the cure is completed. Give a few smart doses of purgative medicine. Dr. Harvey adds the subjoined:—

"CURE FOR ENCYSTED TUMOURS, or Wens of the Head, or other parts of the body, without cutting them out."—First, make a longitudinal cut along the scalp. This is performed with little loss of blood. Next press out the contents of the cyst, and apply, freely, alcohol in the cavity, with a camel's hair brush. Then place in the cavity, also, from two to six grains of nitrate of silver, and bring the edges together with strap-pings, when inflammation takes place. Should it inflame too much, apply cold-water dressings, and give a few doses of active purgative medicine. This plan has ever been found to complete the cure in a few days.

FISTULA IN ANO (blind external) can often be cured without cutting, by injecting alcohol the whole length of the sinus, three or four times a-day, until it brings on inflammation; when that takes place, the cure is generally completed in a short time. In full habits, bleeding by the arm should be practised, if required, and the bowels opened pretty freely, before the alcohol is injected. Should the inflammation become too severe, it should be regulated by poultice or cold-water dressings, and low diet should strictly be attended to.

College Green, Bristol, Jan. 1st, 1845.

CASE OF ACUTE FUNGOUS DISEASE OF THE THIGH AND LEG.

By CHARLES PARSON, Esq. Surgeon, Godalming.

WM. D—, of this town, an intelligent and delicate boy, nine years of age, born of healthy parents, had about two years ago, (in the winter of 1842,) an attack of acute rheumatism in the lower extremities, from which he suffered greatly for six weeks. After this he attended his school as usual, when one day, while at play, he received a kick in the leg from one of his school-fellows. Little notice was taken of this at the time, but about the latter end of the spring, (1843,) the mother of the boy perceived in him an indisposition to move about, and that, in so doing, he rather dragged his right leg after him. In the August following, he complained of pain in his right thigh, which induced his friends to require my attendance. On examination, I discovered a small tumour, about the size of a pigeon's egg, attached to the bone inside of the thigh, about three inches above the knee-joint. Any increase in its size was at first imperceptible, for the patient was able, for some time, to walk to my surgery two or three times a week, impeded only by a slight lameness. But presently, a rapid enlargement of the tumour took place, attended with great pain, and ultimately confined the patient to his bed for many weeks. In the last week, the thigh measured *two feet eight inches in circumference*, and presented the appearance thus delineated:

Two days before decease, foul sloughs broke out in the swelling, giving issue to a large quantity of bloody and brain-like discharge. Death terminated a scene of extreme suffering, Nov. 10th, 1843.

In the early stage of the treatment, leeches, poultices, and anodyne fomentations were employed, as the tumour gave no indication of being other than an ordinary abscess. On its sudden increase, and having assumed the malignant character, tonics and opiates were had recourse to, and tincture of opium was taken to the amount of eighty drops in the twenty-four hours, without the slightest effect on the sensorium. A consultation of several surgeons was held, to consider the propriety of amputation, which was, however, deemed inadvisable.

In my absence, the *post mortem* examination, thirty-six hours

after death, was conducted by my friend, Mr. Henry Taylor, of Guildford, who says,—“The body was much emaciated, but shewed no marks of decomposition, except in the affected limb. This was œdematous in its whole length, and contrasted strongly with the attenuated state of the other limb. The tumour was seen to involve the whole of the thigh, the knee, and the upper third of the leg, though it had collapsed greatly, evidently, from the draining away of fluid by the ulcers which had formed on the depending portion of its surface. The integument over it was green and wrinkled, and allowed the epidermis to be peeled off readily. On making a longitudinal incision throughout the whole length of the tumour, the skin appeared as much softened as if it had been in maceration, and was of great thickness. The cellular membrane beneath was infiltrated with serum, and the superficial veins were turgid, and their coats much thickened. The fascia lata was greatly hypertrophied, and formed a kind of cyst for the contents of the tumour. On a puncture being made into it, a quantity of fœtid gas escaped, allowing the tumour to collapse still further. The fascia was next slit up to an extent commensurate with the first incision, and a most confused mass presented itself. There were traces of emphysematous cellular membrane, mixed up with a dark-red pulpy matter, like disorganized lung, and the whole bathed in a bloody sanious fluid, like that which had escaped from the ulcers. It was impossible to recognise anything like muscular tissue or vessels. In the vicinity of the bone, the morbid matter was of much greater density, cutting like cartilage, with bony particles interspersed. Parts of the tumour, less broken down than the rest, presented the brain-like appearance of medullary disease. The thigh bone, on being dissected out, was found to have been fractured close above the condyles, where it had apparently been expanded into a cyst of some magnitude: its structure was much softened near this point, and readily admitted the entrance of a scalpel. The knee-joint had been extensively opened into, and its apparatus was completely disorganized. The muscles of the calf were distinguishable below the tumour, but they were pale and softened, as by long maceration.” I may add, that the ends of the diseased portion of the femur (which I still have by me) appear as if completely *rotted asunder*.

