too; famous for the salubrity of its air, and the healthiness of its inhabitants; yet in such a place spinal irritation holds no inconsiderable rank in the catalogue of human calamities.

As a stimulus to the younger candidate for medical eminence, I may be allowed to mention, that in the diagnosis and treatment of no other disease have I gained so much credit and confidence in families. I have cured several who have long been considered to be falling victims to consumption, the gaunt and unrelenting destroyer of mankind. Restored to the arms of their families and friends from a long period of hopeless sufferings, they often know not in what terms to express their gratitude.

Glasgow Medical Journal.

II.

A CASE OF BRONCHOCELE, CURED BY THE SETON.

By JOHN WINDSOR, F.L.S., Surgeon to the Manchester Eye Institution, &c.

BRONCHOCELE, when small, is not attended with much annoyance; but as it attains a larger size it becomes a deformity, particularly in the female neck; it often produces inconvenience by its pressure on the surrounding parts, especially the Trachea and Oesophagus, and instances are recorded of its proving fatal. In the catalogue of J. Brookes's valuable and extensive Museum, there are two or three specimens mentioned of this disease, which are said to have been productive of fatal consequences. The subject of the following case, was on some occasions in imminent danger of this catastrophe.

The tumor appears to be by no

means uniform in composition, but, in different cases, to consist of a variety of textures. I have seen the gland as it were simply enlarged or hypertrophied, its two lobes and their conjoining isthmus being increased equally in size, and when opened displaying a pellucid granular structure, with a few small vessels ramifying through it. In some of these instances it has formed a large mass closely investing the Trachea and Larynx, and throwing backwards and outwards the common carotids, to the tying of which, it would have proved a considerable obstacle. I have seen it also assume a cellular structure; the cells being filled with a tenacious viscid fluid of a light or pale color. In the following case, the tumor seemed to be produced chiefly by an accumulation of a dark brown fluid, which flowed out abundantly when the structure was opened.

It becomes an interesting object to adopt some other more efficacious treatment, when the complaint is not only productive of great deformity, but of serious disturbance of the health. I flatter myself that the following case will satisfactorily corroborate the power of the Seton, a remedy not quite new,* but hitherto apparently little used in these difficult circumstances. It appears to be a mode of treatment much simpler and safer than either tying the supplying vessels, or extirpating the tumor, and I hope will, on further trial, be found not less efficacious in removing the disease. In the following case, the right lobe of the gland was much the most enlarged, and was operated on the first; when the enlargement of this was removed, the other was after-

* See *Medico-Chirurg. Trans.* Vol. 10, page 16.

wards successfully attacked by the same remedy, after an ineffectual trial of iodine had been continued for some time. The operation by seton is easily performed, and attended with little pain, and there was no hæmorrhage in this case that would lead me to apprehend anything unpleasant from it in others; but other cases may certainly differ in this respect. In the first operation on the enlarged lobe, there was scarcely any, and in the second, on the smaller lobe, there was afterwards for a short time, some bloody but chiefly venous oozing, which did not subsequently return, and was probably rather useful than injurious. The length of time during which the seton should remain, will be regulated by the circumstances of the case. In this case it was thought proper to keep up the suppurative process till the bulk of the tumor was gone, and to expedite this, a second tape was passed, after some time, diagonally across the first, with good effect. When the tumor was nearly removed, the seton was withdrawn, and the diminution proceeded till only a small hard nucleus, about the size of a filbert, was left, productive of no deformity or inconvenience. A single seton used for a short time only, afterwards sufficed for the left less enlarged lobe. The case was seen during the treatment by my brother James Windsor, surgeon, of Liverpool, and by Dr. Kay, and frequently by my assistants.

1829, 1st Mo. January 29th.—Was desired to visit Bramhall, aged 21, affected with a large *Bronchocele*, chiefly occupying the right lobe of the gland, the left lobe being also slightly enlarged. The right lobe was very prominent, and measured 14 inches in circumference, $7\frac{1}{2}$ inches from the right side

to the left, and $5\frac{1}{2}$ inches from the upper to the lower surface.

The respirations were 20 in a minute, and appeared very laborious, being of a wheezing or croaking kind, especially if she underwent any exertion, as in walking up and down stairs. Pulse 72. Tongue moderately clean. Bowels rather confined. Catamenia regular. General health tolerable.

The swelling commenced when she was about 12 years of age; and, notwithstanding the use of various means to restrain it, by a practitioner lately deceased, it had gradually attained the magnitude described.

Purgative medicine was ordered; and the tincture of Iodine was prescribed to be taken in doses of fifteen to twenty drops, twice a day. A blister was applied over the tumor, which was afterwards dressed with an ointment of the hydriodate of potash, in which a drachm of the salt was united to each ounce of adeps.

6th Mo. 2d.—The tumor having remained nearly stationary for the last three months, though the iodine has been used perseveringly and regularly, both internally and externally, and though it does not occasion at present more inconvenience or disturbance of her general health, than have been experienced of late, yet she has been desirous of something if possible more effective being tried. I therefore passed through it to-day, by means of a long needle and some narrow thick tape, besmeared with cerat resinæ, a seton obliquely from left to right, and from below upwards. A quantity, perhaps two or three ounces at least, of a thin darkish fluid resembling much the tincture of iodine in appearance, but insipid and of a rather fetid odor, issued, accompanied with little if any blood. She

suffered scarcely any pain from the operation, but from her fear of it the carotids pulsated violently, and she experienced a severe headach during the night, and during some part of the following day, when the tumor by measurement was reduced about half an inch in each direction.

