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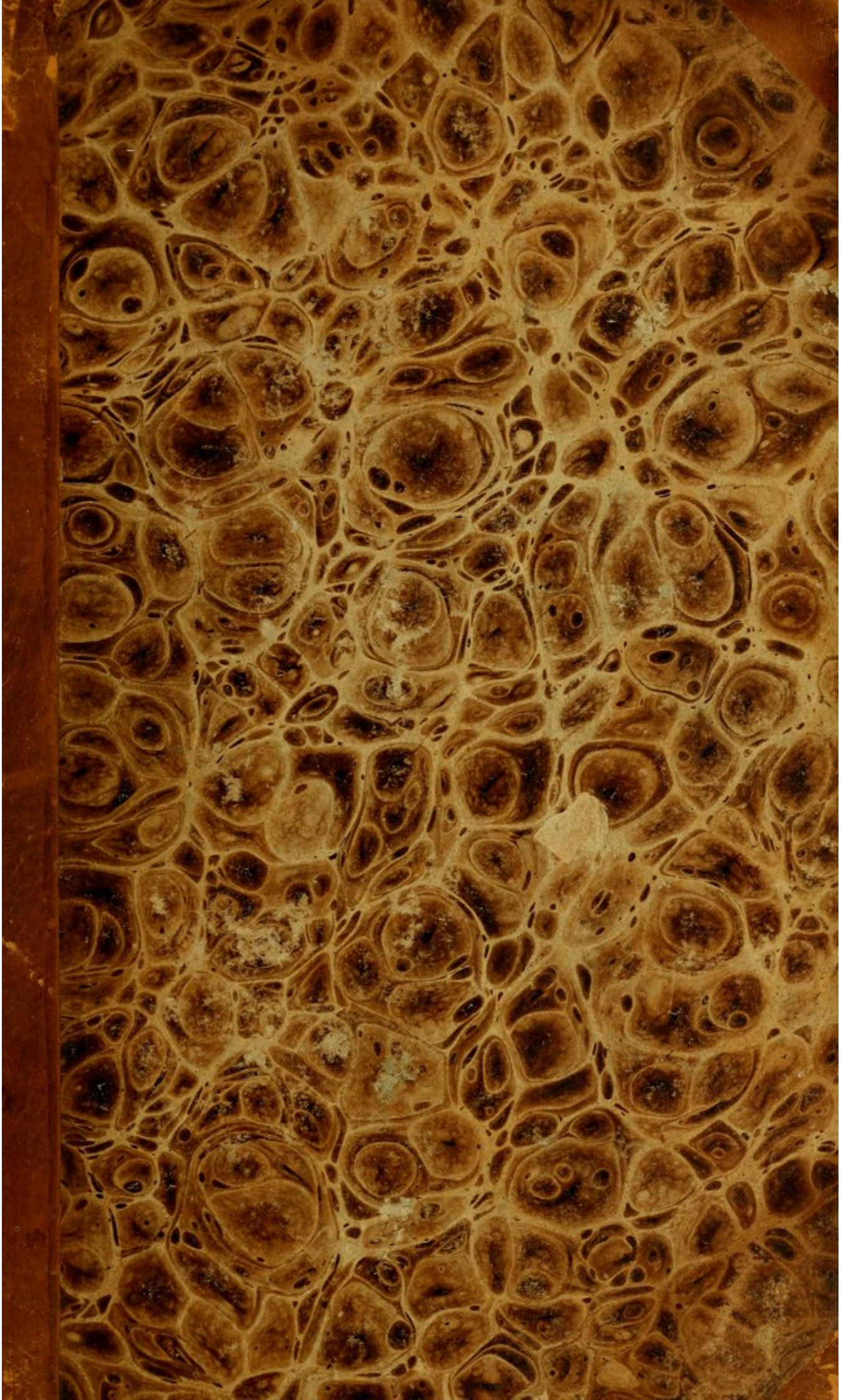

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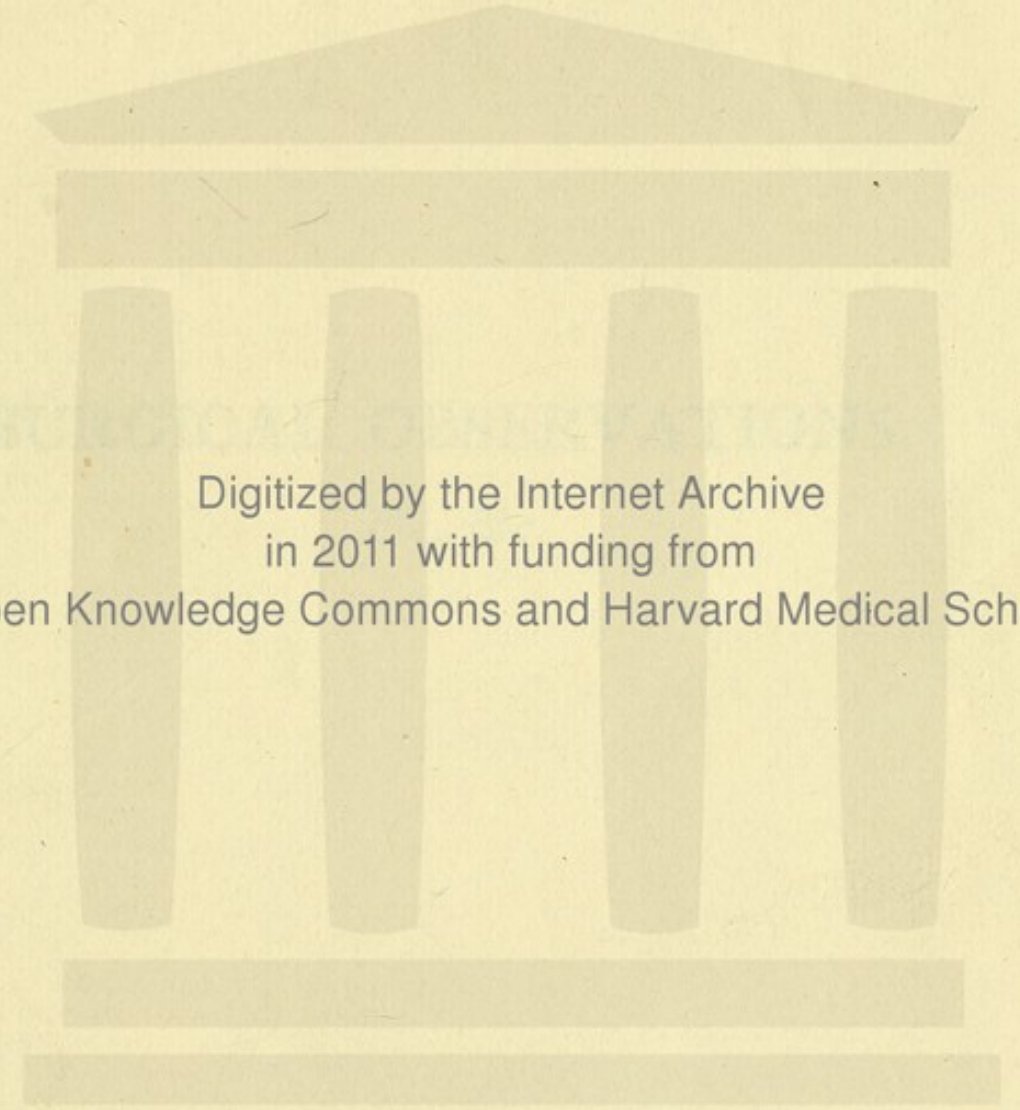

SURGICAL OBSERVATIONS.

&c. &c.

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SURGICAL OBSERVATIONS

ON

TUMOURS,

AND ON

LUMBAR ABSCESSES.

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1811.

SURGICAL OBSERVATIONS.

An Attempt to form a CLASSIFICATION *of* TUMOURS *according to their Anatomical Structure.*

THE obſervations, which I have had an opportunity of making in St. Bartholomew's Hoſpital, on the various tumours which occur in the human body, have been ſo numerous, that I have almoſt felt myſelf under the neceſſity of forming ſome claſſification of thoſe diſeaſes. This claſſification I have attempted according to their anatomical ſtructure, which allows, at the ſame time, of a correſponding arrangement of thoſe practical remarks that have been promiſcuouſly collected. I have long felt ſo ſenſibly the advantages reſulting from an orderly arrangement of this extenſive ſubject, that I have taught it for ſome years in my Lectures in the manner exhibited in the following pages.

I am far, however, from being ſatisfied with the method which I have adopted; but it is the beſt that I have been able to deviſe; and, at leaſt, it has this utility, that it admits of a number of important caſes being arranged in a perſpicuous manner, and prevents that obſcurity which a total want of order neceſſarily creates.

My motives for laying this paper before the Public are; firſt, a conviction, that an extenſive knowledge of this ſubject, ſuch a knowledge as would lead to an attempt at claſſification, and to aſcertain the peculiarities which characterize the different ſpecies of tumours, can only be obtained by thoſe who have very ample opportunities of obſervation. But it is probable that, when the ſubject in general has been ſurveyed, and its parts pointed out, thoſe parts may be diſcriminated and examined with accuracy and advantage, by perſons who have not had opportunities of contemplating the whole. 2dly, The minds of medical men having of late been laudably excited to inveſtigate the nature of cancer, in hopes of diſcovering ſomething

ſervice-

ſerviceable in that dreadful diſeaſe, it becomes right to remark, and it will appear from the following account, that there are many local tumours and ulcers, as intractable in their nature, and deſtructive in their progreſs, as cancer, which are liable to be confounded with that diſeaſe, but which ought to be diſtinguiſhed from it, before any progreſs can be made in this difficult part of medical ſcience. The ſociety for the inveſtigation of the nature of cancer have enquired about the anatomical ſtructure of that diſeaſe, and about other diſorders which have a reſemblance to it. In the preſent paper I have attempted to reply to ſuch interrogations, as far as my knowledge enables me. It appears to me, that, in order fully to inveſtigate any ſubject with advantage, a great deal of collateral knowledge is required, which ſerves, like light ſhining from various places, to illuminate the object of our reſearches. I am not without hopes that this paper will tend to point out the required diſtinctions, and furniſh ſuch collateral knowledge.

In engaging in a new undertaking, I am likely to expoſe my own deficiencies of information; and by adopting a new and perhaps injudicious arrangement, and employing new and perhaps unfit terms, I may lay myſelf open to criticiſm and cenſure. I am not unwilling, however, to encounter theſe riſks, when I have it in view to bring a difficult and intereſting ſubject fairly before the public; in hopes that, by exciting the attention and engaging the labours of many perſons, it may, at length, acquire that perfection of which it is ſuſceptible, and which could never be brought about by the exertions of a few individuals.

The ſubject of tumours occupies a conſiderable ſpace in the works of the antient writers on medicine. They ſeem, however, to have conſidered the ſubject, rather with regard to its name than its nature; for we find a great variety of diſſimilar diſeaſes collected, I cannot ſay arranged, under the ſame general title. The error has deſcended to us, and even in Dr. Cullen's Noſology we find

diſeaſes

diſeaſes of arteries, veins, glands, tendons, joints, and bones, brought together under one order, and deſignated by the ſame name of *tumours*. Some of theſe alſo are merely enlargements of natural parts; whilſt others are entirely new productions, having no exiſtence in the original compoſition of the body. We have, I believe, ſufficient knowledge of the nature of theſe diſeaſes to claſs them more ſcientifically; and as this has not yet, as far as I know *, been done, I ſhall endeavour to ſupply the deficiency.

In the definition which I mean to give of tumours, I ſhall treſpaſs as much againſt the uſual import of the word, as noſologiſts have hitherto done in their claſſifications againſt the nature of the diſeaſe. For I ſhall reſtrict the ſurgical ſignification of the word "Tumour" to ſuch ſwellings as ariſe from ſome new production, which made no part of the

* Plenck publiſhed, 1767, a work intitled "Syſtema Tumorum," which I have not ſeen, but I conclude that it does not reſemble the preſent attempt; ſince no arrangement, like that which I have made, is to met with in the Encyclopédie Methodique.

original compoſition of the body; and by this means I ſhall exclude all ſimple enlargements of bones, joints, glands, &c. Many enlargements of glands are however included in the definition, as they are found to be owing to a tumour growing in them, and either condenſing the natural ſtructure, or cauſing the abſorption of the original gland. Sometimes alſo the diſeaſe of the gland ſeems to produce an entire alteration of ſtructure in the part; the natural organization being removed, and a new-formed diſeaſed ſtructure ſubſtituted in its ſtead. In either of theſe caſes the diſeaſe of the gland is deſigned to be included in the definition; and the practical remarks which follow will equally apply to the ſame kind of diſeaſed ſtructure whether it exiſt ſeparately by itſelf, or occupy the ſituation of an original gland. The ſtructure of tumours is alſo a part of morbid anatomy which deſerves to be examined; ſince (as it did not come within the ſcope of the undertaking) it has not been fully diſcuſſed by Dr. Baillie in his very valuable treatiſe on that ſubject. Yet as he has given repreſentations of glandular parts enlarged by a diſeaſed

ſtructure

ſtructure of an entirely new formation; ſo I ſhall have the advantage of referring the reader to his accurate and expreſſive repreſentations of ſome of thoſe appearances which it is my purpoſe to deſcribe. There is an obſervation of this judicious and accurate writer which I ſhall take the liberty of inſerting, ſince it juſtly appreciates the degree of utility of inveſtigations like the preſent: he obſerves, "that the knowledge of morbid ſtructure does not lead with certainty to the knowledge of morbid actions, although the one is the effect of the other; yet ſurely it lays the moſt ſolid foundation for proſecuting ſuch enquiries with ſucceſs. In proportion, therefore, as we ſhall become acquainted with the changes produced in the ſtructure of parts from diſeaſed actions, we ſhall be more likely to make ſome progreſs towards a knowledge of the actions themſelves, although it muſt be very ſlowly."

The incipient ſtate of tumours will naturally firſt engage our attention; and thoſe, which perhaps form the beſt example and illuſtration of the ſubject, are ſuch as

hang into cavities from the membranous ſurfaces which form their boundaries. The cauſe of tumours having a pendulous attachment attracted the attention of Mr. Hunter, who made the following remarks on the formation of one on the inner ſurface of the peritoneum, as is related by Mr. Home in the Tranſactions of a Society for the Improvement of Medical and Chirurgical Knowledge, Vol. i. p. 231. "The cavity of the abdomen being opened there appeared, lying upon the peritoneum, a ſmall portion of red blood recently coagulated; this, upon examination, was found connected to the ſurface upon which it had been depoſited by an attachment half an inch long, and this neck had been formed before the coagulum had loſt its red colour." Now had veſſels ſhot through this ſlender neck, and organized the clot of blood, as this would then have become a living part, it might have grown to an indefinite magnitude, and its nature and progreſs would probably have depended on the organization which it had aſſumed. I have in my poſſeſſion a tumour, doubtleſs formed in the manner Mr. Hunter has de-

ſcribed, which hung pendulous from the front of the peritoneum, and in which the organization and conſequent actions have been ſo far completed, that the body of the tumour has become a lump of fat, whilſt the neck is merely of a fibrous and vaſcular texture. There can be little doubt, but that tumours form every where in the ſame manner. The coagulable part of the blood being either accidentally effuſed, or depoſited in conſequence of diſeaſe, becomes afterwards an organized and living part, by the growth of the adjacent veſſels and nerves into it. When the depoſited ſubſtance has its attachment by a ſingle thread, all its vaſcular ſupply muſt proceed through that part; but in other caſes the veſſels ſhoot into it irregularly at various parts of its ſurface. Thus an unorganized concrete becomes a living tumour, which has at firſt no perceptible peculiarity as to its nature; though it derives a ſupply of nouriſhment from the ſurrounding parts, it ſeems to live and grow by its own independent powers; and the future ſtructure, which it may acquire, ſeems to depend on the operation of its own veſſels. When the

the organization of a gland becomes changed into that unnatural ſtructure which is obſervable in tumours, it may be thought in ſome degree to contradict thoſe obſervations: but in this caſe the ſubſtance of the gland is the matrix in which the tumour is formed.

The ſtructure of a tumour is ſometimes like that of the parts near which it grows. Thoſe which are pendulous into joints, are of a cartilaginous or oſſeous fabric; fatty tumours frequently form in the midſt of adipoſe ſubſtance, and I have ſeen ſome tumours growing from the palate, and having a ſlender attachment, which in ſtructure reſembled the palate. Sometimes, however, they do not reſemble in ſtructure the parts from which they grow. The inſtance juſt mentioned, of the pendulous portion of fat growing from the peritoneum, will ſerve as a proof: the veſſels, which had ſhot into it, made the tumour into fat, whilſt the neck was of a fibrous and vaſcular ſtructure. I have ſeen oſſeous tumours unconnected with bone or perioſteum; and indeed, in general,

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the ſtructure of a tumour is unlike that of the part in which it is produced. Therefore we ſeem warranted in concluding, that in many caſes the nature of the tumour depends on its own actions and organization; and that, like the embryon, it merely receives nouriſhment from the ſurrounding parts.

If, then, the coagulable part of the blood be from any cauſe effuſed, if the adjacent abſorbents do not remove it, and the ſurrounding veſſels grow into it, the origin of a tumour may be thus formed. It may be right to reflect a little on the cauſes which may occaſion a depoſition and conſequent organization of the coagulable part of the blood; as ſuch reflections throw light on the nature and growth of tumours, and lead to the eſtabliſhment of principles, which are applicable to tumours in general. The depoſition of the coagulable part of the blood may be the effect of accident, or of a common inflammatory proceſs *, or it may be the

* It will probably be uſeful to illuſtrate this ſubject by the recital of a caſe: —

CASE.

the conſequence of ſome diſeaſed action of the ſurrounding veſſels which may influence the organization and growth of the tumours.

In the former caſes, the parts ſurrounding the tumour may be conſidered ſimply as the ſources from which it derives its nutriment, whilſt it grows apparently by its own inherent powers, and its organization depends upon actions begun and exiſting in itſelf. If ſuch a tumor be removed, the ſurrounding parts, being ſound, ſoon heal, and a complete cure enſues. But if a tumour be removed, whoſe exiſtence depended on the diſeaſe of the ſurrounding parts, which are

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CASE.

A medical practitioner bruiſed the upper part of his thigh againſt the pummel of a ſaddle, in conſequence of his horſe ſtarting. The bruiſe and ſlight inflammation attendant on this accident ſoon diſappeared, but after ſome months, he perceived a ſmall tumour, which gradually increaſed, till it acquired a conſiderable magnitude. He came to London, and had it removed. It was an adipoſe tumour, and had a diſtinct capſule incloſing it, formed by the condenſation of the cellular ſubſtance in which it had grown.

ſtill

ſtill left, and this diſeaſe be not altered by the ſtimulus of the operation, no benefit is obtained: theſe parts again produce a diſeaſed ſubſtance, which has generally the appearance of fungus, and, in conſequence of being irritated by the injury of the operation, the diſeaſe is in general increaſed by the means which were deſigned for its cure. It appears therefore that in ſome caſes of tumours, the newly formed part alone requires removal, whilſt in others the ſurrounding ſubſtance muſt be taken away, or a radical cure cannot be effected.

There is yet another circumſtance deſerving attention, before I proceed to the particular conſideration of the ſubject; which is, that a tumour once formed, ſeems to be a ſufficient cauſe of its own continuance and increaſe. The irritation, which it cauſes in the contiguous parts, is likely to keep up that increaſed action of veſſels which is neceſſary to its ſupply; and the larger it becomes, the more does it ſtimulate, and of courſe contribute to its own increaſe.

Suppoſe

Suppoſe then a tumour to have formed, and increaſed; it will continue to grow and to condenſe the ſurrounding cellular ſubſtance, and thus acquire for itſelf a kind of capſule. Tumours are more cloſely or looſely connected to the ſurrounding parts; which circumſtance ſeems to depend upon the degree of ſtimulus which they occaſion, and the inflammation which they thus excite. This irritation perhaps may be the cauſe why ſome tumours, which are ſlow in their firſt increaſe, grow rapidly after they have acquired a certain ſize.

Theſe preliminary obſervations will be referred to, when the different kinds of tumours are deſcribed. When the hiſtory of different kinds of tumours is ſpoken of, there will be frequent neceſſity to advert to the effects of medical treatment upon them; it therefore ſeems right to premiſe a few words upon that ſubject.

It can ſcarcely be doubted that when tumours form and grow, there exiſts an increaſed ſtate of action in the adjacent veſ-

ſels,

ſels, and the firſt curative intention in theſe diſeaſes will therefore be to repreſs as much as poſſible this unuſual exertion of the veſſels, which gives riſe to the formation of a tumour, and, by its continuance, cauſes its increaſe.

I know of no local meaſures to diminiſh an increaſed or inflammatory action of any part of the body more rational in theory, or more efficacious in practice than thoſe of taking away the two great cauſes of animal actions, the blood and heat of the diſordered part. The former is generally accompliſhed by means of leeches applied in its vicinity, which ſhould be repeated as circumſtances indicate; and the latter, by the application of folded linen, wetted with ſedative lotions, by which a continual evaporation and conſtant abſtraction of heat is kept up from the ſurface of the ſkin. The effect of this laſt mode of treatment is much more conſiderable than at firſt ſight might be ſuppoſed. It operates on parts far beneath the ſurface. As heat is ſo tranſ-

miſſible a ſubſtance *, ſo in proportion as the temperature of the ſkin is diminiſhed by evaporation, it derives heat from the ſubjacent parts, and thus are their morbid actions leſſened †. If by ſuch means the growth of a tumour be ſuſpended, another curative indication naturally ariſes, which is to promote the abſorption of the new formed ſubſtance.

* Though this expreſſion may not be correct, the idea which is deſigned to be conveyed by it, will, I believe, be underſtood.

† The regulation of the temperature of diſeaſed parts, ſeems to be an important object in the treatment of local diſeaſes; and it is very poſſible, that by producing evaporation from the ſurface we may chill them. Patients, therefore, ought be apprized, that our object in the uſe of evaporating waſhes, is merely to prevent an unnatural degree of heat. It is not neceſſary that the waſhes ſhould be applied cold to accompliſh this object. A chilly ſenſation imparted to a portion of the ſkin may affect the whole ſurface, and produce that affection which we call a cold. In many caſes, a bread and water poultice ſeems to me the beſt application we can employ, both with a view to abſtract ſuperfluous heat, and on account of its ſoothing properties. It is indeed a local warm bath, and, like the bath, it induces a gentle perſpiration from the ſurface.

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This indication is generally attempted by the uſe of ſtimulants, ſuch as frictions with mercurial ointment, preſſure, and electricity, or by means which alſo excite ſome counter irritation, as rubefacient plaſters, ſolutions of ſalts, bliſters, and iſſues. Both reaſon and experience equally demonſtrate the impropriety of uſing the ſtimulating plan till the diſeaſe is firſt tranquillized, and in a degree ſubdued. It is reaſonable to expect that ſtimulating meaſures will increaſe the actions, which are going on in the diſeaſed part; and experience proves that diſeaſes are often increaſed by thoſe very means which, had they been employed at a proper time, might have effected their cure. This may be elucidated by a fact which is, I believe, generally known and admitted, that if a bliſter be applied for the cure of a pleuriſy before evacuations are made uſe of, and the activity of the diſeaſe be thus checked, it aggravates the diſeaſe; if afterwards, it ſpeedily effects a cure. If a tumour or any local diſeaſe be for a time benefitted by ſtimulating diſcutients, and the diſeaſed actions recur in it with a degree of activity; it is better to

deſiſt from this latter plan of treatment, and adopt again the former one, till the diſeaſe is by ſuch means rendered inactive.

I am ſo well convinced of the neceſſity of attending to the time and circumſtances in which theſe remedies are applied in order to give them their real efficacy in the cure of local diſeaſes, that I have been induced to dwell longer on this ſubject than may perhaps to ſome ſeem neceſſary.

When a bliſter is made permanent, or a ſeton or iſſue is made in the vicinity of a diſordered part, it is in fact producing a new but curable diſeaſe, in order to detract from an old one, over which we have leſs controll. But here the ſame obſervations apply. We ſhould not produce a new diſeaſe till the active ſtate of the original one is diminiſhed, and till it is, as it were, rendered dormant; for otherwiſe the irritation of the intended remedy will rather tend to the aggravation than the cure of the diſorder; it will alſo increaſe the febrile diſturbance of the conſtitution, by adding to the cauſes of irritation. It ſhould alſo be borne in mind, that the

intended remedy is a diſeaſe of our own creating; and, if it be a painful one, that it may, by diſturbing the conſtitution, do more harm in this way to the original diſeaſe than good by its counter-irritation.

Such are the local means of treating tumours, as well as other local diſeaſes, and to theſe I ſhall have occaſion to refer. I cannot ſpeak of the general means uſually employed to operate on theſe diſorders without entering into a long, and, I think, an unneceſſary diſcuſſion.

In attempting a claſſification of tumours, I ſhall ſuppoſe that they may be made to conſtitute an Order in the claſs of local dieaſes in noſology; and the meaning of the word may be reſtricted, in the manner ſuggeſted, to ſubſtances of new formation, which made no part in the original ſtructure of the body; the order may then be divided into genera, and the firſt genus may be denominated from its moſt obvious character, (that of having a firm and fleſhy feel,) Sarcoma, or Sarcomatous tumours.

This genus contains many ſpecies, to a deſcription of which I next proceed. The firſt

of which I ſhall treat, being apparently compoſed of the coagulable part of the blood, rendered very generally vaſcular by the growth of veſſels through it, without having any noticeable peculiarity in their diſtribution, may therefore be called

Common Vaſular, or organized Sarcoma.

The names by which I have diſtinguiſhed the different ſpecies of ſarcoma have been objected to, becauſe they are derived from internal circumſtances, and not from any information, which can be acquired prior to an operation. I have not, however, been able to deviſe any better mode of denominating theſe tumours: for all the ſpecies muſt agree in the external characters, thoſe of an increaſe of bulk, and a fleſhy feel. If, however, an arrangement of tumours were once made, ſo that the hiſtory of each ſpecies could be particularly remarked, we might perhaps be able, from this circumſtance, to form a probable opinion of the nature of the tumour, and of the mode of treatment which it would require; and, by adverting to the ſtructure of the removed tumour

after

after an operation, we might determine whether it would be right to remove or leave the contiguous parts. It is deſigned, then, to include under this title all thoſe tumours which appear to be compoſed of the gelatinous part of the blood, rendered more or leſs vaſcular by the growth of veſſels through it.