The above case resembles some related by Sir Charles Bell in his “Surgical Observations,” 1816-17. Mr. Taylor remarks to me that it is difficult to solve whether the disease in this case had originated in the bone itself, or in the soft parts. In either case it had made much more progress in the latter.

Godalming, Dec. 1844.

CENSUS OF CASES OF INFLUENZA.

By GEORGE ROSS, Esq. Surgeon, London.

I HAVE used a popular term to designate an epidemic of the mucous surfaces, because it means nothing. A better reason cannot always be given for the use of a better word. One of my objects in collecting these cases was to shew the varying impressions of the epidemic influence on patients of different ages and idiosyncrasies; for I believe that, by this means, a more correct knowledge can be attained of the value of atmospheric agencies on the health, than by any other. The influenza is now rife, and as I see no difference in the present form of the malady from that which prevailed in the neighbourhood where I was practising in the winter of the year 1842, I shall proceed to give an analysis of 110 cases, which at that time came under my treatment. Some of those cases will not be recognised as cases of influenza; but as I am satisfied that their exciting causes were the same, I shall range them together.

The cases are mainly divided into three distinct groups, according as the mucous membrane of the intestinal tube, the lungs, or both, were implicated in the disease. They are as follow:—

Thirty-six cases of simple gastric fever.—Of these, twenty-one were adults, from 24 to 75 years of age. None of these had diarrhœa, unless under the operation of medicine; when, however, relaxation of the bowels was established by therapeutic means, it was occasionally severe. In a few cases there was obstinate constipation.

Eleven cases, from 6 to 15 years of age: *no diarrhœa*. One of these cases, a girl of eight years of age, suffered at the same time from chorea, which subsided as she recovered her health.

Four cases, from 3 to 5 years of age: of these, three laboured under diarrhœa.

Twenty-six cases of affection of the lungs.—Of these, three, between 25 and 53 years of age, were cases of simple catarrh; three, from 55 to 80, cases of chronic bronchitis; one of these, a man of 80 years, delirious. Fourteen were cases under three years of age; one only terminated in pertussis.

Six were cases of *phthisis*: one, a girl under 5 years; the five

others were from 18 to 38 years of age. In one of these there was profuse hæmoptysis, no diarrhœa; in another, profuse diarrhœa, delirium, no hæmoptysis; in the others, simply tubercular expectoration.

Twenty mixed cases, with diarrhœa.—Of these, fourteen were from 6 months to 6 years of age. In four or five of these cases the diarrhœa appeared first, then subsided, and was followed by inflammation of lungs; two of these cases, twins, died; in the others, the affection of bowels and lungs came on together.

Six cases, from 8 to 50 years of age: three of these were delirious, with livid complexion; in two, the diarrhœa very violent.

Four cases of inflammation and congestion of liver, from 70 to 75 years of age.

Six cases of hæmorrhage.—All women. Four of these cases were uterine, of which, three were previously liable to it; the other had been debilitated by suckling; one case of hæmatemesis; one of hæmorrhage per anum, no piles.

Three cases of profuse leucorrhœa.

Four cases of acute rheumatism, accompanied by gastric disorder.

Three cases of quinsy; one of these attended with considerable affection of lungs.

One case of catalepsy, with pyrosis.

Two cases of ophthalmia, with gastric disorder.

Four cases of erysipelas; one of these of the leg; the others of the face; all attended with gastric fever.

One case of puerperal peritonitis; died.

Remarks.—This summary of cases occurring in general practice within a fortnight of each other, under the same atmospheric influences, affords many points of interest for the consideration of the practitioner. In the first place, the influenza affects *all mucous membranes*, without exception; the mucous membranes of the bowels, lungs, vagina, and conjunctiva, are equally subject to its attacks. It has no peculiar and specific effect on the lungs, as many suppose. Two or more of these surfaces may be affected at the same time.

The severity of its attack is in a direct ratio to the youth of the patient, the mucous membrane of children being much more liable to a general affection than that of adults. Of thirty-two children under 6 years attacked, fourteen suffered from the lungs and bowels. Of thirty-six cases of adults, between 20 and 50 years of age, only two were mixed cases. The mixed cases were always the most urgent.

We observe, further, that of 36 cases of gastric disorder among adults, *there was not a single case of primary diarrhœa*; while of eighteen children under 6 years of age, in which there was gastric disorder, there was diarrhœa present in seventeen cases. This is very remarkable, and proves the extreme liability to this symptom in children. It is a fact of considerable importance in our consideration of the varieties and modifications of disease, and of the nature of the organic actions. It tends, also, to caution us against too great reliance upon mere symptoms. The same influence acting upon patients of different ages may, and does, produce directly opposite symptoms. Many of the children were affected with bloody diarrhœa.

It is further worthy of remark, that of the whole number of one hundred and ten cases that I attended, there were only five between the ages of 15 and 24, or during adolescence. One of these was a case of phthisis, one of catalepsy, and three were mixed cases of affection of the mucous membranes.

