general attention the letters published in this day's number, as they afford a cheering and convincing proof that the soundest principles of Christian ethics deeply pervade the profession of Medicine.

THE BRANCH MEETINGS.

THE length of our reports of the Branch Meetings leaves us very little space this week for leading articles, and obliges us to postpone much matter which we had prepared in the departments of Bibliographical Notices and Periscopic Review. The great interest and value of the reports, however, will make them generally acceptable to members. If it were possible to prevent so many Branch meetings happening simultaneously, the result would be felt as a general benefit to the Association; as it would enable the proceedings of the Branch meetings to be promptly reported, without disturbing the usual plan of giving a varied character to the contents of each number. We are very far from thinking that our Branch meetings are too frequent: nay, we are every day becoming more and more convinced that the best method of increasing the usefulness and augmenting the power of the Association is for district meetings to be multiplied, and for members to feel that attendance upon them is a duty which they owe to themselves and to their profession. Formal business assemblies are not always required; and a meeting may often be productive of great present and prospective advantages, although its proceedings claim but a small amount of space in these columns.

The remarks upon the importance of more frequent meetings made by the President of the Suffolk Branch particularly arrested our attention; and we think that resolutions in accordance with the spirit of his speech might well be acted upon throughout the Association. If the medical profession ever attains to its legitimate social status and political power, it will be by its members being better organised, and meeting more frequently with each other, not merely for scientific improvement, but for the purposes of brotherly intercourse, and of discussing the medico-political and professional topics of the day. Then, and not till then, will it be possible to form any conception of the immense and ever augmenting benefits bestowed upon the medical profession by Sir Charles Hastings, when he founded the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ORIGINAL COMMUNICATIONS.

IMPACTION OF THE RECTUM FROM UNGROUND WHEAT.

By T. INMAN, M.D.

CASE. A. B., aged 60, was admitted into the Northern Hospital, July 5. He was a poor Irish emigrant, and seemed too ill to give any account of himself. The sickening odour which proceeded from his breath and body prevented a prolonged examination of his person. He was, on his admission, making constant but ineffectual attempts to vomit, and told us that he was purged. Further inquiry indicated that "he was not purged at all, but that every thing came up the other way". The pulse was very weak, and the man seemed almost in a dying state. The symptoms being those of strangulation of the bowel, I examined the groins, and found that there was a double scrotal hernia. There was, however, no tenderness on pressure, nor anything to show that the mischief was there. The first object was to gain as accurate information as possible respecting the condition of the bowels; whether there was really constipation, or not. Castor-oil was ordered, and his strength was supported by wine.

The oil operated freely, producing copious watery evacuations, which were seen by the house-surgeon. On my next visit, the man was evidently worse; and he then informed me that ten days ago they had given him wheat instead of rice, and that "nothing had passed through him since". Having heard of a similar case, where peas had been eaten too freely, I directed an enema to be administered, to ascertain whether there was any lodgment in the rectum. The man, however, died before it could be administered, twenty-four hours after admission. He had hiccough before death, and an intensely sickening breath, which had something of a spirituous odour; at least, after trying to think what it reminded me of, this came the nearest to it. On making a post mortem examination, the same odour was very strong about the bowels. The bowels were much distended with flatus; the ileum was, in some parts, perfectly contracted, in others distended. The whole of the intestines were gorged with blood, and congested; but there was no effusion of lymph. The inguinal canals were very large, and quite clear from any part of the gut. The colon was greatly distended with flatus. The sigmoid flexure and the rectum were stuffed full of wheat: a great part of this had been chewed, and consisted of the husk alone; the rest consisted of grains, swelled and distended by the absorption of fluid,—about a quart was collected in all. It had a small similar to that exhaled by the breath; but I cannot say that there were marks of fermentation.

REMARKS. Had this man been seen earlier, or had he been able to give us a clear history of his case on admission, I think it exceedingly probable that his life might have been spared; for an examination of the rectum, or the effects of an enema, would have made the case clear. As it was, the absence of clear information, and the necessity for procuring it before proceeding to act, rendered delay necessary,—and that delay was fatal. To give an idea of the conflicting nature of the history I received, I may mention that the man said he was never purged. The patients in the wards said he was constantly going to the stool; the nurse, that he passed liquid motions; and that the house-surgeon, who saw them afterwards, imagined the man had diarrhœa.

Liverpool, July 1853.

THE LOCAL TREATMENT OF CARBUNCLE AND FURUNCLE.

By RICHARD FLINT, Consulting Surgeon to the Stockport Infirmary.