The veſſels which pervade this ſubſtance are, in different inſtances, either larger or ſmaller, more or leſs numerous: they are diſtributed in their uſual arboreſcent manner, without any deſcribable peculiarity of arrangement. This kind of tumour ſeems to be the moſt ſimple in its nature; many, perhaps all, of the varieties of tumours, were at firſt of this nature. The fatty tumour lately mentioned was doubtleſs at firſt a common vaſcular ſubſtance; but the veſſels ſecreted fat in the body of the tumour, whilſt the neck underwent no ſuch change.

They are ſuch tumours, then, as are organized throughout, but without diſtinguiſhable peculiarity of ſtructure, that are meant to be conſidered under this title. This

ſtructure is met with not only in diſtinct tumours, but likewiſe in the teſtis, mamma, and abſorbent glands. In the teſtis I have ſeen the veſſels, very numerous and ſmall, diſperſed through every part of the tumour. In the mamma they ſeem to be rather large than numerous, and the organization appears leſs complete.

When this kind of tumour has attained a conſiderable ſize, the ſuperficial veins appear remarkably large; on which account, together with their curiouſly meandering courſe beneath the ſkin, they cannot fail to attract attention. Perhaps the weight of the tumour compreſſes the deeper ſeated veins and obliges the blood to return in larger quantities through thoſe nearer the ſurface; or perhaps theſe veſſels undergo a kind of ſympathetic enlargement; for they do not appear to be diſtended by the blood which they contain.

Theſe tumours are generally dull in their ſenſation; enduring even a rough examination by the hand, and electric ſhocks, without becoming painful. I ſuſpect that it is this kind of ſarcoma, which ſometimes, though rarely,

rarely, ſuppurates; but as, when that event takes place, even partially, the reſt of the ſubſtance is, in general, ſpeedily removed by abſorption, I have had no opportunity of aſcertaining this circumſtance.

Theſe tumours generally grow till the ſkin is ſo diſtended that it ulcerates, and expoſes the new-formed ſubſtance; which, being as it were obliged to inflame, and not being able to ſuſtain diſeaſe, ſloughs and falls out; ſometimes portions ſeem to be detached, and come away without ſloughing. In this manner is the diſeaſe occaſionally got rid of; but ſuch is the conſtitutional irritation attending this proceſs, and the diſguſting fœtor and frightful appearance of the part, that the ſurgeon generally recommends, and the patient ſubmits to its removal at this juncture.

As Caſes will probably convey more information in leſs words than deſcription or narrative, and as they identify the kind of diſeaſe which is meant to be deſcribed, and inform, as it were by example; I deſign to relate one or more caſes of each kind of

tumour, and thus curtail as much as I can my deſcription of them.

CASE I.

A woman, between forty and fifty years of age, was admitted into St. Bartholomew's Hoſpital, on account of a conſiderable tumour which had grown on the inſide of the knee, and had ſo concealed the tibia, that it could not be felt. She remembered it when of the ſize of an egg, but could give no information to our inquiries, whether in that ſtate it was fixed to the bone, or moveable upon it. It meaſured two feet in circumference, and had been gradually increaſing between three and four years. The veins were large, and formed an appearance like network on the ſurface.

As the tumour advanced in ſize it had gradually prevented her moving about till it entirely confined her to her bed. In this ſituation it was not painful till within half a year before her admiſſion into the hoſpital; when, from the ſenſe of diſtenſion of the ſkin, and the inflammation induced in that part,

part, ſhe became reſtleſs and feveriſh, and loſt her fleſh conſiderably. At length, the ſkin ulcerated, and the expoſed tumour inflamed and ſloughed at different times, ſo as to leave a cavity in it of the ſize of a pint-baſon. From the ſides of this cavity there was poured forth a moſt copious and fœtid diſcharge: ſhe had frequently loſt blood from the veſſels laid open by ulceration or ſloughing; and, on her admiſſion into the hoſpital ſhe had a confirmed hectical fever through, weakneſs and irritation.

The ſtate of the patient's health, the magnitude of the tumour, the uncertainty of its origin, (for it was ſuppoſed to have ariſen from a diſeaſed bone) made amputation appear the only means of preſerving life. Upon an examination of the amputated limb, which was previouſly injected, this tumour was found to have no connection with the bone or joint upon which it lay. The lower part of the tumour was covered by a thin capſule, made apparently of condenſed cellular ſubſtance, and it was looſely connected to the parts on which it lay; but on the ſurface

face of the tumour next the ſkin the capſule firmly adhered to it in conſequence of the inflammation which had taken place. The ſubſtance of which the tumour was compoſed appeared to have been originally of a coagulable nature, and the veſſels which ramified throughout it, appeared to be rather large than numerous: yet this appearance might have ariſen from an imperfect injection.

This ſingle caſe is ſufficient to convey all the general information on this ſubject, which I have obtained. It is unneceſſary to add parallel inſtances, and I am unwilling to load the account with minute particulars, leſt they ſhould obſcure the principal facts. Probably from the want of knowledge I may have included, without diſcrimination, many varieties in this ſpecies of tumour; and, perhaps, further obſervations will furniſh more ſpecific diſtinctions in theſe diſeaſes. The ſubject is but begun; and the difficulty of the inveſtigation will, I hope, apologize for the ſmall advances which I have been as yet able to make.

Adipoſe Sarcoma.

This is a very common ſpecies of ſarcomatous tumour, and is formed moſt commonly on the front, or back part of the trunk of the body, and ſometimes in the extremities.

Although it is generally formed in the midſt of cellular and adipoſe ſubſtance, there can be little doubt that its origin is like that of other tumours; that, in the firſt inſtance, it was coagulable lymph, rendered vaſcular by the growth of veſſels into it, and that its future ſtructure was the conſequence of their arrangement and actions. That this was the caſe in the pendulous tumours mentioned in the preliminary obſervations (page 9.) ſeems to be certain.

The diſtinct origin of ſuch tumours is made ſufficiently evident, by obſerving, that they have always a thin capſule of common cellular ſubſtance, which ſeparates them from the contiguous parts. This capſule ſeems merely to be the effect of that condenſation

of

of the ſurrounding cellular ſubſtance, which the preſſure of the tumour occaſions. As the growth of adipoſe tumours is regularly and ſlowly progreſſive; as nothing like inflammation in general accompanies their increaſe; their capſules afford a ſtriking inſtance of an inveſtment acquired ſimply by a ſlight condenſation of the ſurrounding cellular ſtructure, unaffected by inflammation. The capſule, which is very thin, adheres but ſlightly to the tumour: and the principal connection appears to be by veſſels, which paſs through it to enter the ſubſtance of the tumour. Theſe veſſels are ſo ſmall and the connection ſo ſlight, that no diſſection is required to ſeparate it; for when the tumour is to be removed, the hand of the operator can be eaſily introduced between it and its inveſtment, and it is thus readily turned out of its capſule.

The veſſels of adipoſe tumours are neither large nor numerous; they are readily torn when the ſeparation alluded to is attempted, and they ſcarcely bleed after it has been effected. It is natural to ſuppoſe when the

greater part of a large tumour has been detached, and no veſſel of conſequence has been divided, that ſome principal nutrient artery will afterwards be met with; and this ſuppoſition produces an unneceſſary heſitation on the part of the operator. There is indeed no ſpecies of tumour that can be removed with ſo much celerity, with ſuch apparent dexterity, or with ſuch complete ſecurity againſt future conſequences, as thoſe of an adipoſe nature. In ſome inſtances, however, when inflammation has been induced, the capſules even of theſe tumours are thickened, and adhere ſo as not to be ſeparable without difficulty from their ſurface. To certify this remark I may mention the caſe of a man who had an adipoſe tumour growing beneath the ſkin of the nates, in which the preſſure from ſitting occaſioned inflammation, and this kind of tenacious adheſion of the capſule to its ſurface. This circumſtance made the ſeparation of the ſkin from off its ſurface difficult, when the extirpation of the tumour was undertaken; but, after that was accompliſhed, the baſe of the tumour was lifted up and removed with great facility,

facility, and almoſt without the uſe of the knife. The under part of this tumour had not a regular ſurface, but projected in portions ſo as to have a lobulated appearance; a circumſtance which is not unfrequent, and which deſerves to be mentioned. From the occurrence of inflammation likewiſe theſe tumours ſometimes adhere to the contiguous parts; of which circumſtance the caſe which I am about to relate affords a curious example.

I have known ſeveral fatty tumours growing at the ſame time, in different parts of the body of the ſame perſon.

I ſhall take the liberty of giving an account of the extirpation of a very large tumour of this kind; as the caſe is particularly intereſting, and ſhews that the circumſtances uſually met with are unaltered by the ſize of the tumour.

CASE II.

A healthy middle-aged man had a tumour formed apparently beneath the faſcia of his thigh,

thigh, which he remembered when it was no bigger than an egg. It had increaſed by a regular and ſlow progreſs, in little more than four years, to a very great magnitude, ſuch as may be eaſily ſuppoſed, when it is told, that it weighed, after removal, between fourteen and fifteen pounds. It had been attended with no pain during its increaſe, and was now only inconvenient by its bulk.

The ſurgeons who firſt ſaw this patient would not undertake any operation, feeling an uncertainty as to the nature and connections of the tumour; though they all agreed that, when the ſkin gave way, there was but little chance of the poor man's ſurviving the conſequences of ſuch an expoſure. Conſidering from the hiſtory of the caſe, that the tumour muſt have been removable in the firſt inſtance; believing, from its freedom from pain and irritation, that it was of no malignant nature, and that an operation was only alarming from its magnitude; I recommended the patient to ſee the moſt eminent ſurgeons in London, before he returned in deſpair to the country, from whence he had

come

come for relief. Mr. Cline gave him more direct hopes of ſucceſs than he received elſewhere, and he went into St. Thomas's Hoſpital to ſubmit to the operation.

When Mr. Cline had divided the ſkin and faſcia of the thigh, the tumour was eaſily turned out; but it had unfortunately acquired a ligamentous adheſion to the orbicular ligament of the hip, which could not be ſeparated without, in ſome degree, injuring that part. This attachment appeared to be about half an inch in breadth and about one fourth of an inch in length. The cauſe and nature of this firm attachment to the ligament of the hip, ſeems the only circumſtance peculiar to this caſe, or requiring explanation. It appears to me eaſily accounted for, by ſuppoſing the tumour to have compreſſed and irritated that part, and thus to have occaſioned an adheſion, at firſt of a glutinous nature, but which afterwards becoming organized, had aſſumed the ſtructure of the parts, from whence it proceeded. In like manner tumours growing near, and compreſſing the ſurface of bones, frequently occaſion a degree of exoſtoſis.

No

No hæmorrhage followed the removal of the tumour. The wound at firſt appeared diſpoſed to do well; but the patient became feveriſh, and it did not unite by adheſion. There were alſo ſome ſymptoms indicating inflammation about the hip-joint. The man, however, ſurmounted theſe difficulties, and, after ſome months, was diſcharged from the Hoſpital.

There were two circumſtances in the operation attended with danger; one, the ſize of the wound, which could hardly be expected to unite by adheſion, on account of the irritation which, from its extent, muſt be created; the other, this unlucky attachment to the ligament of the joint. It is to be lamented, that a diſeaſe, ſo readily removable in its commencement, ſhould have been ſuffered to acquire a magnitude, which alone was a ſource of danger.

Since the publication of the firſt edition of theſe obſervations, I have ſeen an abſceſs form in the ſubſtance of an adipoſe tumour. Earthy matter was alſo depoſited on the ſides of the

cavity which had contained the pus. I have alſo ſeen oſſeous matter depoſited within the ſubſtance of an adipoſe tumour.

Pancreatic Sarcoma.

The next ſpecies of ſarcomatous tumour, which I ſhall deſcribe, reſembles in appearance the pancreas, and, on that account, may be named (if the etymological import of the word be not conſidered as prohibitory) Pancreatic Sarcoma.

This new-formed ſubſtance is made up of irregularly ſhaped maſſes; in colour, texture, and ſize reſembling the larger maſſes which compoſe the pancreas. They appear alſo to be connected with each other, like the portions of that gland, by a fibrous ſubſtance of a looſer texture. This kind of ſarcoma, though ſometimes formed diſtinctly in the cellular ſubſtance, more frequently occurs in the female breaſt, perhaps originating in lymphatic glands; and, as caſes of this kind ſufficiently illuſtrate its nature and progreſs, and appear more intereſting in proportion to the importance

portance of the parts concerned, I ſhall ſelect ſome inſtances of it, in this part, to ſhew thoſe circumſtances which ſeem moſt important in the hiſtory of this ſpecies of ſarcoma.

I ſhall, however, firſt relate a caſe of this diſeaſed ſtructure occurring in the lymphatic glands beneath the lower jaw, and afterwards ſpeak of its progreſs, when it takes place in or near to the female breaſt.

CASE III.

A man came to St. Bartholomew's Hoſpital from Oxfordſhire, with three diſeaſed lymphatic glands, each of the ſize of a very large plum. They were ſituated beneath the baſis of the jaw, upon the mylohyoideus muſcle. They reſiſted the attempts which had been made to diſcuſs them; and had not been removed from an apprehenſion that a dangerous hæmorrhage would take place in the operation. The glands had gradually, though very ſlowly, attained their preſent magnitude, for the diſeaſe was of fifteen years' duration. The ſurrounding parts were

not affected. Sir Charles Blicke undertook and accompliſhed the removal of the diſeaſed gland, the ſtructure of which was exactly ſuch as has been deſcribed. This caſe is related in the firſt place, as it ſhews moſt clearly the uſual characteriſtics of this ſpecies of diſeaſed ſtructure; which are thoſe of ſlowly increaſing, of not being prone to inflammation, or tending to ſuppuration.

It may not be improper to mention, though it is irrelevant to the preſent ſubject, that, in the operation, the external maxillary artery was unavoidably divided. It did not, however bleed immediately after the operation, ſo that this circumſtance was not perceived; and the edges of the wound were brought together by one ſuture, and accurately and firmly cloſed by ſticking-plaſter. Shortly afterwards the patient felt a ſenſe of choking, which increaſed to a ſtate almoſt of complete ſuffocation. Indeed it ſeems probable that this might really have happened before any one could have come to his aſſiſtance, had not ſome of the plaſters fortunately given way, and afforded ſome diſcharge to the

blood: for a very great quantity of coagulated blood had collected within the wound, and compreſſed the trachea and pharynx to a greater degree than would readily be believed by thoſe who had not witneſſed the fact. This circumſtance is mentioned to ſhew the impropriety, when there is any chance of hæmorrhage, of cloſing wounds ſo ſtrictly by ſticking-plaſter, as to allow no exit to any blood that may be effuſed; and it is particularly unſafe in circumſtances ſimilar to thoſe of the foregoing caſe. If the hæmorrhage be but ſmall in quantity, and the eſcape of the blood be prevented, it ſeparates the ſides of the wound which ſhould lie in cloſe contact, and thereby prevents their immediate union; and, if it be conſiderable, it deſerves to be remarked, that, ſo far is the compreſſion which the confined blood muſt make on the arteries, from which it was poured, from ſtopping the bleeding, that it ſeems to be a ſtimulating cauſe, exciting an hæmorrhagic action in the veſſels. This remark is manifeſted by the preſent, as well as by many other caſes in ſurgery.

This kind of ſarcoma frequently forms amidſt the mammary gland, a little above, and on that ſide of the nipple, which is next to the arm. Its appearance would lead one to ſuppoſe, that it was a lymphatic gland, which is uſually found in that ſituation, converted into this ſtructure; but ſometimes it ſeems like a diſtinct tumour. It is the appearance of the capſule which inveſts the tumour, that has led me to form theſe opinions.

Theſe tumours leſſen in bulk if judiciouſly treated; but if they cannot be entirely diſperſed, they increaſe gradually: and when they have attained ſome conſiderable ſize, they are generally removed, from apprehenſion of the conſequences which they might produce, if they were ſuffered to remain. If the tumour be indolent, and if it increaſes ſlowly, the parts ſurrounding it, and the glands in the axilla are not affected. But ſome tumours formed by this kind of diſeaſed ſtructure, which do not unfrequently occur in the breaſt, are, contrary to the ordinary properties of ſuch diſeaſes, of a very irritable nature,

nature, occaſioning ſevere and lancinating pain, and producing an inflammatory ſtate of the ſkin which covers them, ſo that it becomes adherent to their ſurface. They alſo irritate the abſorbents leading to the axilla, and produce enlargement of their glands. From theſe circumſtances I ſuſpect that theſe tumours may be frequently conſidered as cancers. Theſe extremely irritable tumours do not generally attain any conſiderable magnitude; they are reduced in ſize by the treatment which has been mentioned, but increaſe again, when it has been deſiſted from. Sometimes a tumour of this nature, which was irritable in the firſt inſtance, becomes indolent after the activity of the diſeaſe has been checked by proper local applications, but in other caſes the irritability of the diſeaſe recurs. The pain is lancinating, and ſo ſevere as to make the patients feveriſh, grow faint frequently, and loſe their muſcular ſtrength. When the axillary glands become affected, one generally ſwells at firſt, and is extremely tender and painful; but afterwards the pain abates, and it remains indurated: another then becomes affected, and runs through the

ſame courſe. I remember an inſtance where many of the glands attained a conſiderable magnitude. The caſe was conſidered as cancerous, and the tumour, which was of the ſtructure that has been deſcribed, and alſo ſome of the diſeaſed glands, were removed, but ſeveral were left, and the patient did well.

CASE IV.

A young woman, who lived with me as a ſervant, ſuffered for more than two years ſevere pain, and conſiderable conſtitutional indiſpoſition, from a tumour of this kind, which had cauſed inflammation and enlargement of three of the axillary glands. Being aſſured that it was not carcinomatous from its diminution under ſurgical treatment, I waited in hopes that ſome beneficial change would ſpontaneouſly take place; but, at laſt, by her requeſt, and, with the coinciding opinion of Sir Charles Blicke, I removed the original tumour, leaving the diſeaſed glands in the axilla. The ſource of irritation being taken away, the glands gradually ſubſided, and the patient ſoon grew fat, and became, and remained remarkably healthy. I have known many ſimilar caſes.

When

When the above account was written, I was unacquainted with thoſe facts recorded in the firſt volume of theſe Obſervations, which ſhew that conſiderable tumours of the breaſt and neighbouring parts, which reſiſt all locally repellent meaſures, may be diſperſed in many inſtances readily, by correcting a diſordered ſtate of the digeſtive organs. I have no doubt, but the occaſional fits of pain and langour, which were experienced in the caſe juſt related, were the effects of irritability of conſtitution, and might have been relieved, and prevented, by means that would have given tone and tranquillity to the ſyſtem.

CASE V.

A lady, about twenty-ſeven years of age, had a tumour between the breaſt and the axilla, which had gradually increaſed during a year and a half to the ſize of a gooſe egg. Its growth had been accompanied with occaſional fits of pain. She had a much furred tongue, and coſtive bowels. As no diſcutient remedies had checked the progreſs of the tumour; and, as ſome apprehenſions that

its

its nature might be malignant were entertained, I was requeſted to remove it.

After I had done ſo, on dividing the tumour, its ſtructure was found to be of that kind which I have deſcribed in this ſection; which induced me, for the comfort of the patient, to aſſure her, that the diſeaſe was not cancerous, and therefore not likely to return. The patient reſided in the country, and when ſhe left town, I exhorted her to be very attentive to her diet, and to the regulation of the functions of her digeſtive organs. After two years, ſhe came from the country much alarmed, by a good deal of thickening irritation and redneſs, which had taken place in the parts wounded in the operation; all of which, however, ſoon ſubſided, under the application of a bread and water poultice during the night, and the uſe of alterative doſes of mercury. In another year ſhe returned again frightened by the occurrence of a ſwelling, attended with uneaſineſs, on the ſide oppoſite to that on which the operation had been performed. The ſwelling was ſituated between the breaſt and the axilla, parallel and contiguous

guous to the margin of the pectoral muſcle. It was as big as a ſmall walnut; and, I have no doubt, was cauſed by the tumefaction of an abſorbent gland. It was diſperſed by the ſame treatment that had been inſtituted for the irritation which had taken place about the wound. About three years have now elapſed, and though ſhe has been occaſionally alarmed by pains, yet no other manifeſtations of diſeaſe have appeared.

As I have preſerved no notes, and do not perfectly recollect any caſe, of a tumour of this ſtructure occurring in a diſtinct form, unleſs ſome of thoſe about the breaſt may be ſo conſidered; and as I wiſh to ſhew that all theſe diſeaſes occur diſtinctly as well as in glands, I ſhall, as an inſtance of a pancreatic appearance in a diſtinct tumour, refer the reader to the curious Caſe publiſhed in London by Dr. Bouttatz of Moſcow, of a tumour which grew beneath the conjunctiva of the eye, and protruded it between the eyelids. The tumour was ſeven inches long and three inches and a half in circumference, and weighed two pounds and a half. The

ſtructure,

ſtructure, which is repreſented in a plate, anſwers correctly to that which I have denominated pancreatic; and it had alſo the ordinary characters of this diſeaſed ſtructure, which are thoſe of ſlowly and regularly increaſing, not being prone to inflammation, nor tending to ſuppuration. The tumour, as might be naturally ſuppoſed, was cloſely connected with the tunica conjunctiva againſt which it preſſed, but the baſe of it was eaſily elevated from the cornea which ſtill retained its natural tranſparency, and the patient regained his ſight on its removal.

Cyſtic Sarcoma.

The next ſpecies of ſarcomatous tumour, as it contains cells or cyſts, may be named Cyſtic Sarcoma; and this ſpecies will be found to comprehend varieties. This ſpecies ſometimes occurs as a diſtinct tumour, but is more frequently met with in the teſtis and ovary. In one kind of diſeaſe of the teſtis, the part is perhaps enlarged to ſix times its natural ſize, and conſiſts of a congeries of cells, containing a ſerous fluid; their

their ſize is that of currants or grapes, but of an oval figure. The ſides of the cyſts are ſo vaſcular as to be made red by injection; and ſometimes the injection is even effuſed and tinges the contents of the cyſt. Dr. Baillie has favoured us with an elegant and correct repreſentation of this diſeaſe, in his Series of Engravings intended to illuſtrate the Morbid Anatomy of ſome of the moſt important Parts of the Human Body*. I have known this alteration of ſtructure the conſequence of a blow received on the part; but, in general, it occurs without evident injury. The firm or ſarcomatous part of an ovary affords a good ſpecimen of the ſtructure I am deſcribing; the cells are here much larger, and are ſo vaſcular as to be made quite red by injection.

To ſhew that this ſtructure is not peculiar to theſe parts, I may mention the folfollowing caſe: a tumour was taken from the face of a boy by Sir Charles Blicke, which, when divided, was found to conſiſt entirely

* *Vide* Faſc. 8. Plate 8. Fig. 2.

of

of an aſſemblage of cells filled with a watery, yet coagulable fluid.

In the teſtis, cyſts are not unfrequently found containing a kind of caſeous ſubſtance. In this caſe too, the ſides of the cyſt are vaſcular. The cyſts are generally large, and ſometimes there is but one. I have called the ſubſtance caſeous, becauſe it reſembles cheeſe in conſiſtence, and in colour; being of a yellowiſh caſt, and of an unctuous appearance; but it is not at all unctuous to the touch. It may be proper to mention, that this caſeous ſubſtance is ſometime irregularly diſtributed throughout the vaſcular ſubſtance of a diſeaſed teſtis, without being confined in diſtinct cyſts. I believe this kind of ſarcocele is particularly unyielding to medical treatment.

Mammary Sarcoma.

There is a ſpecies of ſarcomatous tumour, which indeed I have not frequently met with, but which ſo ſtrikingly reſembles the mammary gland in colour and texture, that,

wiſhing to diſtinguiſh it on account of the following caſe, I have named it Mammary Sarcoma.

I have ſeen this ſubſtance (which is white and firm, and has a ſimilarity of appearance throughout) in the midſt of adipoſe tumours; but my attention was not particularly excited to it till the following caſe occurred.

CASE VI.

A moderately healthy middle-aged woman came from the country to St. Bartholomew's Hoſpital on account of a tumour of the ſize of a very large orange, which had grown gradually on the front of her thigh: it lay beneath the integuments and above the faſcia. It was removed by an operation, and the integuments covering the tumour were alſo taken away, as in the removal of the cancerous breaſt. The ſides of the wound were brought together by ſticking plaſter, and, at firſt, ſeemed diſpoſed to heal; but afterwards a conſiderable induration of the ſurrounding parts took place, and the wound degenerated into

into a malignant ulcer, which ſpread extenſively, and was incorrigible by any medical means employed. As the ulcer ſpread, ſo, in the ſame proportion, did the hardneſs of the parts which ſurrounded it. The pain and fever ſo exhauſted the patient, that in about two months ſhe died.

This tumour, the appearance of which was exactly of the kind that has been deſcribed, ſeemed to have no diſtinct capſule, but to be gradually loſt in the ſurrounding parts. The whole of the diſeaſed part ſeemed to have been removed, yet it is probable that the contiguous parts had a diſpoſition to diſeaſe, which was aggravated, and rendered more malignant, by the injury of the operation. Could the circumſtances have been foreſeen, it might have been right to have removed the parts ſurrounding this tumour more extenſively, as ſuggeſted in one of the preliminary obſervations.