The comparative immunity of individuals between these ages from this epidemic influence is highly deserving our attention. One reason of this circumstance may be, that persons about this time of life do not so readily have recourse to medicine, and therefore do not come under the notice of the practitioner; at all events, it proves the comparative mildness of their symptoms.

Age, then, would appear to be an important element of disease.

Many cases of hæmorrhage and leucorrhœa were observed at the same time,—in fact, there was a general relaxation of the mucous membranes, with a hæmorrhagic tendency.

The cases of rheumatism that occurred were considerably modified by the gastric affection—a fact which I have since frequently observed; there was less redness of the joints, less acute fever, and the disease was more readily relieved.

Towards the termination of the epidemic, several cases of erysipelas and ophthalmia came under notice, and were doubtless attributable to the same cause as the affections of the internal mucous membranes: indeed, the disorder of these membranes partakes more of the *erysipelatos* character than any other. It spreads rapidly over the surface, is attended with great prostration, and must not be actively treated. The concomitance of external erysipelas with this affection sufficiently indicates the identity of cause and pathological nature.

Previous to the occurrence of these cases, an epidemic of

typhus had prevailed; and many of the patients that had suffered under this fever, but who were convalescent, were afterwards attacked by gastro-enteric inflammation, and some of them died. The relapse in these cases, as in most others that I have witnessed, was attributable to the state of the atmosphere. A relapse of typhus is generally attended with urgent abdominal symptoms: the prostration is sudden and excessive; and in my belief, deduced from observation, usually happens upon a change in the atmospheric conditions.

I may observe, that this epidemic prevailed extensively among cattle, and was very mortal: it seemed to attack these first—then the poor—and the rich last.

As there can be no question that the influenza is dependent upon atmospheric conditions, it is desirable to know what may be the peculiar state of the atmosphere causing so severe an epidemic. My notes inform me, that just previously to the appearance of the epidemic, the weather had been dry and frosty for a few days, and then suddenly changed to a damp fog. Precisely the same character of weather prevailed on the appearance of the present epidemic: we had been subjected for two or three days to a clear frosty atmosphere, and then a thick damp fog supervened, and ushered in the epidemic.

From notes that I have preserved of the epidemic of 1837, I find "that we had a severe frost, succeeded by moist weather." In 1832 the weather was the same, and, in both seasons, influenza prevailed.

My object in drawing attention to the state of the weather, is to suggest that this disease is dependent upon the barometric state of the atmosphere. When the atmosphere is charged with moisture it is specifically lighter than ordinary, and it thus prejudices the actions of the system. The moisture itself may prevent, to a certain extent, evaporation from the lungs and skin, and embarrass the system; but I do not believe that either the moisture or cold are the intrinsic causes of this disease. Much less are we to imagine that there is any peculiar poison in the atmosphere.

We have observed that a hæmorrhagic tendency was the principal characteristic of this disease; and experience assures us, that such a condition of the system is induced by a diminution of the pressure of the atmosphere.

Sancerotte says—"At the summit of the Vosges, wounds and ulcers bleed freely, and the formation of the clot in hæmorrhage is difficult: ophthalmias are very obstinate; catarrhal quinsies are very common and difficult of cure; hernias easily become strangulated, and metastases are frequent; pregnant females are subject to difficulty of breathing, and to floodings and miscarriages." M. Hippolyte Cloquet has corroborated these observations.

Now, it is remarkable that Sancerotte has enumerated the same diseases as resulting from rarity of the atmosphere, that prevailed during the influenza. There cannot be a doubt that the same cause existed to produce the same effects. When the atmosphere is laden with moisture, we have, in effect, the air of the Vosges.

I shall say little about the treatment of these cases: every practical man must be familiar with the complaint, and knows that the simplest treatment is usually the best. The chief point, however, is to keep the patient in a warm, dry room, and the disease, in a few days, will subside. I have a patient remarkably obnoxious to hæmorrhage and affection of the mucous membranes, and who I fully believed would be a sufferer from the epidemic, but who has yet escaped by being kept in an equable temperature. We thus correct the conditions of the atmosphere producing the disease; and as it is the simplest, so it is the surest method of cure. It is not, perhaps, so learned a plan as the calomel and opium, nor so active as a repetition of leeches and blisters, but it will be found more serviceable.

Kennington, December, 1844.

SPEEDY CURE BY ABSORPTION.

By F. S. GERVIS, Esq. Surgeon, Tiverton.

As the following case may be interesting to your readers, as illustrative of the power of the absorbent vessels in accomplishing a radical cure in rather a novel manner, I shall briefly mention the particulars, which may throw some light on the treatment of diseases of the eye. About a month since, a labouring man waited on me, and informed me that he had received a blow on one eye by a stone two days previously, which had deprived him of its sight. He had applied a lotion to it, and thinking he should get better, had consequently delayed consulting me. On examining the eye, I found the anterior chamber filled with blood and lymph, to such an extent that the iris could not be seen at a single point; the pupil was so obscure that I could scarcely