stool in his cellar, with a wound in his throat about four inches from angle to angle.

He had used a penknife for the purpose of destruction, which had passed between the os hyoides and thyroid cartilage, and through the posterior part of the pharynx to the spine. The epiglottis was separated from the larynx, and the glottis was very visible.

I sewed up the wound by three stiches, which left interstices sufficient to suffer the escape of blood, and covered the whole with lint laid lightly on.

He was unable to speak, and therefore we could only guess at his feelings, but he did not seem to suffer much pain.

I gave him a spoonful of fluid to learn if he could swallow, but it excited so much cough that I did not choose to repeat it.

As inflammation arose it brought on difficulty of breathing and frequent cough, the latter of which excited fresh hæmorrhage, and brought on suffocation, and he died about two hours after the act had been committed.

The division of the posterior part of the pharynx would have prevented his swallowing had he lived longer, and the irritation in the glottis, which everything in the throat would have produced, (from the absence of the epiglottis covering it in its natural state,) would have kept up a constant cough and great inflammation.

IMPERFORATE INTESTINE.

A child was born apparently healthy, but was found to reject, in a few minutes, everything that it took into its stomach. A bougie was passed into its rectum, and I found no obstruction. It was ordered castor oil and various other purgatives, which almost immediately were returned. It wasted away rapidly, and died twelve days after its birth.

Dissection.—I opened it on the day of its death. On cutting into the abdomen, an intestine of great size presented itself—two inches in diameter—which was found to be imperforate. It was the jejunum, which had this blind extremity; it was placed about ten inches from the origin of that portion of the intestines.

The portion of gut, naturally next to this, but still in this infant entirely separate from it, was not larger than small whipcord; and this, after passing six inches, was obstructed in the same manner. The lower part of the ilium and the large intestines, which were without disease, were, however, not larger than a goose-quill, from having never been distended. The gall-bladder was quite empty, but the imperforate intestine was full of bile and medicine.

INFLAMMATION OF ABSORBENTS.

Mr. — had a splinter of wood pass under the nail of his middle finger, it produced suppuration there, and hard cords up the fore-arm. One of the lymphatics on the elbow suppurated, forming a very large quantity of matter, and a broad line of inflammation extended to the axilla. Fomentation and poultices were used. The abscess opened early, and the case terminated well, but the symptoms of constitutional irritation were so high as to threaten his life: for many hours he was in a delirious state.

Mr. —, from a slight blow on the thumb, had inflammation come on over the tendon of the extensor sec. internodii. Leeches were applied, but the inflammation extended to the wrist and upwards to the axilla. I ordered extract of colocynth and calomel, made a small opening in the swollen part, and applied fomentations of chamomile flowers, which in a few hours relieved him.

FRACTURE WITH DEPRESSION.

Saturday, October 5th, (1799.) A child, in Rathbone Place, received a hurt from a fall on the head. The left parietal bone was fractured and depressed, without coma, but with sickness. I passed an elevator under the bone, raised it into its place, and the edges of the wound became in part united, and covered the fracture.

On the Friday after the accident the child was fretful, but still sensible; but on the evening of that day it became convulsed, and during the night had a hemiplegia come on, on the opposite side of the body to the accident.

I saw it on the Saturday morning, and found it perfectly insensible—paralytic, but convulsed on its right side. The edges of the wound were separated, and a quantity of matter issued from the fracture, which immediately relieved the child. Some opium and antimony were ordered, and in twelve hours the child was sitting up in bed, sensible, and the paralytic affection almost entirely gone.

Sunday. Still better.

The child continued without hardly any alteration of its symptoms for ten days, when she was seized with convulsions and expired. Upon opening the head I found suppuration under the injured part of the head, in the substance of the brain.

ON DEEP-SEATED ABSCESS OF THE BREAST.

BY JONATHAN TOOGOOD, ESQ.

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THERE is a disease of the breast, differing from the common milk abscess, which must, I apprehend, be of rare occurrence, having seen only four or five examples in the course of my life. All the cases which have fallen under my observation have taken place during suckling, and generally soon after delivery. It does not exactly correspond to the description of the deep-seated abscess mentioned in Mr. Hey's book, the cavities of which were filled with a soft purple fungus, although in other respects it nearly resembles it, and both are cured by the same plan of treatment.

