ART. VI.—*On the Treatment of Carbuncle with Escharotics.*

By ROBERT SWALLOW, Staff Surgeon.

As I believe the following mode of treating that painful and distressing disease, carbuncle, is not generally known, I take the liberty of trespassing on the pages of your valuable Journal to insert two cases successfully treated by the remedy recommended by Mr. Blackadder, in his excellent treatise on Hospital Gangrene.

Lord Clermont, who requested me to publish his case, had been attacked with the above disease in London, and confined to his room nearly two months, under the care of my friend Mr. Guthrie. His lordship was cautioned by him to apply immediately for medical advice, if he should be attacked a second time. His lordship had been only a short time in the country before he felt an uneasiness and pain at the back part of the neck on the cervical vertebræ, which rapidly increased. Being at a friend's house, he did not send for me until the third day after perceiving the disease. On my being consulted, I found it to be a true characterized carbuncle; and, as he had just recovered from a long confinement from a similar disease, I advised his lordship to submit to its being destroyed by an escharotic, to which he readily consented. I made, therefore, a crucial incision, the full depth, length, and breadth of the disease, and filled up the incised places with dossils of lint well moistened with equal parts of liq. arsen. and water: the latter was renewed every hour or two. After twenty-four hours' application, a slight eschar began to form, the surrounding inflammation and pain evidently diminishing. Continuing it twelve hours more, a sufficient eschar was formed, and the pain and inflammation ceased. A common poultice was then applied very frequently, until the eschar separated, which, leaving a clean wound, was healed with the common simple dressings.

The other case of the disease occurred to a poor woman in this town; was situated in the dorsal vertebræ, and had existed ten days before she applied for advice: it was, therefore, of considerable size, and in a state of ulceration. Similar incisions were made as in his lordship's case, and the same remedy applied with the like beneficial effects; the pain and peculiar inflammation attending the disease subsiding as soon as the eschar began to form.

Some of my medical brethren may probably be afraid of absorption of the liq. arsen. producing baneful effects: but, in the many cases I have seen of hospital gangrene, (and I had charge of three large hospitals in Spain where only cases of that disease were admitted,) I never saw any unpleasant symptoms from the above cause; the quick formation of the eschar, I suppose,

preventing the absorption, which shows the necessity of renewing the application every hour or two to produce that effect. No medicines of any consequence were used in either case.

Watton, Norfolk; July 4th, 1822.

ART. VII.—*A Case of Strictured Œsophagus terminating in Death by Starvation.* By Dr. KINGLAKE.

MR. THOMAS JACOBS, an eminent brewer of this town, aged forty-six, and of a sanguineous temperament, had been occasionally inconvenienced in swallowing, for upwards of a year and a half before he regarded it as an ailment deserving serious attention. During these last twelve months, the power of deglutition has been much impaired, and at times so obstructed as justly to excite considerable alarm. About six months were passed in gradually increasing difficulty of swallowing, until at length no substantial food could be forwarded to the stomach. It was arrested at a short distance above the cardiac entrance into the stomach, and, after being detained a few minutes in that situation, it was rejected by vomiting. For these last four months, it was almost uniformly found, on repeated and painful trial, to be impracticable to take sustenance in any other than a fluid form, and even that but slowly, scantily, and of no thicker consistency than milk. Neither the animal broths nor farinaceous infusions, if at all glutinous, could pass the obstructed part.

A probang, or bougie, had been repeatedly passed down to the strictured part by Sir Astley Cooper, and subsequently by Mr. Norman, of Bath; but, from the extreme narrowness of the aperture at the stricture, these instruments could have only come in contact with its upper portion, and could not have been forced through it. The area of the stricture, as it appeared on examination after death, would not admit of the passage of a common size probe; and the abridged cavity exhibited the aspect of having been occasioned by a disorganized and hardened structure, that would not have yielded to any pressure that could have been made on it consistently with human endurance, or even existence.

For twenty-eight days preceding death, not the smallest quantity of fluid seemed to pass into the stomach. Whatever was taken into the gullet was almost immediately thrown back, without either much effort or pain. At times an aching sensation, attended with indescribable distress, was experienced. No feeling of nausea, nor any thing like stomachic vomiting, ever occurred. The contractile action, by which the obstructed contents of the gullet above the strictured part were rejected,