SOME FURTHER REMARKS ON THE USE OF THE LONGITUDINAL INCISION THROUGH THE SCALP IN DISEASES OF THE BRAIN.

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The very just remarks of Dr. Hastings, in the *Provincial Medical Journal* of the 3d of February, on the review of the last volume of the Transactions of the Provincial Medical Association, in the British and Foreign Medical Review, have induced me (as a paper of mine is contained in that volume) rather to aggravate my offence against the delicate feelings of the reviewer, by selecting for publication two other examples, out of a number of successful cases, which have occurred since my paper was read at Exeter. I should not have thought it necessary to say anything more upon the subject, but the supercilious manner in which that paper was mentioned in the review might lead many practitioners, who have not had opportunities of seeing the value of the remedy, to pass it over as not worth trying. The ejaculation of the reviewer at the conclusion of his observations, of—*"but the Lord save us from Dr. Wallis and his issue,"* is childish and effeminate, and such as might be expected from weak-minded persons on the contemplation of any operation in surgery however trivial. As no argument, either practical or theoretical, was advanced by the reviewer against the value of the remedy as a counter-irritant, or that any disadvantage resulted from its application, it is to be presumed that nothing whatever could be brought forward against the incision, either in principle or practice, as an important and valuable remedy.

The originality of this practice is also questioned; a circumstance not worth the waste of one drop of ink. Dr. Prichard read a paper upon this plan of treatment before the British Association, held in Bristol, in 1835. It will be seen however by the dates appended to some of my cases, that many of the most important occurred some years before the production of Dr. Prichard's paper, and I recollect having seen the main principles of this remedy put in practice nearly 40 years ago. I should have the highest pleasure in being taught how to manage circumstances like the following, with equal humanity and tenderness, and with equal success.

Mrs. M—, aged about 40, has a family of six children, had suffered severe pains in her head for five or six months, gradually increasing in intensity, until being unable any longer to use exertion, she kept her bed, and sent for her surgeon, who bled, leeches, blistered, cleared out the alimentary canal, and used every exertion to render the digestive organs healthy, and reduce the excitement in the head; notwithstanding which the pains in her head continued to increase, occasioning screaming and great agony: to this condition succeeded drowsiness and torpor; when my attendance was requested late at night, Feb. 16th. The surgeon who had been in attendance was detained by a case of midwifery, and sent me a request to act without him. I ordered the head to be shaved, and an entire night cap of a blister to be applied immediately. Leeches had been applied in the morning before my attendance, and the skin was pale, and the extremities

rather cold. She was ordered to take 10 grains of calomel every six hours.

Feb. 17th. The night had passed without any material alteration. A monosyllable only could be got to any question asked of her, and that generally accompanied by that deep sigh which characteristically marks the progress of serous effusion of the brain. The iris in both eyes acted equally and regularly. The blister had risen well, and was dressed with strong mercurial ointment. An active aperient was ordered.

18th. Night restless, frequent jactitation of the left arm and leg. Increased torpor. I proposed to make the incision, which was not agreed to by her family. Continued the calomel and saline mixture with antimony.

19th. During the night was convulsed for about ten minutes, since which the right arm and leg have not been much moved. The iris of the right eye rather dilated, and no perceptible movement in it on the sudden admission of light. The left iris considerably more contracted than the right, and sensible to light. On pronouncing an unfavourable opinion, and the obviously near approach of death, her mother and husband requested me to do anything I pleased to endeavour to save life. The incision was made immediately full seven inches long; not more than about one ounce of blood flowed. The patient did not take the slightest notice whatever when the scalp was divided. A thick dossil of lint soaked in spirit of turpentine was placed in the incision, and adhesive straps applied. The remedies were continued.

20th. Had passed a quieter night, no convulsions, less jactitation of the left limbs, and a decided appearance of improvement. The dossil of lint was taken out of the incision, and replaced by another, well soaked in spirit of turpentine; and to keep an active counter-irritation going on, as the excitement of the incision would be lessened after 24 hours, a blister, 16 inches long and 4 inches wide, was applied along the spine from the occiput downwards. The bowels were sufficiently open daily.

21st. Passed a moderately quiet night, decidedly improved, the right iris more susceptible of light. The mouth sore from the calomel; the calomel to be omitted.

The improvement continued gradually going on. As soon as granulations appeared in the incision a double row of peas was introduced, and a very effective issue established for about two months. Vision was very imperfect for some time, from what she called a *mist* before her eyes, and seeing objects double. She states she was not conscious of the incision being made, and does not know how the wound came upon her head. She is at this time (12 months after) in perfect health, attending to her family duties as well as ever she did in her life, and is entirely free from her accustomed head aches.