This abscess forms in and behind the mammary gland, more slowly and with less pain than the common milk abscess; it does not come to the surface so soon, neither is the skin so much inflamed or the fluctuation so distinct, consequently it is not opened early, but burrows behind and around the gland, breaking in several places, and forming sinuses in a variety of directions, none of which show a disposition to heal. The usual treatment is unavailing in these cases; a great discharge is constantly kept up, which soon affects the general

health, and reduces the patient to a state of great debility, which I believe would destroy her, unless proper means are resorted to, to arrest the disease. The first case of the kind which fell under my care, was that of a lady who had been confined three months, and was much exhausted by pain and constant discharge. The breast, which was naturally full and fleshy, was not much increased in size, but had an unhealthy appearance, with several openings leading to deep sinuses, communicating with each other in various directions. At this time, I was not aware of the obstinate nature of the disease, and endeavoured to heal these by injections of sulphate of zinc, stimulating frictions, and pressure evenly applied with plaster and bandage; but all my efforts were ineffectual, and I was under the necessity of dividing all the sinuses, which ran through the whole substance of the breast, so that it was literally cut into strips. The operation was a serious one, and attended with considerable hæmorrhage, but the good effects were presently apparent, for as soon as my patient had recovered from the immediate shock of the operation, the wounds assumed a healthy aspect; she rapidly got better, and recovered perfectly in six weeks. At her next confinement she came from a considerable distance to place herself under my care, and as there was no hope of her ever being able to furnish milk again from that breast, I covered it carefully with a diachylon plaster as soon as she was delivered, which completely suspended the secretion of milk in that breast, although she was able to nurse as well as usual in the other, and she passed through her confinement without the least inconvenience. Since that time she has had several other children, and uniformly adopted the same course with the like success. I have met with three other cases which were treated in the same manner, with the same result. I was consulted on another case, in which the patient refused to submit to the plan proposed, and tried various remedies under different practitioners, but was at last obliged to have the same operation performed. If I saw one of these cases in an early stage, I should not hesitate to make a free opening the instant the formation of matter could be ascertained, in the hope of preventing so painful and severe an operation.

Bridgewater, August, 1841.

ON THE PHYSICAL ALTERATIONS OF THE BLOOD AND ANIMAL FLUIDS IN DISEASE.

By M. ANDRAL.

No. VIII.

Alterations of the blood in fever and inflammation.

BEFORE we proceed to investigate the condition of the blood in fever, it may be well to observe, that fevers are divided into idiopathic and symptomatic; the latter consist in certain febrile symptoms connected with inflammation, congestion, and severe pain; idiopathic fever may exist,—1st, without any lesion of the solids; 2nd, with an evident

lesion, but one which is not the cause of the disease; thus carbuncles and bubo in the plague, and ulceration of the intestinal glands in typhoid fever, are the effects of some cause with which I am unacquainted. Let us now turn our attention to the state of the blood in symptomatic and idiopathic fever.

1st. If the fever be symptomatic of inflammation, the quantity of fibrin is augmented; but this increase does not depend on the fever, for there are several fevers, just as intense and long continued as the inflammatory, in which we observe no increase of fibrin; the cause of the increased quantity of fibrin is not easily discovered, and to assign any particular one, in the present state of our knowledge, would be hasty.

2nd. When the fever does not depend on inflammation, we have no augmentation of fibrin, be it ever so severe or prolonged.

3rd. Should simple fever become complicated, during its course, with any inflammatory affection, then the fibrin increases.

4th. Fever and inflammation may co-exist, the latter being an essential element of the former, as inflammation of the skin in small-pox, measles, scarlatina, &c.; these affections of the skin, which perhaps should not be ranged under inflammations, are unattended with the characteristic increase of fibrin; the same remark applies to ulceration of the intestines in typhoid fever; however tenaciously some physicians may adhere to the inflammatory doctrine of typhoid fever, it is certain that the ulcerations of the intestinal glands are not accompanied by that increase of fibrin which attends other inflammatory diseases. Hence, whenever fever co-exists with inflammation, and together with it constitutes one of the elements of the disease, the fibrin of the blood is not increased; for example, small-pox, typhoid fever, &c. But it is far different when inflammation springs up during the course of the fever, or is one of its effects.

In a certain class of fevers, the chief cause seems to be the excessive richness of the blood. Inflammatory fevers, of a few days duration, depend upon this cause; the ancients considered this as an idiopathic fever, but it is really a symptomatic one. But we may ask, does the cause of the disease reside in the solids, or in the fluids? To excessive richness of the blood, as just mentioned, the disease has been attributed, but this richness consists in an increase of the globules, not of the fibrin. When Pinel published his nosography, the humours were altogether neglected, yet he located inflammatory fever in the blood-vessels; at a later period, it was connected with gastritis and enteritis; afterwards with inflammation of the heart and arteries; Tomasini still adheres to the latter opinion. It has also been denominated plethoric or hypertæmic fever, in conformity with the ideas of humoral pathology.

However, this is not the only fever in which the globules are augmented; the same increase occurs at the commencement of typhoid fever, measles, and scarlatina. We do not find this augmentation of globules in inflammation; it exists in the middle period of fevers.

In continued fevers, the febrile movement persists even when the globules have fallen to their normal standard, or below it; as a remarkable illustration, M. Andral cites chlorosis, in which