he had been affected with obstinate vomiting, especially when moved, being at other times tolerably exempt. This case occurred on the 18th of May, 1838, and on the 28th of August, in the same year, I accompanied Mr. Furnival to examine the body of a girl who appeared to have died from a similar affection. We found scrofulous tubercles in the small omentum and mesentery, but especially in the former, also at the bifurcation of the trachea, and in the bronchial glands. There were small miliary tubercles in the lungs. She also had enlarged lymphatic glands in the neck, and had been troubled with vomiting. In another case, which was inspected on the 25th of January, 1840, there was a quantity of scrofulous matter in the bronchial glands, which made pressure on the descending vena cava. The upper half of the body had been œdematous, and Mr. Gaskell, the resident officer of the Infirmary, had often relieved the patient from violent asthmatic attacks, by opening the superficial veins of the neck—a plan which immediately removed the congested appearance of the face. Dr. Baillie relates some cases of similar scrofulous tumours which occurred in a lad “who died after a long tract of bad health.” “On opening the abdomen, a layer of firm scrofulous matter was found under the parietes. The mesentery, and the whole surface of the intestines under the peritoneal coat were studded with small rounded tumours of cheesy, scrofulous matter.”* The boy was descended from parents who were scrofulous, and all the other members of the family were more or less affected. He had often had complaints in his bowels, being sometimes costive and sometimes the contrary. There is another case related by Dr. Baillie, of a like kind. This was in a young gentleman, aged 21, who died of pulmonary consumption. “On the inside of the pericardium there were two small scrofulous tumours, each about the bulk of a hazelnut; a very uncommon occurrence.”† The abdominal viscera were sound.

Carcinomatous deposits are sometimes found to be very general throughout the body. I remember a singular case, which I visited with Mr. Yorke Wood, of Bury. The man was covered over with small cutaneous elevations, from the deposition of cancerous matter in the cellular tissue beneath. On inspection, after death, we found the body to be filled with similar matter. We thought the case to be quite anomalous, but some time afterwards I met with another case exactly like it, so that I called upon Mr. Wood, and requested him to see the patient with me. He also was struck with the similarity, and subsequently the identity of the diseases was established by *post-mortem* examination. It occurred to me that an instance of the same affection had presented itself in the practice of Mr. Sumner, of Lymm, in Cheshire, and I accordingly wrote to him on the subject, and found that I was correct in the supposition. Mr. Dorrington, in whose practice the second case occurred, drew up some remarks on the subject in the “Medical Gazette,” for the 4th Feb. 1842; and afterwards I added some further observations in the same journal.

According to the microscopical observations of Müller, and others, it would seem that the cancerous deposits are composed of minute cells, possessing an inherent vitality, and capable of propagation. When the blood is no longer under the influence of its proper affinities, there is much disposition to the formation of parasitical growths.

In some cases, where the malignant deposits are of a soft, brain-like consistence, the term *encephaloid* is more properly applied to express them. They are often mixed with bloody extravasations, or tinged with the colouring matter of the blood. Melanosis seems to be quite of a kindred nature, and to be perpetually mixed with *encephaloid* matter. It would appear that the blood is no longer able to preserve its homogeneous nature, and then arise heterologous deposits, parasitical cells, and sanguineous effusions. There is some analogy to be traced between melanosis and purpura, and often a disposition to ecchymosis, and hæmorrhage accompanies the malignant affections. In all these cases the blood is incapable of preserving its vital cohesion, if I may so speak in relation to a fluid.

Broughton, near Manchester.

REMARKS ON AN “IMPROVED” METHOD OF MANAGING BLISTERS.

By J. J. KELSO, M.D., Lisburn.

