HOSPITAL MEDICINE AND SURGERY.

[APRIL 8, 1882.  567]

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The urine was of low specific gravity; the quantity varied from two to three pints; albumen was occasionally present, with slight pus sediment. She was able, however, to be up and about.

Remarks by Dr. SOUTHEY.—I have been unable to trace the patient's case further. The propriety of extracting the kidney had been discussed with Mr. Savory, who was of opinion that the extraction did not involve grave or serious interference; and her recovery under the alternative treatment by opening and drainage, after preparation of the abscess cavity by empyema and antiseptic irrigation, is at least important at the present time, when the capital operation of nephrectomy and its alternatives are being discussed.

Manchester Royal Infirmary.

Traumatic Hæmothorax from an Incised Wound of the Thorax; Recovery; Remarks.

(Under the care of Mr. WALTER WHITEHEAD.)

Joseph B——aged nineteen, a labourer, was admitted on Oct. 28th, 1881. The previous day, the patient and a friend had been amusing themselves by testing the might of their pincers by the alternate hacking of one blade against the other, when by some misadventure the blade of his friend grazed and wounded the patient's chest. Not feeling any pain, he did not regard the accident as of any moment, and they continued their game for some time. Later on, however, the patient became conscious that something was trickling down his abdomen, and upon inspection he discovered that blood was proceeding from a small wound on his chest. Being seized with a vague uneasiness as to the consequences of the injury, he hurried to a surgeon on duty, who, finding the patient in perfect health immediately seen by the surgeon on duty, who, found, upon examining the chest, a small insignificant wound, a quarter of an inch in length, at right angles to and directly over the upper border of the fourth rib, at its junction with the costal cartilage. The patient not appearing faint, and the bleeding being very trifling in quantity, the wound was dressed, and the patient allowed to return to his home. He experienced a sleepless night of great discomfort, and felt altogether ill on the following morning, when he applied at the infirmary again for further advice. A marked change was noticed in the patient's appearance. His face was pale and drawn, and he complained of a dull heavy pain in the right side of the chest. The temperature rose to 1010 in the evening. The day after admission there was on the right side of the chest an ecchymosis and induration of the skin, which was immobile; the intercostal spaces full, but not bulging. The breath-sounds were absent, and there was absence of vocal fremitus. The patient complained of a dull heavy pain in the right side of the chest. On the third day's sojourn in hospital the patient declared himself free from pain, and there was marked indications that the fluid in the pleural cavity was diminishing, and the sonance of tubular quality. On the eleventh day it was demonstrated that the dulness was owing to a hæmorrhax by aspiration with the needle of an ordinary hypodermic syringe, and the escape of the fluid was followed by the withdrawal of dark-coloured blood. From this date the recovery was rapid, and the patient left the hospital convalescent on December 14th, 1881, having been detained in hospital the last part of the time on account of a skin affection, from which he had been suffering for many years.

Since his discharge he has been frequently seen as an out-patient, and examined, with the satisfaction of finding that all trace of the blood accumulation has disappeared, and that the lung is redistended and restored to the exercise of its normal functions.

Remarks by Mr. WHITEHEAD.—This case has many points of interest. In the first place it is no less rare than remarkable from its extreme simplicity and the uncomplicated natural recovery. It derives anatomical interest from the fact of having penetrated apparently the pleura costalis without wounding the pleura pulmonalis, the absence of empyema, emphysema, and pneumothorax, though not conclusive evidence, lending strength to this inference. The locality of the injury suggested that the bleeding proceeded from a wound to the inferior intercostal artery in the third intercostal space, and the slow character of the bleeding renders it probable that the vessel had only been partially severed, and that the small size of the artery in the situation would have been unexpected had it been accounted for the gradual development of the symptoms. The medico-legal aspect of the case is worthy of passing comment. Had the patient died at home, after his first visit to the hospital, there would probably have been one of those sensational and unfortunate results of an inquiry reflecting unjustly upon the casual department of our hospitals. The diagnosis of the case was unusually free from obscurity the day after the accident; at the same time it was necessary to bear in mind the possibility of latent pleurisy having existed previous to the injury, and even the evidence afforded by aspiration did not in itself exclude a latent hemorrhagic pleurisy of old standing. These conditions were in part, if not wholly, rendered improbable by the fact that the patient was in perfect health immediately preceding the accident. This case may be studied in instructive contrast with that of DAWES, reported in the LANCASTER MEDICAL AND SURGICAL JOURNAL, vol. cx., p. 828. The one an instance of pneumothorax from the puncture of the pleural cavity by a fishbone, and the other a hæmorrhax from an incised wound, both cases deriving their clinical value from their unique simplicity and the unequivocal character of their course and treatment.

Medical Societies.

Medical Society of London.

Lichen Planus affecting Mucous Membrane.—Ulceration of Phthisical Cavity into Intercostal Muscle.—Advisability of Excision of Axillary Glands in the Removal of Cancerous Breasts.

At the meeting of this Society on March 27th, F. Mason, Esq., President, in the chair, Dr. Radeliffe Crocker showed a case of Lichen Planus affecting the Mucous Membrane as well as the Skin, and related the history of two others. The patient shown was a man aged fifty-nine. The disease presented its usual characteristics upon the skin and upon the glans penis, but affected the sides of the tongue; the most interesting point was that this condition of the mucous