in the former case. She was ordered a full diet, with stout or porter; directed to take exercise in the open air; and encouraged to hope for a speedy amendment. In this she was not disappointed, for in less than a fortnight her health had considerably improved.

May 5th. She was much more free from pain, and better every way in health and spirits. The leucorrhoeous discharge was much reduced; the catamenia had become regular and normal. The tumour felt more loose and moveable, and less irregular on its surface; and the puckering of the skin was less obvious. The pain and tenderness in the axilla were quite gone. She consented, however, of herself, and thought the iron did not quite agree with her. The arsenic and aperient pills were continued, without the iron; and the local treatment was begun, as before. Fowler's solution, in doses of four minims, was afterwards substituted for the chlorides, which began to nauseate a little.

July 19th. She was better every way; appetite good; was gaining flesh, and was in high spirits. The tumour was decidedly reduced in size, and almost free from pain. The treatment was continued.

From this period I saw nothing of the patient for five months; and, as I had never revealed to her the malignant character of the tumour, she expected she was recovering altogether. Accordingly, she visited some friends at a distance, neglected her medicine, and took no heed to the support of the body in question.

Dec. 12th. The tumour was larger and more painful; the catamenia were too frequent; leucorrhoea was constant; and there had been a discharge of blood from the bowels, which were constipated. The appetite was sickle and capricious, and the bowels were occasioned by hiccough and flatulence. The arsenic, iron, and purgatives, were ordered to be resumed.

I have not seen the patient since the last date; but the elapse of all the bad symptoms, on her neglecting the treatment quo as instructive as the benefit previously derived from it.

I am quite aware that it has been suggested by a microscopic pathologist of repute, whose name I forget, that inasmuch as a cancer is a parasitical growth, the application of warm covering is objectionable, as tending to the more rapid development and growth of the parasite; but a few such facts as the above surely afford a sufficient reflection of this theory. Variations of temperature are great hindrances to healthy action in local disease of every kind; and besides that the cotton wadding serves as a soft cushion, it probably exercises a salutary influence by regulating the temperature of the parts.

Aldred Place, Bedford Square, January 1860.

CASE OF TRAUMATIC EMPYEMA OF SIXTEEN MONTHS STANDING, WITH FISTULE: TREATED SUCCESSFULLY.

BY ALBERT G. WALTERS, SURGEON, PITTSBURGH, PENNSYLVANIA, UNITED STATES.

John O'Neal, aged 32 years, of decidedly stramous diathesis, with fair skin, red hair, by occupation a river-man, had enjoyed excellent health up to the period of his receipt of the following injury. Whilst in discharge of his duties as mate on a Mississippi river steamer, in a dispute with one of the crew, he was stabbed with a broad bladed knife under the left arm, the knife entering the chest between the eighth and ninth ribs, an inch posterior to the median line. Profuse external bleeding from the wound was arrested by compressing the internal artery followed, which was greatest by closing the wound with stitches. Dyspnea, cough, with bloody spuata and high inflammatory fever, ensued, terminating in empyema. On the ninth day after the injury, an abscess punctured anterior to the original wound (which then was closed). This was opened by incision, giving vent to a large quantity of pus. A month later, the wound itself opened spontaneously; from both openings, purulent matter was freely discharged. In six weeks, he learned to go about; but the dyspnea, chill, and night-sweats, with loss of appetite and strength, too plainly indicated the severe irritation under which his system was suffering. Some months later, for instance, his improvement had reached such a point as to go about; but the dyspnea, chill, and night-sweats, with loss of appetite and strength, too plainly indicated the severe irritation under which his system was suffering. Some months later, for instance, his improvement had reached such a point as to permit him to return to his occupation, and to the enjoyment of health.

The patient was then submitted to the treatment already adopted by him; but the symptoms were so pronounced, that it was thought advisable to try a different plan. The patient was then submitted to the treatment already adopted by him; but the symptoms were so pronounced, that it was thought advisable to try a different plan.
fully exposed, I was enabled to explore both by the eye and finger. No coagulum could be found on the inner aspect of the heart was visible. The lung was found pushed back-wards towards the mediastinum; and the entire pleura, both costal and pulmonary, was covered with soft pale gray dusty fibrin. A fibrinous plaques, attached to the membranes in the interspace, between the ribs, and the pleura were the source of the continuous suppuration. This membrane was carefully removed by spatula and finger from the whole sur-face, together with some remains of the putrid fibrine. The cavity, extending from the diaphragm to the middle of the scapula, was so large as readily to admit the head of a child a year old. The lung was pressed backwards four inches; the pleura was thickened; and the ribs were hyper-trophied, though some difficulty being experienced by the fingers, or saw. No bleeding followed; the intercostals being obliter-ated by inflammatory action, reaction was moderate. The wound was covered with a light bread poultice; opiates were given at night; the chest was daily syringed with infusion of camomile; forced and prolonged inhalations by a tube were practised frequently; decubitus on the left side was advised, which, before the operation, was so painful as to be imprac-ticable. For a few weeks, feeble excitement continued, with bilious derangement and cardinalgia. The discharge gradually decreased, and improved in quality; the cough and hectic dis-ppeared; the appetite returned; the patient gained strength, and slept better than at any time since the receipt of the injury.