IN the number of the very valuable journal, *THE LANCET*, for October 5th, I perceive a communication from Dr. Robertson, of Glasgow, respecting what he calls, and doubtless very justly calls, “an improved mode of managing blisters.” As your correspon-

dent seems to be desirous of information as to whether the method of managing the cantharides plaster recommended by him may have been practised anywhere, or by any one else; and, if so, whether it be not possessed of very superior efficiency, as a local irritant, to what he believes to be the more ordinary method; and moreover, as the point, though but a trivial, is certainly, in a practical point of view, not altogether an unimportant one; you will permit me perhaps, in reply, to offer, through the medium of your widely-circulated pages, one or two observations in reference to it.

In the first place, then, allow me to state that the method of spreading the *emplastrum lyttæ* of the Pharmacopœia, not on sheep’s-skin or leather, but on paper, or, still more commonly, on calico or linen, is as old as my apprenticeship, now twelve or thirteen years since, and, indeed, very much older, as it was then usually adopted by at least more than one medical practitioner in Belfast. It long used to be the practice, too, if indeed it be not so still, of an extensive medical charity, in the north of Ireland, to issue most, if not all its blisters, for out-door patients at least, on some one kind of paper or another. It is now a considerable time since I myself made trial of paper for the formation of blisters; but, for reasons too obvious to be here specified, I found it to be much inferior for this purpose to the *common adhesive plaster* of the shops, to which, consequently, I have long given the preference. Any one who may have tried the one and the other—and many, I have no doubt, have ere now done so—can scarcely fail, I think, to be satisfied with the justness of this preference. At all events, it is not unworthy a trial by your evidently practical correspondent.

In the next place, permit me to remark, that though it is sheer superfluity to lay on the cantharides plaster *thickly*, still I find that this substance, as commonly procurable in the market, will scarcely ever act as a thorough vesicatory if spread so *very thinly* as recommended by Dr. Robertson. From several experiments instituted a number of years since, with the view of ascertaining, both for the sake of economy and otherwise, the precise thickness, as near as might be, of the blistering plaster necessary for the most perfect and expeditious vesication, I have found in general that a layer, about equal to a *thin silver sixpence*, is absolutely essential. If the plaster were prepared carefully from the best materials, a thinner layer than this, I have no doubt, would be an equally powerful irritant; but as this can scarcely ever be calculated upon with any degree of certainty, I always order to be laid on, regardless of the paltry economy, a stratum of the plaster not less than that just now specified.

In the third place, I would beg to note, that the besmearing the surface of a newly-spread blister with sweet or olive oil, or some other fluid, is anything but a novelty, in this part of the world at least. However, after a comparative trial of oil and turpentine for this purpose, I have been led to consider the latter as decidedly preferable. The *spirits of turpentine* I consider to be a much better solvent of the active property of the Spanish fly than any of the fixed oils; but whether this be so or not, the blister acts, according to my experience at least, with much greater certainty, or at all events, with greater *celerity* and *intensity*, when sufficiently moistened with this fluid. Nor is strangury with me by any means of usual occurrence; indeed, this casualty, unless in the instance of a second blister being quickly applied after a first, is, in my practice, equally with that of Dr. Robertson, extremely rare. Furthermore, with every respect to Dr. Robertson, I must say, that I have never known any medical practitioner of the least experience to commit the absurdity of dusting the surface of a newly-spread blister with powdered flies: so far from this being the case, there are none of our old women here who would not know better.

October 9th, 1844.

By J. PIDDUCK, M.D., London.

ACTING according to the precept of the poet—

“Siquid nov’sti rectius istis,
Candidus imperti; si non, his utere me cm—

I send you the following improvement upon Dr. John Key Robertson’s improved mode of managing blisters.

Observing Dr. Robertson’s rules for spreading the blistering ointment very thin, on thin paper, and oiling the surface, to dissolve the acrid principle of the cantharides, that it may operate more speedily and certainly upon the skin, the blister should be laid on for three or four hours, or until the skin is reddened; it should then be taken off, and the warm water-dressing (wet linen rag the size of the blister, covered with a somewhat larger piece of oil-skin) applied. In six or eight hours, the dressing should be removed, and the vesications clipped, to let out the serum;

* Baillie’s works, by Wordrop, p. 203, vol. i.

† Ibid., p. 220.

and the water-dressing renewed, night and morning, till the skin has healed.

