Axillary abscess, Gentlemen, may arise from causes other than those which I have just mentioned. It may depend on caries of the ribs or clavicle; disease of the scapula, head of the humerus or shoulder-joint. Deep-seated abscess of the neck, or matter from the chest, may extend to the maxillary region. In 1829 I amputated the arm of a young man who had received a gunshot wound; shortly afterwards an abscess formed in the shoulder, and then another in the axilla; the patient died. On examining the body, I found that the pus had perforated the capsular ligament of the shoulder-joint, and thus found its way into the axilla. In 1831 I saw a similar case at La Pitié, in a man who died after amputation of a finger. In many cases I have seen enormous abscess of the axilla produced by caries of the upper ribs; in the case of a patient cut off by phthisis, the pulmonary abscess is communicated through an oblique channel, with a collection of pus in the axilla; in other cases these abscesses were produced by the laceration of tissues during violent exertion of the limb. Whatever be the cause of deep abscess of the axilla, it is a disease which requires the utmost attention of the practitioner. The anatomical arrangement of the parts in this and the neighbouring regions, explains how the pus may extend in a variety of directions. It usually follows the course of the nerves upwards, and reappears at the lower part of the neck. Unless arrested by the fascia which descends from the clavicle to the humerus and pectoralis minor, it will extend forwards between the shoulder, clavicle, and thorax. In rarer cases the abscess first works its way downwards, and then descends behind the scapula. Sometimes we find the matter spreading in all these directions at once. I remember a case in which the pus first appeared between the spine and posterior edge of the shoulder; it next pointed in the fossa supra clavicularis, and finally in front of the chest. The three collections of matter communicated with the original abscess of the axilla.

Another patient presented evident marks of fluctuation at the base of the axilla and lower part of the neck, with a third abscess in front; a single puncture with the lancet evacuated the three collections. In the year 1831 I saw, at the Hospital of la Pitié, a young boy with an abscess over the shoulder; this was opened on the following morning; it communicated with a second abscess seated between the pectoralis minor, chest, and serratus. In several other instances I have seen abscess of the axilla penetrate into the chest and produce speedy dissolution.

The most dangerous consequences, Gentlemen, frequently result from abscess in this region of the body, yet authors make little mention of the subject; in a few works, however, we have some well-marked cases. The son of the celebrated surgeon, Petit, died from an abscess of this kind. Fabricius Hildanus says positively that a child, eighteen months old, was cut off by an abscess of the axilla, which separated the pleura from the ribs and attacked the lungs; the disease commenced at the age of two months. We have some examples of a similar effect of axillary abscess in the writings of Ravaton, Delamotte, &c. You see, then, how necessary it is to distinguish the two first species of this affection from the last, which is so dangerous.

Various opinions have been given on the treatment of axillary abscess. Some authors advise us to open them as soon as possible; others are of a diametrically opposite opinion: but this point must be decided by the nature of the case; one is right, if the abscess be confined to the glands; the former correct, when the matter is seated in the depth of the axilla; my own opinion is, that we should give an early discharge to the matter in all cases of axillary abscess, except those affecting the glands. The contrary practice is attended with many inconveniences. In cases of superficial abscess, the latter mode of proceeding would give rise to considerable suffering, and the danger of purulent

infiltration; while the third species of abscess evidently requires to be opened without delay; any hesitation on the part of the practitioner would be an unpardonable imprudence. The deep-seated abscess may be opened before it is quite ripe; the inflammatory tumefaction is thus more quickly dissipated; besides, you should remember that a long time may pass over before you can feel the fluctuation distinctly, from the depth and yielding nature of the parts. A working man was admitted into la Pitié, in 1832, with severe pain and swelling in the axilla; the febrile symptoms ran high, and there was every sign of an extensive abscess, except fluctuation; the skin was not discoloured. I plunged a bistoury into the axilla to the depth of at least three quarters of an inch, and evacuated a glassful of pus. The opening, in these cases, should always be free, for, unless you make a large incision, the matter continues to burrow, and the abscess is only partially emptied. Much caution is, of course, required in operating on such a region as the axilla, where so many important vessels and nerves exist; to avoid danger, you should direct the instrument upwards and inwards, the point being carried towards the upper part of the walls of the chest; in this way you may open abscesses of the axilla without fear of wounding anything except the glands, the thoracic branches of the subclavian, and some nervous filaments. Should the abscess be large, it is unnecessary to press out the matter; it is even better to leave the evacuation of the pus to the natural contractility of the parts: strong pressure may have the effect of allowing the introduction of air into the cavity, and the subsequent deterioration of its contents.

