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

three of the cases had not the congestion of the brain been relieved by bleeding.

CASE I. February 3rd, 1847. Mary P., aged 17, single, was delivered by a midwife, at 7 A.M. Her labour was natural. She was seized, at 12 noon, with convulsions, which continued to occur up to four o'clock, when I first saw her. She was totally insensible; her pulse was 130; breathing stertorous; and her face nearly black. The pupils were dilated and insensible to light. She was bled to forty ounces; calomel, and croton oil injections, were given; and cold was applied to the head. At 7 P.M., the convulsions still continued. On the following morning, the bowels had been moved several times. She was still insensible. The convulsions had abated; and there was less stertor. On the 5th, the patient passed her motions and urine involuntarily; and was totally insensible and very restless. There was much heat of surface. The next day, she was partially sensible, and could swallow a little gruel. On the 7th, she was improving. The gums were tender from mercury. A very troublesome cough is noted as having been present on the next day. The case did well; but was tedious in consequence of congestion of the lungs, which was relieved by tartarised antimony.

CASE II. April 6th, 1849. Mrs. M., aged 23, married, primipara, in the ninth month of pregnancy, was attacked, at 9 A.M., with convulsions, which continued until 2 P.M., when I first saw her. She had not been conscious for some time. Pulse 120, full; breathing stertorous. The pupils were dilated and insensible to light. She was bled to thirty-four ounces; cold douches were used; calomel and croton oil were given; and injections administered. At 4 P.M., the convulsions continued with violence. The os uteri was firmly closed. The patient was in a state of profound coma. She was now bled to ten ounces. At 8 P.M., the convulsions continued. Pulse 130. There was much heat of scalp, and throbbing of the temporal arteries. The pupils were dilated. Arteriotomy was performed; and ten ounces of blood were withdrawn. On April 7th, at 4 A.M., the convulsions were not so frequent. The bowels had acted; and the os uteri was slightly open. The pulse was 150, feeble; the respiration was blowing or hissing; there was no stertor. The membranes were punctured. At 12 noon, labour-pains came on, and delivery took place. The next day, the bowels were moved. On the 9th, she was not quite sensible. This case progressed favourably.

The urine contained a large amount of albumen; and she had swelling of her feet and legs for some time before the attack. The gums became tender from the effects of mercury.

CASE III. On May 20th, 1856, at 2 A.M., I was called to a lady who had been attended by a surgeon of a neighbouring town, and had been delivered about twelve hours. She was of full plethoric habit; she had had three very severe convulsions, and was not quite conscious. Her pulse was 140, full and strong; countenance flushed. I bled her to sixteen ounces, and remained with her. At four o'clock, the convulsions recurred with great violence. I took another twelve ounces of blood, and applied leeches, cold, etc., with aperients and injections. By midday, she was quite comfortable. In this case I am fully convinced that the bleeding was the grand remedy.

CASE IV. On April 17th, 1859, Ann Colley, aged 22, primipara, was attacked with convulsions at 9 A.M. At 12 noon, she was quite insensible. The os uteri was firmly closed. She had lost her eyesight some days before. She was bled to twelve ounces. Labour-pains came on in the course of half an hour. The convulsions subsided after the bleeding, and she was delivered. Her urine was very albuminous, and continued so for several weeks. She perfectly recovered.

CASE V. On October 23, 1861, Jane Gettens, aged 18, primipara, of spare habit, and having a spinal deformity,

was attended by a midwife at 2 A.M. Sickness and vomiting, with convulsion, occurred at 3; the convulsions continued to recur every ten or fifteen minutes. I saw her at 7 A.M.; she was then apparently dying. After the convulsions set in, she had very strong labour-pains. I found the head of the child firmly impacted in the pelvic cavity. She was totally insensible; I looked upon the case as utterly hopeless; but as the fits were so terrific, I had recourse to bleeding (fifteen ounces) and delivery by the forceps. She remained insensible during five days; but eventually did well. Her gums became tender from mercury.

Transactions of Branches.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

EXTRACTION OF BULLETS.

By REDFERN DAVIES, M.R.C.S., Birmingham.

[Read April 7th, 1863.]

TILL within the last few months, the detection of a bullet hidden in the body had been a matter depending only upon touch. The evidence of lead, as interpreted by the sensation it communicates through a probe is, I believe, quite sufficient, although in good and experienced hands it is deemed to be not a certain or a thoroughly reliable diagnostic. I was remarkably struck with this when I was acting assistant-surgeon in the United States army, and stationed in Frederick City, Maryland.

A private came under my care on December 16, 1862. He had been wounded by a gunshot on September 17th. The ball entered on the outside of the leg just above the ankle, and it had never come out. Upon examination, the bones of the leg were found to be unbroken, the ankle-joint uninjured; but the soft parts around were much swollen. At a distance of about one inch and a half from the surface, both blunt and sharp-pointed probes gave the sensation of striking upon lead, and for the space of a shilling around this the bone was denuded of periosteum. The direction of the wound was lateral. Upon a consultation, the wound was dilated with spongetents, and in ten days time an ordinary round ball was withdrawn.

The diagnosis of a bullet's presence, from the indescribable doughy sensation communicated to the fingers upon contact with it through a silver probe, blunt or sharp, was only a matter of degree in sensational development up to the time of M. Nélaton's proposal that the bullet which he felt in Garibaldi's leg should, by letters written in its own leaden hand, declare its presence.

The instrument which I now show was made by Charrière, after M. Nélaton's idea, and consists of a knob of unpolished china at the end of a probe. By simply rubbing this upon any leaden surface, a mark, that could be caused by nothing else, is impressed upon it, and which would not be removed by the parts around or their secretions.

The scrapings made by a tooth-drill upon a bullet have been proposed as a diagnostic of its presence; but I have never seen or heard of its having been used serviceably.

The extraction of a ball generally is not difficult; the golden rule, as old as Hippocrates, being observed, of placing the patient in the same position, as far as possible, as that in which he was when he received the injury; and likewise consulting the patient's own ideas about the position of the ball; and paying attention to what Guthrie calls the general "anatomy of the whole circle of injury."