

Rx *Tincture of iodine*, gtt. xxx;
Fowler's solution of arsenic, gtt. xxv;
Infusion of colombo or gentian, ℥vi.

M. Let one-sixth be taken three times a-day.

As it sometimes happens that the solution of arsenic produces pains in the head, I occasionally omit it in the mixture for the space of two or three days, after which it is resumed. By persevering some time steadily with this mixture I have found the worst cases much ameliorated, and life considerably lengthened, whilst many have been entirely restored to health; but as glandular resolution is of itself an extremely slow process, so it requires both perseverance and confidence on the part of the invalid, and great patience from the medical attendant. It is also necessary in the progress of cure to affect the system very slightly with mercury once or twice (and in some cases of extensive disease of long standing) even three times with great advantage, by which means the absorbent vessels are stimulated into freer action, and the effects of the iodine seems to be improved by it. When it is requisite to give mercury, I prefer affecting the system as rapidly as possible by very small doses of calomel very often repeated, as

Rx *Calomel*, grs. ij;

Crumb of bread, enough to make twenty-four pills. Take one every hour until the mouth is affected.

The advantage in this is, that the desired effect is frequently produced within twenty-four hours, when the iodine mixture can be resumed (which it is necessary to omit whilst the effect is being produced). This plan, if strictly attended to, is one that I can recommend with confidence as a safe and effectual one, applicable to every case of glandular induration, and unsuccessful only in cases too long neglected, where the action of the glands is almost entirely obliterated. The diet should be strictly such as to afford the greatest quantum of nourishment with the least possible exertion of the stomach, to be well masticated, mixed with as little fluid as possible (with the exception of milk), and particularly to avoid those of a highly stimulating character, such as wines, spirits, and fermented liquors: to let a space of at least six hours elapse between taking food, and even then the stomach should not be overloaded. These rules are imperative to the well-being of the patient. Exercise should be of the gentlest description; why horse exercise should be so highly spoken of by many I cannot conceive; in many instances I have seen it the very reverse of gentle; only fancy a weak, emaciated female tugging at the reins, and urging forward a stupid, rough-paced animal with an exertion highly injurious; unless the adviser would go farther and say the kind of horse he recommends, he might as well send his patient to the treadmill: unless, then, the

horse is a very suitable one, I am convinced the patient would progress better without such exercise. Where it can be procured, and weather permitting, an airing in an open carriage or a gentle walk is to be preferred; if, on the contrary, the weather is unfit, a swing rocking horse, or exercising chair, are very good substitutes; the mind to be kept cheerful, free from extraordinary excitements, occupied rather on pleasant trifles than on subjects requiring reflection. The atrophic cases of manufacturing districts, however, have but little comfort at command; still I have seen many restored under almost every disadvantage, and am anxious the plan should have a more general application, that its merit may be fully and fairly tested.

Piccadilly, Manchester,
 Feb. 26, 1842.

CASE OF
 ENCYSTED ATHEROMATOUS
 TUMOUR

Situated in the Cavity of the Nose, displacing the Nasal Bones.

By MUNGO PARK, Esq., Surgeon, Norham.

THOMAS JACKSON, a stout and healthy lad, about eighteen years of age, applied to me in January, 1839, in consequence of having an unsightly-looking tumour in the cavity of his nose, imparting to the countenance a very uncommon appearance. The young man did not complain of the tumour causing any other inconvenience than a stuffing of the nose, and especially at night. On inquiry I found that the tumour made its appearance in the shape of a slightly elevated red spot on the bridge of the nose shortly after birth, and had gone on gradually increasing in size until the period of his application, when it was as large as an ordinary sized hen's egg. The external surface was red and vascular, extending in an oval form from the superior margin of the nasal bones nearly to the point of the nose. To the touch it was soft and fluctuating, and had caused the nasal bones to diverge very considerably from each other. The friends of the young man being very anxious that something should be done to remove the tumour if possible, I punctured it with a bistoury, and then introduced a probe, and broke down the cellular structure within: a small quantity of atheromatous matter was discharged. A poultice was ordered, to be applied over the tumour. On my next visit I was glad to find that nearly a wine-glassful of atheromatous matter had been discharged on the third or fourth day after the puncture had been made. This circumstance I attributed to inflammation and suppuration caused by the irritation of the puncture and introduction of the probe.