There is a ſimilar kind of diſeaſed ſtructure, but of a ſofter texture, which is frequently found as a diſtinct tumour, or in glandular

glandular parts perhaps; which might, with propriety, be conſidered as a variety of the ſame ſpecies of ſarcoma. It has the ſame uniformity of ſurface, but it is not always of a white colour, being occaſionally of a browniſh or reddiſh tint. I have ſeen a ſubſtance of this kind forming a tumour ſurrounding and compreſſing the œſophagus, and cauſing a contraction of that tube. I have ſeen this kind of ſarcoma in glandular parts, in which the progreſs and event of the caſe did not indicate the diſeaſe to be of a noxious nature. The general reſult of my obſervations, however, has induced me to believe, that this diſeaſed ſtructure is prone to degenerate into an intractable ulcer, which will communicate its diſeaſe to the ſurrounding parts, and I have therefore placed this ſpecies of ſarcoma between thoſe which ſeem to poſſeſs no malignity, and thoſe which follow, and which are of a very deſtructive nature.

I add the relation of a Caſe which occurred at St. Bartholomew's Hoſpital, ſince the publication of the former edition of this paper.

CASE VII.

A woman about fifty years of age, had a tumour growing beneath the ſkin of the perinæum, that by the ſide of the rectum, and that which is external to the labium. It was about ſeven inches in length, about two in breadth, and deſcended as low as the middle of the thigh. Sir Charles Blicke removed it, by dividing the ſkin on either ſide of the tumour length-wiſe, at the upper part of it. He then diſſected out the upper part of the tumour, which was thin, from beneath the divided integuments, and brought the parallel edges of the ſkin together by two ſutures. The tumours when removed, being divided, appeared firm, white, and ſmooth, and ſtrikingly reſembling the mammary gland. It had no diſtinct capſule. The integuments adjoining to the tumour inflamed, and indurated, and ulcerated, and a very large and foul ſore was formed. The patient's health became greatly deranged, ſo that little or no hopes were entertained of her recovery. However, after a time, the diſeaſe ceaſed to ſpread, and at the end of about three weeks began

began to amend. The conſtitution became tranquil in proportion, and the ſore ſlowly healed.

Tuberculated Sarcoma.

The next ſpecies of ſarcoma, which I have to deſcribe, may be named Tuberculated Sarcoma. It conſiſts of an aggregation of ſmall, firm, roundiſh tumours, of different ſizes and colours, connected together by a kind of cellular ſubſtance. The ſize of the tubercles is from that of a pea to that of a horſe-bean, or ſometimes larger; the colour of a browniſh red, and ſome are of a yellowiſh tint. In Dr. Baillie's Plates there is one of the tuberculated liver *, which expreſſes the appearance of this kind of ſarcoma as well as can poſſibly be done by an engraving.

The inſtances which I have ſeen have been chiefly in the lymphatic glands of the neck. The tumours have ulcerated; have become painful and intractable ſores; and have de-

* *Vide* Faſc. 5. Plate 2.

ſtroyed the patient. The diſeaſe appears to poſſeſs a very malignant nature.

CASE VIII.

A remarkable caſe of this kind occurred in St. Bartholomew's Hoſpital in 1797. A man between forty and fifty years of age had a large tumour at the ſide of his neck, beneath the platyſma myoides. It meaſured about eight inches in length, and four in breadth. It was hard and irregular on the ſurface, ſeeming like a cluſter of diſeaſed lymphatic glands. It was extremely painful, and had greatly impaired his health. He affirmed that it had not been more than ſix months ſince its firſt appearance, and in the courſe of this time, numerous ſmall tumours of ſimilar denſity and ſtructure had grown beneath the ſkin all over the trunk of the body, but chiefly on the neck and abdomen. The ſkin and the front of the tumour in the neck had ulcerated, and become a painful phagedænic ſore; and the patient died with hectic fever, in about ſix weeks after his admiſſion into the hoſpital. The ſtructure of all the tumours was alike, and ſuch as has been

been deſcribed: the body was examined by the ſtudents of the hoſpital, who ſaid that there were no tubercles on the viſcera, as there commonly are in caſes of this diſeaſe.—As this diſeaſe is uncommon, it may not be improper to relate another caſe on which I was conſulted in the courſe of the laſt year.

CASE IX.

A gentleman had a tumour in the lymphatic glands of the axilla, which he had taken notice of about a month, and which was ſuppoſed to be of a ſcrofulous nature. I was conſulted as to the propriety of his going to the ſea-ſide. The tumour was of the ſize of an egg, and its ſurface was irregular from the projection of numerous tubercles. This circumſtance ſtruck me, and led me to enquire if he had no other little tumours in the ſkin. He told me there was one in the groin, which appeared on examination to be a diſtinct tubercle; and on further enquiry, I found that the glands above the collar-bone, by the ſide of the neck,

were in ſome degree affected. I had no doubt of the nature of the diſeaſe, and told the phyſician, that, in my opinion, it would terminate fatally. After about a fortnight, when I ſaw the patient again, theſe tubercles had multiplied all over the ſkin, both in the front and back part of the body; they were hard and painful, and gave him the ſenſation as if he was lying on a number of hobnails. The diſeaſe in the glands, both below and above the collar-bone, had greatly increaſed, and the arm was very œdematous. The diſeaſe progreſſively increaſed; the ſkin ſeemed to peel off in thin ſloughs from the ſurface of the enlarged glands in the axilla; but no ſloughing or ulceration had taken place in the tumour when the patient died, which was about five weeks after I firſt ſaw him. On examining the body, the tubercles every where had the appearance which has been deſcribed; and many ſimilar tubercles were found on the ſurface of the lungs, heart, liver, ſpleen, omentum, and meſentery. The abſorbent glands of the meſentery, and the other inter-

nal abſorbent glands were, however, unaffected.

Since the above account was written, I examined a body in which ſuch tubercles were found very generally ſcattered beneath the ſkin. The patient was ſaid to have died of a cancerous uterus, and the cervix was in a ſtate of ulceration. The whole uterus was diſeaſed, and the parietes were an inch in thickneſs. The diſeaſe, however, was not carcinomatous. From this caſe, as well as from others, which are related, it appears, that the ſame diſorder of the general health may produce local diſeaſes of a diſſimilar appearance or nature *.

Pulpy

* Since the publication of the former edition, I have ſeen a caſe, which is to me ſo ſingular, that I wiſh briefly to mention it. A gentleman had a ſpot in the ſkin, oppoſite to the inferior angle of the ſcapula. It had the appearance of one of thoſe ſpots called petechiæ. It enlarged, thickened, and ulcerated. The ulcer became foul and intractable, and the patient came to London with his health much diſordered, apparently from local irritation. The axillary glands became affected, and enlarged to a conſiderable ſize, and ſuppurated. Smaller ſpots reſembling petechiæ came out in various parts of his body.

Pulpy or Medullary Sarcoma.

The ſarcoma which is next to be deſcribed is generally found in the teſtis, and is diſtinguiſhed by the name of the ſoft cancer of that part. The term cancer is objectionable, becauſe it conveys an erroneous idea of its nature; for this diſeaſe, though perhaps equally deſtructive, will be ſhewn to be unlike cancer in its nature and progreſs.

The tumour, in thoſe caſes of the diſeaſe which I have moſt frequently met with, has been of a whitiſh colour, reſembling, on a

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He took medicines with a view to regulate and improve the functions of his digeſtive organs, which were much diſordered. His general health improved, and under this change the original ulcer greatly amended in its appearance; the ſpots remained ſtationary; the parts in the axilla became ſo far ſound, as to make it nearly certain that they had been affected only by common irritation, and not by a ſpecific diſeaſe. This tranquil ſtate laſted about ſix weeks, when the original ulcer became worſe; and by the aggravation of that diſeaſe, without any increaſe of the others, his powers became exhauſted, and he died.

general

general and diſtant inſpection, the appearance of the brain. The diſeaſe is uſually of a pulpy conſiſtence; and I have, therefore, been induced to diſtinguiſh it by the name of medullary ſarcoma. Although I have more frequently met with this diſeaſe of a whitiſh colour, yet I have often ſeen it of a browniſh red appearance. Which is moſt common I cannot decide: the ſtructure and feel of both are the ſame, and their progreſs is alſo ſimilar; they are therefore to be conſidered as varieties of one ſpecies. The ſhorteſt way in which I can communicate a knowledge of this diſeaſe, and render thoſe remarks, which I have to make on it intelligible, will be, by relating a caſe in which it proceeded to a very conſiderable extent before it deſtroyed the patient.

CASE X.

A tall thin healthy-looking man, of about forty years of age, had, about fifteen years before, a ſwelled teſticle from a gonorrhæa; the epididymis remained indurated. Six years afterwards it became enlarged, and a hydrocele at the ſame time formed. Half a pint

of

of water was diſcharged by a puncture, but inflammation ſucceeded the operation, and this teſtis became very large. An abſceſs formed, and burſt in the front of the ſcrotum, and the teſtis ſubſided in ſome degree. Mercury was employed to reduce it, but without effect. The part, however, was indolent, and gave the patient no trouble but from its bulk.

About a year afterwards a gland enlarged in the left groin (the ſame ſide as the teſtis): another then became ſwoln in the right groin, and, in the courſe of two years, ſeveral glands in each groin had obtained a very conſiderable magnitude. At this period he was admitted into St. Bartholomew's Hoſpital, under the care of Mr. Long. The teſtis was, at this time, between four or five inches in length, and about three in breadth; it reſembled its natural form, and was indolent in its diſpoſition. The ſpermatic chord was thickened, but not much indurated. Four or five glands were enlarged in the groin on both ſides; each of which was of the ſize of a very large orange; and, when obſerved together, they

formed

formed a tumour of very uncommon ſhape and magnitude.

They gradually increaſed in ſize for ſeveral months, till at laſt the ſkin appeared as if unable to contain them any longer. It became thin, inflamed, and ulcerated; firſt in the left groin, and expoſed one of the moſt prominent tumours. The expoſed tumour inflamed and ſloughed progreſſively, till it entirely came away. As the ſloughing expoſed its veſſels, which were large, they bled profuſely, inſomuch that the ſtudents endeavoured, but in vain, to ſecure them by ligatures: for the ſubſtance of the tumour was cut through, and torn away in the attempt. Preſſure by the finger, continued for ſome time, was the only effectual mode of reſtraining this hæmorrhage.

The loſs of one gland relieved the diſtended ſkin, which had only ulcerated on the moſt prominent part of the tumour, and had not become diſeaſed. It now loſt its inflamed aſpect; granulations formed, and a cicatrix took place. In the oppoſite groin a ſimilar occur-

occurrence happened. One gland, expoſed by the ulceration of the ſkin, ſloughed out, being attended by the circumſtances juſt recited. However before the ſkin was cicatrized, ulceration had again taken place in the right groin, in conſequence of the great diſtenſion of the ſkin from the growth of the tumour; and ſloughing had begun in the tumour, when the patient, whoſe vital powers had long been greatly exhauſted, died.

The teſtis was injected, and, when divided, was found to be of a whitiſh colour, and moderately firm conſiſtence, and was made red by the injection in various parts. The tumour formed by the inguinal glands on each ſide was as large as a man's head, and the ſtructure was very ſimilar to that of the teſtis, but more pulpy. On opening the body the pelvis was almoſt filled with ſimilarly diſeaſed glands, and the vertebræ were hidden by others as high up as the diaphragm. The diſeaſe in the upper ones was not, however, ſo far advanced as in the others: ſome of the former, which lay cloſe to the diaphragm, and were not larger than a walnut,

being cut into, a thick fluid, reſembling cream in colour and conſiſtence, eſcaped, and was expreſſed, and the gland was left a contexture of looſe fibrous ſubſtance.

The ſtate of the glands newly affected ſhews, that the actions of this diſeaſe cauſe a ſecretion of fluid like cream; that this fluid acquires conſiſtence during its reſidence in the part; and that it is the cauſe of the increaſe of ſize in the gland. The profuſe hæmorrhage, which took place during the ſloughing, ſhews that there is an increaſe of veſſels proportionate to the augmentation in bulk of the diſeaſed part. The ſimple ulceration of the ſkin from diſtenſion, and the ſubſequent healing of the ulcer ſhew, that this morbid affection is unlike carcinoma, which communicates its diſeaſe to all contiguous parts: neither has it the hardneſs nor the diſpoſition to ulcerate, which characterize cancer. The general diſeaſe of the abſorbing glands ſhews, that the diſeaſed action is readily propagated in the courſe of thoſe ſuſceptible veſſels; and the glands of the pelvis being affected equally with thoſe higher

higher up, renders it probable that it induces the diſeaſe, as well by imparting irritation to them, as by furniſhing a matter capable of ſtimulating them when they have imbibed it; an opinion that will be more ſtrikingly verified by the next caſe which I ſhall relate *.

This ſpecies of ſarcoma, though it uſually affects the teſtis, occaſionally occurs in other parts. I ſhall authenticate this fact by the brief relation of another caſe, which will ſerve alſo to throw additional light on the nature and progreſs of this diſeaſe.

CASE XI.

A boy, about twelve years of age, was brought to the Hoſpital for advice, on account of a tumour in the front of his thigh;

* The progreſs of what is called the ſcirrhous teſtis, is ſimilar to that of the diſeaſe which I am deſcribing, and of courſe very different from that of genuine carcinoma. It is not improbable, that from the ſimilarity of the progreſs of theſe two diſeaſes, and the equal fatality having been remarked, they firſt acquired the contraſted names of ſoft and hard cancers of the teſtis.

it

it had been growing three or four months, and had then attained the ſize of a large orange. The baſe of it was ſituated cloſe upon the bone. It increaſed, notwithſtanding applications that were employed to diſperſe it, and the patient became confined to his bed. After ſome time the leg became œdematous to a very great degree; the inguinal glands were enlarged, but not in a degree proportionate to the œdema, none of them having attained to more than the ſize of a ſmall walnut. The parts in the ham were alſo conſiderably ſwoln. In a ſhort time the cauſe of the great degree of œdema was manifeſted; for the lower part of the abdomen became diſtended by a tumour, that ſeemed to riſe out of the pelvis and compreſs the iliac veſſels. The boy's health, as may be ſuppoſed, gradually declined, and, when the diſeaſe had attained to this ſtate, he died.

On examining the parts it was found, that the tumour, though it lay cloſe to the perioſteum of the thigh bone, had no connection with it; that it was in ſtructure like the diſeaſe

eaſe laſt deſcribed; and that the diſeaſe had extended, through the medium, and in the courſe of the abſorbing veſſels, downwards to the ham, where the glands were enlarged and formed a conſiderable tumour; and upwards into the pelvis, where the internal iliac glands more than filled one ſide of that cavity, riſing out of it, as has been ſaid, ſo as to diſtend the lower part of the abdomen. The diſeaſe had alſo extended ſo as ſlightly to affect the lumbar glands. The tumours in the ham and pelvis were of the ſame ſtructure as the original tumour. The inguinal glands, though affected apparently by the ſame diſeaſe, were not conſiderably enlarged.

This caſe alſo ſhews the uncommon facility with which this diſeaſe is propagated along the abſorbing veſſels; and its having extended downwards to the ham, as well as upwards into the pelvis, confirms the opinion, that it extends itſelf by imparting irritation to the veſſels, as well as, perhaps, by furniſhing a matter which, if imbibed, may communicate the ſame irritation.

I have

I have mentioned, as a variety of this diſeaſe, that in which the colour is different, it being between a brown and that of the blood; but in texture and organization it does not appear diſſimilar. It ſeems therefore as if the diſeaſed action cauſed the ſecretion of a fluid, ſometimes of a milky, ſometimes of a more duſky hue; which gradually acquires ſolidity, and augments the bulk of the part. The diſeaſed part acquires in general a conſiderable ſolidity when it has continued for ſome time, ſo as ſcarcely to deſerve the names of ſoft cancer, or medullary ſarcoma. The hardneſs is alſo, in ſome inſtances which I have ſeen, increaſed, apparently by a thickening of the cellular ſubſtance which pervades the gland.

It ſeems probable, however, that the ſame kind of diſeaſed action may not be always followed by the like alteration of ſtructure, in the part which it affects. Mr. Aſtley Cooper, in his Paper on Obſtructions of the Thoracic Duct, mentions an inſtance in which matter imbibed from a teſtis affected with a diſeaſe like the preſent, obſtructed

that veſſel. His deſcription of the teſtis is, that it was " a pulpy maſs, compoſed of broken coagulable lymph, and blood-coloured ſerum *."

I remember one inſtance of the inguinal and lumbar glands being affected with a diſeaſe ſimilar to thoſe juſt deſcribed, from a diſeaſed teſtis of a different ſtructure. The teſtis was removed in the Hoſpital, and was found much enlarged, and vaſcular throughout, except where ſome ſoft cheeſe-like matter was depoſited. Some of the inguinal glands enlarged, ulcerated, and ſloughed out, and the wound ſeemed diſpoſed to heal. The lumbar glands were affected, became extremely painful, and the patient being previouſly much exhauſted, ſunk under this laſt complaint.

He had been removed to ſome diſtance from the Hoſpital, and I could not obtain permiſſion to examine the body till four days after his deceaſe. I took out the lumbar

* *Vide* Medical Records and Reſearches, p. 96.

glands

glands and put them in water; and, the weather being extremely hot, when I examined them the next day, I found that all the unorganized depoſited matter which had enlarged them, had become putrid, and was waſhed away, leaving the capſule of the gland, and a congeries of flocculent fibres occupying the interior part of it: theſe were doubtleſs the veſſels and connecting cellular ſubſtance of the glands, not indurated (as I have ſeen it in ſome other inſtances) by inflammation.

In the advanced ſtage of this diſeaſe, ſometimes lymphatic glands out of the courſe of abſorption, and of the participation of irritation, become affected with the ſame diſeaſe; and a ſecretion of this thick cream or bloody-coloured fluid takes place on the ſurface, or in portions, even in the liver or lungs, or other viſcera. I have heard this circumſtance accounted for, by ſuppoſing that the abſorption of the matter depoſited in the originally diſeaſed parts was ſo abundant as to induce the neceſſity of depoſiting it in various places; but it ſeems to me more rational to attribute

it to the prevalence of the ſame diſeaſed diſpoſition throughout the body. For we frequently find, that ſolid tumours of ſimilar ſtructure exiſt in various parts of the ſame ſubject; and ſometimes they rapidly multiply as the diſeaſe advances; as was mentioned in the caſe which is related of tuberculated ſarcoma.

Carcinomatous Sarcoma.

The laſt ſpecies of ſarcomatous tumour which I have to deſcribe, is the Carcinomatous. It is not here deſigned to give a full or diſtinct hiſtory of Carcinoma, but only a general and comparative account of thoſe circumſtances in which it reſembles or differs from other tumours. This kind of tumour, on account of its peculiar hardneſs, is emphatically termed Scirrhus, while it remains entire and free from ulceration. But the word ſcirrhus is frequently applied to other indurations, and it ſeems better, in order to avoid ambiguity, to uſe the ſame term to denote all the ſtages of this diſeaſe, naming it carcinoma, in the firſt place, and ulcerated carcinoma when that change has occurred.

This

This diſeaſe is not, in every inſtance, ſo peculiarly hard as to entitle it to the name ſcirrhus; and however indurated it may be, it ſtill muſt be accounted a kind of fleſhy tumour; therefore I may be allowed to call it carcinomatous ſarcoma.

I ſhall arrange the obſervations which I have to offer under three heads: 1ſt, The hiſtory of carcinoma. 2dly, Its anatomical ſtructure; and, 3dly, I ſhall compare this diſeaſe with others which reſemble it. I ſhall ſuppoſe the carcinoma to ariſe in the female breaſt, as there it moſt frequently occurs, and can be beſt inveſtigated.

It ſometimes condenſes the ſurrounding ſubſtance ſo as to acquire a capſule; and then it appears, like other ſarcomatous tumours, to be a part of new formation: in other caſes the mammary gland ſeems to be the nidus for this diſeaſed action. The boundaries of the diſeaſe cannot be accurately aſcertained in the latter caſe, as the carcinomatous ſtructure, having no diſtinguiſhable inveſtment, is confuſed with the reſt of the gland. In either

inſtance carcinoma begins in a ſmall ſpot and extends in its progreſs from thence in all directions, like rays from a centre. This obſervation will ſerve to diſtinguiſh it from many other diſeaſes which, at their firſt attack, involve a conſiderable portion, if not the whole of the part, where they occur. The progreſs of carcinoma is more or leſs quick in different inſtances. When ſlow, it is in general unremitting; at leaſt I am inclined to think that the diſeaſe, though it may be checked, cannot be made to recede by that medical treatment which leſſens the bulk of other ſarcomatous tumours. This circumſtance affords, in my opinion, another criterion, by which it may in general be diſtinguiſhed. This obdurate and deſtructive diſeaſe excites the contiguous parts, whatever their nature may be, to the ſame diſeaſed action. The ſkin, the cellular ſubſtance of muſcles, and the perioſteum of bones all become affected, if they are in the vicinity of cancer. This very ſtriking circumſtance in the hiſtory of carcinoma diſtinguiſhes it from moſt of the diſeaſes already deſcribed. In the pulpy ſarcoma the diſeaſe is propagated along the abſorbing

ſorbing ſyſtem, but the parts immediately in contact with the enlarged glands do not aſſume the ſame diſeaſed actions. Neither in the tuberculated ſpecies does the ulceration ſpread along the ſkin, but deſtroys that part only where it covers the diſeaſed glands.

It was obſerved by Mr. Hunter that a diſpoſition to cancer exiſts in the ſurrounding parts, prior to the actual occurrence of the diſeaſed action. This remark, which is verified by daily experience, led to the following rule in practice: "That a ſurgeon ought not to be contented with removing merely the indurated or actually diſeaſed part, but that he ſhould alſo take away ſome portion of the ſurrounding ſubſtance, in which a diſeaſed diſpoſition may probably have been excited." In conſequence of this communication of diſeaſe to the contiguous parts, the ſkin ſoon becomes indurated, and attached to a carcinomatous tumour, which, in like manner, becomes fixed to the muſcles, or other parts over which it was formed.

As a carcinomatous tumour increaſes, it generally, though not conſtantly, becomes unequal upon its ſurface, ſo that this inequality has been conſidered as characteriſtic of the diſeaſe; and it is a circumſtance which deſerves much attention. A lancinating pain in the part frequently accompanies its growth; but in ſome caſes this pain is wanting. It attends alſo on other tumours, the ſtructure of which is unlike carcinoma; of which I have given an inſtance in ſpeaking of pancreatic ſarcoma. This cannot therefore be conſidered as an infallible criterion of the nature of the diſeaſe.

In that kind of cancer, from which this deſcription is taken, the diſeaſed ſkin covering a carcinomatous tumour generally ulcerates, before the tumour has attained any great magnitude; a large chaſm is then produced in its ſubſtance by a partly ſloughing, and partly ulcerating proceſs. Sometimes, when cells contained in the tumour are by this means laid open, their contents (which conſiſt of a pulpy matter of different degrees

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of conſiſtence, and various colours) fall out, and an excoriating ichor diſtils from their ſides. This diſcharge takes place with a celerity, which would almoſt induce a perſon ignorant of the facility with which ſecretion is performed, to believe that it cannot be produced by that proceſs.

When the diſeaſed actions have, as it were, exhauſted themſelves by their vehemence, an attempt at reparation appears to take place, ſimilar to that which occurs in healthy parts. New fleſh is formed, conſtituting a fungus of peculiar hardneſs, as it partakes of the diſeaſed actions by which it was produced. This diſeaſed fungus occaſionally even cicatrizes. But though the actions of the diſeaſe are thus mitigated, though they may be for ſome time indolent and ſtationary, they never ceaſe, nor does the part ever become healthy.

In the mean while, the diſeaſe extends through the medium of the abſorbing veſſels, and the glands in the axilla become affected. The progreſs of carcinoma in an abſorbent gland is the ſame as that which has been already

ready deſcribed. The diſeaſe is communicated from one gland to another, ſo that after all the axillary glands are affected, thoſe that lie under the collar-bone at the lower part of the neck, and upper part of the cheſt become diſordered. Occaſionally a gland or two become diſeaſed higher up in the neck, and apparently out of the courſe which the abſorbed fluids would take. The abſorbent glands, in the courſe of the internal mammary veſſels, become affected as the diſeaſe continues. In the advanced ſtage of carcinoma a number of ſmall tumours, of ſimilar ſtructure to the original diſeaſe, form at ſome diſtance, ſo as to make a kind of irregular circle round it.

Here it is no wonder that I conclude the account of the dreadful effects of this pernicious diſeaſe. For when it has done ſo much miſchief, the ſtrongeſt conſtitutions ſink under the pain and irritation which the diſeaſe creates, aggravated by the obſtruction, which it occaſions to the functions of abſorption in thoſe parts, the veſſels of which lead to the diſeaſed glands. Towards the concluſion of the

the diſeaſe the patient is generally affected with difficulty of breathing and a cough. In caſes where the external diſeaſe has been removed, the ſame ſymptoms of diſordered reſpiration take place, and the patients die of internal diſeaſes.

It has been a ſubject of debate and conſideration, whether the diſeaſe of the abſorbent glands, which takes place in carcinoma, be the effect of the ſtimulus of matter imbibed by thoſe veſſels from the original diſeaſe, or of irritation propagated along them. The reaſon for ſuppoſing that no poiſon is imbibed is, that if it were conveyed into the blood, it would produce general diſeaſe in the conſtitution; but no more fever or general diſorder is found to exiſt in carcinoma than what would naturally be produced by the irritation which the affected parts occaſion. It does not ſeem eſſential to my preſent deſign to diſcuſs this ſubject at length: it is however right to obſerve, that we ſcarcely ever ſee glands diſeaſed out of the courſe which the abſorbed matter would naturally take, though they are affected in this manner in diſeaſes

which can be propagated by irritation. When the glands of the axilla are obſtructed by diſeaſe, the abſorbed matter will paſs by anaſtomoſing channels, into the internal mammary abſorbents, and if occaſionally one or two glands in the neck are found diſeaſed, they may become affected in the ſame manner, by the fluids being obliged to take a circuitous route *.

