in the first two days. A considerable quantity of oil floated on the surface of the pus. The abscess was evacuated once, afterwards twice, in twenty-four hours; care being taken to exclude the air from the cavity, and by firm and gentle pressure to keep the walls in contact. At the end of ten days, twelve or fourteen ounces were still discharged every twenty-four hours. An injection of Cond's fluid, much diluted, was tried without satisfactory result; and, as the quantity of pus remained undiminished, a drainage-tube was inserted, and the abscess *kept empty*, when the discharge rapidly decreased.

The condition of our patient fluctuated much after the operation, and was often such as to make us very anxious to reduce the quantity of discharge. A very quick and decided improvement, however, followed immediately on the diminution caused by the drainage-tube; and Mr. R. may now (March 26th) be considered well, as he has been twice into the country to recruit, and has now resumed his usual habits and occupations. There is a very slight occasional oozing from the wound, which is sometimes entirely closed. The side is puckered, adherent, and deeply depressed around the wound, and has very much the appearance of the thorax after empyema and the external discharge of matter.

I do not wish to attempt to draw a rule of practice from a single case; yet I think the foregoing may furnish some useful data. Where there is reasonable ground to believe that nature has decided upon making an external outlet for the matter, we need not be deterred by the fear of peritoneal effusion from making an artificial opening, inasmuch as one of the earliest and most certain of her operations is to make the connections necessary for security. Tenderness of the tumour is perhaps the most satisfactory indication of this condition, and a hardened base of effused lymph a certain confirmation. Again, there is no object to be gained, under such circumstances, by opening the abscess by successive stages, either by the knife or (still less) by caustics; for delay exposes the patient to the risk of rupture of the walls of the abscess by coughing, sneezing, or the like, and to the laceration of any adhesions which may have formed; or it allows him to perish unrelieved, from the effects of constitutional irritation and consequent exhaustion.

CASE OF ACUTE HYDROCEPHALUS: RECOVERY.

By JOHN CANDY, M.D., M.R.C.S. Eng., etc.; late Resident Surgeon-Accoucheur Birmingham General Dispensary.

THE following case of recovery from a disease so alarming in its nature, and so fatal in its effects in too many instances, is perhaps worthy of record, as exhibiting the power of remedies to control disease when rightly administered.

On March 12th, I was called to attend Mrs. B. in labour with her fourth child; when my attention was drawn to her youngest boy, an infant of eleven months. It had been very fretful for more than a week, which its nurse attributed to teething; but, upon closer examination, I discovered a minute vesicular eruption irregularly distributed over the head, face, trunk, and upper extremities, which I at once recognised as varicella. I did not take the case in hand forthwith, as the father had procured some powders a few days previously from a neighbouring practitioner, who had not, however, seen the child.

On the evening of the 18th, I was requested to come immediately, as the child had been taken with convulsions. I found it lying quite unconscious, with the thumbs of both hands drawn inwards, too plainly marking cerebral irritation. Finding that there was preternatural heat of the head, I poured a stream of cold

water from a little height. This in a few minutes caused the child to open its eyes and shew other signs of returning consciousness. I prescribed the following mixture and powders, and ordered cloths dipped in equal quantities of vinegar and cold water to be constantly applied to the head.

℞ Solut. magnesiæ carb. ʒj; spiritus æther. nit. ʒj; tincturæ card. comp. ʒj; aquæ puræ ad ʒij. Misce. One teaspoonful to be given every hour.

℞ Hydrargyri chloridi gr. iv; pulv. rhei gr. viij; pulveris ipecac. gr. ii; sodæ bicarbon. gr. iv. M. Divide in pulveres iv; detur i 4tis horis.

March 19th. The child was not quite so fretful, and the bowels had been freely moved. The head was still very hot. The powders were repeated.

March 20th. The patient was about the same. The mixture and powders were repeated.

March 21st. He had passed a restless night. The head continued very hot. Pulse 120. The pupils were dilated, but acted sluggishly under the stimulus of a bright light. I observed that the child constantly moved its mouth, as though chewing; and would swallow anything that was put into its mouth, although sensibility seemed quite extinguished. Finding the child no better when I called in the evening, I applied a small blister to the occiput, and prescribed as follows:—

℞ Magnesiæ sulphatis ʒj; spiritus æther. nit. ʒj; syrupi aurantii ʒij; aquæ ad ʒj. Misce. A dessertspoonful to be given every two hours.

℞ Hydrargyri chloridi gr. iv; pulv. jalapæ gr. viij; sacchari albi q. s. M. Divide in pulveres iv; detur i 4tis horis.

March 22nd. The blister had risen well, and the bowels had been freely moved, and the child seemed more conscious. I ordered a bladder of ice to be constantly applied to the head.

℞ Magnesiæ sulphatis ʒj; solut. magnesiæ carb. ʒj; syr. aurantii ʒss; spiritus ætheris nit. ʒj; aquæ puræ ad ʒij. Misce. A dessertspoonful to be given every four hours.

℞ Hydrargyri cum cretâ gr. iv; pulv. rhei gr. xij; sodæ bicarb. gr. vj; sacchari albi q. s. M. Divide in pulveres vj; detur i 2dis horis.

The diet was ordered to consist of milk and water and beef-tea.

March 23. A decided improvement in the symptoms had taken place. The ice had had a most beneficial effect in lowering the temperature of the head; and the fæces were beginning to assume a more healthy colour.

March 24th. The child had a few hours sleep last night, and seemed to be much improved in every respect, and began to take notice of those around it. It continued to improve daily, and is at present free from any ailment.

REMARKS. The exciting cause in this case I attribute to the attack of varicella during the period of dentition. Another fact worth noticing, is the rapid improvement which took place after the ice had been applied and the bowels freely moved by calomel combined with rhubarb. I applied a small blister to the back of the neck, as I thought it would have a more beneficial effect than leeching the temples in so young a child; and the result has confirmed my opinion.

TREATMENT OF PUERPERAL CONVULSIONS.

By W. W. JONES, Esq., Cleobury Mortimer.

I READ with much interest Dr. Swayne's paper in the JOURNAL of April 4th. I find that his treatment of puerperal convulsions entirely accords with my views; and I am induced to send the following cases, from the remarks which have been made by Mr. Prosser, and would only ask what would have been the result of at least