

tongue, all which symptoms subsided as soon as she ejected the apple. After this, slept well. Continue gruel, and tr. opii if needed.

16. Complaints of vertigo; appetite poor; pulse 70. Took six drops tr. opii last evening. Continue gruel, and tr. opii if necessary.

17. Vertigo continues; feels weak; wound nearly healed. Temperature of the left cheek we judged to be ten degrees lower than that of the right.

20. Vertigo diminished; pulse 75; appears to be doing perfectly well.

25. Feels quite well, only a little weak. Has had severe pain in the head for a short time; thinks it was occasioned by inanition. Three days ago felt a throbbing in the ear for a short time. Allowed a little animal food at noon. Tea and dry toast morning and evening.

April 1. Ligature retained; soreness above it, and surrounded by fungous granulations. Applied caustic. On examining the site of the tumor, felt slight pulsation. Feel fearful the operation will be useless.

4. Now quite well, but says she has had one or two attacks of throbbing in the ear and eye.

12. Ligature came away this morning. She appears well; has had no pain or throbbing since the 4th. The aneurismal tumor is scarcely perceptible, and all pulsation has ceased. Thus far the operation appears to be successful, notwithstanding the unpropitious circumstances observed on the 1st and 4th.

The above is transcribed from my *Memoria Medica*. I lost sight of her from that time, she having followed her husband to another military station. I have never heard from her since, till a few weeks ago, when I met a gentleman of considerable intelligence, from Florida, who knew her there as well as here, and says she had never felt a symptom of the aneurism up to the time of his leaving the station in the summer of 1838.

You will have my entire approbation to dispose of this just as you please. If it is not thought worthy of a place in your Journal, you are entirely at liberty to consign it to the tomb of the Capulets.

With much respect,

Portland, Me., Feb. 16, 1839.

J. W. MIGHELS.

1839

## ABSCESSSES IN THE THORAX, &c.

[Communicated for the Boston Medical and Surgical Journal.]

THE opening of abscesses deeply seated in the viscera of the thorax, abdomen, &c., particularly when seated in the substance of the liver, lungs, &c. (and likewise the opening of tumors situated over large arteries, when it cannot be certainly determined whether these tumors are aneurisms or not), are very important and hazardous operations. We are sometimes urged, and even pressed, by the patient or his friends, to perform the above operations, and that when the existence of matter cannot be clearly ascertained; and the result, of course, must be doubtful in such cases, which indeed are but few. We should be very careful to remind the patient and his friends that we must expect sometimes to be disappointed; but after all our precaution, it is very unpleasant to

the operator, the patient, and his friends, to perform a useless operation. No prudent surgeon would urge such an operation, nor would he operate on his own responsibility; he should always request a full council.

Yet there are cases in which we may be certain of the existence of matter in the lungs or cavity of the thorax; but when we have made the incision, no matter is discharged. In such cases we may have told the patient and his friends that the matter laid much deeper than we expected. On examination, before the operation, by laying the hand on the side, when the patient coughed we could plainly feel the matter dash against the ribs—we could likewise hear it, as we supposed; and we expected to have found the matter in immediate contact with the ribs, or very near—but we have now found that the matter is in the substance of the lungs, and to thrust a cutting instrument deep into the lungs might be immediately fatal. Yet we should hope that by keeping the wound open by a tent, the matter would eventually be discharged by the opening; and this has, in several instances, been the case, though in other cases the patient has suddenly died from suffocation in consequence of the abscess bursting into the bronchia; and in other cases the patient has sunk under the disease before the matter found its way to the opening, which has often put the operation in a bad light. The friends of the patient have been disappointed, and have in some instances supposed that the operation had shortened his days, or even might have been the occasion of his death. At least, such operations do not add much to the credit of the surgeon, and are always unsatisfactory to the friends of the patient, and, what is of much more importance, there is strong reason to believe that could such abscesses be opened at a proper time and manner, the patient's life might often be preserved.

