for hydrocele, the interval between the two openings being about two inches and a half.

The presence of the foreign body was soon followed by severe inflammation. The child became excessively restless, and the tumour, red, hot, and tender on pressure, rapidly increased in size. In consequence of these symptoms the seton was withdrawn at the end of forty-eight hours. The suffering, nevertheless, continued without any manifest abatement for three days longer, notwithstanding the use of laxatives and saturnine fomentations with opium. On one occasion, indeed, the little patient had quite a severe convulsion. As the inflammation subsided, a free discharge of matter took place, and lasted upwards of a week, accompanied with great emaciation and debility. Gradually, however, all the bad symptoms disappeared; appetite and sleep returned; the tumour steadily decreased in violence under the influence of the saturnine applications; and finally, at the expiration of a month, nothing remained at the site of the disease except a slight hardness.

I saw my little patient again last May, nearly fifteen months after the operation, and was happy to find that the cure remained perfect.

ART. V.—*Case of Gun-shot Wound of the Chest.* By A. M. BLANTON, M. D., of Frankfort, Kentucky.

ED. CAHILL, æt. about 40, a large muscular man of 180 pounds weight, private in Capt. Turpin's Company, 2d Regt. Kentucky Infantry, was wounded on the 23d Feb. 1847, at the battle of Buena Vista, in the left breast, under the middle point of the clavicle, by a large shot—his companions say grape shot, as they were too far distant for musketry to take effect, and as they noticed the discharge of a Mexican cannon simultaneously with his falling.

The ball entered between the second and third ribs, cutting the inferior edge of the former and the superior of the latter, passed through the lungs, again through the ribs ranging horizontally, and lodged, as there is every reason to believe, under the scapula.

He was borne off the field in a collapsed condition, blood and air rushing copiously from the dreadful wound, and was placed against a wall in an upright position, it being discovered that he was threatened with suffocation when his body was at all inclined horizontally.

He was carried to Saltillo the same night, and placed in the cathedral, used as a temporary hospital, where I found him on the 26th in the position above named; breathing short and difficult; unable to pronounce three words without pausing; having a constant troublesome cough with bloody

expectoration; not much pain about the wound, which discharges in twenty-four hours from a pint to a quart of blood and bloody serum; air also was rushing through the orifice at each act of respiration. His skin was cool and moist; pulse 100 and weak; countenance blanched and anxious. When he was struck his left arm was elevated so that the relative position of the great pectoral muscle with the hole between the ribs was altered when the arm was permitted to fall, and the opening into the chest was valvular. By raising the arm to a level with the clavicle, the wounds in the muscle and between the ribs were made to correspond, and presented an opening into the chest one inch in diameter. I attempted to probe the wound, but every time the instrument was inserted he would faint and compel me to desist; pieces of torn lung were forced through the opening by the efforts of coughing and by the discharges of blood.

He had been kept as quiet as possible since the injury was received, had eaten scarcely anything, and taken no medicine save a laxative and opiate.

A large piece of lint was kept over the wound, and below were placed large cloths to receive the discharges. He was put on a mattress; one half of which was placed upright against a wall; a half cup of tea and a small piece of stale bread were allowed three times a day, and he was kept nauseated six hours in twenty-four by powders of ipecac. and calomel; and each night took $\frac{1}{2}$ gr. of morphia to enable him to sleep.

March 1st. Has been doing very well; inclination to fever has been checked by extreme abstinence and nauseants. But little pure blood expectorated or thrown out of the wound, which is almost free of its slough and disposed to suppurate.

4th. Can hear the air escaping through the wound at ten paces, when he coughs; discharge is sero-purulent and of offensive odour, amounting to at least a pint in twenty-four hours. Has pleurisy, which is disappearing under the use of almost complete starvation, nauseants, mercury and opiates; the last named always necessary to procure sleep. He also takes every other day a dose of castor oil. Pulse is 100 and weak; surface pale and cool. The wound externally is clean; attempted to examine it with a probe, but he fainted as before, not from pain, but from a peculiar tickling sensation, as he expressed it.

I had the arm elevated, and picked away several spiculæ of bone from the ribs, and then exposing the chest to a very strong light, *saw entirely through the cavity, a rib posteriorly white and denuded.* He complains of a dull heavy and constant pain under the scapula and about the shoulder.