Mr. O., a gentleman of great respectability in the profession, called upon me to ask if it would be of any service to make the incision through the scalp of a boy, after indications of pressure, from effusion in the brain, had shown themselves. He considered the case as hopeless. I visited Master R— with him, who was about 13 years of age, and had gone through the usual routine of symptoms and treatment of acute hydrocephalus. He lay in a state of torpor, but by shaking him

and speaking loudly into his ear, could be made to take medicine or thin fluid food. The pupil of the right eye was dilated to about double the size of the left, and I could not observe any contractile movement in it when the light was suddenly admitted. The left iris was in its normal state, though perhaps rather more contracted. As the progress of the effusion had been rather slow, and the morning and evening exacerbations of a less active kind than is usual in the very acute forms of the hydrocephalic irritation, and the aspect of the case such, as might be fairly deemed lost, the incision was made, more as a forlorn hope, where no harm could be done or unnecessary pain caused, than from a reasonable expectation of success. On dividing the scalp about seven inches, no notice whatever was taken of it either by movement or voice. On the following day there was an evident appearance of improvement. The dossil of lint was taken out of the incision and replaced by another, and a long blister was then ordered to be applied to the spine, to keep an active counter-irritation going on. No internal remedies were used, except a little alkali and *mild* aperients to keep the mucous surface free from irritation. The incision [was kept open as an issue, with a double row of peas, for about three months. The boy gradually and perfectly recovered.

After the incision has been made 24 hours, it is desirable to remove the straps of adhesive plaster, so as to remove all constriction from the scalp, and lessen the heat. Taking out the dossil of lint from the wound and replacing it by another is also useful, as it favours the early establishment of suppuration, and adds to the continuance of the counter-irritation. If the vascular action and heat continue about the head, leeches ought to be applied, and all the assistant means which a practitioner ought properly to use, to contribute towards allaying the increased vascular action going on in the brain. It has never been pretended that the incision is the sole remedy necessary in all cases; but that it is the most powerful means of any that I have ever seen, when used as I have described. That it should be successful in every case no rational person would expect; but I boldly assert that it will most materially assist in bringing many severe cases of cerebral disease to a successful issue, which are incurable without it. In conclusion I may add, that I have heard many persons express their most grateful thanks for the relief obtained from the incision, but in *no instance* have I ever been blamed for having had recourse to this remedy.

REMOVAL OF A KNIFE - BLADE FROM BETWEEN THE TRACHEA AND RIGHT CAROTID ARTERY.

By R. T. HUNT, Esq., Consulting Surgeon to the Lying-in Hospital, Manchester.

1843. March 23rd. James Knight was wounded in the neck, whilst on the ground, by a man who had knocked him down and fallen with him. The surgeon to whom he applied told him that the wind-pipe was cut open, but after carefully examining the wound, stated that he could find no foreign body in it. When I saw him on the 13th of April, three weeks after the injury, he was suffering from urgent dyspnoea, oppres-

sion and tightness of the chest, and fixed pain of the right side, extending through to the inferior angle of the scapula. His face was flushed, his pulse quick and throbbing, and he could not lie down.

There was a recent cicatrix about an inch above the interclavicular space, which felt much indurated, and my impression at the time was, that the tracheal cartilages had been lacerated, and had united very unequally. I bled him to 12 ounces from a large orifice, and complete syncope followed. When he recovered from the fainting, the breathing was much freer, and he felt relieved. He was treated with mercurials, hyoscyamus, and common aperients, and continued improving, but the fixed pain in the thorax did not entirely subside.

May 1st. He called upon me to inform me that something had made its appearance in the situation of the wound, and upon examination, I found the cicatrix ulcerated, so as to expose a small black angular metallic substance; and, upon endeavouring to remove it with forceps, it was so firmly impacted, that careful dissection was required for its removal. I extracted it in the presence of Knight's father and a police officer.

Length of blade.	2 inches 6-10ths.
Width	7-10ths.
Thickness at the back	1-10th.

When I withdrew the blade, its point apparently rested obliquely against the body of one of the cervical vertebrae, and its back was directed backwards and upwards. The bluntness of this point and of the edge of the knife will account for the carotid and other important structures so fortunately having escaped being injured.

I gave him an opiate and enjoined absolute rest and antiphlogistic regimen. He had a slight tickling cough during the next 24 hours, and the expectorated mucus was streaked with blood. The fixed pain in the chest was never felt after the extraction of the blade, and by the 10th of May he was perfectly recovered.

1844. March 23rd. I have to-day heard that he has had no chest affection since the last report.

ON THE GOOD EFFECT OF THE ERGOT OF RYE IN A CASE OF RETENTION OF URINE.

By THOMAS JEFFREYS, M.D., Liverpool.

We ought to feel much indebted to Dr. James J. Ross, of Cambusmore, Sutherlandshire, for having called the attention of the Medical Profession to the use of the Ergot of Rye in retention of urine, caused by a want of muscular power to expel it from the bladder, in paralytic patients; and as an opportunity occurred to me to test its effects the last week of January, I availed myself of it, and am much gratified in having it in my power to add this single instance in support of what he has still further made known. (See *Provincial Medical Journal*, vol. 7, p. 378.)

A gentleman, aged 69, who for nearly half a century had had the chief management of a very extensive mercantile establishment in Liverpool, in connection with one still more so in London, and had discharged the duties of his responsible situation with great punctuality and perseverance, during the whole of the