It is the distinguished triumph of modern surgery to be able to relieve and cure many of the ailments within its province, by methods less painful and protracted, and more certain than were formerly employed. The diseases at the head of this short notice cannot, I fear, be classed under this category. I was only aware, in an inquiry into the recent epidemic which has so severely and widely extended its visitations as to remind us of the "Plague of boils in Egypt", that the old treatment in the great hospitals of the country and with the most eminent surgeons, remained unchanged, and was holding its inglorious sway, from the comfortless and hopeless poultice, to the deep crucial incision of the scalpel; yet having at least the merit of being as impartially and equally inflicted on a professional brother, as on the laity or public at large. This practice by fomentations and poultices of every kind and description, soothing and stimulating, with ointments and plaisters of a like quality, has, from time immemorial, been the common inheritance of household and professional surgery. And it has often been pursued with the most indefatigable zeal and perseverance, without relief to pain and suffering, which have been in many cases intolerable, and with scarcely discernible progress in the condition of the diseased parts; until both surgeon and patient, full of disappointment and vexation, have looked to the knife as their only remaining alternative—if haply it be in time—to arrest or prevent the tendency to direful symptoms which too frequently result from the larger carbuncle or sloughing boil.

It is not my design here to investigate or trace out with Dr. Laycock* the laws which govern the invasion of these exanthemata: yet I confess there seems full ground, from the facts adduced, for his ingenious and philosophical speculations as to their epizootic origin. Nor is it my intention to enter with Dupuytren† into those minute proximate changes which are effected in the tissues involved in these affections. My only purpose is to give an account of a local method of management—simple and obvious in itself—which forced itself upon my attention more than twenty years ago, and which has been followed in my hands, and I trust will be found equally so in the hands of others, by such invariable and uniform success, as I think may almost entitle it to the term of “specific”. The advantage is, that it is adapted to every condition of the system and every stage of the morbid action, which it seems at once to check and control: and whether the disease be of the more acute, subacute, or chronic form, or the habit plethoric, asthenic, or cachectic, I find the application equally appropriate and efficient.

But it is understood that a suitable constitutional treatment is conjoined with the local dressing. It has long been my conviction that carbuncle and boil generally arise from the same or similar conditions of the blood, as they often exist at the same time in the same individual, the boil not unfrequently running into a carbuncle, and the structures involved being the same. The latter would in general appear to be only a more extended or advanced stage of the processes of the former; but with this difference, that while the primary actions of a boil are in the cutaneous tissue, with an acuminate phlyctæna or pustule, and the subjacent membrane is affected secondarily, in a carbuncle the order of attack is in the inverse direction.

Considering these morbid actions as manifesting want of power in the vascular system of the parts affected, I sought for an application that would, if possible, assist or increase it, and at the same time not interfere with the natural excretions from the skin. This I thought I saw in the common lead or litharge plaster, spread on the white leather of the shops. The former, if correctly prepared, will answer fully the object intended; and the latter ought to be well dressed, having no hard or harsh parts in what is selected for use. There is in lead plaster, besides its unirritating quality, a valuable property, which seems to have been often overlooked or forgotten—that of promoting or inducing perspiratory exhalation from the skin. Every surgeon must occasionally have noticed that, where the common lead fascia (containing no resin) has been allowed to remain on any part of the trunk or limbs for weeks, when it is removed there will be seen a considerable quantity of perspiratory fluid which has been pent up, showing no other consequences than a little soddening of the skin upon which it has been so long confined. For this reason, I always prefer using the plaster without any admixture or combination; and, if fresh, it has every requisite adhesive property. To this peculiar effect on the cutaneous exhalants, I attribute much of its beneficial influence in the more acute boil or carbuncle. It must, however, be allowed, that in the extremely acute forms of this disease, the most soothing applications to the surface of the skin are indispensable, and that fomentations and poultices, for twenty-four hours or longer, may be quite necessary. But I would say that as soon as the plaster can be borne, it ought to be applied without delay. It is likewise to be remembered that there are idiosyncrasies where a plaster, entirely unirritating under ordinary circumstances, cannot be endured, from the cutaneous irritation and excitement which follow its use. This, of course, is to be regarded as an exception to a rule.

The mode of application is the following. After spreading the plaster in the ordinary manner, it is to be cut in dimensions according to the size of the carbuncle or boil to be dressed; carefully observing that it is large enough to include from half-an-inch to two or three inches of the sur-

face around the tumour. Where this is large and deep, as in a carbuncle from four to six or eight inches in diameter, the circumference to be embraced should be proportionately large; and the leather, in such a case, should be chosen soft and strong, in order to obtain an amount of adhesive mechanical support to the surrounding and subjacent parts, so as to enable them to originate and establish a new action. It must be well remembered that it is not enough, in any of these dressings, to cut the plaster the exact size only of the tumour. It is expected that some of the surrounding surface should be taken in also.