The advantages of this mode of managing a blister are—1, That it causes little or no pain. 2, That it excites no febrile action in the system, which is apt to be produced by the absorption of the acrid matter of the Spanish fly, which goes on rapidly, if the blister remains on after the cuticle is raised and broken; and for the same reason, it never gives rise to strangury. 3, That it produces a much more copious discharge of serum; and the warm water-dressing acts very beneficially, as a fomentation, after blistering, over an inflamed part. 4, That the skin heals rapidly, and as it never occasions ulceration, it leaves no scar; and as the suffering to the patient is so slight, and the relief it affords so signal, the blistering may be repeated every third or fourth day, according to the urgency of the case. For children, and persons whose skin is peculiarly irritable, to whom a blister is a severe and sometimes a dangerous remedy, this mode of management is particularly valuable.

A blister covering the whole back, managed in this way, in a case of double bronchitis, so extensive as to place the patient in imminent danger from orthopnea, afforded permanent relief, followed by perfect recovery.

Montague-street, Russell-square, Dec. 1844.

SEVERE COMPOUND DISLOCATION OF THE ELBOW-JOINT, SUCCESSFULLY TREATED.—REMARKS ON INJURIES OF BONES FROM ACCIDENTS.

By JAMES PRIOR, Esq., M.R.I.A., F.S.A., Deputy-Inspector of Hospitals and Fleets.

THE communication of facts in medical and surgical science, which exhibit useful practical results, is found to be so generally advantageous, and more particularly so where promptness of decision in the treatment is required, that no apology will be necessary for placing the following case on record; and if it have no other effect than to induce young practitioners, when called to severe accidents, to pause before having recourse to an operation for removing what assiduity, patience, and reasonable skill, may save, the purpose of its publication will be fully answered.

It is the junior class of the profession, chiefly, whom it may be necessary to caution against precipitancy on such occasions. Whatever they may have heard upon the subject of the remarkable powers of nature to repair some of the most serious injuries of the body, they have rarely, perhaps, had sufficient opportunities for observing the fact themselves. They are, therefore, in some doubt how far they can safely trust her, and may be tempted to sever, at once, the knot of difficulties presented by a complicated injury, rather than slowly and patiently endeavour to unloose it.

Some allowance must be made for the natural alarm of the moment, felt often by the more inexperienced, or those of more sensitive temperament, at the sudden exposure of large surfaces, bleeding vessels and fractured bones frequently accompanying such accidents. There are some, however, who deem it a species of slur upon their acquirements, not to be, what they are pleased to call *decisive*, in their practice—that is, to hesitate little as to the steps to be taken, from an impression not uncommon among young men, that it exhibits energy, at least, if not talent. Others, who possess some skill in operating, are, perhaps, not averse to the display of it; though suspicions are often thrown out by the class of persons most commonly operated upon, if an operation be attempted immediately, that a wish either to shew their dexterity, or to acquire it, more than the necessities of the case, forms the chief reason for resorting to extreme measures. It has likewise chanced to come under observation, that surgeons of some eminence, who *professed* extreme reserve in recommending operations, exhibited less of that quality, when called upon to *act*, than might have been expected, and thence gave rise to an impression unfavourable to their popularity. It is not from patients only that I have heard something like the following observation: "Were an operation absolutely necessary, I might employ Mr. So-and-so; but I should consult some one else, as to whether such an operation *were necessary*."

Here I beg to express myself a very sincere admirer of what, for want of a better term, I shall venture to call, *conservative* surgery. By this term, I mean the desire to save all that it is possible to save from excision; and without the smallest objection to an operation, where such is absolutely necessary, I would run some risk, and possibly lose some time, in order to prevent it, with the conviction impressed upon my mind, from some experience, that even in very bad cases I shall often succeed; or that, where the removal of a diseased or injured part may be eventually

necessary, the mind of the patient will be fully reconciled to by the assurance that all milder measures have failed.