25th. Nothing of much interest has occurred; has had pleurisy several times, which was relieved directly by the before-mentioned remedies, and as many times after a little exertion has coughed up several mouthfuls of blood. The wound has contracted to the size of a dime; discharges about 3ij daily and permits the escape of air, with a whistling

sound. He can sleep with his body depressed to an angle of thirty degrees.

April 10th. Discharge nearly ceased; wound round and a quarter of inch in diameter; air escapes when he coughs; still restricted to a very spare diet; for two weeks has taken no medicine, except several laxatives and opiates; walks several hundred yards during the day.

May 1st. Has been allowed for ten days, a liberal diet; wound closed; a very little air escaped several days since. Still complained of pain in the shoulder and weakness of the corresponding arm; has fattened; can lie down; appetite and digestion good; goes through the city, walking several miles a day; when he takes severe exercise, has some difficulty of breathing. Discharged from the hospital.

In June, Cahill came to the United States, a hearty, robust looking man, of one hundred and eighty pounds weight, and I had not heard any particulars about him since, until in July, when I was told he had died, and that an examination had been made of his body. Feeling a great interest in his case, a friend was requested to furnish me a description of the appearances his body presented, and in a few days sent the following letter:—

“Winchester, Ky., Aug. 16th, 1848.”

“DEAR SIR:—I am sorry that I am not able to give you a more minute history of Cahill’s case.

“I saw him only once during his last illness, and only a few times since his return from Mexico.

“When he first came home he was as healthy and robust a looking man as I ever saw; he weighed at that time (June 1847), I have no doubt, two hundred pounds; but Dr. Duncan, his physician, told me that he had frequent attacks of hæmoptysis; and that he started frequently out of his sleep, saying that he felt as if he was suffocating.

“He was taken sick about three weeks before his death, with every symptom of inflammation of the stomach he had a feeling of weakness, as he expressed it, in his breast.

“He has been living since his return at a tavern in the capacity of a bar-keeper, and I have been told that he was quite intemperate.

“On opening the chest it was discovered that the left lung was completely atrophied, not being larger than your hand, and of a dark livid colour, and there were dense organized bands crossing the cavity in various directions, which had to be cut before the ball could be found.

“When discovered it was between the spinal column and end of the fifth rib, which was detached from the back-bone and fractured an inch from its extremity; the fractured portion was forced out of its place so as to form a resting place between the adjoining ribs and spine for the ball. The ball was made of a metal resembling the metal of which bells are made, and weighed four ounces and five grs.; there was with the ball a brass button, weighing nearly two drachms, both of which were almost covered with a thick membrane, and also within the same sac there was a considerable quantity of exfoliated bone; those portions of the back-bone and ribs which were near the ball were entirely denuded.

"The pericardium was entirely agglutinated to the heart, the right side of which was somewhat atrophied. The right lung had morbid attachments between the pleura pulmonalis and costalis, and also to the diaphragm; it was of a lighter colour and softer than natural.

"A. M. BLANTON M. D. } Very respectfully,
 Frankfort, Ky. } A. S. ALLEN, M. D."

ART. VI.—*Extracts from the Records of the Boston Society for Medical Improvement.* By SAMUEL PARKMAN, M. D., Secretary.

Membranous Croup, treated by Cauterization of the Fauces and Larynx with Nitrate of Silver.—Dr. Clark had treated five cases in this way: three had recovered—two had died.

Aug. 14.—CASE I.—A boy two and a half years of age, who had been ill two or three days, and had had croupy respiration for thirty-six hours before he was seen. Cauterization was practised with some alleviation of suffering, but death ensued on the third day.

CASE II.—A girl five years of age and of scrofulous diathesis. The croupy respiration was well marked, and had been present more than twenty-four hours. Cauterization was employed and much false membrane was expectorated at various intervals. Considerable relief was obtained in this way; but the child died on the fourth day, with symptoms of exhaustion rather than of suffocation.

CASE III.—A delicate girl of three and a half years, who had sore throat with hoarseness. False membranes existed in patches on the tonsils, &c.; cauterization was employed. Croupy respiration, however, came on the next evening, but it was relieved in twelve hours, by the expectoration of small fragments of false membrane streaked with blood. The paroxysms of dyspnœa returned several times, being terminated in the same way, and the patient ultimately recovered, although the voice was not wholly restored for three weeks.

CASE IV.—A child of four years. The symptoms in this case were not very severe, although quite distinct. The croupy breathing had continued without remission for twelve hours—false membranes were remarked in the throat. The treatment here was followed by gradual and speedy recovery, without the expulsion of any large amount of false membrane.