In twenty-four hours after dressing, a favourable change in the appearance of the parts is generally discernible; and what will be allowed to be a highly important result, in those cases where the local irritation is fast inducing a state of cerebro-spinal distress and lesion, likely soon to end in coma and death—it will often, in a less period of time, afford a mitigation of suffering which comes upon the patient like a charm, and restores him the rest and sleep to which he had long been a stranger. If the tumour be prominent or pointing in any part, a crucial incision is to be cut in the plaster, and placed directly over it, that the discharge may have free egress: and should there be at first no suppuration, this mode of dressing quickly promotes it, and assists the living parts to detach and throw off, at the least possible loss, the sloughy cellular membrane. If the tumour is not disposed to slough or suppurate, the application decidedly hastens the resolution or absorption of the effused matter.

In a boil, the dressing is precisely the same as in a carbuncle; taking care that the plaster has sufficient hold of the tissues around—perhaps from half-an-inch to an inch. In a few hours, the acute pain and suffering of the patient, which had unceasingly disturbed his rest and comfort, become greatly mitigated, and soon afterwards wholly removed; and the improvement in the condition of the parts is strikingly apparent on every renewal of the plaster. The little trouble and inconvenience of this method, both to patient and surgeon, strongly contrast with the inconvenience, wearisome labour, and attention required by the old plan; and whilst the latter necessarily confines the patient, even in minor cases, to the house, in bed, or on couch, the former will often be little or no restraint on his usual avocations.

It is requisite that the plaster be changed more or less frequently, according to the extent of discharge or slough; but the longer the interval, the more desirable, as the less the parts are disturbed the better. If there be much discharge or slough, soiling the cut edges of the plaster, it may be changed once a day; if there be little, every third or fourth day will be sufficient; but the linen pledgets and bandage adjusted over the plaster, and absorbing the discharge as it exudes, may be replaced frequently. In general, no other dressing is required to the end of the treatment. The plaster must be reduced in its dimensions as the tumour lessens in size, whether it be by suppuration, slough, or absorption. In some instances, towards the close, simple or calamine cerate may be desirable. The solution of the nitrate of silver, of the strength of ʒi. to ʒi., will also be found of great value as a cicatrizer; for I concur with my friend Mr. Higginbottom that, besides other valuable properties, which he has so ably advocated, there is no agent in the surgery so useful for promoting healthy cicatrization or removing excoriations as lunar caustic. It likewise excels all other means in giving increased vigour and strength to a new cicatrix.

From what I have seen of this method of treatment in a number of patients during the last several years, and from the speedy relief or total removal of pain and distress in the worst cases, and in bad temperaments, I have looked upon it as of great value, if attentively carried out; for I am persuaded that it will render recourse either to the knife, to caustic remedies, or any of the other more severe measures of our art, unnecessary. Should, however, the choice of the surgeon and patient lead them to the latter alternative, I would strongly enforce that, whether it be the knife, or the caustic, it be always used at an earlier stage of the disease

* Medical Times, March 8th, 1851.

† Clinique Chirurgicale, tome iv. p. 210.

than is yet commonly practised; as this, like the early free incision in diffusive inflammation of the cellular membrane, will prevent the destructive ravages of tissue, as well as the fatal constitutional symptoms which follow the unchecked and protracted course of the disease.

As an illustration of the effects of the dressing here described, I will relate two or three cases.

CASE I. About the end of last year, a gentleman, aged 68, was convalescent after a dangerous attack of bronchitis, which had confined him to bed and to his room for six weeks. At the end of this time, he was regaining the healthy powers of his system; his digestive organs were vigorous; the strength which he had lost was gradually returning; and my attendance upon him had so far declined that he only required a call every third or fourth day, in order to watch his progress. On one of these occasions, in answer to an inquiry how he had been, he said, smilingly, that he was going on very well, but had lost sleep from a troublesome boil; yet, entertaining a belief in the humoral doctrine, that boils had a healthy indication, he supposed that he must wait patiently until it passed away. His countenance, neither on this nor the next visit, denoted any injurious effects from pain or irritation; but, on calling a third time, I discovered that he was losing the ground which he had gained; his appetite had greatly lessened; and he confessed that he had had little or no sleep for a week, having found no relief in any position from the pain he suffered, although his daughter had very assiduously fomented and poulticed the parts affected. On a closer examination, it was evident that his general powers were declining; but, conceiving that his indisposition only arose from a boil, he evinced no anxiety or wish for me to see it. I requested immediately, however, to look at it; and found a true carbuncle, extending across the loins, and measuring five inches by eight; it formed a broad tumour, with great induration, and was, from interstitial deposit, one and a half or two inches in depth at its centre, decreasing to the circumference. There were two ulcerated points on its surface, showing sloughy cellular membrane within. The nature of the case was clearly apparent; and indeed it might be regarded as one of the later cases of the epidemic which had prevailed for many months in this neighbourhood. The poultices were removed, and the plaster applied according to the plan described; and, though at first it felt, as he said, rather tight and close, his pain was soon relieved; he had a better night than for a week before, being able to turn himself round more readily (he had before spoken of the extreme difficulty of moving, from the severity of pain during the use of poultices). Every succeeding day and night were followed by improvement. It was surprising how little of the cellular membrane sloughed, and how gentle and moderate the suppuration was, considering the formidable character of the tumour. The discharge exuded and escaped regularly through the opening in the plaster, and was absorbed by the pledgets over it; and every renewal of the dressing gave ease and comfort to him. His appetite and general strength were soon regained, and he had not afterwards a single unfavourable symptom. He is at the present time in his usual health, or even better.