On removing the poultice, I found the sides of the tumour very much collapsed, and the young man quite pleased with the improved change in his appearance. On examining the discharged matter I discovered a quantity of short hairs amongst it, which Sir Astley Cooper mentions "are frequently found in tumours arising near to parts where hair is naturally produced. Such hairs (he adds) have no bulbs nor canal, and differ therefore from those which are produced on surfaces of the body which naturally form hair." After allowing the inflammatory action of the tumour to subside, the following injection was prescribed and continued for some weeks:—

Rx *Sulphate of zinc*, gr. xii ;
Water, ℥viiij. M. ft.

To be used three times a-day by means of a syringe.

Under this treatment and attention to the state of the general health the discharge gradually diminished, and the nasal bones were apparently closing in to their natural position. In the course of a few weeks the injection was changed to—

Rx *Nitrate of silver*, gr. xij ;
Water, ℥vj. M. ft.

To be used as before. After persevering thus for a few weeks longer the discharge had nearly ceased, when I changed the injection again to—

Rx *Nitric acid*, ℥j ;
Water, ℥vj. M. ft.

To be used in the same manner as the preceding, taking care to keep the orifice in the tumour open by means of a tent. In about seven or eight months from the time of the young man's first application a perfect cure was effected, and his appearance was so much improved that scarcely any trace of the tumour could be discerned.

Remarks.—On account of the peculiar situation of the tumour, I considered it would not only be hazardous but next to impossible to dissect it out in the usual way ; and I felt a little reluctance in meddling with it in case of hæmorrhage, encysted tumours often having a hæmatodal disposition as described by Mr. Hey, I also apprehended it might degenerate into a diseased fungous growth, I therefore consulted Dr. Johnston, of Berwick-upon-Tweed, about the propriety of puncturing it, and was glad to find him favourable. The successful result of this case will, I trust, fully prove the advantage of using stimulating injections in cases of encysted tumours situated in parts which preclude their removal, notwithstanding the veto put forth by Mr. Abernethy regarding the treatment of such tumours, "I consider (said this celebrated surgeon) that it is dangerous to irritate encysted tumours."

Norham, near Berwick-on-Tweed,
March 1, 1842.

UNIVERSITY COLLEGE HOSPITAL.

DISEASE OF THE ELBOW-JOINT.—EXCISION.

W. H., aged 12, was admitted November 26, 1841, under the care of Mr. Liston ; he is a brass-worker ; never enjoyed very good health, but attributes much of his illness to the nature of his employment. In March last he first discovered a swelling at the head of the right elbow, it was not very painful, but was tense and red. He was then at Birmingham, and applied to the infirmary for advice. He was ordered a lotion for the limb, which was also placed in a sling, and carbonate of iron was given internally. About six weeks afterwards a bistoury was introduced into the swelling, and a small quantity of matter evacuated. Finding his elbow get worse he came to town, and made application at this hospital this morning : he was immediately admitted into the hospital. There is now considerable swelling about the right elbow-joint, in which there is a slight fistulous opening at the inner border : from this there is a copious discharge ; the joint is painful on pressure, and on being moved ; the motions of the forearm are much impaired ; health not affected.

Dec. 6. Having got slightly out of health since his admission, he was treated with alteratives and aperients with much benefit

As the joint was irremediably diseased, and as his general health was much improved, Mr. Liston proposed to excise the joint.

Operation.—The patient was placed with his face on the table, Mr. Liston standing on his right side. An incision was first made on the radial side of the ulnar nerve, in the direction of the limb, by pushing the point of the knife through the integuments and fibres of the triceps muscle to the back of the humerus, and carrying it downwards in contact with that bone and the ulnar for about three inches ; another incision was then made, commencing over the outer angle of the humerus, penetrating the articulation, and at right angles to the last, and almost as long ; the flaps which would thus be formed were reverted by a few strokes of the scalpel, and the ends of the bones turned out of the wound by flexing the arm. When this was done a considerable jet of pus sprang out from an abscess deeply seated in the forepart of the articulation ; the ends of the humerus, ulnar, and radius, were then sawn off. No vessels required ligature. Wet lint was applied to the wound, and the patient carried back to bed.

On examining the joint, the ligaments were found to be almost entirely destroyed by ulceration.

In the course of a few hours after the operation the wound was partially brought together by three points of suture, and a paste-board splint was placed on the inner side of