There is another circumſtance in the hiſtory of cancer which deſerves attention and inveſtigation; that is, Whether a diſeaſe not originally cancerous can become ſo in its progreſs? We can only form our opinions on this ſubject from analogy and obſervation. Analogy leads us to believe, that ſuch an alteration in the diſeaſed actions may readily take place. Venereal buboes often change their nature after the adminiſtration of mercury, and become troubleſome ſores, to which

* It may be proper to enquire, whether thoſe tumours, which ariſe in the circumference of carcinoma, are not cauſed by the abſorbent matter being made to ſtop for a time in the veſſels, and thus to afford that irritation which induces diſeaſe in them and the contiguous parts?

that medicine is rather detrimental than beneficial. Injuries induce inflammation and enlargement of parts, which afterwards degenerate into ſcrofulous diſeaſes. But, though analogy ſeems ſo ſtrongly to favour the opinion, I cannot take upon myſelf to ſay, that my obſervations have confirmed it. When tumours have been removed, the hiſtory of which correſponded to that of cancer, a cancerous ſtructure was obſerved in them; and, on the contrary, in diſeaſes of an apparently different nature, a different organization has been found. I once, indeed, aſſiſted at an operation where the tumour was of that kind which I have denominated pancreatic; and I heard afterwards, that the patient died in the country of a diſeaſe which was reputed cancerous. Again, in inveſtigating this ſubject, it deſerves to be remarked, and every ſurgeon muſt, I believe, be familiarly acquainted with this fact, that many diſeaſed tumours remain in the breaſt for a great length of time, perhaps during life, without undergoing any change in their nature; or, in other words, without becoming cancerous.

It is difficult to convey correct ideas of the ſtructure of carcinoma by words, or even by drawings. In the generality of inſtances the diſeaſed part is peculiarly hard, and there are intermixed with it firm whitiſh bands, ſuch as Dr. Baillie has deſcribed and repreſented in his Book and Plates of Morbid Anatomy. There is indeed no other ſtriking circumſtance, which can be mentioned as conſtantly claiming attention in the ſtructure of this diſeaſe. Theſe firm whitiſh bands ſometimes extend in all directions from the middle towards the circumference of a carcinomatous tumour, like rays from a centre, having little intervening matter. Sometimes they interſect it irregularly; having interpoſed between them a firm browniſh ſubſtance, which may be ſcraped out with the finger. Sometimes they form cells containing a pulpy matter of various colours and conſiſtence; and ſometimes theſe bands aſſume an arboreſcent arrangement, ramifying through the diſeaſed ſubſtance.

Firm white bands, like thickened and compact cellular ſubſtance, are ſeen as the diſ-

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eaſe advances, to extend themſelves from the original tumour amidſt the fat in which it is occaſionally imbedded, intercepting portions of fat in the irregular areolæ which they form. This circumſtance deſerves conſideration on account of its practical application; for if, after removing a carcinomatous tumour, the ſurgeon attends to the part which has been taken away, he will ſee if any of theſe bands have been cut through, and, conſequently, whether ſome of this diſeaſed ſubſtance, which ought to be removed, has not been accidentally left. This circumſtance cannot be obſerved by looking at the bleeding ſurface of the wound, but may be readily aſcertained by examining the part which has been removed.

Theſe are the chief circumſtances, which I think ſufficiently characterize carcinoma, and diſtinguiſh it from other ſarcomatous tumours. The account of them is brief, and much has been omitted, becauſe it was not deſigned particularly to diſcuſs the ſubject of carcinoma, but merely to point out its diſtinguiſhing characters. I now proceed to

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ſpeak of diſeaſes reſembling cancer; though, in ſo doing, I ſhall digreſs a little from the principal ſubject of this paper, that is, to deſcribe the diſtinguiſhable kinds of ſarcomatous tumours, and give their hiſtory.

According to the preceding account, carcinoma, begins in a ſmall ſcirrhus, which gradually enlarges and afterwards ulcerates. It does ſo in the breaſt, lip, tongue, and cervix uteri; yet it may be enquired if it does ſo in every inſtance. Parts ſometimes ſuperficially ulcerate at firſt, and afterwards acquire ſurrounding hardneſs, and ſtrikingly reſemble carcinoma, if they do not ſtrictly deſerve that name. This is the way in which ſome of thoſe diſeaſes proceed, which occur near the ſide of the noſe or eye, and which gradually deſtroy the parts in which they are ſituated, and cannot be cured by any mode of local or general treatment. The intelligent reader will not ſuſpect me of confounding theſe more malignant diſeaſes with ſome herpetic ulcerations of the noſe, in which the morbid actions gradually ceaſe, and the firſt affected

parts

parts get well whilſt the ſurrounding parts become diſeaſed. I have known diſeaſes beginning in ulceration, and followed by induration, and the growth of fungus extend themſelves unremittingly, ſo as to deſtroy the patient. I have ſeen diſeaſes of this deſcription occur in the labia pudendi, ſome of which have terminated fatally, whilſt others were removed even at an advanced period of the diſeaſe with ſucceſs.

Here ſome additional diſcriminating circumſtances ſeem to be wanted, by which we may diſtinguiſh between theſe ulcers and common carcinoma. I have never remarked, that ſuch ulcers have affected the abſorbent glands, though I do not feel aſſured that this occurrence never takes place. It therefore remains to be determined by future caſes, how far this circumſtance may enable us to decide on the nature of theſe diſeaſes. I ſhall next relate the principal circumſtances of a remarkable caſe of this kind of diſeaſe, which will ſerve to elucidate the ſubject, and alſo to exhibit a ſpecimen of the diſeaſes to which I allude.

CASE XII.

A man was admitted into St. Bartholomew's Hoſpital with a tumour beneath the jaw, having a great degree of ſurrounding hardneſs, and containing three cells, like thoſe of carcinomatous tumours. The hiſtory which he gave of the diſeaſe was very curious: he ſaid that a redneſs took place ſuperficially in the ſkin, which gathered and burſt, and diſcharged good matter; that the opening enlarged, and the ſurrounding parts indurated, and thus produced an appearance like a cell in a carcinomatous tumour; then, another portion of ſkin became diſeaſed in the ſame manner, and with the ſame conſequences, till, by degrees, the general tumour had acquired its preſent magnitude. To the truth of this account we had an opportunity of bearing teſtimony; for this occurrence took place twice in ſucceſſion during his reſidence in the Hoſpital; and thus two more cells were added to the general maſs. The inflammation of the ſkin, and the ſuppuration, which was healthy in appearance, took place beneath the tumour, and made it reach

almoſt as low as the ſternum. As the patient's health had conſiderably declined by the irritation of the conſtitution which this diſeaſe kept up, and as no amendment of the diſeaſe had taken place in conſequence of the applications or medicines which were employed, he left the Hoſpital, and went into the country.

Diſeaſes alſo, which ſtrikingly reſemble carcinoma in appearance, form in the following manner. An enlarged lymphatic gland ſhall gradually become ſoft, and contain a fluid. In this ſtate it ulcerates or is opened; but inſtead of ſubſiding, it inflames; the ſurrounding parts become indurated; the integuments acquire a duſky hue; the opening and cavity enlarge, and aſſume the appearance of a cyſt, from the ſides of which fungus ariſes, and turns over the everted edges of the opening. I have alſo ſeen, after the burſting of an encyſted tumour the ſurrounding parts indurate, and throw out a fungus, forming a diſeaſe appearing like cancer, and which could not be cured.

Are ſuch diſeaſes as I have here deſcribed to be accounted carcinomatous? if not, What are the characters which diſcriminate between them and carcinoma? As I have no preciſe or ſatisfactory information to communicate I forbear to ſay any thing on the ſubject *.

Since the firſt edition of theſe obſervations, ſeveral publications have appeared on the ſubject of cancer, and as there are many circumſtances relating to its Hiſtory, upon the determination of which, by general obſervation and experience, our practical rules of conduct muſt be founded, I take this

* A patient was admitted into St. Bartholomew's Hoſpital, with ſeveral indurated foul, but ſmall ſores, about the bend of the elbow, and ſome which intervened between it and the axilla. The axillary glands were much diſeaſed, and the arm was ſwollen and hard. She ſaid that the ſores began like common gatherings, and that they hardened after the ſkin had given way. That the diſeaſe began in ſuperficial ſores, and that the axillary glands were next affected.

The patient died in the Hoſpital; and, on examining the limb, a great number of tubercles were found in it, ſeveral of which were imbedded in the nerves of the arm. The lung alſo contained a great number of tubercles which appeared to be the effect of the ſame kind of diſeaſe affecting that part.

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opportunity of preſenting to the public ſome additional obſervations with reſpect to it, without preſuming to comment on the opinions of others. I ſhall alſo in this account confine myſelf to the diſeaſe, as it appears in the female breaſt.

The account of carcinoma that I have already given, is taken from the moſt ſtrongly characterized ſpecimen of the diſeaſe occurring in that part, which is peculiarly hard, and rarely attains conſiderable magnitude. There are, however, varieties; and one of the moſt remarkable is, that of the diſeaſe attaining a very conſiderable ſize before it ulcerates. In this caſe ſometimes the integuments remain pale and pliant, and a ſurgeon who firſt ſees the breaſt in this ſtate, may doubt whether the diſeaſe be actual cancer or common ſarcoma. The ſubſtance of the tumour is alſo much leſs hard than in the ſpecimen firſt deſcribed; yet it is more compact and weighty than moſt other diſeaſes of the ſame bulk which are not carcinomatous. If at firſt a ſurgeon may heſitate to decide

upon the nature of this diſeaſe, his opinion will in general be ſpeedily determined by enquiry and examination. If the hiſtory of the diſeaſe accords with that of carcinoma; that is to ſay, if it began in a ſmall diſtrict, and regularly and unabatingly attained its preſent magnitude; if the ſurface of the tumour be unequal, having in various parts produced roundiſh projecting nodules, the diſeaſe will almoſt invariably be found to be carcinoma. The ſkin will ſoon adhere to one or more of theſe prominences; it will ulcerate and expoſe the ſubjacent parts, and the future progreſs of the diſeaſe, will ſo exactly accord to that of the harder and ſmaller ſpecimen which I have deſcribed, as not to require a ſeparate deſcription. In general, however, the abſorbents are much leſs liable to become affected in the latter variety of this diſeaſe.

Having thus repreſented the extreme varieties of carcinomatous diſeaſes, I need ſcarcely obſerve, that there will be intermediate degrees. In carcinoma, as in other diſeaſes, it appears to me, that the hiſtory and progreſs

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is more declarative of its nature than any circumſtance which we may be able to diſcover by the ſight or touch.

There is one circumſtance in the hiſtory of carcinoma which may prove very perplexing to the obſerver, and tend to induce him to diſbelieve that there is any regular progreſs belonging to this diſeaſe. I allude to the occurrence of cancer in parts previouſly diſeaſed in another manner. Analogy, as I have ſaid, would induce us to believe, that this might be a frequent occurrence; yet I cannot ſay that my obſervations have led me to think, that it very commonly takes place. Caſes of tumours, which have remained indolent for twenty or more years, becoming cancerous at an advanced period of life are not unfrequently met with; and when tumours form in or about the breaſt at an advanced period of life, though the progreſs at the beginning may aſſure us that they are not carcinomatous, yet they may become ſo, after the lapſe of but a few years, or even a ſhorter period of time. The impreſſion which the conſidera-

tion of ſuch circumſtances has left on my mind (in conjunction with the information which I think I poſſeſs relative to the general health of a patient liable to cancer, and which I will preſently communicate,) is, that the patients who are ſubject to ſuch an occurrence, might have been liable to the formation of a cancerous diſeaſe at the ſame period, even if no diſeaſed ſtructure had previouſly exiſted, and formed a nidus for the cancerous actions. That they are more likely to begin in parts previouſly diſeaſed, I readily admit; and that it may be prudent and proper to remove ſuch diſeaſes as I now allude to, under the circumſtances which I have mentioned, and ſhall ſtill further deſcribe, is an opinion in which I readily concur; yet, if an idea, that moſt or many diſeaſed ſtructures might become cancerous was generally prevalent, it would doubtleſs lead to the performance of many unneceſſary operations.

In the firſt volume of theſe Obſervations, I have given an opinion, which I am inclined even more fully and ſtrongly to repeat, that a great umber of tumours in and about the female

female mamma ariſe from a diſordered ſtate of the health in general, and conſequently that the moſt judicious and effectual mode of diſperſing them, is by correcting that general diſorder. Such caſes are very numerous, and very important, as the reader may ſee, by referring to the few that I have printed; yet all, or moſt of theſe, would be conſigned to removal by the knife, were the idea which I have mentioned to become prevalent. When, however, a tumour that cannot be diſperſed by the means to which I now refer exiſts in or about the breaſt, and which we feel aſſured is not of a carcenomatous nature, it may be well to remove it, becauſe it is often a conſtant ſource of diſturbance and alarm to the patient's mind; and, I am ready to admit, that it is likely to be a nidus in which cancerous actions may be engendered in a conſtitution prediſpoſed to that diſeaſe. However I feel myſelf fully warranted in aſſerting, from my own experience, that many of them will remain in the ſame ſtate for a great length of time, and even through life, without becoming cancerous.

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That cancer, like moſt other local diſeaſes, owes its origin to a diſordered ſtate of the health in general, is an opinion which I do not expect to be controverted. We expreſs it even by ſaying, that there is a prediſpoſition to cancer. Mr. Hunter was of opinion, that cancer was ſo far local, that if all the diſeaſed part, or that which was ſo contiguous to it, as to have felt its influence, and to have acquired a prediſpoſition to diſeaſe, were removed, the patient would be as exempt from cancer in that part as if it never had occurred. This opinion, deduced from his own experience, is very important; it ſhews us how we ought to operate when an operation is to be undertaken. I am ready to admit the truth of this opinion to the extent affirmed by Mr. Hunter; but though the patient may be as exempt from the diſeaſe as if it never had occurred, that ſtate of conſtitution which induced it originally, may after a certain lapſe of time cauſe it to form again *, or may produce the ſame diſeaſe

* If after the removal of cancer, when the operation has been properly performed, the cicatrix remains healthy for

eaſe in other parts of the body, or a patient may die of other ills or diſeaſes attendant on a cancerous conſtitution.

In our preſent ſtate of knowledge, we are not, I believe, able to diſtinguiſh any peculiar circumſtance as characteriſtic of a cancerous conſtitution. We obſerve in it thoſe circumſtances which indicate a diſordered conſtitution, and augment the diſorder by each reciprocally aggravating the other; I mean irritation, weakneſs, or ſome undefinable diſorder of the nervous functions; and ſuch diſorder in the functions of the digeſtive organs, as I have deſcribed in the firſt volume of theſe Obſervations. I ſee perſons having the ſame evident affection of the health in general, ſubject to tumours in and about the

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for five or ſix years, or even for a ſhorter period, and then becomes indurated and carcinomatous; it appears to me more conſiſtent with what we know of the action of this diſeaſe, to ſuppoſe, that it has originated again in conſequence of the diſeaſed propenſities of the conſtitution, rather than that it has lain dormant ſo long, and is but now awakened.

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breaſt, which are not cancerous, and to thoſe which are cancerous. What additional circumſtances lead to the eſtabliſhment of cancerous actions in the local diſeaſe thus induced, we have yet to learn.

Previouſly to the occurrence of cancer the nervous diſorder, and that of the digeſtive organs, have, in general, been greater in degree, and longer in duration, than they are found to be antecedently to other diſorders. Some patients having cancer die of organic diſeaſes in the head or abdomen. If the nervous and viſceral diſorders are active and conſiderable, the progreſs of the local diſeaſe will be, in general, proportionately rapid and deſtructive; and if, on the contrary, theſe diſorders are mild, and leſs in degree, the progreſs of the local diſeaſe will be proportionally ſlow and gentle. In confirmation of theſe obſervations, I may mention, that I have ſeen ſeveral inſtances of cancer proceeding ſo mildly, that the patients have lived many years with little ſuffering or inconvenience from the local diſeaſe,

eaſe, and particularly where attention has been paid to regulate the functions of the digeſtive organs *.

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* There can be no ſubject which I think more likely to intereſt the mind of a ſurgeon, than that of an endeavour to amend and alter the ſtate of a cancerous conſtitution. The beſt timed and beſt conducted operation brings with it nothing but diſgrace, if the diſeaſed propenſities of the conſtitution are active and powerful. It is after an operation that, in my opinion, we are moſt particularly incited to regulate the conſtitution, leſt the diſeaſe ſhould be revived or renewed by its diſturbance. In addition to that attention to tranquillize and invigorate the nervous ſyſtem, and keep the digeſtive organs in as healthy a ſtate as poſſible, which I have recommended in the firſt volume, I believe general experience ſanctions the recommendation of a mere vegetable, becauſe leſs ſtimulating diet, with the addition of ſo much milk, broth, and eggs, as ſeem neceſſary to prevent any declenſion of the patient's ſtrength.

Very recently, Dr. Lambe has propoſed a method of treating cancerous diſeaſes, which is wholly dietetic. He recommends the adoption of a ſtrict vegetable regimen, to avoid the uſe of fermented liquors, and to ſubſtitute water, purified by diſtillation, in the place of common water uſed as a beverage, and in all articles of diet in which common water is uſed, as tea, ſoups, &c. The grounds upon which he founds his opinion of the propriety of this advice, and the proſpect of benefit which it holds out, may be ſeen in his "Reports on Cancers," to which I refer my readers.

My

With a view to impreſs the contrary fact on the mind of the reader, I will briefly relate two caſes in proof of it.

CASE

My own experience on the effects of this regimen is of courſe very limited, nor does it authoriſe me to ſpeak decidedly on the ſubject. But I think it right to obſerve, that in one caſe of carcinomatous ulceration in which it was uſed, the ſymptoms of the diſeaſe were, in my opinion, rendered more mild, the eryſipelatous inflammation, ſurrounding the ulcer, was removed, and the life of the patient was, in my judgment, conſiderably prolonged. The more minute details of the facts conſtitute the ſixth caſe of Dr. Lambe's " Reports."

It ſeems to me very proper and deſirable, that the powers of the regimen recommended by Dr. Lambe, ſhould be fairly tried, for the following reaſons :

1ſt. Becauſe I know ſome perſons who, whilſt confined to ſuch diet, have enjoyed very good health; and I have further known ſeveral perſons who did try the effects of ſuch a regimen, declare, that it was productive of conſiderable benefit. They were not indeed affected with cancer, but they were induced to adopt a change of diet to allay a ſtate of nervous irritation, and correct diſorders of the digeſtive organs, upon which medicine had but little influence.

2dly. Becauſe it appears certain, that in general the body can be perfectly nouriſhed by vegetables.

3dly. It ſeems ſufficiently aſcertained, that diſeaſes have in ſome perſons been excited by water, and there-

fore

CASE XIII.

A lady came from the country with a cancerous tumour in the breaſt, and took ſome medicine, probably arſenic, by the deſire of a female quack, which brought on the moſt violent ſickneſs and purging, with death-like faintings. It was uncertain for ſeveral days whether ſhe would ſurvive its effects. Inflammation was induced in the local diſeaſe to ſuch a degree, that the cancer ſloughed, and came out, and violent eriſipelatous inflammation extended itſelf from the ſkin of the breaſt to a great extent. The ſides of the cavity, however, threw forth a cancerous fungus, and in this ſtate ſhe returned into the country.

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fore it is deſirable, that whatever is uſed ſhould be made as pure as poſſible.

4thly. Becauſe all great changes of conſtitution are more likely to be effected, by alterations of diet and modes of life, than by medicine.

5thly. Becauſe it holds out a ſource of hope and conſolation to the patient, in a diſeaſe where medicine is known to be unavailing, and ſurgery affords no more than a temporary relief.

CASE

CASE XIV.

A lady about forty-ſix years of age, aſked my opinion reſpecting a ſmall lump in her breaſt. She was very nervous and agitated, and her bowels extremely diſordered. She ſaid ſhe had ſometimes twenty diſcharges from her bowels in twenty-four hours, and that the ſecretion of bile was as faulty as poſſible. After about ſix weeks ſhe called upon me again, having been in the country: the medicines which ſhe had tried had been productive of little or no good. Her converſation was equally deſultory and agitated. Her pulſe very frequent. The lump was enlarged to about the ſize of a walnut, but had no ſigns by which I ſhould have known it to be cancer. Hearing that her ſurgeon in the country thought it cancerous, and believing that an operation in her preſent ſtate was inadmiſſible, I recommended her to take the opinion of another ſurgeon. I did not now ſee her for ſome time, I believe about two months, when the tumour had become as large as an orange, and had thrown out a fungus, which protruded in nodules. The

tumour had, ſhe told me, become ſoft, and ſeemed as if it were gathering; and theſe protruſions took place afterwards. Her general health was ſtill equally diſordered, and the ſurgeon, who had ſeen her, concurred with me in opinion, that an operation under her preſent circumſtances was inadmiſſible. The lump rapidly increaſed; and, in the courſe of a few months, became as large as a child's head, having all the characters of carcinoma. It then ulcerated, and did not afterwards materially enlarge. I need not deſcribe how it ulcerated, and how it, occaſionally, bled profuſely. She gradually became emaciated and feeble, and died exhauſted, without the glands in the axilla becoming diſeaſed, or any peculiar ſymptoms occurring.

In order further to elucidate the opinions which I entertain reſpecting the conſtitutional nature of cancerous diſeaſe, I ſelect the following caſe.

CASE XV.

A lady had had a tumour in, or near the right breaſt, for more than twenty years,

which, when ſhe was between fifty and ſixty years, may be ſaid to have become cancerous. The patient indeed inſiſted, that the cancer did not begin in the original lump, but by the ſide of it. No local treatment arreſted its progreſs; and, in a ſhort time, it became cognizable from its induration and irregularity of ſurface, as a decided caſe of cancer. The tumour, and a conſiderable portion of the ſurrounding parts, were therefore removed. The wound healed healthily in a ſhort ſpace of time, and the patient left London. She had always been, to uſe her own expreſſion, extremely bilious, yet the diſcharges from the bowels were but rarely tinctured with good bile. She had paſſed gall ſtones. Her bowels were very irregular in their functions, being frequently very coſtive, or the reverſe. Whilſt I had attended her, ſhe had taken five grains of the compound calomel pill every ſecond or third night, and kept the bowels as regular as poſſible. She ſaid, that her health had been greatly benefited by theſe attentions, and I urged her ſtill to continue them. For a year or more, after ſhe left London, ſhe was well, the

cicatrix

cicatrix remaining perfectly ſoft and ſmooth. Having occaſion to travel after that period during the winter, and being badly accommodated at the inns ſhe met with on the road, ſhe caught cold, and became very feveriſh and unwell. The cold, ſhe ſaid, had fixed itſelf on the lungs, for a cough, and a difficulty of breathing continued, and increaſed, ſo that in a little more than a year from its commencement it deſtroyed her. About ſix weeks before her death, ſhe came to London, when ſhe told me, that ſince the time of her catching her dreadful cold ſhe had found a lump begin to form in her other breaſt, and that the cicatrix had afterwards become diſeaſed. The tumour in the left breaſt was of a globular form, of about an inch and a half in diameter, it was hard, weighty, and nodulated upon its ſurface. It was moſt characteriſtically cancerous, but what I ſhould term a dwarf or ſtunted ſpecimen of that diſeaſe, ſuch as we ſee produced when the powers of the conſtitution are much leſſened. This, and the correſpondent fact of cancer diminiſhing when the powers of conſtitution decline, ſhould be noted, or

elſe a ſurgeon might attribute ſuch effects, the conſequences of natural cauſes, to the medicine which he employs. The upper part of the cicatrix, on the oppoſite ſide, had indurated and ulcerated, but not to a conſiderable degree. I was not permitted to examine the body, which I much wiſhed to have done, becauſe, I believe, the extreme difficulty of breathing could not have been occaſioned by any thing leſs than organic diſeaſe of the lungs. I have, however, examined the bodies of cancerous patients who died with difficulty of breathing, without diſcovering diſeaſe in thoſe organs.

The ſymptoms ſubſequent to operations, being the reſult of that excitement of conſtitution which the thoughts and injury of the operation occaſion, often exhibit, in a very ſtriking manner, the diſeaſed propenſities of the conſtitution. I think it may be uſeful briefly to relate thoſe which occurred after the removal of a cancerous tumour in a caſe which I lately attended. The patient poſſeſſed what might, in general, be called a good conſtitution, and great fortitude,

tude, ſo that ſhe bore the operation without the leaſt complaint. Yet during the day preceding the operation, ſhe had a ſlight lumbago, as ſhe called it, which I believed to be the effect of that anxiety of mind which the thoughts of undergoing the operation muſt occaſion. In the evening after the tumour had been removed, ſhe complained of a deſire, and of an inability to void urine; ſhe had alſo ſenſations in the throat like hyſterics. Her pulſe was 80. She had no ſleep during the night, but had voided half a pint of urine, which had no ſtriking peculiarity of appearance. Saline draughts had hitherto been given, and ſhe was now deſired to take ʒj of ol. ricini, mixed with mucilage and cinnamon water, every fourth hour till a ſtool was procured. She took ſeven draughts without any effect. The pain in the back increaſed, and during the ſecond night was ſo ſevere, that ſhe groaned very conſtantly from the pain. On the third morning, I found her very ill, yet her pulſe was not more than 90, neither was her ſkin hot. She had voided no urine for the laſt 30 hours; pain continued from the back down the

thighs, but the abſence of fever convinced me, that the pain in the back and ſuppreſſion of urine could not be the effect of nephritis. Thinking, as I had done from the beginning, that the kidneys were ſympathetically affected by the ſtate of the bowels, and that the pain of the back depended on the ſtate of thoſe organs, I now ordered her a pill of extract of colocynth, and a draught of Epſom ſalts, every fourth hour, inſtead of the caſtor oil. In the evening diſcharges from the bowels took place; ſhe had five ſtools, and the pain in the back had nearly ceaſed. Feeling very languid, and having had no ſleep during the two preceding nights, ſhe took 20 drops of laudanum, and a little nitrous æther, in water. This medicine produced great heat and uneaſineſs in the ſtomach; and though ſhe ſlept a little from the opium, her ſleep ſeemed to be attended with more diſturbance than benefit. She voided ſome urine during the night, which was like extremely muddy water. As the diſcharges from the bowels had ceaſed, and did not ſeem likely to be renewed, ſhe began again with the caſtor oil draughts, by which

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an evacuation of the bowels was procured in the courſe of the day. The urinary ſecretion continued, and was augmented in quantity. As the ſtools were not properly tinctured with bile, three grains of the pilul. hydrarg. were ordered to be given every ſecond night for the future. Dyſpeptic ſymptoms and flatulence now claimed our chief attention. She complained of great acidity, of diſtention, and tenderneſs at the lower part of the epigaſtric region. For this ſhe took chalk mixture, with aromatic confection, and afterwards magneſia; which latter medicine ſeemed afterwards ſufficient to keep the bowels in a gently lax ſtate. In about a fortnight her bowels were in a comfortable ſtate, and in about three weeks the urine was clear, and ſecreted in the uſual quantity. On the eighth day, when the dyſpeptic ſymptoms were ſevere, the patient had gout in her finger and toe, to which ſhe had been previouſly ſubject. It is right to mention, that prior to the operation, the urinary ſecretion had never appeared to her to be irregular either in quantity or quality, and that her bowels had been readily affected by rather ſlight doſes of medicine. The ſame cir-

cumſtances were obſerved after the ſubſidence of the diſorder occaſioned by the operation. I have ſatisfaction in adding, that though the wound ſuffered during the continuance of the conſtitutional diſturbance, it afterwards healed rapidly and ſmoothly, ſo that at the end of ſix weeks, it had the appearance of a ſcar in perfectly healthy parts.

