hours (even when walking and using active exertion) during the day, although on her coming to me it was constantly escaping.

With these proofs, then, of the utility of this plan of treatment, I can have no hesitation in recommending its adoption to those whose opportunities afford them the power of putting it to the test, trusting, that further experience may add to greater facility in its performance and perfect freedom from danger, the two advantages which it undoubtedly possesses over the needle—that most important advantage of all, a greater certainty of cure.*

ART. XVIII.—*A Case of diffused Lumbar Abscess, under the Influence of the Gouty Diathesis*. By CHARLES LENDRICK, M.D., T.C.D., Fellow of the College of Physicians, and Physician to Mercer's Hospital, Dublin.

MR. —, aged about 39 years, married, and the father of a family, having previously enjoyed excellent health, with the exception of a few attacks of hereditary gout, was seized about the end of April last with slight symptoms of cholera, which subsided under the usual treatment, but were followed by a paroxysm of gout in the feet. The redness and swelling almost entirely ceased at the end of a few days, but were succeeded by considerable pain in the back and loins (not an unfrequent attendant on gout); he also complained of pain shooting through the right spermatic chord, and affecting the testicle. Temporary relief was procured by the use of a suspensory bandage, and an attempt was made to procure a recurrence of the gouty inflam-

* Some further remarks upon this subject were transmitted to us by Dr. Kennedy, which being too late for this sheet, we are obliged to place in the Appendix to this Number, which see.—EDIT.

mation in the feet by means of a mustard pediluvia. In consultation with Mr. Colles, it was agreed to administer small doses of subcarbonate of soda with extract of gentian, and to procure a free state of the bowels by the occasional use of the tinct. seminum colchici in an aperient draught. On external examination no change of appearance was observable, except a slight fulness in the right groin occupying the region of the spermatic chord.

From this period (the second week in May) little perceptible alteration took place for a considerable time. He complained still of severe but by no means constant pain in the back and loins, which, during the paroxysms, extended to the right hip and knee. He was able to move the limb, but not to derive assistance from it in walking from one part of his chamber to another. Rest was procurable at night only by the assistance of opiates. His appetite, however, was pretty good, and although he had lost flesh and become emaciated, there was as yet but few decidedly hectic symptoms. The pulse was in general about 90, with occasionally a rigor or perspiration at remote and irregular periods.

About the end of May he requested my attention to a swelling which he said had appeared in his groin. He conceived that it was likely to suppurate, and from what he had heard he augured favourably of his case from this circumstance. On examination I found a tumour, not in the situation of the chord, but just below Poupart's ligament. It was of an oval or rather pyriform shape, the long axis being nearly parallel to Poupart's ligament, but directed somewhat more downwards and inwards; the length was between three and four inches, and the main breadth about one inch. On desiring him to cough, the fluctuation previously distinct received a perceptible impulse. He now mentions that the swelling had appeared after sneezing, when he felt something give way.

The fluctuation in the tumour was observable even to the sight on making pressure on the abdomen; and an alternate

impulse was felt by each hand when placed on these parts. On examination in the erect posture, the impulse on coughing was still easier (if possible) to be detected. The right buttock presented a sacculated appearance, and the extension of the fluctuation here was but too evident.

I lost no time in representing to his family the formidable nature of the disease. He was again visited by Mr. Colles; Messrs. Crampton and Wilmot were subsequently called into consultation, and Dr. Charles Orpen was in constant attendance with me during the future progress of the case.

Our patient derived some advantage apparently, as far as his general health was concerned, by a removal to the country a few miles from town. His appetite became better, and rest at night was procurable by means of less doses of opium. He afterwards began, however, to suffer from perspirations, especially towards evening, and with increased emaciation his local sufferings became increased to an agonizing degree. He could bear the limb in the semiflexed position only, and in this it was retained by the hand of an attendant, as when left to itself it became violently and painfully convulsed. He was now entirely confined to bed, and acetate of morphine was exhibited in doses of three grains, before rest, or rather a cessation of the paroxysms, could be procured. Stripping, and subsequently sloughing, commenced over the sacrum and coccyx, and this was truly deplorable, as the supine position was the only one that afforded any respite to his other sufferings.

