ON
THE SUBCUTANEOUS SECTION OF BOILS
AND CARBUNCLES.

BY JOHN GEORGE FRENCH, F.R.C.S.,
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I HAVE been much interested in the perusal of the clinical lecture of Mr. Paget on the Natural History of Carbuncle, published in THE LANCET of the 16th instant; and, having been a severe student of this subject, I am able to recognise the truthfulness of the description given of it.

But in the objections raised to the active surgical interference in the treatment—for which, as far as the subcutaneous section is concerned, I deem myself responsible,—Mr. Paget uses the following argument: “Nay, in some cases, carbuncles completely abort.”

The whole philosophy of the subcutaneous section is involved in this suggestion; and is contained in the following aphorism:—The complete division of the indurated tissue *always* causes the abortion of carbuncle. This, of course, implies *early* interference; for the term “abortion” can hardly apply to an advanced development.

Those who wish to compare the relative value of the natural course of the disease with that of subcutaneous section, may select for the former observation patients whose time is unimportant; and for the latter, those having important business or social engagements to fulfil, in which time is an essential element.

In studying the course of the disease, I have been in the habit of dotting the boundary line of redness with ink or colour, to show me the exact extent and direction of any spreading of the inflammation. By this means I am convinced, after numerous trials, that, where the subcutaneous section has been made, inflammation does not extend in the direction of the knife.

Mr. Paget speaks of the mortality of the disease as probably representing two per cent., although regarded by the profession generally as far more dangerous. I am quite sure that the cases in St. James's Infirmary have far exceeded 200 during the last thirty-eight years, and the mortality has been only two; but there was this peculiarity in both cases, which involves a point of great interest and importance—namely, that the disease occurred on the anterior surface of the body. In one, a male, the carbuncle was in front of the neck, extending on either side beyond the ear; and, when the slough separated, the bloodvessels were revealed to sight as well as the denuded muscles. In the other, a female, the carbuncle was on the abdomen, with extensive diffuse erysipelas. This case was not brought to notice until shortly before death, the patient concealing her malady, and unwillingly complaining. It would be interesting to know if any of the four fatal cases recorded by Mr. Paget were on the anterior surface of the body.

I have certainly regarded carbuncles on the anterior aspect as being attended with more danger than those on the posterior surface, and have had in my infirmary during the last year two cases in the front of the thigh, both in males, entailing danger by their proximity to the large bloodvessels. They both recovered.

In speaking of treatment Mr. Paget attaches due importance to cleanliness and “keeping the surface of the skin adjacent to the carbuncle perfectly dry and free from any contact with the discharge, which seems really to have the power of infecting the neighbouring skin, and so producing the boils which are apt to arise sometimes in clusters around the carbuncle.” To avert this evil, I have, most successfully, used cotton wool instead of poultice.

I am also quite sure Mr. Paget is right in reference to the diet which he recommends, of which the following may serve as an example:—

T. O—, aged eighty, an inmate of St. James's Workhouse, twelve years ago had a carbuncle, for which he was attended by Mr. Bowman, of Dalston; and, being then in easy circumstances, he was recommended to take a bottle of port wine daily: this he did for six weeks, the time which it took to heal. Last year he was admitted into the infirmary with a carbuncle, the induration being about the

size of an egg; this was divided subcutaneously, and upon the ordinary infirmiry diet he was quite well in a little more than a week.

Great Marlborough-street, Jan. 1869.

ON THE FLUID OF HYDROCEPHALUS.

BY CHAS. MEYMOTT TIDY, M.B., C.M.,
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I HAVE to acknowledge the kindness of Dr. Woodman and Mr. Heckford in preserving the fluid in a case of hydrocephalus, and forwarding it to me for analysis.

The following is an abstract of the notes of the case as sent me by Mr. Heckford:—

The child came under his care when it was four months old. It was born hydrocephalic. The head steadily increased in size, and when he first saw it it measured twenty-six inches in circumference. Mr. Heckford tapped the head with a No. 1 trocar on the right side, an inch and a half from the middle line, in the space between the frontal and parietal bones. Two days after the operation it had an attack of convulsions. A month after this Mr. Heckford tapped it again, and it was this fluid I examined. The child had taken two grains of iodide of potassium from his first seeing it. Previous to the last operation both eyes were rotated downwards, but the pressure being now removed from the orbital plates, the position of the eyes has become almost natural.

The liquid was turbid; numerous flocculi were seen floating in it. It had a specific gravity of 1007.6.