If cancer be a conſtitutional diſeaſe; if patients affected with it have occaſionally other diſeaſes of a fatal nature; if in ſome inſtances, when there is no organic diſeaſe, the nervous ſyſtem is ſo irritable, and the digeſtive organs ſo diſordered, as to render any operation perilous; theſe circumſtances muſt render every ſurgeon who perceives them reluctant to operate, and uncertain as to the event of the caſe. They ſhew the neceſſity of ſolicitouſly attending to the conſtitution of the patient after an operation, with a view to prevent the recurrence of the diſeaſe, or its formation in other parts. They explain how it happens, that the operation frequently accelerates the death of the patient. I have known a patient die ſoon after an operation

operation for the removal of a cancerous tumour of no great magnitude, merely in conſequence of the ſhock imparted to the conſtitution by the operation. I have known other caſes, in which the diſeaſed ſtate of the wounded parts ſeemed to have been the chief cauſe of the ſpeedy death of the patient. I therefore concur in opinion with thoſe ſurgeons, who think, that in many inſtances an operation for the removal of cancer would be raſh and unjuſtifiable. Yet, however numerous and momentous the deterring reaſons may be, I think they ſhould not prevent our operating in many caſes. If the whole of theſe diſeaſed parts, and thoſe which, from contiguity with them, may have been ſo far influenced as to acquire a diſpoſition to diſeaſe can be removed, it ſurely ought to be attempted, provided the conſtitution is not ſo diſordered, or diſeaſed, as to prohibit the operation. We ought to bend our minds attentively to make out the characteriſtic ſigns of cancer, that we may know it at an early period, and when the diſeaſe is in a ſmall compaſs, and the operation on that account leſs formidable. To

forbear

forbear to operate is to conſign the patient to hopeleſs miſery.

Fumigations with carbonic acid gas, weak acids, and freſh vegetable juices, correct the fœtor, infuſions of opium leſſen the pain, and oxyds and ſaline preparations of iron ſeem to expedite the deſtruction of the diſeaſed parts, and cleanſe the ſore; yet I have not ſeen any ſuch effects from local applications as leads me even to hope that any may be diſcovered that will cure the local diſeaſe.

The ulceration and ſelf-deſtroying proceſs of cancer is ſo horrible a proceſs, that it may be ſtated as an argument for the operation, that a patient gets rid of a quantity of diſeaſe upon eaſier terms by having it removed by the knife, than by ſuffering it to proceed in its natural courſe. When the ſcar or ſurface of a wound after an operation, becomes indurated and cancerous, the patient ſuffers much leſs pain, and there is much leſs fœtor in the diſeaſe thus formed, ſo that the patient's ſufferings are, on the whole, much diminiſhed. But if the patient's conſtitution

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be moderately good, and if the operation be performed at a ſufficiently early period, I have known life prolonged for five, ſix, or more years; and when, after that lapſe of time, the cicatrix has become diſeaſed, the actions which enſued have been indolent, and the patients have gradually ſunk, and died, rather from ſome circumſtances connected with the ſtate of the general health, than from the degree of the local diſeaſe.

There are tumours, the ſtructure of which may not correſpond with any of the deſcriptions that I have given. I feel, however, unable, from my own obſervations, to depict any other ſpecies. It ſeems to me, that theſe diſeaſes reſemble colours in this reſpect, that a few of the primary ones only can be diſcriminated and expreſſed, whilſt the intermediate ſhades, though diſtinguiſhable, by cloſe attention and comparative obſervation, do not admit of deſcription or denomination. There are ſingle tumours, in the compoſition of which ſeveral of the above-deſcribed ſtructures may be found, and, perhaps, ſome part of which may not correſpond to any deſcription

ſcription that has been given. If, however, the hiſtory of theſe diſſimilar diſeaſes, which appear in the form of tumours, were accurately recorded, and their ſtructure noted, we might perhaps from the former be led to judge of the latter; and thus attain a knowledge of the intrinſic nature of the diſeaſe which would enable us to act rightly in practice.

Encyſted Tumours.

In the claſs of local diſeaſes, and in the order of tumours, cuſtom ſeems to have placed the genus of Encyſted Tumours, next to thoſe of the ſarcomatous kind. The arrangement indeed appears proper; for they are ſo allied in appearance, and in the ſenſation which they impart on examination, that they are not unfrequently miſtaken for each other; and yet, in general, the encyſted tumours have ſufficiently diſtinguiſhing characters to enable a ſurgeon to determine their nature prior to the performance of an operation. The diſcriminating characters are, —a regularity of ſurface and ſhape, and a pulpy feel.

feel. Yet moſt ſurgeons will, I believe, acknowledge, that they have ſeen tumours diſperſed, which they have taken for wens; and have even, when they have removed them under that belief, diſcovered the diſeaſe to have been a ſoft regularly ſhaped ſarcoma, and not a cyſt containing a pulpy ſubſtance.

Reſpecting the ſtructure of encyſted tumours I have nothing to remark, but what is, I believe, generally known. The cyſts moſt frequently are compoſed of many lamellæ, which are ſometimes ſo compacted, as to be ſcarcely diſtinguiſhable. Theſe cyſts vary conſiderably in thickneſs; being ſometimes very thick and tough, and at others extremely thin and tender. They ſometimes moſt tenaciouſly adhere to the contiguous parts, ſo as to make it difficult to ſeparate them; and, at others, they are ſo looſely connected, that, when an inciſion is made which lays bare the cyſt, the whole tumour ſtarts out without any diſſection.

That the interior ſurface ſecretes the contents formed in the cyſt, is in my opinion

indiſputable. That it is a ſecreting ſurface I believe; becauſe, when a wen has ſpontaneouſly opened by ulceration, I have ſeen the cyſt produce granulations from its ſurface. When alſo, the front of the bag has alone been taken away, and the ſkin cloſed over the back of it, an union takes place between the ſkin and cyſt. When alſo a wen has burſt, or has been punctured, ſo that a ſmall aperture has been left in it, which has occaſionally given diſcharge to its contents; I have ſeen the cyſt fill repeatedly by a ſecretion of the ſame nature, but more fluid than the contents which were at firſt found in it.

Some notions have of late been entertained, that theſe cyſts may be of the nature of hydatids; it may not, therefore, be improper, in order to enable the reader to form his own judgment on this ſubject, to mention the following caſe.

A gentleman had a wen in his cheek, which ſpontaneouſly burſt, and on which Mr. Hunter tried various ſtimulating means to induce the cyſt to granulate or adhere, ſo that

that no further collection might enſue. His endeavours, however, were unavailing; for, after the opening cloſed, the cavity of the cyſt filled again, and the wen was as complete as before, and had increaſed in magnitude. It was ſituated unfavourably for removal, and the patient was adverſe to an operation. It lay ſo deeply on the buccinator muſcle, as to be as perceptible from the mouth as on the cheek; and there was a great riſk of dividing the parotid duct, in an operation undertaken for the removal of the tumour. The deformity which the wen occaſioned, was, however, conſiderable, it being as big as the largeſt kind of walnut; and the patient was very deſirous of having the tumour leſſened, though very averſe to having it extirpated. He had for this purpoſe uſed ſalt and water, which made the ſkin inflame. Having conſulted me, I told him that if ſtimulating applications were to do good, they could only effect it by cauſing the ſkin to ulcerate, and the contents of the wen to be diſcharged, as had formerly happened; all which might be accompliſhed in a more direct, and leſs teazing manner, by juſt pricking the bag with a

lancet, and ſqueezing out its contents. I thought it alſo probable, that the ſmall wound would heal, and that the operation might be occaſionally repeated. The patient was pleaſed with the propoſal, and it was put in execution. The contents were of the conſiſtence which is termed meliceritous, and had a peculiar odour. No inflammation enſued, and the wound healed; but, after a little time, it opened again, and gave diſcharge to a ſmall quantity of watery liquor, of preciſely the ſame odour as the original contents, and the little puncture again cloſed up. From that time to the preſent, which is now ſome years, the wound has occaſionally opened, diſcharging a ſmall quantity of ſometimes a more fluid, ſometimes a more meliceritous ſubſtance; and, after this diſcharge, the aperture cloſes up. This circumſtance occurs but ſeldom; perhaps every ſecond or third month. The aperture is ſo ſmall as not to be diſcernible; no plaiſter is worn upon it, and the patient has got rid of a conſiderable deformity, upon what he thinks very eaſy and ſatisfactory terms.

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I have mentioned theſe circumſtances to illuſtrate the functions of the cyſts of theſe tumours; and to ſhew what may be done in ſome caſes, as a palliation of theſe diſeaſes. It is not, however, meant to recommend ſuch practice; for, on the contrary, it will be ſhewn hereafter, that it is dangerous to tamper with encyſted tumours; and, indeed, I ſhould not have ventured on this palliative mode of treatment, in the caſe related, had I not known from the effects of the former conduct, which had been purſued, that the cyſt and contiguous parts were of an indolent nature, and not diſpoſed to re-act in conſequence of violence done to them.

The contents of encyſted tumours have been denominated from their conſiſtence, ſteatomatous, atheromatous, and meliceritous. To this ancient diſtinction muſt be added another: the cyſt ſometimes ſecretes a ſubſtance like nail or horn; which is protruded when the ſkin ulcerates, hardens, and is puſhed forwards in proportion as the cyſt ſecretes more of this ſubſtance, ſo as to appear like horns; as has been ſhewn

by Mr. Home in the Philoſophical Tranſactions.

There is yet another curious circumſtance to be noticed with relation to cyſts; which is, that they have ſometimes hairs growing from their interior ſurface. This happens in thoſe cyſts which are not unfrequently met with in the ovary *.

But though the cyſts of encyſted tumours muſt be conſidered as poſſeſſing the organization of other parts, and as ſecreting and abſorbing ſurfaces; yet their veſſels are probably very minute, and not endued with a degree of ſtrength adequate to the ordinary reparation of injury. If they produce granulations they are flabby, and the ſores are not diſpoſed to heal.

It is no uncommon circumſtance to meet with wens, that have burſt ſpontaneouſly,

* Some of the tubercles which occur in the viſcera ſeem to be formed by the depoſition of various kinds of ſubſtances from the ſurface of a cyſt, which appears to be the firſt formed and moſt eſſential part of the diſeaſe.

and

and have thrown out a fungus, which, like a foreign body, prevents the ſurrounding integuments from healing.

Moſt parts that are weak, are irritable when excited, and apt to aſſume diſeaſed actions. This frequently happens in a ſtriking manner in the cyſts of theſe tumours; and as, perhaps, ſurgeons are not ſufficiently apprized of the bad conſequences ſometimes occurring from the inflammation of wens, and as it is proper to ſhew the danger of irritating theſe diſeaſes, I ſhall relate a few caſes to illuſtrate this fact.

A woman, about forty years of age, was admitted into St. Bartholomew's Hoſpital, with a frightful fungus growing on the front of the belly, below, and to the right of the navel. She had been a healthy luſty woman, but was greatly deranged in health by the pain and irritation which this had occaſioned. She deſcribed it as being a wen which had burſt, and her account was afterwards verified by diſſection. The fungus bled, and ſhe could ſcarcely bear the ſofteſt dreſſings to be

applied to the part. Nothing mitigated her ſufferings ſo much as lint dipt in a ſolution of opium, and kept moiſt by very frequently ſqueezing on it, from a ſponge, a ſufficient quantity of the ſolution. Nothing allayed the conſtitutional irritation but large doſes of opium. She died exhauſted in the courſe of a fortnight.

I removed the cyſt from off the aponeuroſis of the external oblique muſcle, where it covers the rectus, leaving the tendinous expanſion quite clean and unaffected. The cyſt had ulcerated in two ſmall places, ſo that the fungus which it contained was viſible from behind.

A man between forty and fifty years of age, who was in St. Bartholomew's Hoſpital, had a wen on his back, which ulcerated, diſcharged an atheromatous ſubſtance, and afterwards inflamed, and threw out a fungus. Extenſive eryſipelatous inflammation took place in the ſurrounding integuments, and his conſtitution was greatly deranged by irritation and fever. When he was almoſt exhauſted

haufted by theſe circumſtances, and before any local amendment had taken place, another wen of the ſame nature, which he had on his right thigh, ulcerated, and was followed by the ſame conſequences, and, conjointly, they ſoon deſtroyed him.

A gentleman, of a ſtout make, and about forty years of age, had a tumour, ſuppoſed to be ſarcomatous, which had formed beneath the integuments on the lower edge of the pectoral muſcle. It was attended with ſevere pain occaſionally, at which time it rapidly increaſed in ſize, and produced a great deal of fever and irritation *, which made him look very ſickly, and grow very thin, and cauſed ſome perſons to deem the diſeaſe cancerous.

* Circumſtances like theſe ſhould, I think, be particularly attended to in the hiſtory of tumours; for they may ſerve, perhaps, to characterize the diſeaſe in which they occur. Tumours of an innocent nature commonly increaſe in an equal ratio, and do not excite irritation in the contiguous parts, or in the conſtitution. Yet this, as a general rule, has exceptions. Some of theſe have been ſtated under the head of pancreatic ſarcoma, occurring in or about the mammary gland.

When the tumour had acquired a magnitude of about four inches in length, and three in breadth and depth, he ſubmitted to its removal; the integuments were divided and turned back, and the tumour diſſected off the ſurface, and, in ſome degree, from under the edge of the pectoral muſcle.

When the tumour was examined, it was found to be compoſed of a ſteatomatous ſubſtance, contained in a thin capſule. The ſubſtance reſembled that which I have deſcribed as being ſometimes found in cells in the teſtis, or intermixed with the diſeaſed organization of that part. It was firm, and reſembled cheeſe in its yellow colour and unctuous appearance; but it was not unctuous to the touch.

The wound made in the operation ſoon healed, and the patient's health was reſtored to as good, or ſeemingly a better ſtate than before the formation of this diſeaſe. He alſo regained his uſual athletic form. But in leſs than three months after his recovery, two new tumours formed, one above, and the

other below the cicatrix of the wound. The patient did not particularly attend to them till they had attained a ſize equal to that of a large walnut. To diſſect out both theſe tumours, and make ſo free a removal of parts as to render it probable that no new growth would enſue, ſeemed to be a very formidable operation; and, as the nature of the former tumour was known, and it was ſuppoſed that theſe were of the ſame kind, it was agreed to puncture the upper one, to expreſs the contents, and await the event. This was done by a puncture of half an inch in length, made by an abſceſs lancet. The contents were exactly like thoſe of the original tumour. Vehement eryſipelatous or irritative inflammation took place, and ſloughing about the diſeaſed part: the inflammation rapidly extended to the oppoſite ſide of the thorax, and then down the integuments of the abdomen to the groin. The derangement of the conſtitution was as violent as the local diſeaſe, and in about a week the patient died.

Theſe caſes are related to ſhew the danger of irritating wens, either of an irritable nature,

or occurring in irritable habits; and becauſe I have not met with ſuch caſes deſcribed in books in a manner adequate to the importance of the ſubject.

It deſerves to be noticed in this brief account of encyſted tumours, that the diſpoſition to form wens prevails frequently in many parts of the body at the ſame time. It is not very uncommon to ſee many, even twenty or thirty wens alike in their ſtructure and contents in various parts of the ſame ſubject. Nay, the diſpoſition ſeems ſometimes to be hereditary, and tranſmitted from parents to their children.

The ſubject would appear to me to be incomplete were I not to notice the formation of cavities, containing different ſubſtances, and which can neither be accounted encyſted tumours, nor abſceſſes. The cyſts are like the cyſts of abſceſſes; they are ſecreting ſurfaces, not regular in ſhape, but varying according to the form of the parts, amongſt which they are produced. They adhere alſo, like the ſides of abſceſſes, to the circumjacent parts, and

and are not eaſily ſeparable from them like the cyſts of wens. Theſe cyſts ſometimes contain a kind of ſerum and hydatids like the cyſts formed in the liver, and other viſcera. Sometimes they contain a number of granular ſubſtances of a white colour, having a poliſhed ſurface, and generally an oval figure, which reſemble pearl barley, but the granules are generally ſmaller. I have ſeen the cyſts containing hydatids, in the back and about the hip, on the ſhoulder and in front of the elbow joint*. I never met with any contain-

* The cyſts from which ſuch ſubſtances are diſcharged, are, in general, very irritable. If they are kept open for ſome time, an alteration ſeems to take place in the actions of the part, and they no longer continue to ſecrete that matter which forms the granules I have deſcribed, nor the fluid in which hydatids are found. As theſe diſeaſes are not ſo frequent as to be familiarly known to ſurgeons, whoſe practice is not extenſive, I will relate two caſes to ſhew the nature and treatment of ſuch diſeaſes. — CASE. A young lady had a conſiderable collection of fluid beneath the biceps muſcle of the arm. It protruded on either ſide of the muſcle, and reached to about three inches above the elbow joint. I punctured it with an abſceſs lancet, and diſcharged about ſix ounces of ſerous fluid, containing a few hydatids. The wound, which was an inch in length, was dreſſed with ſpermaceti ſalve, a bread and

containing theſe granular bodies but about the hip, and, in the thecæ of tendons; I have

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and water poultice applied, and the arm was ſupported by a ſling. For a few days ſerous fluid oozed from the aperture, when the external wound had cloſed ſo much as to prevent its eſcape. I introduced a probe into the cavity, and afterwards a ſmall tent, to prevent the aperture in the cyſt from cloſing. This trivial irritation cauſed great diſturbance in the parts, to a conſiderable diſtance, which became heated and ſwollen, and ſo painful, that I dared not to perſevere. The wound was ſuffered to heal, which it ſoon did; but the fluid collected again. Inſtructed by this experience, I now opened the cyſt with a lancet, introduced a probe-pointed biſtoury, and enlarged the aperture to the extent of an inch and a half. This wound was dreſſed ſuperficially; it was three weeks before it cloſed, and afterwards no collection of fluid took place in the cyſt, and the patient remained perfectly well. — Case. A gentleman had for many years ſuffered great inconvenience from a collection of fluid beneath the faſcia of the ring finger, the palmar faſcia, and that of the forearm. The collection ſeem to have begun in the palm of the hand, but had extended itſelf half way up the theca of the ring finger, and paſſing under the carpal ligament, had made its way by the ulnar ſide of the flexor muſcles, and protruded the faſcia of the fore-arm in that part which intervenes between the flexors of the fingers and the flexor carpi ulnaris. At this part the fluid was neareſt to the ſurface, and it was agreed, in conſultation, that it ſhould here be opened. I accordingly made a diviſion of the ſkin about

have therefore conjectured that theſe cyſts are enlargements of the burſæ mucoſæ.

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about two inches in length, to expoſe the faſcia of the fore-arm, which I divided to the extent of an inch and a half. I then diſtracted the muſcles a little, when there guſhed out a large quantity of fluid, containing a number of the largeſt granules that ever I had ſeen formed in the ſheaths of tendons. Several of them were as big as ſmall grapes. By preſſing the palm of the hand more were forced out, yet I remained uncertain whether the whole were diſcharged. The wound was dreſſed ſuperficially with ſpermaceti ſalve, a bread and water poultice applied, and the arm kept ſupported in a ſling. Three days after the operation, fearing leſt ſome of the granules might remain, I introduced the point of a varniſhed catheter, and impelled ſome warm water beneath the faſcia of the hand. No granules returned with it; but this experiment cauſed great nervous irritation in the part, and in the conſtitution in general. Nothing therefore was further done that could irritate the parts, and the wound healed in about ſix weeks, in the following manner: The ſkin on either ſide of the wound became tumid, and threw forth exuberant granulations to ſuch a height, that a ſwelling as big as half an egg cut lengthwiſe, projected above the level of the ſkin; as the granulations from either ſide touched, they coaleſced, and thus the divided faſcia was covered. The granulations being afterwards abſorbed, the cicatrix appeared like one from a common cut, and the integuments were flat, and in a natural ſtate. I ſaw the patient two years after this operation, and there had been no new collection of fluid.

The

The greater number of theſe caſes, which I have ſeen, have ultimately, but very ſlowly, done well. However ſome cyſts, upon becoming open, produce great and even fatal irritation in the contiguous parts. Sometimes cyſts, as Mr. Hey has lately remarked, produce that appearance, which he has called fungus hæmatodes. Of this circumſtance, as it appertains to the preſent ſubject, I ſhall relate an inſtance; but to ſpeak more largely of that diſeaſe, would be deviating from the plan of this paper, and would be unneceſſary, as the numerous and accurate caſes, which Mr. Hey has related, ſhew that this diſeaſe may exiſt without being connected with cyſts.

A girl about ſixteen years of age, who was in St. Bartholomew's Hoſpital, had a collection of fluid under the triceps extenſor cubiti, near to the olecranon. When I firſt ſaw it, it was not larger than a pullet's egg, but it increaſed, notwithſtanding the means which were employed to diſcuſs it; and, in about twelve months, it preſented itſelf beneath the integuments on the outſide of the

arm, in the ſpace between the extenſor and flexor muſcles, a little above the elbow. Upon compreſſing the projecting integuments, a fluctuation of fluid was felt beneath the triceps muſcle in the inſide of the arm, and the collection ſeemed to extend high up on the back part of the os brachii. As the parts containing the fluid ſeemed more diſpoſed to increaſe in dimenſions, than to give way and diſcharge their contents, the collection was opened where it pointed, and a quantity of ſerum was diſcharged. On introducing the finger, ſome ſtrata of coagulated blood came away, and this was ſucceeded by ſo great an hæmorrhage, that it became neceſſary to enlarge the wound, in order to ſearch for the bleeding veſſels. In proportion as this was done, and more coagulated blood was detached from the ſides of the cyſt, which had contained both it and the ſerum, the hæmorrhage increaſed, and the blood flowed ſo profuſely from ſo many and ſuch large arteries, that it was impoſſible to controul its effuſion. Amputation ſeemed unavoidable, and was performed as high up as poſſible, but not clearly above the cyſt,

ſome

ſome part of which remained amongſt the muſcles of the ſtump.

On examining the amputated limb, a thick and firm ſtratum of coagulated blood was found adhering to the ſides of a cyſt, which extended from a little above the olecranon, where it was large, to nearly the upper part of the os brachii, where it gradually tapered to a ſmall ſize. The upper part of the cyſt was cut off from the reſt by the amputating knife, and of courſe remained upon the ſtump. At firſt, the ſtump appeared to do well, but ſhortly after the ſides of the wound ſeparated, conſiderable inflammation came on, and a fungus was thruſt forth. Great fever and irritation accompanied this local diſorder, and the girl died *.

The

* An unreſtrainable hæmorrhagic tendency ſeems to be the eſſential character of that diſeaſe, which Mr. Hey has denominated Hæmatodes. That it takes place from diſeaſed ſtructures is manifeſt; yet I have known it happen without any morbid growth having preceded it. I ſhall briefly relate a caſe of this deſcription, becauſe the term fungus hæmatodes ſeems to be a name commonly now applied to every bleeding fungus, whilſt that hæmatodal diſpoſition, which Mr. Hey has deſcribed, is a very rare

The treatment of encyſted tumours reſembles that of the ſarcomatous kind. By abſtracting blood and heat from the part it is probable the growth of them will be ſtopped, and the diſeaſe made for a time ſtationary. They are not likely to be diſperſed; and, as the magnitude is increaſed by delay, and the ſpontaneous opening of the cyſt generally leaves a vexatious and intractable ſore, and ſometimes is attended with more dangerous conſequences, the early removal of the diſeaſe is the beſt practical conduct that can be be purſued.

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rare occurrence. — Case. A young man, who was out of health, complained of ſtiffneſs and pain in the bottom of his belly, and took to his bed, declaring his inability to move about. Suddenly a ſwelling formed above the Poupart's ligament, which rapidly increaſed, and the ſkin ulcerated. A frightful fungus ſeemed to preſent itſelf, and an uncontrolable hæmorrhage enſued. When the caſe was examined after death, all that bulged out could be removed by the finger or ſponge, and appeared to be coagulated blood, rather than fungus, and at the bottom nothing was ſeen but the abdominal muſcles, which had that bruiſed and browniſh appearance which Mr. Hey has deſcribed.

Another

Another genus of tumours is the oſſeous. Thoſe which hang pendulous into joints are ſometimes bony. Oſſeous tumours alſo form, though not frequently, in other parts: of this circumſtance I ſhall relate the following inſtance. A woman was admitted into St. Bartholomew's Hoſpital, with a hard tumour in the ham. It was about four inches in length and three in breadth. She had alſo a tumour on the front of the thigh a little above the patella, of leſs ſize and hardneſs. The tumour in the ham, by its preſſure on the nerves and veſſels, had greatly benumbed the ſenſibility, and obſtructed the circulation of the leg, ſo that it was very œdematous. As it appeared impoſſible to remove this tumour, and, as its origin and connections were unknown, amputation was reſolved on. On examining the amputated limb, the tumour in the ham could only be divided by a ſaw; ſeveral ſlices were taken out of it by this means, and appeared to conſiſt of coagulable and vaſcular ſubſtance, in the interſtices of which a great deal of bony matter was depoſited. The remainder of the tumour was macerated and dried,

dried, and it appears to be formed of an irregular and compact depoſition of the earth of bone. The tumour on the front of the thigh was of the ſame nature with that in the ham; but containing ſo little lime, that it could be cut with a knife. The thigh-bone was not at all diſeaſed; which is mentioned, becauſe, when bony matter is depoſited in a limb, it generally ariſes from a diſeaſe of the bone. This caſe, however, ſhews that the veſſels of a tumour may ſecrete phoſphate of lime, and convert it into an oſſeous ſubſtance, without any manifeſt cauſe exiſting to excite ſuch oſſific inflammation.