4th.—Has had but little pain in the tumor, since the introduction of the seton: there has been a discharge from it of the same reddish brown fluid, especially at the time of dressing it, and moving the tape. The tumor is soft, and the integument over it exhibits only a very faint blush. Pulse natural. Bowels regular. Tongue pretty clean. Appetite moderate.

10th.—Since last report has been very well. Pulse pretty natural. Tongue clean. Bowels regular. Tumor not painful, but sore on pressure: it discharges still freely, by the lower orifice, a reddish brown liquid. By measurement to-day the tumor was in circumference 12 inches, from side to side six inches, and from the upper to the lower portion, four inches.

15th.—The part is dressed daily; the discharge from it for the last few days has become more of a thick reddish pus, than the thin brown red fluid it was before. On some days it is very little; to-day, by moderate pressure, two or three ounces of very fetid pus issued, showing that the tumor, which is now very tender, is undergoing a suppurative process. General health tolerable.

21st.—On the 19th, and again to-day, but not on the intervening day, a considerable quantity, two or three ounces each time, of fetid and reddish pus, mixed with bloody coagula, came out; a hard nucleus about the size of a walnut can be felt on the right side; the rest of the

tumor is very soft, especially after each time of expressing the matter. Pulse rather quiet, about 100. Appetite indifferent, but feels in other respects tolerably well.

26th.—About four ounces of reddish yellow, and not so fetid pus, issued from the tumor to-day, with a few solid coagula.

7th Mo. 7th.—Little discharge since last report till to-day, and now less than before. The tumor increases a little between the times of discharge, but is on the whole contracting. Her pulse rather quick, but she walks out and feels tolerably well.

Tumor now $8\frac{1}{2}$ inches in circumference, $4\frac{1}{2}$ from side to side, and $3\frac{3}{4}$ from above to below.

30th.—Tumor rather diminishing. It has discharged more the last few days. Her general health tolerable.

8th Mo. 16th.—In order to expedite the cure, a week since another tape was passed through the tumor. It has been very sore since that time, and there is a moderate purulent discharge from it. Its bulk has not diminished much lately. Her general health rather delicate, but does not complain much, except occasionally of pain of her head and of the back of the neck.

9th Mo. 10th.—Tumor is very small now. Her general health tolerable.

12th Mo. 15th.—Each lobe of thyroid is now about the size of a walnut, but that on the right side (where seton has been used) is much harder, though now a little less than that on the left.

1830—4th Mo. 27th.—The tumor of right lobe being reduced to a very small hard nucleus, the seton was withdrawn about a month since. From that time the tumor of the left lobe has been diligently rubbed

with an iodine liniment ; but no reduction of it having been obtained, a seton has been passed through it also.

A quantity of dark-colored fluid, similar to what came from the other lobe, flowed out, immediately reducing the tumor, which was about the size of a hen's egg or rather larger, and some, but not much bleeding followed.

5th Mo. 7th.—In two or three days after passing the seton, during which time a bloody oozing continued, the swelling attended with soreness and redness returned, and it is at present of about its former size, but more solid, with some pain and stiffness about the back of the head and neck : but little constitutional excitement.

7th Mo. 1st.—The tumor being nearly gone, the seton was withdrawn.

A small nucleus, about the size of a walnut, remains on the left side, and one about the size of a hazel nut only, on the right side. Scarcely any prominence of the neck appears, and no inconvenience is experienced.

8th Mo. 12th.—Continues well, no prominence of the neck apparent, and on examination a very small indurated nucleus only can be felt.

London Med. and Surg. Jour.

III.

REMARKS ON PUERPERAL FEVER.*

By CHARLES SEVERN, M.D.

AN idea is prevalent among medical practitioners, that the only difference between the acute and subacute disease, or the typhoid and the inflammatory, is, that one occurs

in women, whose constitutional powers are greater, whose circulation is more active and energetic, and who are of a more inflammatory diathesis, than those who labor under the typhoid form ; that they are not two diseases, but identically the same, modified only by the constitution of the patient, by her age, her previous modes of living, and all those causes which may render the circulation more or less vigorous and energetic. To this hypothesis there are, I think, insuperable objections ; the acute form affects not unfrequently the weak and exhausted ; and the strong and previously healthy constitution of the parturient female does not secure her from falling a victim to the typhoid variety of this fatal malady ; nor in the latter case will the antiphlogistic plan of treatment, nor the firmest credence of its inflammatory nature, prove a *saving faith* with respect to our patients. The diagnosis is in most instances, though not easy, yet by no means impossible ; the former or acute inflammation of the uterus and contiguous structures, is generally sporadic ; the latter (to which, perhaps, the term puerperal fever should be confined) generally occurs successively to a number of lying-in women, and is not traceable to cold, to exertion, or other causes, as metritis very frequently is. There are many symptoms common to both, and few peculiar to either, yet in most instances, and probably in all, a careful attention to the origin of the disease, and the succession of its symptoms, will prove a sufficiently accurate guide to direct us in the appropriate modes of treatment. The acute inflammatory puerperal fever, inflammation of the uterus, its peritoneal investment and contiguous structures, I have

* From the Medical Gazette.