I am never deterred from this attempt by the attendance and labour required by the process. Every surgeon knows that it is by far the most troublesome and anxious mode of proceeding. Half an hour's work, and a moderate portion of skill, are sufficient for the removal of a part; but months may be required, and no ordinary share of judgment and ingenuity displayed in its preservation. And I sometimes fear, that for all this sacrifice of time, of ease, and of patient diligence, the surgeon does not always receive that meed of praise which is fairly his due.

It must be confessed, there is something imposing to the uninformed or inexperienced mind in the flourish of a cutting instrument enlisted in the cause of science. Its use implies something of boldness, of hardihood, and at least a certain portion of knowledge in the operator. It is an obvious, a tangible, remedial agent, whose effects are seen, unlike that of the most skilfully-devised or powerful medicine, the mode of operation of which is hid from us. It is repulsive to the feelings of all, whether mere spectators or patients, when applied to the human body, and therefore creates not merely awe, but terror; and he who wields so formidable a weapon comes in for a share of these emotions, in addition to that portion of professional credit which is fairly due to success.

It is scarcely, therefore, surprising, if some, from temperament, some, from questionable motives, and some, from the excitement it occasions, resort to its use more frequently than others. But this disposition should be restrained, and has been, in fact, very much checked by the advance of *conservative* surgery, within the last twenty or thirty years. No reasonable person can believe it otherwise than a good, when, for example, the necessity for lithotomy is prevented, or diminished in frequency, by crushing or dissolving calculus in the bladder; when free bleeding and other agents avert the use of the trephine; when an improved and diligent taxis saves the operation for hernia; or a shattered limb or joint is saved by that combination of coolness, judgment, and care, of which Sir Astley Cooper set the example. To any who, by habit, or the tenets of their professional school, may be more rashly disposed,—especially in naval and military life, where young men are often unavoidably placed in stations of responsibility,—the precept cannot be too often enforced, that the knife is not the first resort of good surgery, but the *last*.

December 9th, 1843, half-past eleven, A.M.—E. E.—, aged thirty-four, labourer in the steam-boiler factory, in the Royal Dockyard, at Woolwich, when winding up a weight of some tons, (the flue of an engine, he says,) by means of a crane, the chain supporting the weight suddenly broke, the handle of the machine was made to revolve violently the reverse way by the falling body, and in doing so struck him unexpectedly on the under side of the left arm, at the elbow-joint, producing so severe an injury that he was brought at once to the Naval Hospital, with a view to ulterior measure.

On examining it, about an hour after the accident, I found a large wound on the under surface of the joint, occasioning a general disconnexion of its parts—muscular and otherwise—excepting immediately in front. All the ligaments also were obviously torn asunder; the heads of the radius and ulna were driven wholly from their situations, upward and forward, on the humerus; the condyles of the latter bone, and part of its shaft, to the extent of two and a half or three inches, projected behind, from the wound, at nearly a right angle with the forearm, and so thoroughly denuded of all ligaments or muscular attachments, as to draw from one of the gentlemen who had first seen it, the observation, that he could scarcely have cleaned it so thoroughly by a quarter of an hour's work with the scalpel. The head of the radius, I was informed, had been at first partially exposed, and the olecranon was said to be fractured. Hæmorrhage had now pretty well ceased; considerable portions of lacerated muscle hung from the wound. Altogether, the injury seemed so formidable, and so little short of actual dismemberment, that I was not unprepared for the opinion of four medical officers, who had previously seen it, that the limb could not be saved.

The first object being to reduce the dislocation, in order to see what further remedial means might be used, the extreme severance of parts enabled me to accomplish this without difficulty or assistance. No enlargement of the wound was necessary to return the protruding humerus to its natural position; the muscular substance was likewise replaced; the brachial artery and nerves of the arm seemed uninjured; and two fingers introduced into the joint could trace no fracture, though the olecranon had at first been considered broken. With the bones replaced as nearly as possible in their natural positions, I found sufficient integument, though torn, to cover them, by nice adaptation; and this decided me on attempting the preservation of the limb. The