Vaſcular tumours alſo may doubtleſs become converted into a ſubſtance reſembling cartilage, like thoſe found in joints; and their hardneſs might then exclude them from the genus ſarcoma. I have not however met with ſuch inſtances.

The diſeaſes which I have been deſcribing may be conſidered as edifices which are built up by diſeaſed actions, and in which thoſe diſeaſed actions continue to reſide. The

actions themſelves do not admit of examination, though the ſtructures do which they erect. Therefore, as Dr. Baillie has obſerved, it is by an examination of diſeaſed ſtructure that we muſt be ſlowly led to a knowledge of diſeaſed actions. It does not follow as a certain conſequence, that ſimilar diſeaſed actions will, in every inſtance, produce preciſely the ſame diſeaſed ſtructure; though it is highly probable that they will do ſo in general. This obſervation would diminiſh our ſurprize if, in ſome rare inſtances, we found cancer exiſting where a cancerous ſtructure was not ſtrikingly manifeſt; or if, in others, a ſtructure like that of cancer was obſerved where no cancerous actions were apparent. The ſcirrhous tumours, which form beneath the peritoneal covering or lining of the uterus, have ſomething of the ſtructure of cancer, and yet they are not cancerous. In all caſes where tumours are formed we muſt ſuppoſe an increaſe, and, in ſome degree, a diſordered action of the veſſels which form them; but, in many theſe actions poſſeſs but little diſeaſed peculiarity. As in every caſe of growth, in the re-production of deſtroyed parts, the

gelatinous

gelatinous ſubſtance of the blood is firſt depoſited, and afterwards rendered vaſcular, therefore I have conſidered a tumour formed in this manner as one of the moſt ſimple kind, and poſſeſſing the leaſt of diſeaſed peculiarity; but I am aware that I may have included under this general character tumours of eſſentially different natures. In the adipoſe ſarcoma there muſt be ſome peculiarity in the arrangement and actions of veſſels which form this tumour; but it muſt be accounted a natural rather than a morbid peculiarity. The pancreatic ſarcoma, I ſhould ſuppoſe, differed but little from the firſt ſpecies. It may be conſidered as a new growth characterized merely by the peculiarity of its appearance, in conſequence of its being ſeparated into many diſtinct parts, which ſometimes cohere by a looſer kind of texture, and ſometimes are ſeparated by a firmer ſubſtance. The connecting medium appears like the thickened cellular ſubſtance of the part in which the newly organized matter is formed. Indeed I have ſometimes preſſed out the ſeparated portions of this ſubſtance from the connecting medium which environed them. In

the mammary ſarcoma I ſuſpect ſome diſeaſed peculiarity to exiſt, as has been mentioned in ſpeaking of that ſubject. In the tuberculated ſarcoma the prediſpoſition to that diſeaſe ſeems general on the part of the conſtitution. In the medullary ſarcoma the diſeaſe ſeems local, in the firſt inſtance, and propagated by means of the abſorbing veſſels to their glands, and frequently in a courſe retrograde to that which the abſorbed fluids would naturally take; but in the advanced ſtate of the diſeaſe the morbid diſpoſition appears to be general. In carcinomatous ſarcoma the diſeaſe appears to begin in a point or ſmall diſtrict, and to extend in every direction, as rays do from a center, affecting every ſurrounding part, whatever may be its nature. The diſeaſed actions alſo, though they may be at times more violent or more tranquil, never ceaſe. This diſeaſe is alſo extended through the medium of the abſorbing veſſels in the direction which the abſorbed matter would naturally take.

SURGICAL OBSERVATIONS.

ON CHRONIC AND LUMBAR ABSCESSES.

CHRONIC abſceſſes differ from thoſe produced by phlegmonoid inflammation in many particulars. In diſeaſes of an active and violent nature, the contiguous parts become affected, whilſt in thoſe of an indolent diſpoſition they remain free from diſeaſe, and unaltered in ſtructure. An abſorbent gland, for inſtance, may be enlarged to a conſiderable ſize; yet, if the diſeaſe be of an indolent nature, the ſurrounding cellular ſubſtance is looſe and pliant. On the contrary, if one or two of theſe glands undergo active inflammation, the ſurrounding parts participate in the affection, and all traces of the glands primarily affected, are loſt in the more general inflammation and abſceſs. In phlegmonous abſceſſes, the inflammation which was

moſt violent in the centre, and had there terminated in ſuppuration, had, at the ſame time, induced adheſion of the ſurrounding cellular ſubſtance; and thus, the ſides of the abſceſs are, as it were, walled in and ſupported; and the extenſion of the diſeaſe in the circumference is to a certain degree prevented. It alſo appears, that it is very much owing to the parts covering the front of the abſceſs participating in the irritation, that the matter ſo readily makes its way to the ſurface, and is diſcharged.

On the contrary, in chronic abſceſſes it generally happens, that very little adheſion of the ſurrounding ſubſtance takes place, and the matter is more at liberty to extend itſelf in all directions; at the ſame time, the parts covering it do not participate in the diſeaſe, they therefore do not inflame and ulcerate till their diſtention induces them to do ſo, and ſuch a degree of diſtention may not take place till the abſceſs has acquired an enormous magnitude.

Now

Now, if it could be proved, and I think it practicable, that chronic abſceſſes are not from their nature deleterious diſeaſes, but are diſturbing and deſtructive to the conſtitution in proportion to their magnitude, we ſhould then clearly ſee, that the objects of ſurgery in their treatment ought to be thoſe of preventing their increaſe, or reducing their dimenſions.

As inflammation varies in its degree, ſo there are many abſceſſes neither ſtrictly ſpeaking phlegmonous nor chronic, but of an intermediate nature. I think, therefore, it may be uſeful to inſert a caſe of purely chronic abſceſs, as an illuſtration of the preceding remarks.

CASE I.

An abſceſs containing twelve ounces of well-formed pus took place beneath the integuments covering the upper part of the pectoral muſcle; it elevated the ſkin, and had formed a globular kind of tumour. This ſuppuration had been attended with ſcarcely any pain,

and the integuments, although diſtended, were indolent, and appeared perfectly healthy and natural. I punctured the abſceſs with a lancet conveyed obliquely between the integuments and the cyſt, evacuated the contained pus, and cloſed the aperture with ſticking plaſter: but on the re-accumulation of matter it was no longer confined in a cyſt, but became diffuſed through the cellular ſubſtance leading to the axilla, in which a ſlight inflammation was produced. I was, therefore, obliged to make a new orifice, and leave it open, that the ſecreted matter might have an outlet, and not extend diſeaſe, by thus pervading the cellular ſubſtance.

The ſurface of the cyſts of all abſceſſes has the power of ſecreting and abſorbing their contents. Even phlegmonous abſceſſes occaſionally diſperſe, and many caſes are on record of large abſceſſes, which I conclude were of a chronic nature, being diſperſed in conſequence of the occurrence of a diarrhœa. It appears to me, that the cyſts of abſceſſes perform the ſame function with reſpect to their

their contents that the membranous ſurfaces of cavities do in caſes of dropſy. In either inſtance, if ſecretion exceeds abſorption, the diſeaſe enlarges; if it be equal, the diſeaſe is ſtationary; and if it be leſs, the diſeaſe diminiſhes.

With this view of the ſubject, and knowing the danger ariſing from the opening of chronic abſceſſes, I have endeavoured to diſperſe them, and I have ſometimes been ſucceſsful in my attempts. As an inſtance of what may be accompliſhed, I relate the following caſe:

CASE II.

A gentleman about twenty-ſix years of age, conſulted me on account of a very large abſceſs which had formed amidſt the muſcles of his thigh. It protruded the faſcia on the front of the vaſtus internus muſcle, from the patella to above the middle of the thigh: the poſterior muſcles of the thigh alſo bulged outwards, ſo as to give a conſiderable convexity to the back part of the limb. The patient looked unhealthy; he was

was languid and irritable; he had a furred tongue: the actions of his bowels were irregular, and the ſecretion of bile was deficient or faulty. I deſired him to drink a pint of the decoction of ſarſaparilla daily; to take five grains of the pil. hydrarg. every ſecond night, and to pay ſtrict attention to keep his bowels regular. I alſo recommended a bandage to give ſupport to the ſides of the abſceſs. However, it continued to increaſe, and in about ſix weeks the integuments at the lower part became more prominent than elſewhere, and felt heated and uneaſy. Fearful of their becoming inflamed, and fruſtrating the plan of treatment which I deſigned to purſue, I opened the abſceſs with an abſceſs lancet, making a wound about three-fourths of an inch in length. About thirty ounces of ſerous pus flowed through this orifice, but the current was very frequently obſtructed by large clots of that flakey ſubſtance which is ſo commonly found in ſuch abſceſſes. Towards the end of the diſcharge clots of blood obſtructed the orifices, and they were ſo numerous and large, and came out of the aperture with ſo much difficulty,

that

that I thought it better to close the wound, even before the abscess was completely emptied, than run the risque of irritating the sides of the wound by too much poking, or of admitting air into the cavity of the abscess. I therefore cleaned and closed the sides of the wound by sticking plaster, and applied a roller round the limb. The wound healed, and the patient's health was in some degree improved. At first the cavity of the abscess filled rapidly, so that the fascia protruded again. The protrusion, however, did not increase, and the disease seemed stationary. After about three weeks the patient was permitted to take exercise on account of his health, and he generally slept in the country. By these means, and with the continuance of his medicines, his appetite became good, and his bowels regular. He then left off the sarsaparilla, and took the pil. hydrarg. only, when he observed that the fæces were not of a proper colour. As the patient's health amended, the abscess decreased, so that in about six months there remained no evidence of such a disease having existed. After some time, the patient went

into

into the army, where fatigue and irregularity of diet made him ill again, and he perceived ſome fluid in the abſceſs. He, therefore, relinquiſhed this mode of life. On the reſtoration of his health, to which the uſe of the ſame medical means ſeemed to be contributory, no veſtiges of the abſceſs remained; and though many years have now elapſed, no return of the local diſeaſe has taken place.

As chronic abſceſſes in general form in conſequence of a diſordered ſtate of the conſtitution; and as it is ſubject to great diſturbance when they become open, ſo it is requiſite to endeavour to improve the general ſtate of health prior to that event. By ſuch means I have ſeen ſeveral chronic abſceſſes diſperſed; and even if our endeavours have only the effect of rendering the abſceſs ſtationary, whilſt the patient's health is improving, it is productive of great good, ſince it enables the conſtitution to encounter that diſorder attendant on the abſceſs becoming open. Such topical applications as will afterwards be mentioned, may be employed at the ſame time, with a view

to

to render the abſceſs ſtationary, or to diminiſh it, by leſſening the ſecretion into the cavity, and by promoting abſorption from it. I may alſo add, that I have ſeen ſeveral abſceſſes, which continued to enlarge under ſuch management in the firſt inſtance, diſperſed by it, after they had been once punctured.

The foregoing remarks and caſes are deſigned to illuſtrate the nature of chronic abſceſſes in general, and I now proceed to conſider the moſt important ſpecies of ſuch a diſeaſe that we meet with in practice, I mean the lumbar abſceſs. Some lumbar abſceſſes can indeed ſcarcely be denominated chronic; they are formed with ſo much pain, the pus which they contain being good, and ſo unlike what is generally found in the cyſts of indolent abſceſſes, that we muſt ſuppoſe the diſeaſe which produced it was of a different nature. I have ſeen alſo inflammatory fever induced when ſuch an abſceſs has become open, which was an additional proof of its being of a phlegmonoid nature. Such occurrences are indeed very rare: but it very commonly happens that the formation of lumbar

lumbar abſceſſes is attended with more pain, and other inflammatory ſymptoms, than are incident to chronic abſceſs in general.

Whatever the nature of a lumbar abſceſs may be, the ſurgical treatment of it muſt be ſimilar to that of a chronic abſceſs; for as the matter preſents in a part of the body which is ſo remote from that where it was originally formed, as not to ſympathize with the diſeaſe; ſo the progreſs of the abſceſs, before breaking, will reſemble that of a chronic abſceſs. To uſe the language of Mr. Hunter, a lumbar abſceſs, where it preſents, is to be conſidered as an abſceſs in the part, and not as an abſceſs of the part.

As lumbar abſceſſes in general deſcend along the pſoas muſcle, under Poupart's ligament, and preſent beneath the faſcia of the thigh, the reſiſtance of the faſcia affords an additional obſtacle to the progreſs of the matter to the ſurface, ſo that ſuch abſceſſes, if left to themſelves, often acquire an enormous magnitude before they ſpontaneouſly open.

Lumbar

Lumbar abſceſſes alſo, in general are not ſimple diſeaſes; they ariſe from and communicate with carious vertebræ; which circumſtance is, I believe, the cauſe of their frequent fatality. The firſt eight caſes that I attended, after I had adopted a new mode of opening them, were ſimple abſceſſes, and not ariſing from diſeaſe of the bone; which led me to believe, that they were more frequently unconnected with diſeaſed bone than later experience has taught me. The general opinion of ſurgeons, in which I entirely concur, is, that lumbar abſceſſes moſt frequently ariſe in conſequence of diſeaſes of the vertebræ, and they ſhould certainly all be treated as if ſuch was their origin.

Before I proceed to deſcribe the particular treatment which I would recommend in chronic and lumbar abſceſſes, it will be uſeful to enquire into the cauſe of that conſtitutional diſorder, which is ſo generally conſequent to their becoming open. It has been aſcribed to the admiſſion of air into the cavity of the abſceſs, or to the abſorption of pus from it. That it is not owing to the

former, we infer, becauſe air does not appear to be ſtimulating to thoſe ſurfaces of the animal body, to which it is not naturally applied. The air which eſcapes from a wounded lung, and renders the cellular ſubſtance emphyſematous, produces no inflammation of it. Air has alſo been blown into different cavities of the body, to aſcertain its effects; and it has been abſorbed from them without having excited any inflammation. Neither does air appear to be ſtimulating to the expoſed ſurfaces of ulcers which are in a ſtate of diſeaſe. Yet, though air ſeems to have no ſtimulating property to ſuch ſurfaces, and therefore cannot be aſſigned as the cauſe of that irritation and inflammation conſequent to the opening of an abſceſs, yet it is of the higheſt importance in purſuing the treatment which I have recommended in theſe abſceſſes, that no bubble of air ſhould be admitted into the cavity, becauſe it would probably cauſe the putrefaction of the fluid contained in the abſceſs, the abſorption of which would be very deleterious. To ſhew the conſequences that might ariſe from ſuch an occurrence, and to urge the neceſſity of

all that caution which I ſhall recommend in opening lumbar abſceſſes, I relate the following caſe:

CASE III.

A ſurgeon diſcharged a large quantity of pus, containing flakes, from a lumbar abſceſs, which preſented itſelf beneath the faſcia of the thigh. The matter was diſcharged through a wound made by an abſceſs lancet, and in holding open the orifice with probes, in order to give diſcharge to ſome coagula, a bubble or two of air was admitted into the cavity of the abſceſs. His aſſiſtant perceived this occurrence, and mentioned it to me prior to the coming on of thoſe ſymptoms which afterwards took place. When the abſceſs was emptied, the wound was cloſed with ſticking plaſter, and bound down by many ſtraps of plaſter placed over it. On the third day the patient was attacked by ſo violent a putrid fever, that it could be compared to no other, unleſs to ſuch as is occaſioned by the plague. The faſcia of the thigh was elevated as much as it had been before the operation; the ſkin was very hot, and of

a duſky colour. On removing the ſtraps and coverings from off the wounded part, a large blaſt of fœtid air burſt from the aperture, which was followed by the diſcharge of a conſiderable quantity of a very offenſive and bloody fluid. The patient lived but twenty hours; and, on examining his body afterwards, a conſiderable quantity of bloody fluid was found effuſed into all the large cavities.

If the notions which have been delivered reſpecting abſceſſes be correct, I mean, that there is continual ſecretion, and continual abſorption from the cyſt, as from a membranous ſurface, or from that of an ulcer, then it would follow, that the abſorption of pus cannot be productive of fever. Though abſorption of pus is continually taking place, yet no fever occurs before the opening of an abſceſs, neither does it come on where abſceſſes are diſperſed, and where ſuch abſorption muſt indiſputably have happened. It is true, in theſe caſes, the pus is generally inoffenſive in its qualities; it might be contended, that though it be admitted into the circula-

circulation with impunity, yet ſome of the fœtid matter uſually diſcharged from the ſurfaces of open abſceſſes, being abſorbed from them, might prove the cauſe of the fever. We do not however find ſuch fever produced by the abſorption of fœtid matter from the ſurfaces of large ulcers. We frequently apply the term putrid to ſubſtances merely fœtid, as well as to thoſe in a ſtate of chemical putrefaction; and from this inaccuracy of language, I ſuſpect the equal inaccuracy of opinion has ariſen, which has led to the belief of deleterious conſequences ſucceeding to the abſorption of matter. I need not diſcuſs theſe ſubjects further, becauſe the enquiry into the true cauſe of the fever will furniſh arguments to refute falſe notions.

An attentive examination of the ſubject will, I believe, convince us, that the fever depends upon the ſtate of irritation and inflammation which takes place in the cyſt of the abſceſs. Firſt, becauſe its violence correſponds with the degree of local inflammation. Thus, in the old method of opening

chronic abſceſſes by an inciſion of conſiderable length, the fever was much more violent than when the abſceſſes were ſuffered to break of themſelves, or when they are merely punctured. Secondly, becauſe the kind and degree of fever accords with the ſtate of inflammation and irritation exiſting in the cyſt of the abſceſs. Thirdly, When a lumbar abſceſs opens ſpontaneouſly, in a manner productive of the leaſt poſſible irritation to the cyſt, the patient ſometimes remains for many days without heat or pain in the part, and without fever. Afterwards, when the cyſt has become irritated and inflamed, and the conſtitution diſturbed by a peculiar kind of fever, the ſymptoms may, and generally do ſubſide, and the patient merely feels languid, and ſlightly hectical. If local irritation is again excited, again the concomitant fever takes place. The caſes which I ſhall afterwards relate will, I think, prove theſe aſſertions, and they have induced me to believe, that the diſturbance of the conſtitution at large depends upon, and accords with the local diſeaſe. Such opinions lead to this practical concluſion, that if we

wiſh

wiſh to prevent or mitigate the fever, which exhauſts the patient's powers, we ſhould do every thing to prevent and allay the local diſorder, which is likely to ariſe in the abſceſs.

There ſeems nothing myſterious or difficult to account for, in the effects reſulting from an abſceſs becoming open. If any of the natural cavities of the body were in the ſame ſtate, inflammation would enſue, and would produce a fever correſponding to it in its nature and degree. From the weak and peculiar ſtate of conſtitution, ſubject to chronic abſceſs, both the local inflammation and the concomitant fever are in general of a peculiar kind: the local inflammation partakes of what would, in general, be denominated an eryſipelatous nature, and the fever of a violent and rapid hectic. I have however known the opening of a lumbar abſceſs productive of inflammation of a phlegmonoid character in the cyſt, and then the conſtitutional affection was likewiſe what we term inflammatory fever.

Having thus endeavoured to inveſtigate the cauſe of the evils reſulting from a chronic abſceſs becoming open, I may further add, that if the opinions which I have formed of them be correct, the danger muſt greatly depend upon the dimenſions of the abſceſs. A chronic abſceſs, beneath the faſcia of the thigh, may be opened, when it contains four ounces of pus; and if the ſurface becomes irritated and inflamed, it may induce a degree of conſtitutional diſturbance and fever; yet ſuch an abſceſs neglected, may increaſe till it holds four quarts *; and then, if it becomes open, and has the ſame degree of local diſeaſe, and it were granted that it ſhould only act upon the conſtitution in the ſame proportion, it muſt produce more than thirty times the degree of fever. If alſo we are to aſcribe the weakneſs conſequent to the opening of chronic abſceſſes in any degree to the drain of fluids which takes place from them, it will be in the ſame proportion

* I have diſcharged four ale-houſe quarts full of matter from beneath the faſcia of the thigh.

greater

greater in the latter than in the former caſe. It ſeems however probable, that it is the violent actions which exhauſt the patient's ſtrength, and not the loſs of fluids; for in dropſies of the ovary a much greater loſs of more nutritive fluids is not attended with weakneſs in any material degree.

After this diſcuſſion of the nature and cauſe of the ill conſequences reſulting from the opening of chronic abſceſſes, we may proceed to eſtabliſh rules for their treatment. The firſt object, I think, is to diſperſe, if poſſible, lumbar abſceſſes, becauſe it is moſt probable that the matter is in contact with diſeaſed bones; and that the inflammation conſequent to the abſceſs becoming open, will be communicated to thoſe parts.

With this view, an iſſue ſhould be made in the loins, which is likely to be beneficial by its counter irritation, even when the abſceſs is not connected with diſeaſed bone; but when it is, then an iſſue will be ſtill more ſerviceable and neceſſary. The patient alſo ſhould be kept in bed till all inflamma-

tory tendency, which will be indicated by the increaſe of the abſceſs, has ceaſed. Then exerciſe in the open air may be permitted, on account of its beneficial operation on the conſtitution of the patient *. It ſhould indeed be our unremitting object throughout to invigorate and tranquillize the conſtitution; and the means which I ſhould employ for this purpoſe, are thoſe which tend to preſerve the digeſtive organs in, or reſtore them to a ſtate of health. If the abſceſs becomes open notwithſtanding all our endeavours to the contrary, theſe meaſures will enable the conſtitution to bear up againſt the diſeaſe; and as ſuch local diſeaſes are the conſequence of a weakened and diſordered ſtate of body, they may, by relieving the cauſe, remove at the ſame time the effects, as has been ſhewn in the ſecond caſe.

That lumbar abſceſſes may be diſperſed by theſe meaſures, will be proved by the caſes which I ſhall afterwards relate: that we ſhall

* Probably it would be beſt to exerciſe with crutches, as the lumbar muſcles on the affected ſide would then be exempt from action.

often

often fail in our endeavours to diſperſe them, is indeed highly probable in reaſon, and equally proved by occurrences in practice.

Let us then ſuppoſe, that a lumbar abſceſs treated in this manner continues to increaſe, that it protrudes the integuments, that they, from diſtention, become irritated; that their temperature is ſlightly augmented; what are we then to do? Are we to wait till evident ſigns of inflammation appear? I think not. I would then relieve them from diſtention, by emptying the abſceſs through a wound made by an abſceſs lancet. I would open the abſceſs for a reaſon which appears paradoxical on its firſt propoſal, which is, that it may be kept cloſed. We can empty a cavity, and by healing the wound, keep it afterwards ſhut, and no inflammation enſues. If nature opens the cavity by ulceration, the opening is permanent, and the inflammation conſequent muſt be endured. When I firſt treated abſceſſes in this manner, I punctured them with a trochar. I now uſe an abſceſs lancet, which is introduced with very little obliquity, ſo far

that

that the wound of the cyſt of the abſceſs ſhould be half an inch in length, and that of the integuments of courſe a little longer. A wound of that ſize is generally ſufficient to give diſcharge to the ſolid flakes which will occaſionally block up the opening, without much poking. It is neceſſary that the flow of matter ſhould be uninterrupted, ſo that no air ſhould gain admittance; it is therefore right to make preſſure on the abſceſs in proportion as it is emptied. The abſceſs where it preſents itſelf is emptied before that part of it in the loins is completely ſo. The ſurgeon ſhould then preſs the ſides of the wound together with his finger and thumb, ſo as to prevent the ingreſs of air, and deſire the patient to cough repeatedly, which will impel the matter from the internal part of the abſceſs into that which is punctured. When the abſceſs is emptied as much as poſſible, the wound ſhould be attentively wiped, and the edges placed in exact contact, and retained in that ſtate by ſtrips of plaſter. I interpoſe ſome lint between the plaſter and the ſurface of the wound, cloſing it exactly as that made in venæſection. I think it uſe-

ful to put a ſmall compreſs over the part where the orifice is, and give it a ſlight degree of preſſure by longer ſtrips of plaſter. It is of great conſequence that the patient lie perfectly ſtill, and that the plaſters are not moved. I think it better not to put on a bandage, becauſe then the patient may perceive whether the plaſters are right or wrong. I dreſs the wound every ſecond day. It generally unites by adheſion, though ſometimes otherwiſe, for it may diſcharge a little, and yet unite firmly. An abſceſs, thus treated, is as free from inflammation as it was before it was punctured. The abſceſs will, however, fill again, and that ſometimes even rapidly. In the firſt caſes which I attended, I punctured it pretty regularly after the expiration of a fortnight, and I found in general, that the abſceſs contained about one-third leſs of fluid. I have, indeed, been obliged to puncture the abſceſs at firſt before the end of the fortnight, becauſe it had become diſtended, and I was fearful that the diſtention might cauſe the newly healed wound to inflame, or uncloſe itſelf. After having diſcharged the contents of the

the abſceſs three or four times, I found that it was not neceſſary, nor indeed eaſily practicable to puncture it at the end of the fortnight, becauſe it was ſo little filled and prominent. Since my attention has been more directed to the diſperſion of abſceſſes, I have generally been able, by ſuch means as tend to leſſen the actions, and conſequent ſecretion of the cyſt of the abſceſs, and alſo to promote abſorption, to protract conſiderably the the intervals of time at which it has ſeemed neceſſary to puncture the abſceſs, leſt it ſhould become diſtended. Nay, I have been able, to diſperſe many lumbar abſceſſes after having punctured them twice or thrice, though I was incapable of preventing their increaſe prior to theſe meaſures.

