelling towards the anterior border of the gland, to the depth of about half an inch: however, no pus followed the withdrawal of the knife, and but a few drops of blood. I ordered some mercurial ointment to be applied over the part, and the hot fomentations to be continued. Within about forty-eight hours, matter poured into the mouth from under the tongue, finding its way along the track of the duct; and, on making my visit, the patient showed me what appeared to be an abortive oat, slightly coated with calcareous matter, which she says she found in her mouth after the bursting of the abscess.

The patient quickly recovered her usual health and strength.

I may mention that my friend Mr. Heisch, the Professor of Chemistry at the Middlesex Hospital, was so good as to examine the calcareous matter (of which, by the way, there was but a very small quantity) adherent to the hair-like appendages of the abortive oat, and found it to consist of carbonate of lime. In Liston's *Elements of Surgery*, page 412, and in Syme's *Principles of Surgery*, page 472, salivary calculi have been noticed. The