1000 grains of the fluid yielded 5.18 grains of solid matter. This consisted of—

Albumen	...	...	...	...	0.98
Sugar	...	...	...	...	0.63
Carbonate of soda	...	...	...	...	0.02
Sulphate of soda	...	...	...	...	0.08
Chloride of sodium	...	...	...	...	2.14
Chloride of potassium	...	...	...	...	0.6
Fat	...	...	...	...	0.1
Alcohol extract	...	...	...	...	0.63
					5.18

Cambridge-heath, Hackney, Dec. 1868.

ON A CASE OF
ISCHURIA RENALIS, ICTERUS, AND LOW
PNEUMONIA COMBINED.

BY JOHN M. BRYAN, L.R.C.P.L., Moreton-in-Marsh.

Mrs. R—, aged seventy-seven, a widow, and up to the present time an active old lady, of dark, rather sallow complexion, above the average height, and slightly made, was placed under my care on Sunday, Sept. 13th, 1868. During the previous week she had been complaining of a bilious feeling, stars floating in front of her eyes, &c. On the morning of the 11th her friends noticed how ill she looked, and made the expressive remark that if ten years had passed over her head, since the day before, she could not have appeared older than she then looked. On the 12th she appeared very ill, and was scarcely able to get out of her chair, but never complained of pain; and her indisposition was attributed by her friends to over-exertion and exposure to cold. She had never suffered from gout, nor could I make out any previous history of kidney disease; indeed, she had scarcely ever been laid up with any illness except bilious attacks.

On the 13th Mrs. R— seemed very ill, and scarcely able to support herself in her chair. She was downstairs. Her pulse was 90, small and weak; tongue moist and covered with a whitish fur, browner at the sides; no pain or tenderness in abdomen; the bowels had been opened the night before; loss of appetite; said she thought she had a bilious attack, and complained of giddiness, &c. I recommended

her to go to bed as soon as possible, which she appeared loth to do; also to take light farinaceous diet, with a little brandy-and-water as a stimulant now and then. An effervescing diuretic mixture, containing a bitter, was sent, to be taken every four hours. In the evening she told me that she had not passed water since the day before, and complained of her limbs and back aching; in other respects she had not altered much since the morning. I advised her again, and more strongly, to go to bed, told her to take some gin-and-water at bedtime, and prescribed a mercurial and rhubarb pill.

Sept. 14th.—The patient had passed a restless night; tongue in much the same state, perhaps less creamy and the brown surface more distinct; cough, which she had not complained of before, was rather troublesome, expectoration frothy. On percussion, there was no unusual dulness over the lungs. On auscultation, there was crepitation posteriorly and inferiorly on the right side; other parts of the chest normal; breathing free, and respiratory movements not hurried. Still complained of her limbs aching much; no urine passed; no uneasy feelings or dulness on percussion over the hypogastric region; pulse quick and weak, 105. A diuretic mixture, containing carbonate of ammonia, &c., was sent, to be taken every four hours. Also to take beef-tea, small quantities of gin at stated intervals, grapes, &c. A mustard poultice was ordered to the back of the chest, and the steam from boiling water was diffused through the room. I also recommended a warm hip-bath, which she had, and felt more comfortable after.—Evening: Still no urine had passed. I sent a podophyllin and colocynth pill, to be taken at bedtime.

15th.—I met Mr. Mann, of Charterhouse-square, in consultation. The patient had a pulse of 88 to 100; no urine had passed; the bowels had acted slightly, the stool being of a brownish colour and tinged with bile, and rather liquid. The crepitation had now spread to the middle, as well as to the lower lobe of the right side. Sputa as before; slight sickness; the conjunctiva and skin of a yellowish tint; abdomen resonant on percussion. We ordered her to take beef-tea, milk, gin in larger quantities, and sent her a purgative draught, to be taken immediately; an effervescing diuretic mixture, to be taken every four hours; and a mercurial and colocynth pill, to be taken every six hours; mustard-and-linseed poultices to the chest.—5 P.M.: We again met in consultation. The pulse was 110 to 120, and the heat of skin was increased; bowels unrelieved.—10 P.M.: The patient seemed in much the same state. I sent her a turpentine-and-camphor liniment, to be well rubbed over the loins and abdomen.