This decided improvement was some weeks later again inter rupted, by accession of fever, sweats, and increased discharge of a thick and brownish matter. For this no apparent cause could be discovered, but in the diseased condition of the pleura being liable to change the quantity and quality of its secretion on slight interuption of the healthy standard. To restore it to a healthy state and to prevent it to so dangerous a dis-ease, the patient was advised, under the operation, of an upward direction towards the scapula, and again coated over with those soft, dirty granulations of which it had been freed at the last operation. With a small sponge attached to a probe with safety, for the abscess, a layer of the froath was removed, and the subage of iodine was freely applied over its whole surface, and exter-nally over the chest. This brought away flakes of fomaneous membrane, on the chest being syringed with water. The produc-tion of pus again becoming diminished, the fistula con-tracted, rarely admitting a bougie; yet another attack of fever, with chillis, sweating, and bilious symptoms, some time later came on, with increased discharge of a more offensive matter. A solution of tincture of iodine was injected daily, after free syringing, and allowed to remain. This, was some weeks after-wards, discontinued, and an injection of a drachm of caustic potash in a pint of water was substituted, which produced some thickening in the abscess, enlarged the fistulous opening, and detached large flakes of the pseudo-plastic membrane, with temporary increase of the discharge, for several days. This injection was continued until the flaky matter had ceased, when camomile infusion was used for injection, and, latterly, detaching of white oak-bark, with occasional syringing with compond tincture of iodine.

The abscess now slowly contracted, both pleurie evidently commencing, and the patient should not find it difficult to breathe only in an upward direction. The fistula was kept open by the daily introduction of a bougie, the injections were now discontinued, only a few drops of thin grayish discharge could be obtained, and the abscess was in a direction.-wards introduced every second or third day only. All dis-charge ceasing, the fistula was allowed to close about the beginning of September 1860.

Though the patient’s restoration to health was to be ex-pected from the return of respiratory murmur in the left lung, the flattening of the affected side, and the normal condition of the several parts together with his healthy and lively appearance, yet he was retained an inmate of the Hospital three months longer, and left in the latter end of March, 1865, in perfect health. The left chest measured an inch and a half less than the right; the right was sunk towards the um, the patient was advised to continue his habit of forced inspiration; a leather belt, covering the lower part of the thorax, was advised to be worn, to afford that support which the loss of the ribs required.

Experience. Reviewing the history of this case and its result, there cannot be a doubt that the time-honoured practice, in penetrating wounds of the thorax—viz., the closing of the wound, after securing the bleeding vessels as speedily as possible, leaving the contused lung to air itself; if it be not out of the pleural sac—is entirely wrong, and ought to be dis-carded. It is not true that atmospheric air (a medium which constantly surrounds us, and without which our existence must cease) entering the pleural cavity, will produce collapse of the lung, pleuritis, and its results. Why should its contact after injuries be more hurtful to the pleura than to other more serious membranes lining the great cavities? We puncture the abdominal cavity with impunity, and enlarge openings with protrusion of intestine without apprehension of danger; we even puncture the pleura in hydrothorax or empyema, and have no fear of a bad result; yet we are taught to believe that to puncture the chest from without, destroying the healthy state of the system, and not made for surgical purposes, is fraught with danger. Denying such injurious effects from the entrance of air into the pleura, it is even doubtful if it is safe to open a wound in the chest at all, for the compres-sion or collapse of the lung, considering that the several tissues, skin, cellular membrane, apanereosis, muscles, and pleura, traversed by the instrument, are of different degrees of elasticity, and that it is under these circumstances that different directions; that the external and internal openings are seldom found exactly opposite each other; moreover, after the inflection of penetrating wounds, the patient becomes in general feeble and faint; the respiration efforts grow weaker, the thorax is less expanded, and the intercostal spaces collapse. Under these circumstances, air cannot enter by a small opening; but, if it be large and capable of admitting a free current of air with consequent oppression to the lung, the instinctive effort of nature to relieve the lung of the compressing agent by deep inspiration would be called into action, and the air which had entered would be again expelled through the same opening. Thus, it is not the entrance of air in penetrating wounds of the thorax which constitutes the danger, but hemorrhage and its effects, with consequent inflammation of the thoracic viscera. Bleeding from a wounded artery has to be arrested, yet is it safe to open the chest, and leave a wound of a large extent open, and allow the blood to flow out? Are the collected quantities of blood to be absorbed; but, if in considerable quantity, filling the sac, and pressing the lung upon itself, the whole of the blood, by its medicinal and anti-septic qualities, will produce empyema with grave constitutional irritation.