CLINICAL

OBSERVATIONS ON MEDICAL CASES,

Delivered at St. George's Hospital.

By Dr. SEYMOUR.

PARAPLEGIA.

If you were called to a case of paraplegia, the first question you would ask would be, whether there were any symptoms of disease of the spinal marrow; and if you found that there were none of these, your attention would then be more specifically directed to the cerebellum, for it is now ascertained that any disease affecting this portion of the contents of the cranium may cause a loss of the power of motion in the lower extremities. You will sometimes be called into the case of a scrofulous child, who has very nearly or entirely "gone off its feet," as the old nurses say; and a case of this kind very often results from the presence of one or more scrofulous tumours in the cerebellum. But not only in young children do you meet with these cases, but in adults also. In one of our patient's case there was no evidence of disease of the brain and spinal marrow; the pulse was 80, and strong, but the appearance of the countenance indicated debility, and the catamenia had appeared at the regular time since her admittance into the hospital; there was, therefore, no evidence of any hysterical affection in connection with the disease. There is such a thing as hysterical paralysis, but it is rare. I have had several cases of the kind; one of these was in a young girl who was brought into this hospital. She was in love, as most young girls are, and, as a consequence, she took poison, or said she had done so, and was brought into hospital, when she appeared to have lost all power of voluntary motion. No trace of organic disease could be detected, and there being evidently a great deal of hysteria mixed up with all her symptoms, she was put upon a full course of assafœtida. She had one blister applied over the sacrum, and she took assafœtida in pills and in mix-

tures for some time, till she got quite well, and went out of the house perfectly cured. The other case to which I alluded occurred in my private practice. I was sent for to see a young lady, whom I found in a most distressing state; she was in a sort of fit, which assimilated partly to epilepsy and partly to hysteria. Her body was bent in a sort of arch, and rested on the occiput and the heels; the muscular system was in a state of powerful contraction, and great difficulty was experienced in opening the mouth to allow of any fluids being introduced into the stomach. On trying to make her stand, we found it to be utterly impossible; she fell down directly upon every attempt of the kind. No cause could be assigned for all these symptoms. She had received a severe fall two years previously, and it was supposed that this fall might have something to do with her present state; but she had danced through two London seasons in the interim, and therefore the idea of any effect from the fall was altogether rejected. Well, she was treated in the same way as in the preceding case, and in the course of time got quite well, and had not a particle of hysteria remaining. Previous to her leaving London for the country, I advised her to have the opinion of Sir Benjamin Brodie relative to the state of the spine and spinal column; and on examining these parts, we were not a little surprised to find the marks of cupping glasses, blisters, setons, and issues, all of which means had been employed to cure a disease which was purely functional. Now, these means might be employed by many skilful men, and they might be safely pardoned for such a plan of treatment; for these cases of hysterical simulation of a real organic disease are very rare, and the diagnosis between the symptoms of the functional and the organic affection are frequently very difficult to make out.

PARALYSIS.

I now draw your attention to a case of a very unusual and singular kind. You must all recollect the patient to whom I allude, who has lost the entire use of the upper limbs, and has a weakness of one leg. Now, in the great majority of these cases, you have disease of the vertebræ above the seat of the injury; and, on examination, you will frequently find that some part or other is painful whenever pressure or percussion is made over it, but in this case there is no symptom whatever of the kind. In the absence of these symptoms, you might be led to suppose that there was some disease of the spinal marrow; but if such were the case, there would be loss of power in the lower as well as in the upper limbs, which is not the case in this instance. This patient's urine is ammoniacal, and every part below the upper extremities appears to be sound and healthy. Such cases as these, you may well suppose, are very rare; I have seen two persons affected in this manner, and in these both the upper and lower extremities were paralysed. Now, the most effectual remedy that I am acquainted with in these cases is the tincture of cantharides, given in large doses. This patient is taking forty minims of this medicine twice a day with very great benefit.