The diſperſion of lumbar abſceſſes is the grand object which a ſurgeon ſhould have in view throughout the treatment of them. He ſhould endeavour to diſperſe them, but by means which are, at the ſame time, calculated to increaſe the patient's ſtrength. If, however, the abſceſs increaſes, and he is obliged to open it, in order to prevent its becoming

becoming open ſpontaneouſly, he ſhould ſtill purſue the ſame meaſures; for the neceſſity of his puncturing it again is thereby diminiſhed, and he gains time, which he employs in endeavouring to invigorate the conſtitution, and diminiſh the diſeaſe of the bone, upon which perhaps the abſceſs depends. Suppoſe, however, he is unable to effect his chief deſign, that of diſperſing the abſceſs; ſuppoſe after having punctured it five or ſix times, at long intervals, one of the punctures inflames and ulcerates; it muſt, I think, be evident, that great good has been effected by the meaſures that have been purſued. After a lumbar abſceſs has been punctured, the fluids ſecreted into it, will flow into that part where there is the leaſt reſiſtance, which is the part that has been punctured. The preſſure of reſpiration will urge them from the original cavity into the now vacant ſpace, where the abſceſs had preſented itſelf. The original cavity being a long time thus kept empty, will contract into a ſmall fiſtulous tube.

Thoſe

Thoſe who are advocates for letting lumbar abſceſſes open themſelves by ulceration, becauſe it imparts leſs irritation to the cyſt than a wound occaſions, have in this caſe their wiſhes gratified; a much reduced lumbar abſceſs does, when treated in this manner, open by ulceration. If there be any truth in the reaſoning which I have employed, ſhewing that the conſtitutional diſorder will be in proportion to the extent of the ſurface affected with diſeaſe, that ſurface is now comparatively ſmall.

It muſt however be granted, that under theſe favourable circumſtances, when the abſceſs leads to carious bones, the diſeaſe is generally, though not conſtantly, fatal. Inſtances have been known of pieces of mouldered vertebræ making their way through the fiſtulous remains of the abſceſs, and obtaining an external outlet; and yet the patient has recovered. As we cannot know whether the bone be diſeaſed or not, and as theſe abſceſſes ſo generally ariſe from that cauſe, we ſhould always act with a caution ſuggeſted by the opinion that they do

do ſo. When the abſceſs has become open by the ulceration of one of the punctures, which the ſurgeon has made in order to reduce its dimenſions, or ſo to alter its ſtate as to increaſe his chance of diſperſing it, the patient muſt encounter the riſque attendant on the diſeaſe; but the ſurgeon has ſtill much to do. The ulcerated part ſhould be dreſſed with mild ſalve; evaporating waſhes, or poultices, ſhould be applied over it; in ſhort, every means ſhould be employed to prevent the cyſt inflaming, in conſequence of irritation imparted to it from the ulcerated puncture. Perfect quietude ſeems to be eſſential at this period of the caſe, for motion of the loins will induce or aggravate inflammation in the originally diſeaſed parts. Sometimes a conſiderable time elapſes before the cyſt inflames, and when it does, opium ſhould be given to quiet it. Sometimes the irritation and inflammation of the cyſt ſubſides, and the abſceſs becoming indolent the conſtitution is no longer diſturbed, and the patient may be permitted to exerciſe for the benefit of his general health.

Before

Before I proceed to the relation of the caſes, from which the preceding views of the nature and treatment of lumbar abſceſſes were taken, I think it right to relate the caſe which firſt ſuggeſted to me that mode of opening theſe abſceſſes which I recommend; becauſe, it ſhews that an abſceſs of this kind, attended with even very favourable circumſtances, may a prove fatal diſeaſe if miſmanaged.

CASE IV.

A young man, about twenty-ſeven years of age, of a muſcular form, and healthy conſtitution, came from the country to the hoſpital, to obtain relief from a collection of matter which preſented itſelf in the upper and fore-part of the thigh, beneath the faſcia, and immediately below Poupart's ligament. The pain which he had previouſly ſuffered in his loins, and the impulſe of matter into the tumour upon his coughing, left little doubt of the original ſeat of the diſeaſe. The faſcia of the thigh had yielded conſiderably to the collected pus, ſo that it did not deſcend ſo low as is common, but appeared very promi-

nent. Although he had endured conſiderable pain, he had not ſuffered much from fever on the firſt formation of the abſceſs.

A cauſtic was applied on the tumour to give diſcharge to the matter, and three days afterwards the eſchar was divided. — Eight ounces of very perfectly formed, moderately conſiſtent, and inodorous pus iſſued from the inciſion. — The ſides of the eſchar now cloſed up the wound and prevented any further evacuation of matter. This the ſurgeon did not attempt to produce, thinking the delay would be uſeful.

For three days no more fluid was evacuated, during which time the young man remained perfectly well, and his thigh free from inflamation. — On the fourth day the eſchar became ſo much looſened in its circumference that part of it gave way, and eight ounces more of ſimilar and perfectly inodorous pus were diſcharged. In twelve hours after this detachment of the eſchar, he ſuffered much from fever and pain in the part, and the diſcharge became putrid. In two days the fever,

which was of the hectic kind, ſeemed to be eſtabliſhed, and from the ſore there flowed a copious and increaſing quantity of fœtid pus. His ſkin was now hot, his face fluſhed, he ſweated profuſely in the night, his appetite failed him, his pulſe beat 120 in a minute, his tongue was but little altered from its natural appearance, he had no ſleep, and was diſtreſſingly reſtleſs. — Theſe ſymptoms continued about a week without ceſſation; they then appeared ſlightly to remit, and proceeded for three weeks in the ſame manner, with ſome little diminution in their ſeverity; his ſtrength was now greatly exhauſted, the diſcharge from the abſceſs very profuſe, and in this ſtate it was thought right to have him conveyed into the country, where I am informed he gradually declined, and in about ſix weeks more he died.

CASES *of Lumbar Abſceſſes diſperſed without being opened.*

CASE V.

I was deſired to viſit a young lady in the country, in order to open a lumbar abſceſs, which

which preſented beneath the faſcia of the thigh. It was not, however, ſufficiently prominent to admit of the introduction of a lancet with ſafety, but there was a very forcible impulſe of matter into it when the patient coughed. The patient was about fourteen years of age; her lumbar vertebræ were bent into more than a ſemicircle, and it is certain that a great number of the bodies of the vertebræ were deſtroyed by diſeaſe. The countenance was fluſhed, the pulſe 120; the body emaciated, and the appetite loſt. In ſhort, it appeared to me, and the other medical attendants, that ſhe was not likely to live. I explained to her father, that the opening of the abſceſs would be almoſt certain to deſtroy her; that if a neceſſity aroſe from its increaſe, it might be punctured at a future period, only in order to prevent its being permanently open. I endeavoured to explain to him the neceſſity of attempting to relieve the diſeaſe on which the abſceſs depended. With this view I recommended reſt, and a horizontal poſition, except when exerciſe in a carriage was permitted for the benefit of her general

health. A moderate-ſized bliſter was alſo directed to be kept open, by means of the ſavine cerate on each ſide of the ſpine. Great attention was alſo paid to improve her health, by obviating errors in the functions of the digeſtive organs. The patient lived at a conſiderable diſtance from London, and I received during about fifteen months, frequent letters from her father, containing little elſe than expreſſions of exultation and thanks. His daughter's appetite was improved, and her ſtrength increaſed; the hectic fever had left her; the abſceſs could no longer be perceived; ſhe had become quite fat and robuſt, and had grown two inches in ſtature within the twelve months. After this time, the tone of his letters varied. He thought the diſcharge from the bliſters might produce weakneſs; and, I believe, they were not continued for any conſiderable time, though I urged it as ſtrongly as I could. The young lady, however, recovered, and had no return of the abſceſs.

CASE

CASE VI.

A man between thirty and forty years of age, came from the country to St. Bartholomew's Hoſpital, on account of a lumbar abſceſs, which had made its way outwards, and protruded the integuments of the back, on the left ſide of the lumbar vertebræ. The ſkin was very prominent, and the circumference of the abſceſs conſiderable. I think I do not exaggerate, when I ſay, that twelve ounces of pus were collected in the external abſceſs. The patient was feeble, and of a ſickly aſpect, and I thought that the bone was diſeaſed. I deſired him to remain in bed, and to keep open a moderate-ſized bliſter on the left ſide of the loins; endeavouring, at the ſame time, to produce, by means of medicines, an amendment in his general health. In about two months there was no appearance of any external abſceſs. The patient was now deſired to get up daily, and walk in the open air, but to lie on the bed when he returned. He remained in the Hoſpital purſuing theſe meaſures for two months

longer; and though there was not the leaſt appearance of the abſceſs during this period, I could not perceive much amendment in his general health or appearance. Indeed, as no good ſeemed to be done by his reſidence in the hoſpital, I adviſed him to return into the country, requeſting him, at the ſame time, to inform me of the progreſs of his complaint or recovery; but I never afterwards heard of him.

I was induced to put down this brief account of the preceding caſe at the time, from the ſurprize which it excited in my mind, as I had expected it to proceed in a very different manner. Later experience would prevent me from feeling ſurprize at ſuch occurrences, for I have ſeen ſeveral lumbar abſceſſes diſperſed by ſimilar meaſures; I mean, counter irritation, and endeavours to improve the patient's health. Though I could relate the circumſtances from memory, and even refer to ſome of the ſubjects of them, yet the narrative would be little more than a repetition of the fact, and it might tend to induce

induce ſtudents to expect ſuch occurrences to be frequent; whilſt, on the contrary, I am ready to admit, that they probably will be rarely met with in general practice.

CASES *of Lumbar Abſceſſes that have been diſperſed after their Contents have been diſcharged.*

CASE VII.

—— Harris, thirty-five years of age, had a conſiderable collection of matter beneath the integuments of the abdomen, forming a moderately prominent tumour, about three inches in diameter, and ſituated juſt above Poupart's ligament. The patient had ſuffered a great deal from pain in his loins; and the motion of the thigh had been much impeded, but was now tolerably free. Indeed there was no doubt that the matter had been originally formed in the loins; from whence it was violently impelled, ſo as to elevate the prominent integuments of the abdomen, whenever he coughed. — By permiſſion of

Mr. Long, under whoſe care he was admitted into the hoſpital, I punctured the tumour, and diſcharged about 24 ounces of pus, mixed with ſome flakes of a curd-like ſubſtance. The wound healed readily, and no conſiderable alteration of his health enſued, though he found himſelf weaker for ſome days after the operation. — At the end of a fortnight, I made a ſecond puncture, and let out between ſix and ſeven ounces of a turbid fluid. He now thought himſelf ſo much better than after the firſt evacuation, that he went out of the hoſpital; but returned again at the expiration of a fortnight, when, by a third puncture, ſix ounces of purulent matter were diſcharged; and, after another week, four ounces more were let out. A cauſtic was now applied to his loins, and four or five peas uſed to keep the ulcer open; from which time no matter could be diſcovered in the abſceſs during the ſix weeks that he remained in the hoſpital.

About eighteen months after this, he was admitted into the hoſpital on account of a fever

fever and ſore throat; and it appeared he had never experienced any farther complaint in his loins.

This caſe, I think, is very intereſting, inaſmuch as it contributes to prove that the cavity of a lumbar abſceſs may be entirely obliterated without the cyſt undergoing any of thoſe changes which generally take place when it is laid open.

CASE VIII.

Elizabeth Smyth, aged twenty-ſeven, had a lumbar abſceſs, which preſented beneath the faſcia of the thigh. The previous ſymptoms rendered the nature of the complaint indiſputable; and as ſhe not only ſhewed evident marks of a ſcrofulous habit, but alſo felt conſiderable inability in moving the ſpine, there was great reaſon to ſuſpect that the abſceſs originated from a diſeaſe in the bone. She was likewiſe troubled with cough, and drew in very little air when ſhe inſpired.

Her appetite, too, was often deficient, and her bowels frequently diſordered. It may alſo be added, that her brother, who greatly reſembled her, was at this time a patient in the hoſpital, under Mr. Long, on account of a ſcrofulous diſeaſe of the ſpine, which had occaſioned an affection of the medulla ſpinalis. When all theſe circumſtances were taken into account, ſhe certainly appeared a ſubject by no means capable of ſuſtaining the irritation and diſorder which the burſting of a lumbar abſceſs might be expected to produce. I therefore punctured the abſceſs immediately, and diſcharged from it twenty ounces of flaky matter: and having healed the wound, I gave her emetics of vitriolated zinc and copper, and afterwards of ipecacuanha, twice or three times a week, for ſix weeks. At the end of this time, there was ſo little matter in the abſceſs, that I thought it too ſmall to be punctured with ſafety; and as her health was too infirm to admit of the emetics being continued, I tried to produce abſorption of the remaining matter, by paſſing the electric fluid through the abſceſs.

Very ſmall electric ſhocks * were accordingly ſent from different parts by the ſide of the lumbar vertebræ, down to the groin, and upper part of the affected thigh; and, under this treatment, the contents of the abſceſs ſoon diſappeared; nor did any further collection of matter take place during the time of her remaining in the houſe, which was nearly two months. The electricity alſo brought on the menſtrual diſcharge, which for a long time had been very irregular; and her general health was greatly improved before ſhe left the hoſpital †.

* Theſe ſmall ſhocks, which, for the ſake of diſtinction, I ſhall call electric vibrations (a term, I believe, generally applied to them), were made by diſcharging a ſmall jar, the coated ſurface of which did not exceed fourteen ſquare inches: and by placing the ball of the electrometer at a ſmall diſtance from the conductor, generally about a quarter of an inch. One of the diſcharging rods was then moved about on the upper part of the thigh, and the other on the loins, ſo that the electric fluid might paſs through the abſceſs.

† I have lately heard, that the abſceſs has not appeared again, though a year has ſince elapſed; but the pain in her loins, has (as might have been expected) recurred.

CASE

CASE IX.

Elizabeth Hart, about thirty years of age, had ſuffered greatly from pain in her loins, for ten months. During that time, matter had been formed, and made its way down beneath Poupart's ligament, in ſuch quantity as conſiderably to diſtend the faſcia of the thigh. She was much reduced in ſtrength, and in the appearance of health, by this complaint; but as her conſtitution was good, and ſhe could move the ſpine with facility, there was no reaſon to ſuſpect any diſeaſe of the bone.

I punctured the abſceſs, and diſcharged two quarts of very healthy pus: and occaſionally, after the orifice had cloſed, I ordered her emetics. She could not continue them regularly, however; as, during their uſe, her bowels became diſordered, and ſhe loſt her appetite and ſtrength. The accumulation of matter was, notwithſtanding, evidently delayed by them; for when, at the end of three weeks, I next punctured the abſceſs, only one quart of ſerous fluid was evacuated. After the ſpace

of

of a month had elapſed, another quart was diſcharged. During this time ſhe had taken emetics occaſionally; but her health was far from good, and the pain in her loins was ſtill conſiderable. — I had now witneſſed the beneficial effects of electricity in the caſe of the laſt patient, and reſolved upon trying it here. It was accordingly employed three times a week, for three weeks. At firſt, a ſmall collection of fluid in the abſceſs was perceptible; but this was gradually abſorbed; and by the end of the third week, there was no longer any pain in her loins, her health was greatly improved, and ſhe was able to walk about, without the leaſt appearance of her former complaint. She was therefore diſcharged from the houſe; but came once a week, for ſome time, to be electrified *.

The two laſt caſes point out to notice a remedy that is likely to be of much advantage in the future treatment of lumbar abſceſſes. My experience of it, however, has not yet

* This patient remains at preſent in perfect health; nor is there any reaſon to expect a relapſe.

enabled

enabled me to determine how far it may be generally beneficial. In one inſtance where I employed it after the abſceſs had been once punctured, it kept the matter from collecting for a long time; but the patient growing tired of the confinement, and apprehenſive leſt the lancet ſhould be again employed, left the hoſpital without my knowledge. — Of another, and ſomewhat analogous diſeaſe, in which it was tried, though not with complete ſucceſs, I ſhall here relate the particulars; firſt remarking, that all the obſervations which I have made on electricity applied to diſeaſed parts, lead me to conclude, that it acts as a ſtimulus, which has the peculiar effect of accelerating that proceſs which happens to be going on at the time. — Thus, in ſome ſtates of inflammation, it haſtens ſuppuration, whilſt in others it promotes diſperſion. We ſhould therefore always endeavour, previous to the uſe of this remedy, to bring the tumour or abſceſs into that ſtate in which its progreſs is ſtopped, and in which, perhaps, it is rather inclined to recede; and by this rule I have been guided

guided in the application of this remedy to lumbar abſceſſes.

I have alſo been attentive to proportion the number and ſtrength of the vibrations to the effect which they appeared to produce on the abſceſs: their operation ſeemed to be moſt beneficial when they occaſioned a kind of irritation or ſlight uneaſineſs in the part for a ſhort time after their application. But if this ſenſation amounted to pain, or if it was of too long continuance, I then ſuppoſe that the ſtimulus had been employed in too great a degree.

CASE X.

Iſrael Brooks, aged twenty-five, about two years ago, was firſt ſeized with violent pain in his loins, which prevented him from either riding or walking for ſome time. About three months afterwards, he had the rheumatiſm in the joint of one of his fingers, which ſhifted to his wriſt, where it produced a thickening and diſeaſe of that part; and at preſent, all the carpal bones are evidently diſeaſed, and diſplaced. This diſeaſe alſo

alſo attacked his left knee, where it occaſioned an enlargement of the joint, which ſtill continues. Two months after this, he diſcovered a ſwelling beneath the glutæus muſcle, which has gradually increaſed; and ſince that time the pain in his loins has become much leſs ſevere, but a ſenſation of great weakneſs remains. This abſceſs was ſhewn to me at the hoſpital, as an inſtance of a remarkably large one; and there was no doubt but that it contained between two and three quarts of matter. There was alſo a prominence of the faſcia on the front of the thigh below Poupart's ligament, accompanied with evident fluctuation. The ſeveral gentlemen, who examined this latter tumour, thought they could perceive an impulſe given to it from within, whenever the patient coughed; whence it was ſuppoſed to have its riſe from a lumbar abſceſs: but whether the abſceſs under the glutæus muſcle communicated with the loins or not, we were unable to determine, as no ſuch impulſe could be felt in it.

I gave the patient emetics of vitriolated zinc and copper; and kept up an eruption

of

of pimples on the ſkin covering the abſceſs, by rubbing it with a ſtrong ſolution of tartariſed antimony. Gentle electric vibrations were alſo daily paſſed from the loins through the front of the thigh, and alſo through the glutæal abſceſs. By this treatment, continued for two months, the tumour was very much reduced in ſize; that is, as far as could be judged of by the eye; for its ſituation prevented any accurate meaſurement of it. In ſpite of our endeavours, however, the patient's health had declined ſince his admiſſion into the hoſpital; and in proportion as he loſt ſtrength, his other local complaints became worſe. — As it was now ſummer-time, and he had an opportunity of going to the ſea, which had formerly been of ſervice to him, I punctured the glutæal abſceſs without loſs of time, let out three pints of healthy pus, and then healed the opening. His weakneſs increaſed conſiderably after this diſcharge, and all his other complaints were much aggravated. The electricity was ſtill perſevered in; and at the end of three weeks, the quantity of matter in the abſceſs was very ſmall; I cannot ſup-

poſe it was more than eight ounces. — I very much wiſhed to have had an opportunity of making freſh punctures in this caſe; but the ſtate of the patient's health obliged me, however reluctantly, to diſcharge him from the hoſpital.

I have always found that abſceſſes, evacuated in this manner, filled again to one half or two thirds of their original quantity in the ſpace of a fortnight: ſo that here alſo, the beneficial effects of electricity are, in my opinion, ſufficiently manifeſt.

Of late years I have not, however, employed the meaſures purſued in the caſes above recorded, but truſted altogether to ſuch as ſeemed calculated to improve the health, by tranquillizing and invigorating the digeſtive organs. The reſult of ſuch management has been, that, in general, the abſceſs has diſappeared for a conſiderable time, after it has been two or three times punctured. After the lapſe of ſome time, however, one of the punctures made for the diſcharge of the matter has uncloſed, either

either with or without ſome trivial collection of fluid previouſly being formed in the cavity; and, I regret to add, that of late, in general, the diſeaſe thus circumſtanced, has terminated fatally. Yet, I think, it will be admitted, that abſceſſes which open in this manner, open in a manner producing the leaſt poſſible irritation to the conſtitution; and that the previous treatment, which they have undergone, has materially tended to diminiſh the riſk commonly attendant on ſuch diſeaſes. I conclude then by relating one caſe of lumbar abſceſs, treated in the manner which ſeems to me beſt, which terminated fatally, as an example of what, I fear, will be the frequent termination of ſuch caſes. I will add, however, ſeveral caſes, to ſhew, that lumbar abſceſſes, when open, are not neceſſarily deſtructive diſeaſes, and to ſuggeſt the treatment which ought to be purſued under ſuch adverſe circumſtances.

Of Lumbar Abſceſſes becoming permanently open.

CASE XI.

James White, aged twenty-five years, came from Eſſex to be admitted into St. Bartholomew's Hoſpital, on account of a lumbar abſceſs. He had ſuffered much from pain of his loins for twelve months; and for ſome time paſt had experienced a difficulty in lifting up his right thigh. There was a curvature in the dorſal vertebræ; but that, he informed me, was an old complaint. Yet, from the general appearance of the man, from the difficulty he had in moving the upper part of the trunk upon the lumbar vertebræ, and from the caution with which he attempted this motion, I could not but ſuſpect a diſeaſe of the ſpine. Iſſues were therefore made in the loins; and on the 25th of June, I let out two quarts of purulent fluid from beneath the faſcia of the thigh. He had leſs pain in his back after the operation: and though he was teaſed with a cough, his ſtrength did not ſuffer any diminution. — On

July

July 7th, I diſcharged from the abſceſs fourteen ounces more, of a turbid browniſh fluid. On the 17th, though the tumour in the thigh was inconſiderable, yet the part firſt punctured was elevated and inflamed. It ſeemed that the puncture in the integuments had healed, while that in the faſcia had not united firmly, but had ſuffered the matter to paſs through it, ſo as to elevate the ſkin. To remedy this, which threatened to lay open the cavity of the abſceſs, I was obliged to puncture it in another place; and eight ounces of fluid were diſcharged. The patient was now in much better health than he had been for more than a year, and was able to lift up his thigh without pain. I therefore ſet him to exerciſe the muſcles in the neighbourhood of the diſeaſe, thinking that if the exertion did not produce irritation, it might anſwer a good purpoſe. With this view, he ſtood upon the leg of the ſound ſide, and alternately lifted up and let fall the other, until he was ſomewhat fatigued. By frequent repetition of this exerciſe, the muſcles of the diſeaſed ſide acquired conſiderable ſtrength; and in a little time he felt him-

ſelf (to uſe his own expreſſion) " able to go " to plough."

The faſcia of the thigh was punctured every fortnight for ſome time, and afterwards every three weeks. When he had been nearly three months in the hoſpital, he became tired of the confinement, and, feeling himſelf ſtrong, was very ſolicitous to have the abſceſs opened, and ſuffered to diſcharge itſelf. The diſeaſe of the ſpine made me unwilling to comply with his deſire; and I ſent him into the country for three weeks, that he might aſcertain, by the journey, whether he was as ſtrong as he ſuppoſed; thinking that if he bore it without fatigue, it might be of ſervice to him. At the ſame time, I gave him ſtrict injunctions not to exert himſelf if his loins or thigh became painful; and, in that caſe, to return again by the firſt conveyance. It was five weeks, however, before he came back; when I found that the abſceſs had inflamed, and burſt, about twenty days after he left town; in conſequence of which he became ſo ill, that he could not bear removal. He was now in a moſt

wretched

wretched condition, being ſcarcely able to turn in bed, from the weak and painful ſtate of his loins; his pulſe was rapid, and his ſkin hot, and he had occaſionally fits of chillineſs ſucceeded by ſweating. He became conſiderably better, however, and continued ſo for ſome time, in conſequence of the attention paid to him in the hoſpital; but his health again declined; and after ſeveral relapſes, with intervals of temporary amendment, he at laſt ſunk, and died at the end of three months from his re-admiſſion.

On opening the body after death, I found that the abſceſs extended upwards to ſome diſeaſed vertebræ. The diſeaſed bone, however, did not immediately come into view on lifting up the peritonæum; for the tendinous expanſion, which covers the bodies of the vertebræ, was ſtill entire, and formed a kind of cyſt diſtended with matter. When this was opened, it was found to contain pus, together with the fragments of three of the bodies of the lumbar vertebræ; there being ten or twelve detached pieces of bone lying upon the medulla ſpinalis, and ſurrounded with matter. This was evidently a peculiar

diſeaſe of the ſpine, which neither cauſtics nor any other remedy could alter. It greatly reſembled that diſeaſed ſtate which ſometimes occurs in the carpus and tarſus, in which the ſmall bones compoſing theſe parts are broken down, and lie confined in a ligamentous capſule, ſurrounded with matter. If the dead portions of the vertebræ had not been thus confined, they might have had ſome chance of removal; but under the circumſtances already noticed, it is moſt probable that they would remain, and act as extraneous bodies, exciting irritation, and increaſing the diſeaſe.

CASE XII.

July 1790. John Tucker was admitted into St. Bartholomew's Hoſpital on account of a Pſoas Abſceſs. His health had been declining for more than three years. He had for a conſiderable time been an out-patient under the care of Dr. Auſtin, who had unavailingly endeavoured to prevent the formation of this abſceſs by iſſues made in his back, and by the adminiſtration of various medicines. He had ſuffered greatly from pain in his loins

and

and fever: the abſceſs was very large and had deſcended very low on the inſide of the thigh; the integuments covering it were natural; the impulſe of matter into the tumour upon coughing very conſiderable.

