I have said that one of the objects we keep in view in the treatment of wounds, is the prevention of destructive inflammation, which we endeavour to effect by keeping the part at rest, by soothing applications, &c. When such inflammation does set in, we use the antiphlogistic treatment, as in other cases. Leeches are often highly serviceable in reducing the inflammation attendant on a wound; even general depletion may be needed.

Often as our efforts are required to combat the excess of destructive inflammation, we seldom have grounds for apprehension respecting a deficiency of the reparative stage of that process, provided the general health of the patient be tolerably good. In old people, however, and in persons whose nutritive powers are naturally very feeble, the reparative forces not uncommonly fail to restore the fabric when it has been injured even in a slight manner. Inflammation takes place, but it runs on to ulceration instead of healing the wound, for it seems to require some energy of nutrition to restrain it within the bounds of reparation, and to prevent its advancing to injurious results. You will find a marked difference in this respect between patients whose nutritive powers are naturally feeble, and those whose energies have been prostrated by some severe sudden attack. This difference is well illustrated by two lads now in the hospital, one of whom, (an exceedingly delicate boy) underwent amputation of the knee some months ago, in consequence of strumous disease of the joint, the stump has not nearly healed, a large pale ulcer remaining, with scarce any effort being made to close it up. In the other lad, who possesses greater natural powers, but was so much reduced by sudden and severe disease of the lower end of the thigh bone and the knee, that it was doubtful whether he would bear the shock of the amputation, the stump has almost healed within three weeks after the operation.

CASE OF
ABSCESS IN THE SPLEEN,
OPENING THROUGH THE LEFT LUNG ABOVE THE
CLAVICLE.

By W. NEWNHAM, Esq., Farnham.

John Spreadborough, aged 48, became my patient at the beginning of February 1815; he had been ill for a month, and had been attended by one who has long since passed to his final audit, and of whom *de mortuis nil nisi bonum*.

Spreadborough was a pauper, and sent to me earnestly entreating that I would attend him, and I continued to do so gratuitously till his death. Under the circumstances I was unable to procure any history of the case except from the patient himself, who told me that he had caught cold about a month before, and that, although he was better, yet he did not get well. From the general type of disease in the preceding January, and from his own details, corroborated by the reduced condition in which I found him, I conjectured that he had been the subject of inflammatory fever, from the

disturbance of some internal viscus. He complained principally of pain in his back and hip, both of the left side. His bowels were constipated, and he had abscess forming under the fascia of the right arm; this was immediately opened, and healed kindly though slowly. His general health seemed to improve for a time under the treatment pursued, but the amendment was of short duration, for presently his tongue became loaded, his pulse quick and wiry, with irregular rigors, constant evening accession of fever, and morning perspirations. These symptoms were accompanied by œdema and loss of voluntary motion in the left arm, becoming daily more and more aggravated. At this time a small tumour appeared just above the clavicle, which he spoke of as painful, the pain extending down the œdematous arm. There was an obscure fluctuation but it was very indistinct, in consequence of being hidden behind the clavicle. He now complained of cough and dyspnoea; his hectic symptoms went on augmenting, while his strength declined daily.

On the morning of the 8th of March he had passed a restless night from cough and extreme difficulty of breathing, and so urgent was the latter symptom as to threaten suffocation. Believing these symptoms to arise from the presence of extraneous matters within the cavity of the chest, and being confirmed in my previous idea that the little tumour above the clavicle contained matter, which I had reason to believe communicated with the chest, I cautiously inserted a lancet, and there was discharged more than a pint of very fetid pus. This gave the patient some relief. For a few days his symptoms were mitigated, the discharge continued very great, the œdema gradually subsided, the cough and expectoration diminished, hectic symptoms declined, and his pulse came down to under 100, while his appetite daily improved a little.

At this time, however, he became the subject of slight diarrhœa, and the sedes, though mixed with feculent matter, consisted principally of a dirty black liquid resembling coffee grounds; and this went on increasing, till on the 17th of March he again experienced difficulty of breathing, which symptom gradually augmented, his strength failed, his pulse rose to 160, and on the morning of the 20th he expired.

The *post-mortem* examination took place on the 21st, twenty-four hours after death; and I find the following appearances chronicled in my note-book:—

1. The intestines were much inflated with air, but presented no other morbid appearance.

2. The liver was much enlarged, and on cutting into its substance presented a granulated appearance. Disease was not far advanced, and was probably only a consequence of other more important derangements.

3. The stomach was much distended, and adhered to the left lobe of the liver by a portion of its surface, exceeding the size of a shilling. These adhesions were feeble and easily torn up, bringing to view a considerable ulcer of the stomach, which had destroyed even its peritoneal coat, and excavated the corresponding surface of the liver to a considerable depth. On the internal coat of the stomach this ulceration had proceeded much further; the stomach was itself filled

by a large quantity of a liquid, resembling diluted coffee grounds, and was evidently the source of the morbid excretions above particularized.