His appetite now declined, rest was scarcely procurable, and emaciation, with other hectic symptoms, were progressive. A change of posture became indispensable, in order to prevent the extension of mortification in the sloughing parts. I may here observe, that the experience of this and other cases has convinced me of the utter inutility of air-cushions, and similar contrivances, for removing pressure from ulcerated parts. The medical attendant cannot be too careful, by strict attention to cleanliness, and the application of camphorated spirit or tinc-

ture of myrrh, with the use of powdered starch, and above all, change of posture, if practicable, to prevent the occurrence of so great a calamity whilst the skin is yet unbroken. After this has once taken place, I really think the plane hard hospital bed is superior to all the contrivances of the various kinds of cushions, which, however carefully constructed, invariably shift their position, and act at length on the diseased surface, sparing one part only to make increased pressure on another.

One plan, however, we have adopted with great success in Mercer's Hospital. It consists in cutting out of a sheet of sticking-plaster a portion adapted to the size of the injured part; the surface of the surrounding plaster having been covered with cotton wadding, a similar piece of plaster spread on both sides is placed over it. Thus a cushion is formed, which, on account of the double spreading of one plaster, admits of close application to the skin surrounding the ulcerated parts, which are thus comparatively at least saved from the effects of pressure. I may add, that the governors of the hospital, with their accustomed attention to the wants of the afflicted, have ordered two hydrostatic beds to be constructed on the plan recommended by Mr. Arnott; and most sincerely do I hope, that the contrivance may, as it seems probable, realize his expectation, and remove this opprobrium of the healing art. An excellent plan of raising the patient from the bed for the purpose of dressing, &c. was adopted on the present occasion on the recommendation of Mr. Crampton, but as it is, I believe, his intention to publish a description of it, any further observations of mine would be superfluous.

Under the painful circumstances in which we are placed in Mr. —'s case, we had no alternative but to make an opening for the purpose of discharging the contents of the tumour, which, by its increased distention, had aggravated the patient's sufferings to such a degree, that their speedy termination by death was obviously an inevitable result. On the 23rd June Mr. Colles plunged a lancet into the swel-

ling, and enlarged the opening with a bistoury ; this was on a subsequent occasion extended upwards and outwards to within an inch of Poupart's ligament, leaving an orifice in the superior part of the tumour of about two inches in length. The matter discharged was not in any respect similar to that of psoas abscess ; it was ichorous and intolerably fetid, and of a liver colour. From its nature, there might have been reason to suspect disease of a bone ; but the appearance was afterwards considerably changed ; it became nearly puriform, thick, and yellow, with a slightly greenish tinge, and scarcely any odour. On opening the tumour nearly a quart was discharged, and all the symptoms were alleviated. It soon, however, became too plain that the relief was only temporary. It was found impracticable to extend the leg, which was agitated by severe convulsions ; and all the symptoms that had existed previously to the operation recurred in even an aggravated degree. A violent and incessant hiccup at this time was a source of much painful anxiety, as all the usual antispasmodic medicines, musk, ether, &c., with ice, lemon juice, vinegar, and the mineral acids, totally failed in producing any influence. It at last subsided spontaneously, and except in a minor degree, it did not recur.

His frame was now exhausted by the combined effects of spasm (which doses of even six grains of acetate of morphine were inadequate to check), the usual attendants on colliquative suppuration, and an extensive gangrene of the parts in the neighbourhood of the sacrum. About the second week in August his sufferings underwent some alleviation ; the spasms became less frequent and severe, the discharge from the wound was diminished, and he was enabled to extend the limb. There could, however, be but little doubt that a metastasis of disease to more vital parts had taken place. He was affected with cough, copious expectoration, and pain in the right side. With the exception, however, of the mucous rattle, and a slight dulness of sound during percussion of the side affected, there was no dis-

ease appreciable by auscultation, respiration being perceptible throughout the entire thorax. His faculties remained perfectly clear ; but from this time he rapidly declined, and after little further suffering expired on Saturday, 18th August, at 4 o'clock, A. M.—The body was not examined.

