

healthy reparation in their centres, which need not therefore be meddled with. Mercury in this stage of the disease, should not be exhibited. Hydriodate of potash, sarsaparilla, country air, and the tranquillizing effects of opium, should the patient be harassed by extensive ulceration, are the constitutional means most to be relied upon. 5th. For the true Hunterian chancre with hardened edge and base, and for the scaly eruption which attends it, as well as the deep excavated ulcer of the tonsil, nodes and other symptoms belonging to this form of disease, mercury may be esteemed a certain and expeditious remedy.—*Medical Times*, April 19, 1845.

CASE OF A BLOOD-VESEL COMMUNICATING WITH THE CAVITY OF AN ABSCESS.

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In the *London and Edinburgh Monthly Journal* for March, 1843, there is communicated by my friend, Dr. A. King of Glasgow, a very interesting case of Rupture of the Internal Jugular Vein into an Abscess, which had formed near the angle of the jaw. Independent of the interest attaching to it,—from being, so far as I know, the first recorded case, in which a large and important vein had communicated with an abscess, and caused death,—it is important, as serving to corroborate in some measure the accuracy of a statement previously published by Mr. Liston, in his well-known paper on “A Peculiar Variety of False Aneurism,” which was excluded from the *Transactions of the Medico-Chirurgical Society of London* for reasons best known to that body.

One great difference, however, existed between the two cases; exclusive of the fact, that in the one, a vein was affected, and in the other an artery,—viz. that in Dr. King's case the abscess in the neck, had burst externally three days before any evidence was afforded of the vein having become implicated; whilst in Mr. Liston's, the communication between the artery and abscess had evidently taken place some time before the latter was opened. This distinction, in the eyes of some of Mr. Liston's well-disposed friends, seemed very important; for while few of them could deny that ulceration sometimes occurred in an opened abscess, and led to destruction of vessels, many were unwilling to admit that such a thing ever happened in an unopened one; and they therefore, with the utmost apparent zeal for the interests of suffering humanity, proclaimed loudly to the medical world, through every available channel; their belief in the falsity of that great surgeon's description of the case in question. Subsequent, ay, and even previous experience, have, notwithstanding, confirmed the possibility of the account which he gave; and this very case, instead of detracting from, has in reality added another wreath to his chaplet of well-earned laurels.

In a case which came under my own observation in the month of May last, a vessel undoubtedly communicated with the cavity of an abscess, previously to the latter giving way; and although the value of my account may in some measure be lessened, owing to an opportunity not having been afforded me of ascertaining the exact vessel which gave rise to the fatal hemorrhage, yet the case is sufficiently interesting in other respects, to justify me in making it public. It will serve at least to add to the number of the similar cases already recorded in Mr. Liston's memoir, and in Dr. King's, and subsequently in Mr. Broxam's communications; and will afford additional proof of the danger of allowing abscesses to remain for a long time, (particularly in delicate children,) pressing upon important vessels:

The case was that of Eliza Cameron, aged fifteen months, who, on the 1st of May, was attacked with scarlatina anginosa, which pursued a favourable course under the treatment. On the 17th she was brought to me, in consequence of a diffused, tense, and superficially inflamed swelling, situated behind and below the angle of the right jaw. At this period, the throat, internally, showed no appearance of disease. As no fluctuation could be detected in the tumour, poultices were ordered, and directions given for the child to be brought back to me in a couple of days. The poultices were applied; but the mother neglected showing me the child at the time appointed, wishing, as she said, “that the healing should be quite ripe before it was lanced.” The consequence was, that the tumour burst into the throat, and the hemorrhage which ensued was so great, as speedily to prove fatal. The account given to me was, that the tumour had become much softer; and appeared to the friends sufficiently ready for opening, when, on the evening of the 23rd, the child suddenly gave issue to a large mouthful of scarlet-coloured blood. It continued to flow from the mouth, of the same colour, for the space of six or seven minutes. A considerable quantity of a darker coloured and coagulated blood was next vomited, making the quantity lost amount altogether, as nearly as the bystanders could guess, to about sixteen ounces. Shortly after this the child died. The swelling on the side of the neck was found to have decreased considerably in size.

From the preceding description, it is tolerably clear, why the blood vomited first and last should have differed so much in appearance; for in the former instance it must have proceeded directly out of the mouth, from the suppurating cyst, and in the latter it must have trickled first into the stomach, and been again discharged, from thence altered both in colour and consistence.

Notwithstanding the statement made to me, that the blood was at first of a scarlet colour, I am by no means decided as to whether it issued from an artery or vein; but of one thing there can be little doubt, that the vessel, whatever it was, must have been of some consideration.

The practical lesson to be deduced from the preceding, and similar cases, I have already hinted at, viz., that no unnecessary delay should be allowed to occur before opening abscesses situated under the resisting fascia of the neck, particularly when they take place in children of weakly constitution, or debilitated by disease. I have a strong conviction, that if the abscess had been opened earlier in my own case, if not in some of the others recorded, the termination of them would have been very different indeed.—*Cormac's Journal*, April, 1845.

ON THE TRAUMATIC CURVATURE AND INCOMPLETE FRACTURE OF THE LONG BONES IN CHILDHOOD.

This subject has hitherto not been examined with the attention which it deserves. M. Thore, after alluding to the cases which have been published by MM. Thierry, Villame, Gulliver, Mondiere, &c. relates the particulars of three, which have occurred under his own observation. In the first of these, a child, eight years of age, had the fore-arm bent considerably forwards, in consequence of a fall. In another case, the curvature of the fore-arm was backwards: it occurred in a child three years old; and, from having been neglected, the deformity remained uncured. The third case—some of the details of which we now give—exhibits an instance of a curvature and an incomplete fracture taking place at the same time.

Case.—A child, six years and a half old, fell down a stair-case. When visited, the fore-arm was found to be tense swollen, and very painful on the slightest pressure.