

For a few days poultices were applied, then the wound was dressed with cotton-wool, carbolic oil, and tow. The discharge was sweet, and was reported not to exceed half an ounce a day.

Nov. 27th.—Temperature rose to 104.3°, and the discharge simultaneously diminished greatly, but was not pent-up. The wound was probed and found pervious. She complained of much pain along the lumbar nerves and down the back and front of both thighs. She was sponged with tepid water, and took a mineral acid draught three times daily. On pressure in right hypochondrium below the ribs, a larger flow of pus ensued. Temperature still high: morning, 101.2°; evening, 104.2°; pulse 140. Enlarged and painful gland noticed in right axilla.

On Dec. 2nd the urine again contained pus and a small amount of albumen. She passed on an average from forty to seventy ounces per twenty-four hours. The specific gravity varied from 1010 to 1017. Her temperature gradually subsided to normal, and she improved slowly, gaining strength.

She left the hospital at her own wish on Feb. 7th, still having a very slight, perfectly sweet discharge from the external fistula. The urine was of low specific gravity; the quantity was 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 extirpating the kidney had been discussed with Mr. Savory, who was of opinion that her condition did not justify so grave an operative interference; and her recovery under the alternative treatment by opening and drainage, after preparation of the abscess cavity by emptying 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 merits of their penknives 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 the infirmary, and was immediately seen by the house-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 man's appearance. His face was pale and drawn, and he presented the general aspect of one weak from loss of blood and anxious from the influence of impeded respiration. Blood was oozing from the wound, and on percussion the whole of the right thorax below the fourth rib was dull. The breath-sounds were inaudible below, and very faintly heard above this point. There had not been any cough, neither had he expectorated any blood. Fresh dressings were applied, and the patient was ordered to bed with instructions to remain absolutely quiet in the recumbent position, and to have simple liquid diet, with ice to suck *ad libitum*. The temperature rose to 101° in the evening.

The day after admission there was on the right side absolute dulness; decubitus on the affected side. The ribs were 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. There was now some resonance of tubular quality. On the eleventh day it was demonstrated that the dulness was owing to a hæmothorax by aspiration with the needle of an ordinary hypodermic syringe inserted between the fifth and sixth ribs, and 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 during the latter part of his stay in hospital 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 incision having penetrated apparently the pleura costalis without wounding the pleura pulmonalis, the absence of hæmoptysis, 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, unless the small size of the artery in the situation wounded may in itself account 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 hæmorrhagic 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 Dr. Cayley, reported in THE LANCET, Nov. 12th, 1881, p. 828. The one an instance of pneumothorax from the puncture of the pleural cavity by a fishbone, and the other a hæmothorax 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 Enucleation 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. RADCLIFFE 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 upon the tongue were symmetrical white patches on each side of the raphé, and on the buccal mucous membrane white streaks extending from the parts adjacent to the last molar teeth to the lips. The other cases related presented similar characters as regards the mucous membrane of the cheeks, but only affected the sides of the tongue; the most interesting point was that this condition of the mucous