The correctness of the above theory being fully proved by the result of the foregoing ease, as well as by other similar ones, we cannot hesitate to adopt the only correct and safe practice in the management of such cases. The first duty will be to ascertain if the wound be penetrating or not, by a gentle use of the probe. This cannot augment the injury, even though a foreign body (as a broken knife-blade, etc.) be not detected; it will prove its depth, and, in proportion to its extent, the amount of danger from hemorrhage or phlogistic action likely to ensue. The thorax should next be percussed and auscultated, to determine the real condition of the pleura. If no effusion be present, the wound should be left open, the bleeding arrested by local and general means, and its outward flow encouraged by inclining the body towards the wound side. The propriety of even enlarging the wound, if small, and inceased with the bleeding excessive, cannot be questioned; but if the hemorrhage be moderate, and the wound small, it may be left to itself; if it be large, and effusion great, the adhering parts of the lung should be removed. The danger of secondary hemorrhage will be thus prevented, by leaving a free exit for effused blood. By local and general antiphlogistic treatment, together with supporting the chest by bandage, this may be done without the danger which must otherwise follow so grave an injury.

Conclusively as one case proved the imprropriety of early closing penetrating thoracic wounds, the following, taken from notes, will give additional proofs.

James O’Leary, aged 21 years, was stabbed in 1856 with a pen-
knife, in the posterior part of the left thorax below the scapula, the wound not exceeding three-quarters of an inch. Some blood following from the other as a physician, who, having closed the wound with adhesive plaster, dismissed the patient, with the remark that the injury would not amount to anything. However, great oppression of breathing took place, and a bloody discharge was a corpse.

The post mortem examination, by order of the coroner, revealed profuse effusion of blood into the left pleura from a wound of the intercostal artery, with compression of the lung. The anscest for murder, convicted on the testimony of O'Leary's attending physician, who, with another practitioner, proved that the wound was mortal, in spite of proper surgery, alleging that the patient could not lose blood enough to cause death. According to a patient, the pleural sac would not hold blood sufficient to cause death. The Governor, however, on application of the friends of the condemned, had him reviewed on the testimony of several surgeons, who, upholding the correctness of our conclusion, were frank to admit that, the wound not being necessarily fatal, bad surgery, and gross carelessness of management, had produced the death of the patient.

Mrs. M. Zimmerman was, in 1849, stabbed by her husband with a shoemaker's knife, into the left thorax under the scapula, between the seventh and eighth rib. The wound, of two inches' length, was immediately closed by a practitioner in attendance. Internal bleeding followed with orthopnea, fever, and pleurisy, terminating in death on the fifth day. I did not see the patient while living, but made the post mortem examination, when the broken point of the knife, an inch and a half in length, was found lodging in the wound between the ribs, its point irritating the surface of the lung. The pleural sac contained a large amount of effused blood from the wounded intercostal artery. Can it be denied that the neglect of probing the wound, and the hasty closing of it, was the immediate cause of this lady's death?

August Lunders, aged 30 years, was, in 1850, stabbed with a broad-bladed knife between the fourth and fifth rib of the right side, posterior to the nipple. The wound was six inches in length; profuse bleeding ensued, the patient becoming anemic, and pulse flagging. A physician called in had closed the wound by nature; the respiration now became oppressed. I found entire absence of respiratory murmurs over right chest, and, removing the stitches, opened up the wound, inclining the patient to the injured side; thus allowing the effused blood to flow out, with decided relief. Ice, with position on the right side, arrested the bleeding; active antiphlogistic treatment, with repeated leeching, moderated the inflammatory action and removed the effused blood. Eventually, his recovery was complete, due to the immediate relief which the reopening of the wound, the evacuation of some of the effused blood, with position of the body on the wounded side, produced, can the old practice of early closing the wound, with the insertion of the atmosphere, be any longer sanctioned?