In the course of more than thirty years' practice, I have seen many cases of the above description, and have been much perplexed in their treatment. Though in general I could satisfy myself as to the existence of matter, to know its exact situation was difficult. Yet this may in general be pretty nearly ascertained; but to discharge a deep-seated abscess of the lungs or liver, is at least a difficult operation. In all the operations in which I have been concerned, in the before-named cases, there has been an adhesion of the lungs to the pleura, and of the liver to the peritoneum. In failure of this, the operation would be attended with much more hazard, and recovery be more doubtful. In one case of which I had knowledge, where an opening was made into the cavity of the thorax, and where the pleura did not adhere to the lungs, respiration was suspended for a short time. As the air is admitted by the opening to one side of the thorax only, were we sure that the lung on the other side was completely sound, the risk in general would not be great; but in such cases as we are usually called to operate on, it is often found that neither of the lungs is entirely sound; besides, abscesses of the lungs are often complicated with dropsy of the chest, lesion of the heart, &c.

I would, for these reasons, recommend, before the operation, a careful inquiry as regards the above particulars, and to ascertain as near as pos-

sible whether there is adhesion of the lung which we are about to operate on, to the side ; whether there is reason to expect that the other lung is capable of supporting respiration, and sufficiently sound to support the circulation, oxygenation, &c., of the blood ; whether there is dropsy of the chest, heart, or lungs. After the most careful inquiry, should there be no important objection from any of the preceding circumstances, we may consent to operate, and possibly hold out to the patient some prospect of a final recovery, and considerable hope, at least, of an alleviation of his sufferings. After making an incision into the cavity of the thorax, should there be adhesion of the lung to the pleura, the lung may be penetrated a short distance by a small trocar covered with a canula ; or a silver tube with a steel stilet, say one sixteenth of an inch in diameter, may be carefully passed into the substance of the lung, a very short distance, say half an inch ; and should you have reached the cavity of the abscess, by frequently withdrawing the stilet, while you still retain the canula within the cavity of the abscess, you will find a little matter adhering to it.\* But when I have not, by this method, been able to reach the cavity of the abscess, I have succeeded in the following manner, viz. I take a common silver probe, say six inches in length, with a small round point like a ball, which should be very smooth, and somewhat larger in diameter than the probe. This instrument I choose because it will not readily enter the coats of an artery or vein, when gently and cautiously introduced. This I gradually introduce by very moderate and cautious pressure, gently rolling it, by which means the vessels will yield to one side or the other, and the probe pass on without injury. When the probe has penetrated to the walls of the abscess, we may expect more resistance than in any other part of its course ; but by gentle pressure—for none other should be ever used—and rolling the probe from side to side, it will, doubtless, penetrate. When this is effected, it will be known by its passing without resistance. I now take a small director, of the usual length, and gently introduce it into the cavity of the abscess, by means of the probe which I still retain in its situation in the cavity of the abscess. Now, by holding the probe firm with one hand, while I take the director in the other, I gradually distend the opening till the matter is discharged.

JOB WILSON, M.D.

*Franklin, N. H., Feb. 12, 1839.*

#### THE STATE LUNATIC HOSPITAL AT WORCESTER.

[THE following are selected from the large number of interesting facts contained in Dr. Woodward's last annual report.]

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\* I was once called to operate for an aneurism of the carotid artery at the angle of the lower jaw. I supposed that possibly it might not be an aneurism, though it pulsated strongly, and was of several months' standing, and to cut down and take up the carotid artery, or to open an aneurism for an abscess, were operations too important to hazard. To be certain, if possible, in this case, was of the first importance. In order to ascertain the nature of the disease, I took the canula and stilet before described, and passed it into the cavity of the pulsating tumor. After withdrawing the stilet several times, while I retained the canula firm in the cavity of the tumor, I clearly ascertained that it contained pus, and was no aneurism. Of course it was unnecessary to take up the carotid artery.