4. The spleen was exceedingly soft in its texture, contained a considerable quantity of purulent matter, was adherent to the diaphragm over a considerable space, and presented to it an ulcerated surface of more than three inches in extent, covered with dark-coloured pus, as if mixed with the broken down red particles of the blood.

5. The diaphragm presented a corresponding lesion; and through it, a communication had been formed by the ulcerative process between the spleen and the left lobe of the lungs.

6. The lungs were healthy in their external characters, save at the ulcerated communication with the diaphragm, around which were newly-formed adhesions of the pleura. There was also, generally, considerable adhesion of the costal to the pulmonary pleurae. The substance of the lungs was healthy and natural, except in the immediate route of a channel for the discharge of pus, which had been formed through the substance of the left lung, from the adhesion to the diaphragm to its superior surface. This channel opened about an inch and a half below the superior extremity of the sternum, and then burrowing through the cellular substance of its posterior surface, it communicated with the external aperture above the clavicle. Where the pus made its appearance on the superior surface of the left lung, adhesions had been so formed in the neighbourhood, as to leave but a very small surface comparatively for it to lodge in, and no way of escape but through the external aperture already mentioned.

7. The heart and appendages were quite healthy.

It is worthy of remark, that in the progress of this disease there was no sickness at any time, nor the smallest headache.

REMOVAL, BY LIGATURE, OF A SAC CONNECTED WITH THE MEDULLA OBLONGATA, FOLLOWED BY DEATH.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I send you the enclosed account of a somewhat singular case which occurred lately in the Taunton and Somerset Hospital, and of which a portion of the brain which had been preserved was exhibited at the recent meeting of the Taunton Branch of the Association.

I am, Sir, your obedient servant,

HENRY ALFORD.

Taunton, June 16, 1849.

Louisa Hammet, aged three months, daughter of a labourer, was born with an erectile tumour at the upper part of the nape of the neck, of the size of a walnut. Child perfect and healthy in every other respect. The tumour was of a rounded, somewhat oval form, with a neck rather less in diameter than the body of the

tumour, the healthy skin running into the injected and varicose integument beyond the neck on the side of the disease, so that the neck itself presented a healthy and sound skin. It increased rapidly in size. At two months old it was as large as a hen's egg, being sometimes more injected and tense than at others, and admitting of being partially emptied by pressure. The child continued healthy, sucked heartily, and grew.

May 22nd. When about ten weeks old she was admitted with her mother into the hospital, and on the 24th of May, after a consultation on the case, two double ligatures were passed through the base of the tumour, tightened and tied, so as to strangulate it. On passing the needle the first time, a slight gush of blood escaped, and on transfixing it the second time, a considerable quantity of serum was discharged, and continued to drain out for some time. On the following day the tumour had become black, and had evidently lost vitality. The child was restless, but had no bad symptoms. By the 31st it had all separated, except a small portion of the size of a filbert. On June 2nd a ligature was applied round the base of this remaining portion, and on the following day it all separated.

June 4th. The wound was clean and healthy, about the size of a penny piece, but discharging serum frequently from some part of its surface.

5th. The edges of the wound were drawn nearer each other with isinglass plaster.

The child had gone on well after the two or three first days, until June 2nd, when it appeared very weak, and showed symptoms of sinking; it carried the head very much back, resting the occiput almost between the shoulders. It rallied a little on the 4th and 5th of June, but sunk again, and died on the 7th, at 7 a.m., having been convulsed some hours before its death.

Examination of head and cervical region five hours after death.—The surface of the wound looked healthy, the edges cicatrizing, and about the size of half-a-crown; on passing a probe over the surface, the point passed into a small opening, leading to a sac which communicated with the spinal cord. On examining the cervical vertebrae they were found all entire, except the atlas, the posterior part of the ring of which was wanting, and the foramen magnum was enlarged by a deficiency in the occipital bone posteriorly, and rather to the right side, forming an abnormal opening, of more than half an inch in diameter; through this opening the sac behind the tumour extended into the substance of the medulla oblongata, and was continuous with the fourth ventricle above and below, with an opening or foramen in the centre of the spinal cord, which extended downwards four inches at least below the cervical portion. On examining the brain the cerebrum was found perfect and healthy, except a congested state of the veins of the pia mater; and the lateral ventricles were dilated, containing a considerable quantity of purulent serum; the cerebellum was entirely wanting, the crura cerebelli terminating in a truncated form; the fourth ventricle open, and continuous with the above-mentioned sac; the pons varolii small, hard, and irregular in shape, and having on its surface a number of white, semi-transparent, flattened, hard substances,