I need not adduce further proof of the success of a practice in opposition to one, which, though old and venerated, must nevertheless yield to the test of scrutiny and observation. I submit these remarks on the Innocuousness of Respiratory Murr in, as well as the other serous membranes, to the professional reader, fully convinced that pure air—our most important of the several rules—is not only not the enemy of the surgeon, but rather his friend and helmsmate. Air does not compress the lung nor inflame the pleura when admitted to its cavity; it does no more injury to pleura or lung than it does if admitted to the interior of large abscesses when opened. It is true, that large collections of matter, the consequence of deep-seated organic disease, when freely opened, will hasten the dissolution of the patient, as in abscesses and some others. These instances do not the admittance or air admittance of air in these cavities which, by changing the quality of the pus, or increasing its quantity, destroys the patient, but the exposing a large secreting surface of pseudoplastrative membranes, whose vessels, on evacuation of contained matter, being freed of the pressure and support of the superimposed pus, are excited to action, and pour out these secretions in increased quantity and altered quality, on the subsequent surface of the skin, where, mixed with exudant granulations, will secrete unhealthy matter profusely until supporting dressings close the mouth of the secreting surface; the growth of the granulations, and thus convert it into a healthy sore, ready and able to exude the kindly. Air does not vitiate the matter in large abscesses; but want of support to the lining secreting membrane of their interior allows the pus to degenerate in quality as well as augment in quantity. The patient sinks exhausted by the profuse and continued drain from the system, as much as from long protracted hemorrhage.

CASE OF BURN IN A NEWLY-BORN INFANT, RESULTING IN LOSS OF THE HAND.

By Wm. Valentine BIRD, M.D., M.R.C.S., Seacombe.

Some time ago, a person called upon me to request my immediate attendance at his house. From his excitement of manner, I concluded that something of great importance had occurred, and begged to be informed of its nature. His reply was: "I cannot tell you now; you must judge for yourself when you come." I was shown into the presence of a girl, aged 18, with a blanched face and anxious countenance, and who, upon examination, I found had been recently delivered. I then demanded the child, which I perceived had had its hand burned to blackness.

Her mistress informed me that when she got up that morning she observed her servant looking very ill, and inquired what was the matter; the reply of the girl being, "Nothing, ma'am; I shall be quite well when I have had a little coffee." Her mistress felt something in her arm, and there discovered that the floor had been stained with discharge, which had evidently recently been washed. Her suspicion being thus aroused, she accused the girl of having been confined; and upon asking to see the child, was directed to an immense stove, wherein it had been thrust.

I ordered lime-water for the hand, and simply a mixture of infusion of gentian and tincture of opium to be taken every four hours. The child was the fourth, and of the end of which period, I had merely to pass a knife and disentangle the head of each metacarpal bone, and amputation of the hand was completed. I may remark, that the child took the breast together with large quantities of milk broth, to which, and to the soothing effects of the medicine, I entirely attribute its recovery; notwithstanding the opium, however, the slightest movement of the hand caused the poor little thing to scream for hours. It was taken from the neighborhood in two months with a neat little stump, which it brandishes as a constant memento of its mother's cruelty.

Remarks. The case presents some points of surgical and medico-legal interest, inasmuch as it shows what nature, when assisted, will do in the system of a child so young, and because it is well worth considering how far the hands and the feet are capable of performing. Here we have a young girl delivering herself, washing her own floor (without any binder on, by the way), exhibiting a premonition by descending a deep cellar on all fours with exploded things, unaided, and the movement of destroying her child, with the fear of detection upon her mind; and, joined with all this, the bodily fatigue of changing her clothes, and presenting herself before her mistress as one "quite well," and yet without the occurrence of bad symptoms, or hemorrhage. So much for emotional feelings in connection with flooding.

The case also leads to this important inquiry—How far are medical men justified in concealing facts, when those facts, although connected with crime, are committed to us in confidence? If permissible, I will quote a few lines from a very sensible leader in last year's Journal, relating somewhat to this inquiry—

"It is a significant fact, that whereas the professor of the art of exercising the power of confession have every now and then, from time immemorial, been accused of betraying their trust, and have endeavored themselves in intrigues by their connection with others of their faction, no such sweeping condemnation has ever attended the ministry of the medical man. The natural confessions, so to speak, that flow into his ears, the relations that are necessarily made to him by his own personal observation at the bedside, and the arcana of community life that are willingly unfolded to him by virtue of his position, stamp him as a man of the highest trust, that he has in any case; conscience. Jew, Turk, infidel, and heretic, alike make him the depository of their sorrows; and we believe his reputation, as a confessor, is seldom impugned, because the attributes with pertinacity to that character are an inseparable condition of his professional existence."

December, 1850.