This disease was obviously a diffused abscess, having its origin within the pelvis. The fatal result was only anticipated ; the more certainly because the want of the adhesive process so as to establish a defined sac, was a plain proof of the deficiency of those vital powers from which our very slender hopes are ever derivable in such cases. It was questionable, however, whether the source of the abscess was to be traced in the course of the psoas muscle. The parts beneath the iliac fascia, or the neighbourhood of that muscle, presented a more probable origin. Deep pressure above Poupart's ligament near the anterior spine of the ilium and continued downwards and inwards, invariably produced a considerable discharge of matter. A probe introduced here passed much more superficially than the direction of the source of the matter, as it could be plainly felt through the integuments of the abdomen, and seemed to lie even in part of Poupart's ligament. From the emaciation of the patient, it was difficult to conjecture what extent of parts intervened anteriorly between the probe and the finger.

A considerable tumefaction, but of various amount, was always discernible by *deep* pressure above the ligament, in the part corresponding to the separation of the iliac and psoas muscles. Besides this, on one occasion there was another swelling obviously much more superficial and anterior in situation ; this was elastic to the feel, very much resembling a hernia, which I once witnessed after the operation of tying the iliac artery. The elastic feel was succeeded by such a distinct fluctuation, that the propriety of making an incision here became the subject of consideration, but an increase of the usual discharge from the wound was followed by its disappear-

ance. The more deep-seated tumour was, however, still to be felt in the form of a hardened margin surrounding a cup-like cavity.

The region of the glutæi muscles, the perineum, the neighbourhood of the rectum, and the posterior part of the thigh, at various times presented appearances of fluctuation which afterwards subsided. Doubtless, some may have originated in the serous effusion attendant on deep-seated inflammation, and were independent of purulent deposit.

The matter was, as I have already mentioned, after the first discharge, in general, of a thick consistence, and of a greenish-yellow colour, with but little odour; occasionally, however, it was of the former liver colour, and ichorous. On one occasion it became so dark-coloured and fetid, that from the circumstance of a similar appearance in the alvine evacuation, it was conjectured that the abscess had perforated the intestinal tube; it is probable, however, that this was not the case, as the discharge afterwards resumed its usual appearance.

The neighbourhood of the origins of considerable nerves to the part so extensively affected with suppurative inflammation, sufficiently accounts, in my judgment, for the violence of the pain and the spasmodic agony attendant on the paroxysms.

But what was the *cause* of disease in this case?—Was the influence of gout the principal or the accessory? The symptoms which ushered in the formation of matter *first* occurred immediately on the subsidence of a paroxysm of regular gout in the foot, to which the patient had for some years been subject. I am aware that gouty inflammation sometimes terminates in suppuration in broken constitutions; of this I witnessed a fatal case in Mercer's Hospital; but Mr. — was a man of robust make and temperate habits; he indulged freely in field sports, and before the slight bowel attack, to which I have alluded, was in the possession of actually rude health. I remember that he took considerable foot exercise on the 24th of

April, at that time I never saw a man who, to appearance, was more likely to enjoy continued good health and immunity from every disease, except that to which he was habitually subject. He did not at any time before the period of the gouty paroxysms complain of weariness, pain in the back, or the usual precursors of lumbar abscess.

ART. XIX.—*Letter from Mr. Ingleby to the Editor of the Dublin Journal of Medical and Chemical Science.*

Birmingham, 7th Sept. 1832.

SIR,

In reference to your review of my work on Uterine Hæmorrhage, I must for a moment beg your kind attention. You refer to my directions to leave the placenta in the uterus for four *days*. That this word, *days*, was misprinted for *hours*, is most evident from the context ; moreover, the proposition is so monstrous that I can scarcely be suspected of intending it by any person. I did not notice the error until about five or six weeks ago, and as upwards of half of the edition, nearly two-thirds indeed, was then sold off, I found it was too late to cancel the sheet and reprint it. I instantly altered the word in my own text book. Having the interests of science pre-eminently before you in your several reviews, I am fully persuaded you will not deny me the justice of inserting this explanation, either in my own words or your own, in the next number of your ably conducted Journal.

I am, Sir,

Your obedient and obliged Servant,

JNO. T. INGLEBY.