In the reign of Charles the First there was a Dr. Greenford, a Dutch doctor, who obtained very great and deserved celebrity in treating cases of this kind, and he succeeded in relieving his patients when other physicians failed. But his career of usefulness was very nearly cut short, for the College of Physicians imprisoned him; but his captivity was of short duration, for the warrant proved to be informal; it should have been signed by the censors only, whereas it was signed by the censors and president. This was the last occasion on which the College of Physicians exercised the powers granted to them by law,—a piece of medical history this with which very few are acquainted. On coming out of prison he recommenced practice with greater success than ever, and wrote a book on his peculiar treatment of these cases, which

obtained very great celebrity. You thus see that, in addition to your other studies, you will have to learn the effects of medicine upon disease; you see that, in this case, I am enabled to give a patient a very large dose of a very powerful medicine, which, under other circumstances, would prove almost destructive to life. Were I, for instance, to administer to any of you a dose of the tincture of cantharides, such as this patient is taking, you would be placed in circumstances of considerable jeopardy and danger. When first I gave this medicine to this patient, I was in some doubt as to its efficacy; but I am now quite convinced that he is much better, and deriving great benefit from it. The quantity of urine secreted has much increased under the use of this medicine, and he believes that he has a greater amount of power over the paralysed limbs since he has taken it. I once attended a female servant of the Duke of Rutland, who had paraplegia, and she was treated in the same manner with the tincture of cantharides, and perfectly recovered. In cases, therefore, of this kind, where you find no evidence of affection of the sensorium, and no external trace of organic disease, you will find the tincture of cantharides to be a valuable medicine. These are some of those peculiar cases in which, as I observed before, you are enabled to study the peculiar effect of remedies upon peculiar diseases.

PARALYSIS FROM LEAD.

You will perceive that most of the cases which I bring before you to-day, are cases of pure functional derangement and disease. Persons who are employed in using materials in which lead enters to a greater or less extent—such as house and coach painters for instance, are very liable to attacks of local paralysis. You will remember a case of this kind in which the hand drops down, and the patient can turn it round, but he cannot lift it up. Now, the first effect of the imbibition of lead into the system is to produce colic, commonly called the colic of Poitou, because the disease first arose in that part of France. Though this name is still used to designate this peculiar disease, it is found to be prevalent in many other parts of the world besides Poitou. In Devonshire it is very commonly met with, where the cider, which is the common beverage of the county, is sometimes placed in vessels into whose composition lead enters to any extent. The first effect of lead upon the system is to produce this colic; the next effect is paralysis of one or both upper extremities, as is produced in the case before us. Should the unfortunate person who suffers from these complicated maladies still be obliged to continue at the same dangerous occupation which produced them, epilepsy will sooner or later develop itself, and insanity or death quickly closes the fearful scene. It is rare to meet with such cases of extreme severity as this, but still such cases do sometimes occur. I have treated this patient with those remedies which are most commonly efficacious in these cases, and of which I shall speak to you more fully on another occasion; his hands have been supported on splints since his admission, and he thinks that he can use them a little better than when he came in. This case is an interesting one, and is well worthy of your attention.

CHOREA.

There is a case of this disease upstairs, in which all the symptoms are of a well-marked character. The affection consists in an involuntary action of the muscles of the trunk and extremities. This abnormal action generally results from want of stimulus arising from a bad and deficient supply of food, whereby the blood loses much of its property of stimulation, and the muscles and nerves are deprived of their wonted healthy energy, and their action is consequently rendered weak and irregular. Mild purgative medicines to remove any loaded state of the bowels that

may exist, and occasional tonics and stimulants, are the appropriate remedies in these cases, and generally in time effect a cure. We know very little of the pathology of this disease, and we therefore suppose it to have something to do with the great sympathetic nerve, and the ganglionic system connected therewith; but about all these matters I must confess to you that we know very little, and therefore it is that I have very little to say to you about it.

HYPERTROPHY OF THE PAROTID GLAND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
AND SURGICAL JOURNAL.

GENTLEMEN,—Should you deem the accompanying case sufficiently interesting, will you do me the favour to insert it in your Journal of next week?

Your obedient servant,

ABRAHAM DUKE,

Surgeon to the Chichester Infirmary.

Chichester, Feb. 10, 1842.

