

forced to devise some means of pushing it back; so he invoked the aid of the orbicularis to perform this office, and thought he was right, in consequence of perceiving the eye to be flatter when the lids were closed than when they were open. But this appearance has been already accounted for by the fact, that when the lids are shut, the long diameter of the eye is turned upwards. That the orbicularis has nothing to do in keeping the eye from protruding, is easily seen, by raising both lids with the fingers from off the globe, when it will be found that the eye does not protrude in the slightest degree; whereas, if it were kept pressed back by the orbicularis palpebrarum, of course the ball would protrude when the pressure caused by the lids is removed. In addition, we have the further support of the pathological fact, that the eyeball does not protrude in paralysis of the orbicularis palpebrarum.

Montreal, June 15, 1847.

ART. XII.—CASE OF SUBMAMMARY ABSCESS, DISCHARGED THROUGH THE TRACHEA.

By S. C. SEWELL, M.D., &c.

Mme. A — D —, aged 29, ten years married, barren, consulted me early in March, 1840, for a painful affection of one breast, which I treated as a case of irritable breast, by frictions of iodide of potassium ointment, ioduretted solution of iodide of potassium, &c. In three weeks she expressed herself much relieved, and dispensed with farther attendance. On the 20th April, Mr. D. called on me, and stated, that some uneasiness still remaining, and the breast having increased in size, Mrs. D. had consulted Dr. —, who had declared it to be cancer, and advised its removal. I immediately went to see her, and, on examining the breast, I found that it was somewhat larger than the other, with fluctuation, indicating matter or other fluid behind the mammary gland. I repudiated the idea of cancer, expressing my conviction that it was a chronic abscess between the ribs and gland, and requesting that further advice might be called to decide the controversy. They suggested Dr. Robertson, who came on the following day and confirmed my diagnosis. Owing to the depth of the abscess, we declined making any incision, and the ioduretted frictions were continued. On the 10th of May, I was hastily summoned to see Mrs. D., who, I found, had commenced about an hour before to expectorate pus in considerable quantities; the expectoration was now less abundant; every few minutes a tracheal rale was heard, followed by cough and expectoration of pus. The breast was now the size of the other, and the gland moved loosely under the hand, as though detached. Pressure on the

breast caused increased expectoration of matter. I applied a compress and bandage over the breast; the expectoration gradually ceased in four or five days, and Mrs. D. has remained in good health to the present time. In this case, adhesion of the pleuræ, perforation of the intercostal muscle, pleuræ and substance of the lung, until a large bronchus was reached, must have taken place. I should have mentioned that there was no effusion of pus into the pleura or emphysema of the cellular tissue, but there was loud mucous rale à grosse boules under the abscess.

ART. XIII.—CASE OF FRAMBÆSIA.

By R. W. EVANS, M. D., Richmond, C. W.

In the month of Feb., 1847., I was consulted by A. R., lately from Ireland, aged 20, of a lymphatic temperament.

He stated that he had been afflicted during the voyage to this country with an eruption; but since his arrival, in August last, the eruption had assumed the appearance of what he called boils, and that at its invasion he observed small red spots, similar to flea bites, affecting the groin, upper part of the left thigh, and posterior part of the neck, which increased daily in size, causing great inconvenience in walking; having the appearance of fungoid growths, distinct from each other at their summits, but connected by their bases; of a dirty pale colour, and very similar to a mulberry in their formation, having a profuse discharge of an ichorous fluid. These excrescences were about 20 in number.

The surface affected was deprived of its cuticle, and he did not experience much pain on handling the part; appetite good; bowels costive; pulse regular; tongue slightly furred; great lassitude; and inability to enter upon or endure active exertion.

The causes of *Frambæsia* may be divided into the predisposing and the exciting. The first depend on a certain condition of climate, where damp and heat prevail, and where intermittent fever is common. The exciting causes are local irritation, filth, exposure to damp, febrile attacks, suppressed evacuation, and sudden changes of temperature. The yaws are classed under the head "tuberculæ," which is distinguished by the occurrence of small hard tumours projecting in different degrees from the skin: five principal genera are referred to this order, viz., *frambæsia*, *elephantiasis*, *cancer*, *molluscum*, and *lupus*. It is not easy to determine the exact time which the yaws take in going through their different stages. It is said by various authors that lusty well fed negroes, in Africa, have had several yaws as big as a mulberry in a month's time, whereas the low in flesh, with a scanty allowance, have passed three months with-