In this case, there was no other dressing used but the plaster, reduced in size as the tumour diminished; and the solution of nitrate of silver, to remove a slight excoriation, and to quicken the healing of the two points where the shreds of cellular membrane had escaped. Towards the close of this treatment, a common boil made its appearance within a few inches of the carbuncle; it was treated with a plaster, and its progress at once checked.

CASE II. A few months ago, an old gentleman, aged 75, always previously of good health and invariable appetite, was seized with two large carbuncles, which he called boils, one on the lower end of each scapula. His pain and suffering were so great for ten days and nights, that, not being able to rest in bed, he spent most of the time in his parlour, partly on a couch, and partly walking about, but refusing any surgical assistance. The poultice system had

been persevered in from day to day, without the slightest abatement of his distress; and he at last consented, at the end of the period above named, that I should see him. I found his appearance very much altered; his strength and appetite were wholly gone; and he had every symptom of a man fast sinking into death. On examining his back, I found one carbuncle, four inches by four, and another, four inches by six. Each had inflammatory redness, of a low character, on the surface. One showed a point of ulceration, with sloughy cellular membrane within; the other had two points, with a like appearance. I had no expectation of restoring the patient from his prostrate and exhausted condition, as the continuance and severity of pain had produced such an extent of cerebro-spinal lesion as to deprive the digestive organs of all power to take the ingesta requisite for his support. He begged only for relief from his unremitting distress. A plaster was applied to each of the tumours, in the manner described; and, although the vital powers could not be successfully rallied, the effect, upon the diseased parts, of the plasters, which were renewed every third day, was very surprising, inducing a regular suppuration and detachment of slough, with a manifest increase of comfort and ease to the patient; and his life was prolonged for a fortnight.

CASE III. The third case was that of a gentleman of middle age, who had been poulticing a sloughing boil, about an inch in diameter at the base, which had for several weeks occupied the space between the metacarpal bone of the thumb and fore-finger. He had excellent domestic nursing, but the parts made no progress to healing. He suffered great constitutional irritation, with inflammation of the absorbents of the forearm; and his family became anxious about him. The plaster was applied, and gave him immediate relief. A new action was set up; a deep slough, which could not be detached before, was quickly thrown out; he had a daily increase in his comfort; the cavity filled up, and was healed over in a short time. The constitutional condition of this patient was carefully attended to; and, after some weeks, his health was greatly established. He had, however, a succession of boils for months afterwards. There was a large one in each axilla; and, though in a most unfavourable situation for treatment, they were pursued, one after the other, by the same method, with equal success, and with little restraint from business.

I think it right to observe, on this occasion, that it has been long a practice with me to use, with a similar object, and from the same mode of reasoning, a like plan of dressing in various classes of tumours, of a subacute or chronic kind, where there is an evident deficiency in the vital actions of the diseased and contiguous parts: and it has appeared to me more successful in many cases than the ordinary treatment by fomentations, poultices, and embrocations. Where there is an unavoidable suppurative tendency, the plaster will accelerate it better than the cataplasm. When the tumour is disposed to point, the cut edges of the plaster, as in the former case, should be placed directly over where it is desirable for it to open; and I find it well accomplishes this object. On this subject, however, I may perhaps enlarge at a future opportunity.

Stockport, July 1st, 1853.

THE TREATMENT OF CERTAIN DISEASES IN REFERENCE TO THEIR PRESENT CHARACTER AND TYPE.

By C. M. DURRANT, M.D., Physician to the East Suffolk Hospital.

(Read before the Suffolk Branch of the Provincial Association, June, 1853.)

"NOTHING, in my opinion, strikes the mind that contemplates the whole and open domain of medicine with greater wonder, than the well known varied and inconsistent character of those diseases which we call epidemic. It is not so much that they reflect and depend upon different condi-