Sarah Mantle, aged 9 months, has, from the age of three weeks, been affected with a tumour on the left side of the face and neck. When first perceived, the parents state it was about the size of a pea, and was situated in front and below the ear; the skin covering it was not at all discoloured, but the temperature of the part was higher than natural. The swelling continued to increase rapidly, and at the end of two months it had attained such a size that the friends of the child began to be much alarmed. I saw it for the first time when it was about three months old, and the tumour then occupied the side of the face and upper part of the neck. The child appeared to enjoy good health (although somewhat emaciated) up to the age of six months, when it was seized with convulsions, which returned at irregular intervals; between these attacks the child seemed quite well, its appetite being very good, and the bowels in a regular state. On Sunday, the 23rd of January, 1842, the convulsions returning, I was sent for, and before I could reach the house the poor little sufferer had breathed its last.

An examination of the body took place the following day. The tumour had increased to an enormous size, and extended from a line drawn from the external angle of the orbit to two-thirds down the neck (the lowest part of it hanging detached, and resting on the upper part of the chest), as far back as a little behind the mastoid process, and occupying two-thirds of the cheek in front. Underneath the chin the tumour advances somewhat beyond its centre, and is studded there, as well as at its posterior part, with several small and one or two larger nevi. The tumour feels as if it contained cysts, and the superficial veins are large and tortuous. On removing the coverings of the swelling, the external jugular vein was seen to be very much enlarged, and exceedingly irregular in its course, and could be traced deeply into the substance of the tumour. A large vein, running in the course of the common carotid, but rather more superficially, was at first sight supposed to be the internal jugular; but, on opening the sheath, that vessel was found in its natural situation, but, like the external, was much increased in size. The common carotid, as well as the external, presented no marks of disease whatever; the latter was traced through the substance of the tumour, and was found occupying its natural position. On making a section of the tumour, it presented a perfectly glandular structure, and appeared to be nothing more than simple hypertrophy of the parotid gland. The head was not examined.

REMARKS.

I have been induced to publish this case, in order to put others on their guard in forming a prognosis on

tumours in this situation. The subject of this case had been seen by most of the medical men in this city, and some of them, with myself, were of opinion that it was a case of aneurism by anastomosis, and recommended the tying of the carotid on the affected side for its removal. This, however, the parents refused to have done, and, had they consented to the operation, I am decidedly of opinion that no permanent benefit could have resulted; besides which, owing to the size of the swelling, much difficulty would have been experienced from the depth of the vessel, as well as from the number of enlarged veins in the neighbourhood. The child had not cut any of its teeth, and it was only about a month previous to its death that it began to lose flesh, and this probably was owing to so much blood having been required for the support of so large a swelling.

CASES OF SOLAR ASPHYXIA, WITH DISSECTIONS.

By B. DOWLER, M.D., of New Orleans.

June 19, 1841. James Stevenson, a stout, muscular man, aged about 35 years, a cooper, for six months a resident of this city, ate his dinner in good health, and after walking about three hours on the Levee, complained that he could not sweat as usual; he requested one of his friends to put his hand upon his (Stevenson's) breast, which he found very hot and dry. Stevenson started home, but fell, before he reached his house, in Joseph-street. Some passers-by said that he was drunk; others, finding no scent of spirituous liquors in his breath, ran instantly for aid.

The skin was much hotter than in the most burning fever; on holding the hand near the body, a strong sensation of heat radiating from it was perceptible. The pulse was quick, gaseous, variable, and hobbling; sometimes throbbing and full, especially in the arteries of the neck; from a vein, opened in the arm, the blood trickled down at first, but started soon into a full stream, and, falling upon the hands of an attendant, he declared that it was almost "scalding hot." The breathing was irregular and laborious; the larynx, moving up and down two or three inches during each respiration, which was attended with fits of strangling, and loud phlegmy rattles, and occasionally a kind of imperfect involuntary cough, bringing a tenacious froth into the nose and mouth.

During inspiration, the expansion of the chest was very imperfect, as if the respiratory muscles had been palsied or disabled, reminding the observer, also, of a patient having broken ribs, in which full expansion or elevation of the ribs gives pain, and is, therefore, avoided.

While Stevenson's chest was comparatively quiescent, the windpipe and abdomen moved and heaved with great violence.

He was wholly insensible, and was unable to swallow; the eyelids were nearly closed, and the pupils somewhat contracted; no distortion of features; the under jaw slightly fallen; no muscular contractions or convulsions; died in an hour.

Shields, one of his companions, died at the same time, from the same disease; he lived at the same house; had been in the city the same length of time; was about the same age; followed the cooper's trade. He ate his dinner as usual, and worked several hours, and died not far from his boarding-house.

On Sunday morning, about sixteen hours after death, I examined their bodies, in the presence of a