16th.—I was suddenly called up at 2 A.M. Mrs. R— had, with assistance, got out of bed to use the enema apparatus; she was left for a moment sitting on a chair, and, whilst unsupported, fainted, and fell upon the floor. When I saw her she was in bed, but with a pulse scarcely to be felt. Stimulants were administered. At 10 A.M., as no urine had passed, I introduced the catheter, and drew off barely 6 oz. of smoky-looking urine, the last few drops being very thick. She expressed herself as relieved after the operation. Pulse very irregular, thready, fluttering, 130; heart's action irregular and tumultuous; sickness more urgent; tongue clearing at the tip, where it was red; hands very cold and clammy, and she was noticed to be restless with them, continually smoothing the bedclothes; skin intensely yellow, and perspiring freely; cough easier, and sputa less in quantity. I ordered her to take brandy and soda water (instead of gin), and stimulants at intervals were given, and ice to be sucked; also a diuretic mixture; and, later in the day, calf's-foot jelly. At 10 P.M. the sickness had abated considerably. I then added twenty minims of nitric ether to each dose of her mixture.

17th.—The bowels had been opened four times during the night, the stools being small in quantity, brownish, tinged with bile, and chiefly liquid. Pulse very regular, about 98, scarcely to be felt; sickness much relieved. No urine having passed, I again introduced the catheter, but found nothing. Skin and conjunctiva less yellow; great prostration. Omit the pills.—6 P.M.: The bowels had been opened three times during the day. Chlorodyne draught, with ammonia, to be taken directly.—9.20 P.M.: I was hastily summoned, and found she had just breathed her last, without a struggle or apparent pain.

This case is peculiar from the absence, towards the end,

of the usual coma or convulsions, which usually take place in about four or five days from the occurrence of complete suppression of urine. The brain continued remarkably clear during the whole course of her malady; she gave orders for the dinners to be served downstairs, and other directions for various household matters. No pain was ever complained of in the region of the kidneys or over the bladder. Neither the stools nor the perspiration had any urinous smell, and she scarcely ever had any headache worth speaking of. There was no organic disease of the heart.

Additional Notes, by J. MANN, Esq.

1. As to the duration of ischuria. On Tuesday morning, the 15th, the patient told me she had passed no urine since Thursday, the 10th. But I think her memory had failed, and that her statement to Mr. Bryan on the evening of the 12th, that she had passed no urine since the day before, was the more correct one. The patient died on the evening of the 17th—i.e., the fifth day after the suppression of the urinary secretion.

2. As to the presence of icterus. This was not due to any obstruction to the passage of bile, which was present in the alvine excretions, apparently in the normal quantity. Was it not due to the same cause which produced the ischuria? Dr. Abercrombie* remarks that there are some cases of icterus which are analogous to ischuria renalis; the separation of bile from the blood being interrupted in the former as the urinary secretion is in the latter. This was a case in which the two were combined, and probably from the same inhibitory influence acting on the nerves of organic life.

3. On the absence of lethargy, convulsions or coma, which usually terminate cases of ischuria renalis. The explanation of this is to be sought in the concurrence of similar disease in two important organs, in the presence of low pneumonia, and in the advanced age and previous decay of the patient, which caused her to sink before these symptoms had time to be developed.

NOTES OF A CASE OF KERATITIS.

By M. CHARTERIS, M.D.,

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IN Mr. Hutchinson's clinical record of cases of keratitis, which he ascribes to hereditary syphilis, only two cases are mentioned in which the subjects of this peculiar malady are reported to have had children. Doubtless, this is in a great measure due to the fact that keratitis occurs, as a rule, before marriageable years, and that those who have been attacked by the disease are lost sight of after the affection has been cured or palliated. Assuming the syphilitic origin of the disease to be a correct inference, I am somewhat at a loss to account for the non-transmissibility of the poison to the children in the following case, which lately came under my observation.

M. G—, aged thirty, has had keratitis for the last ten years, the affection being subject to various relapses. For six years she has been an out-patient of the Glasgow Eye Infirmary, presenting herself at the institution at intervals, or whenever the disease appeared in any aggravated inflammatory form. At the time I first saw her, about two months ago, both eyes presented the dim, ground-glass appearance of keratitis. The two upper central incisor teeth were very typical: they were peg-shaped, notched vertically, and set angularly to one another. The bridge of the nose was sunken, and the general contour of the face exhibited all the peculiarities which Mr. Hutchinson has so faithfully delineated. She had no glandular enlargement, nor was there any evidence of hereditary struma. She has been married six years, and has had three children; the eldest two being alive, and the youngest having died during dentition. She assured me that her children were quite healthy, and a personal visit to her house satisfied me of the truth of her statement. The eldest, a boy, was a strong, well-made, rosy-cheeked little fellow. The second child, a girl aged four years, had all the evidences of good health and a good constitution. The father and mother of M. G— were alive and well, and they assured me they had always enjoyed

* Diseases of the Abdomen, 3rd edition, p. 367.