His pulſe was feeble and beat eighty-ſix in a minute; previous illneſs had exhauſted his conſtitution; he had a conſtant cough, and undoubtedly much diſeaſed lungs. — He had little appetite, and was of a coſtive habit — he was of fair complexion, light hair, and blue eyes, and his countenance frequently fluſhed: — He was on all theſe accounts as unfit a ſubject, as can well be ſuppoſed, to encounter the derangement of conſtitution, which muſt ſucceed to the ordinary evacuation of the abſceſs.

On Wedneſday the 28th of July, I tapped the abſceſs with a ſmall hydrocele trochar, and diſcharged three pints of pus of good quality, although in a ſmall degree more fluid than common. I dreſſed the part with conſiderable caution. I moiſtened the lint which I applied to the orifice with tinctura benzoës compoſita,

compoſita, over this I applied ſome ſticking plaſter, which was retained by croſs ſlips, and afterwards varniſhed over with gum; ſome compreſſes of linen were applied over the abſceſs, and gently bound on by a flannel roller.

On Thurſday, there was no very perceptible difference in his health — he had ſlept and eat as uſual, his tongue was moiſt and natural, his pulſe a few ſtrokes quicker.

On Friday, he ſaid, that he found his loins relieved by the evacuation, that he could perceive no difference in his health, and his pulſe was the ſame as before the operation. For many days his health remained unchanged, he became he thought a little weaker, and the frequency of his pulſe had encreaſed about four ſtrokes in a minute. For this little alteration we could readily account, knowing that ſome fluids were drained from the circulation into the cavity of the abſceſs, and that ſome little exertion of the ſyſtem would neceſſarily enſue. — The abſceſs remained without pain, or inflammation, and his

his conſtitution free from fever; his ſkin continued in its natural ſtate, his appetite was good, his ſleep ſound, and his countenance unaltered. Three days after the operation I removed the dreſſings from the punctured part; it appeared healed; I however carefully renewed the dreſſings every third day.

Friday, the 13th of Auguſt, ſixteen days after the firſt diſcharge, the tumour having become prominent, I again punctured it, and evacuated its contents. I knew the diſcharge would encreaſe his weakneſs; yet, if the collection were ſuffered to remain it would ſhortly diſtend the cyſt to its former dimenſions, and my original plan of treatment would be fruſtrated.

The quantity of the diſcharged fluid was nine ounces; in appearance and chemical properties it much reſembled blood. This bloody effuſion was probably the conſequence of laxity of the exhaling veſſels, as there had not been the leaſt expreſſion of inflammation in the abſceſs. Before I diſcharged the matter

matter the ſecond time he complained of ſome pain in his loins; but the following day he ſaid he was much relieved, and found himſelf remarkably well. This ſecond puncture was dreſſed like the former, and quickly healed.

During the time which had elapſed between the firſt and ſecond diſcharge, he had not been confined even to the ward, but often went from the hoſpital to ſee his friends. This, his cough, the weak ſtate of his health, his diſinclination to live in the hoſpital, and the obvious impunity with which it was done, induced me to permit. After the ſecond evacuation he altogether lived with his friends, promiſing to come every week to let me ſee the ſtate of his complaint; however, the ſecond week when the matter ought the third time to have been evacuated, he failed in his promiſe. I was now obliged to leave London for ſome time, ſo that I did not ſee the patient again until September the 8th, which was four weeks and five days from the former evacuation; he had refuſed to have the matter let out during my abſence.

abſence. I now diſcharged in like manner ten ounces of lymphatic exhalation, rather dark coloured and turbid, as if mixed with true pus. The man, during the laſt week, had complained of pain in his loins and in his knee, both of which were relieved as uſual by the operation.

Before the abſceſs was firſt opened the impulſe of matter from the loins, on coughing, was extremely forcible, but was now not at all perceptible. It appears to me that a very conſiderable advantage is derived from this mode of treating theſe complaints. Whatever ſecretion is made in the abſceſs of the loins, will, by its gravity, deſcend into the ſpace left by the ſeceded faſcia of the thigh. The abſceſs of the loins being left perfectly free from diſtention will moſt probably contract to very little dimenſions, if it be not perfectly aboliſhed. Hence in the ſubſequent treatment of theſe complaints you have only to attend to the diſunited faſcia; whilſt the cavity in the loins ſcarcely deſerves notice.

September

September 22d, a fortnight after the former evacuation, I diſcharged four ounces of ſimilar ſerous fluid mixed with pus. During its evacuation, which was very ſpeedy, I had applied my fingers beneath Poupart's ligament, as if to obſtruct the deſcent of any matter from the loins. I then deſired the man to cough, but no matter deſcended, and the collection appeared to me entirely confined to the thigh.

I found ſome difficulty in introducing a trochar, when the abſceſs contained ſo little fluid. This was remedied by firſt introducing a lancet through the faſcia, and then conveying the trochar through the aperture made by the lancet.

Thus after diſcharging the matter four times, the complaint was reduced from a lumbar abſceſs, containing three pints, to a ſmall collection of matter beneath the faſcia, containing four ounces. — What communication this had with the loins, and what was the ſtate of parts there, cannot be determined.

mined. To appearance there was no collection. If I had now immediately opened the abſceſs, the containing cyſt being ſmall, the inflammation probably would not have been conſiderable. But the ſtate of the man's health induced me for a ſhort time to defer this final attempt, this radical cure, as I may expreſs it, and to be contented with only evacuating the matter when collected, without ſuffering the collection to increaſe the ſize of the cyſt. It might be expected, by repeating the evacuation, that the cavity would diminiſh to its total abolition. This would probably happen were the abſceſs in the cellular ſubſtance; but the inelaſtic faſcia cannot contract, and the ſubjacent muſcles cannot be elevated, ſo that the effuſed matter, though very ſmall in quantity, would ſtill keep them diſunited.

I had let out four ounces of matter once in October, and on the 5th of November I opened the abſceſs by an inciſion about an inch and a half in length at the lower part. I introduced my finger beneath the faſcia as high as Poupart's ligament, I deſired the patient

patient to cough, but no matter deſcended from the loins, neither could I aſcertain any communication. The extent of the detached faſcia was about four inches and a half in length, and nearly four in breadth. The cyſt inflamed after opening. The hardneſs and quantity of the diſcharge encreaſed for four days, and then gradually ſubſided. His thigh was ſtiff and ſore, ſo that he could not eaſily move it, but he had no particular pain in his loins — his pulſe did not vary — his tongue was not furred — his ſleep was not interrupted — nor could any derangement of his health be perceived.

Granulations grew from the edge of the inciſion, and the opening nearly cloſed and afforded ſcarcely any diſcharge. — Yet, on introducing a probe through the orifice, I found that the faſcia remained diſunited. With a view to produce an union, by exciting inflammation, I introduced a ſeton from this lower orifice to the upper part of the cyſt. The faſcia again inflamed, indurated, and united, only the track of the ſeton was uncloſed; and this by the injection of ſome ſpirit

ſpirit and water, was alſo ſoon induced to fill up. In diſcourſing with the patient, after opening the abſceſs, reſpecting his health, he ſaid, he was ten times better than before it was opened; that until this time he had always been ſubject to fits of pain, and to a ſtate of weakneſs and faintneſs which he could not deſcribe.

After the perfect cloſure of the abſceſs, he could extend and bend his thigh with freedom and eaſe; he could alſo readily put his foot upon a chair ſet before him. This it would have been impoſſible for him to have done during the formation or continuance of the abſceſs. This freedom of action in the pſoas muſcle indicated conſiderable ſoundneſs of it, and of the contiguous parts. He ſtill, however, complained of much rheumatic pain in his hips, and ſometimes in his loins; and as I ſuppoſed his conſtitution might be affected by the ſuppreſſion of a long-continued purulent diſcharge, and, might attempt for its relief the formation of a new abſceſs, I inſerted two ſetons in the integuments of the loins, with a view

of preventing inflammation of the internal parts.

They did not, however, relieve his pains; he complained much of their inconvenience, and as he deſigned to go into the country, they were diſcontinued. I ſaw him about a year afterwards — no alteration had taken place in the thigh, nor no fixed pain had attacked the loins, but he was ſtill much teazed with unſettled rheumatic pains.

The preceding caſe was very unfavourable both from the patient's conſtitution and from the degree of the diſeaſe. Yet, by four times diſcharging the matter, which was not attended with much more pain than bleeding, it was reduced from a lumbar abſceſs, containing three pints, to a ſmall collection beneath the faſcia of the thigh, containing four ounces, and without any evident communication with the loins. Each time, inſtead of ſuffering inconvenience, he experienced relief; he had no fever, neither was he reſtrained from his uſual occupations.

The

The final opening might have been ſooner made, but as this was the firſt caſe in which I had purſued this practice, I was uncertain of the event and irreſolutely protracted it for two months, in expectation of amendment of his health. When it was opened no perceptible fever followed, and it ſhortly got well by the treatment which I have related.

CASE XIII.

Iſaac Dean, thirty-ſeven years of age, had come from Hampſhire to London, to obtain advice for a Pſoas Abſceſs. He was admitted into the hoſpital under the care of the late Mr. Pitts. The account which he gave of himſelf was, that his buſineſs had obliged him to be much on horſeback; that he had formerly, when riding, bruiſed his left teſtis, which accident had occaſioned an incurable diſeaſe of that gland; he therefore had ſuffered its removal about two years ſince in ſome county hoſpital. Since that time he had frequently ſuffered much pain in his loins; about eight months before his admiſſion into the hoſpital he had caught cold: the pain in his loins then became more violent

and conſtant, and much impeded the motions of his left thigh. About three months after this attack of ſevere pain, he perceived a tumour in the upper part of his thigh, which had gradually increaſed until the time of his admiſſion into the hoſpital. Since the appearance of the tumour, the pain in the loins had much abated. The matter now deſcended about four inches beneath Poupart's ligament; and it received a forcible impulſe when the man coughed. The faſcia of the thigh at this part was very prominent, and the ſkin covering it was more red than the reſt of the integuments.

The patient's health was not unfavourable; his pulſe was rather ſtrong, beating ſeventy-ſix in a minute, his tongue rather pale, his hair and eyes dark.

Monday, 3d of October, 1790, by Mr. Pitt's deſire I introduced a trochar into the lower part of the tumour, and gave diſcharge to twenty-four ounces of pus, moderately tenacious, and containing ſome flakes of firmer matter: I cautiouſly cloſed the orifice,

orifice, as in the former caſe, applied a compreſs, and bound it moderately tight with a roller.

I could not in this caſe perceive any alteration in the man's health deſerving to be recorded, except that the pulſe was a little quickened: he eat and ſlept as uſual.

I carefully took off the ſticking-plaſter at the end of three days, and renewed a ſimilar dreſſing. On Thurſday, 13th of October, the abſceſs was now again prominent, and the puncture made by the trochar ſeemed ſlightly inflamed. As I concluded the diſtention of the faſcia cauſed this inflammation, and ſuppoſing that if the preſſure of the matter from beneath was ſuffered to continue, it might occaſion it to ulcerate, I determined to prevent this effect by again evacuating the matter. This I accompliſhed by paſſing a trochar into the lower part of the abſceſs, at ſome diſtance from the former opening; and by this means diſcharged between eight and nine ounces of pus, thinner and rather darker coloured than the former, but not tinged with

blood as in the preceding caſe. I now carefully dreſſed both orifices, and again applied a bandage.

I cautiouſly removed the dreſſings, at the end of three days; the ſecond puncture had healed, and the firſt had loſt its diſpoſition to inflame. After having dreſſed the punctured parts, and applied the bandage; I deſired him to moiſten it with aq. ſaturn. which I thought by keeping the ſkin cool, would prevent its diſpoſition to inflame. The man ſuffered no alteration in his health from this ſecond evacuation. On the 25th, at the end of a fortnight, the tumour being again prominent, I introduced a lancet into the faſcia, and, through the orifice thus made, the trochar, which diſcharged ſix ounces of turbid ſerous fluid, and I purſued the ſame ſubſequent mode of treatment.

After another fortnight had elapſed the tumour was much leſs prominent than before, and there appeared a degree of irritation in the ſkin. The punctures ſhewed a diſpoſition to inflame. I now deſired the man to cough, but

but could diſcover no impulſe of matter from the loins. This I had not before done, leſt the exertion ſhould affect the punctures, which were not ſo firmly healed as in the former caſe. As the patient had not ſuffered much from diſcharge, as his health ſeemed fully capable of ſuſtaining the effects ariſing from opening the abſceſs, as it was not probable that its dimenſions could ſuffer further diminution by delay, on Friday the 23d of November, I opened the cavity by an inciſion of about an inch in length, at the lower part, and immediately paſſed a ſeton through to the upper part, with a view to inſure the union of the faſcia.

An uſual degree of inflammation of the faſcia and ſtiffneſs of the affected limb followed, but he complained of no particular pain in his loins further than general ſtiffneſs. The ſlight fever which accompanied ſeemed rather inflammatory than hectical, his pulſe became a little quicker and harder, and his tongue ſlightly furred. Theſe ſymptoms gradually abated, and at the expiration of three weeks the faſcia appeared to have ad-

hered firmly to the ſubjacent parts: I therefore withdrew the ſeton.

As he now found his health tolerably good, and being, as he thought, recovered from what he conſidered as a dangerous complaint, and imagining that he was made weaker by ſtaying in the hoſpital, he went into the country, promiſing to inform me if any change happened; but I have not ſince heard of him.

CASE XIV.

February, 1791. James Leaver is in the 21ſt year of his age, has light brown hair, blue eyes, dilated pupils, pale countenance, frequently fluſhed, and is apparently of an irritable conſtitution. About nine months ago he was affected with a pain in his loins when he moved, which ſoon became very ſevere, even when he was at reſt. This pain was accompanied with fever. Four months afterwards he perceived a ſmall ſwelling in the upper part of his right thigh, which has ſince gradually increaſed, and has now deſcended nearly to the middle of the thigh: he

he remarked, that he never had the leaſt pain in the part where the tumour was formed. After the appearance of this ſwelling, he no longer experienced the ſame degree of uneaſineſs in his loins; and ſhortly after, he acquired the power of lifting up his right thigh, which he had for ſome time loſt.

For four months previouſly to his admiſſion into the hoſpital, he had regularly profuſe night ſweats, which began about twelve o'clock, but did not prevent his ſleeping; when he awoke he found his cloaths very wet, and himſelf very chilly; he had, however, an appetite for his breakfaſt.

On the 5th of February, Sir James Earle introduced a trochar into the moſt prominent part of the tumour: between two and three pints of healthy matter was evacuated, the wound was immediately cloſed, and lint and adheſive plaſter were applied. The night ſucceeding the operation he ſlept little, but was free from perſpiration. On each ſucceeding night he ſlept as uſual, but had not in the leaſt degree thoſe ſweats which had been

been conſtant until the diſcharge of the matter.

On the 8th of February, he ſaid he found himſelf no worſe for the operation, he was free from night ſweats and ſlept ſoundly. His appetite was perfectly good, his bowels unaffected, and his tongue moiſt and florid. His pulſe, before the operation, was ninety, and for fifteen days afterwards it varied between that and a hundred. February 15th, ten days after the evacuation, his night ſweats returned, although in a leſs degree than formerly.

February 26th, three weeks after the firſt diſcharge, the tumour had now become nearly of its original ſize; the integuments were much diſtended; the part punctured by the trochar had for three days appeared inflamed; and on the tumour being now compreſſed, the cicatrix gave way, and the contained matter oozed from the orifice. The trochar was again introduced through the former orifice, and eight ounces of browniſh matter diſcharged. The wound was carefully dreſſed,

dreſſed, in hopes that as the diſtention was taken off, it might cloſe. After the ſecond evacuation, the night ſweats again ceaſed; he ſaid, he was rather weaker, but no other alteration in his health was perceived.

On the 2d of March, while in the act of coughing, the imperfectly healed wound made by the trochar gave way. Very little pus was diſcharged, but as it was impoſſible to heal this ulcerated opening, and as the continuity of the cyſt was now deſtroyed, the mode of treatment hitherto purſued was fruſtrated. Much inflammation of the cyſt immediately took place, and the conſtitution became greatly affected. The next day, if the finger ſlightly compreſſed the abſceſs, it gave him great pain; but before the cavity of the abſceſs became expoſed, the part was perfectly indolent. When preſſure was employed, a fœtid, frothy matter iſſued from the ulcerated orifice. The cyſt, however, was emptied, and, except when preſſed, there was no diſcharge. Such were the appearances of the part. The general diſturbance

of

of the conſtitution was alſo very great; his countenance exhibited ſtrong expreſſions of alarm; if any one approached him he ſtarted, and when any one touched him he trembled. His pulſe beat from 130 to 140 in a minute—for two days his bowels were diſordered—however, the inflammation of the cyſt gradually abated, and in like manner the conſtitutional derangement ſubſided. At the end of about eight days, he was much amended, and in about ſix weeks the abſceſs appeared nearly well, and his conſtitution relieved from febrile indiſpoſition.

In this caſe it is clear, that the ſecond diſcharge of matter was too long delayed, and to me it appears equally evident that the patient derived much advantage from the mode of treatment which had been purſued; for by it the complaint was reduced from a large abſceſs, containing nearly three pints, to one which held leſs than eight ounces. Yet, even in this diminiſhed ſtate, great derangement of the conſtitution followed the expoſure of the cavity of the abſceſs: indeed, I have little doubt, if the abſceſs had been

opened

opened whilſt it retained its original dimenſions, but that the patient would have fallen a victim to the more extenſive inflammation, and more violent fever, which would then have taken place.

CASE XV.

Elizabeth Ridley, aged fifty-five, had, for one year and a half before her admiſſion into the hoſpital, ſuffered much from bad health; ſhe then had a ſevere cough, accompanied with much fever. About ten months before ſhe was admitted into the hoſpital, ſhe had a very acute pain in her loins, which abated, in ſome degree, ten weeks after its firſt attack; at that time ſhe obſerved a tumour in her groin, which had gradually encreaſed in ſize. The pain had been continual, though at intervals it ſuffered conſiderable abatement: the veins on the fore part of the thigh had become varicous and the leg œdematous. The tumour was of a circular form, about four inches in diameter.—It had much protruded the faſcia, and matter was violently impelled into it on coughing She now complained of occaſional pain of her

her ſtomach, of failure of appetite, and a coſtive ſtate of her bowels; her pulſe was ſlow and feeble, her tongue pale, and her health conſiderably beneath the natural ſtandard.

On the 8th of November, I punctured the lower part of the tumour with a lancet, carrying it obliquely about half an inch between the ſkin and the faſcia, and diſcharged eleven ounces of good pus, but did not empty the abſceſs. The orifice of the ſkin and cyſt did not then correſpond, and on coughing there was ſtill perceived a conſiderable impulſe of matter from the cavity in the loins.—I was unwilling to irritate the cyſt by the introduction of any inſtrument to ſeparate the lips of the wound, therefore I cloſed the orifice with ſticking plaiſter, and every thing remained quiet till the third day, when, by a fit of coughing, the orifice was burſt open and matter oozed from beneath the plaſter. If I ſuffered it to remain open, my original plan of treatment would be fruſtrated. I therefoor reſolved to let out the collected matter, leſt diſtention of the faſcia and integuments

ſhould

ſhould prevent the wound from healing. I again introduced the lancet through the ſame orifice, and wounded it ſo as to make it bleed and give a diſcharge to five ounces of pus; the abſceſs, however, did not even now appear to be completely emptied.

The woman ſuffered no evident alteration in her health, but became much eaſier with reſpect to her loins. The varicoſe veins and the oedema of the leg now no longer appeared. Theſe ſymptoms, doubtleſs, originated from the preſſure in the loins, occaſioned by matter, of which it was very evident there was a large collection.

On the 18th, the tumour was again punctured and eight ounces of fluid evacuated. The matter before had been incompletely diſcharged; now I believe the tumour was entirely emptied. This laſt diſcharged matter was perfectly inodorous and the thigh uninflamed. I made this aperture at the ſide of the tumour with the edges of the lancet held upwards and downwards, and not tranſverſely as the former openings had been made. This

I did

I did that the efforts employed in coughing might have leſs effect in impelling the matter through the orifice, which ſoon healed.

In the following week ſhe complained that ſhe was reſtleſs and could not ſleep, neither had ſhe her uſual degree of appetite; her pulſe, however, was not quickened, nor did any other ſigns of conſtitutional indiſpoſition appear. No matter was now collected beneath the faſcia, and after waiting another week without any apparent collection being made, on the 25th of November I introduced a lancet through the faſcia of the thigh, with a deſign to leave the cavity of the abſceſs permanently open. I did not perceive any matter iſſue from the opening. As the integuments covering the faſcia were thickened and ſhewed ſome diſpoſition to inflame, I directed the aqua plumbi acetati to be applied to them. On the following day ſome matter flowed through the orifice. The patient ſuppoſed, if collected, it might be a table ſpoonful; nearly the ſame quantity continued to diſcharge for about a fortnight, and afterwards it gradually

diminiſhed, and the wound healed. She was not affected by fever in conſequence of this laſt opening, and ſeemed to ſuffer very little inconvenience with reſpect to her health. She, however, complained much of pains reſembling thoſe of the rheumatiſm, which affected principally her hips, though ſometimes they attacked her loins; for theſe pains ſhe was placed under the care of the phyſician, and as her conſtitution was languid, ſhe was recommended to continue the medicines preſcribed for her as an out-patient.

In this caſe one circumſtance appeared to me curious; after I had twice diſcharged the contents of the abſceſs, no farther collection of matter took place. Yet not becauſe the cavity of the abſceſs was aboliſhed, but becauſe from ſome little indiſpoſition of the conſtitution the ſecretion into that cavity was for a time ſuſpended. This, however, was rather an advantageous circumſtance, for as the cyſt was empty, the contraction of the ſides was unoppoſed.

CASE XVII.

Charles White, thirty-ſix years of age, and not unhealthy, had a lumbar abſceſs, which preſented beneath the faſcia of the thigh, and which there was no reaſon to ſuppoſe connected with any diſeaſe of the ſpine. From this abſceſs I diſcharged, by puncture, twenty-four ounces of healthy pus, and healed the orifice. The patient ſuffered ſome weakneſs and derangement of health; but they were not conſiderable. The operation was repeated every fortnight; and, by the fifth time of performing it, the quantity had decreaſed to four ounces. At the end of another fortnight, I made the opening to diſcharge the matter, larger than common, and did not attempt to unite it, but directed a poultice to be applied to the thigh, and the patient to be kept in bed. No perceptible derangement in his health took place in conſequence of this. The lips of the wound granulated, which, I think, is always a good ſign; the faſcia ſeemed to adhere to the parts beneath; and in the courſe of a month he was thought well enough to

leave

leave the hoſpital, although there was ſtill ſome matter diſcharged from the wound. In a few weeks more, the part was entirely healed; nor had he afterwards any return of the complaint.

CASE XVIII.

William Hankes, when about twenty-eight years of age, had a collection of matter formed in his loins, which deſcended beneath Poupart's ligament, and elevated the faſcia of the thigh. The formation of this matter had not been attended with pain; neither were the motions of the thigh impeded during its collection. The elevated portion of the faſcia was about three inches in length, and two in breadth; and the impulſe communicated to it from the loins, on coughing, was diſtinct, though not very forcible. — I punctured the abſceſs, and diſcharged twelve ounces of pus, in which there were ſome flakes of coagulum. The wound healed ſpeedily, and the patient not only ſuffered no inconvenience, but even found himſelf better than before the operation. — After three weeks' time, the matter which was collected

gave ſo little prominence to the faſcia, that, when I punctured it, I was apprehenſive of injuring the ſubjacent parts; and not more than between five and ſix ounces of pus flowed from the orifice on this occaſion.— As the quantity of matter contained in the abſceſs at firſt was ſmall when compared with that in many other caſes which terminated well, as the patient alſo was young, and apparently capable of ſuſtaining the degree of irritation likely to enſue, I thought there was no great riſk in leaving the orifice uncloſed. Accordingly, a poultice was applied over the part; and I hoped that, by thus endeavouring as much as poſſible to leſſen inflammation about the wound, I might prevent any conſiderable degree of it from taking place in the cyſt. For ſome time the faſcia felt ſore, and was painful when the integuments were preſſed; but this tenderneſs abated in about ten days; the diſcharge alſo leſſened, and there appeared ground to hope that the patient would ſoon get well. He was now attacked with pain in his loins, accompanied by fever: the diſcharge alſo increaſed, and had a fœtid ſmell. Theſe ſymptoms, however, gradually

abated, but left the patient greatly reduced in ſtrength. After a ſhort interval, he again experienced a ſimilar relapſe and recovery, by which his weakneſs was ſtill farther increaſed. He had been occaſionally troubled with cough, which now became very conſtant, but without any expectoration; and I obſerved that he drew in very little air when he inſpired.—As the abſceſs diſcharged largely, and the ſtrength of his conſtitution was rather declining, I made a large iſſue in the integuments of his loins, with a view to leſſen the internal diſeaſe. This ſeemed to be of great ſervice; for the pain of his loins went off, and the diſcharge from the abſceſs abated gradually, and at laſt became inconſiderable. Still, however, he did not recover his health; and the country air was now recommended by Dr. Latham, who had preſcribed for him, during his illneſs, thoſe medicines which his diſorder ſeemed to require. He accordingly left the hoſpital, and, at the end of ten months, returned to town; when the wound in his thigh ſtill continued to diſcharge a ſmall quantity of matter. Afterwards, a thickening of the integuments on the front

of the thigh took place; and two or three ſmall ulcers formed there, which did not readily heal, but were ſometimes in a better and ſometimes in a worſe ſtate. — I ſaw him occaſionally, for two years, during which time he had tried the effect of ſea-bathing. His health, however, was not good, though it did not appear to me to ſuffer from the remains of the abſceſs, which neither occaſioned pain, nor hindered his walking. At laſt, his ſtrength declining, he was again admitted into the hoſpital, under Dr. Latham's care. He was now much troubled with cough, and hectic fever; and, under the faſcia of the other thigh, oppoſite to the dorſum of the ilium, a freſh abſceſs appeared, which, however had no communication with the abdomen. The powers of his conſtitution were now evidently broken, and he gradually ſunk, and died.

Being greatly hurried during the only opportunity I had of inſpecting the body, my examination of it was very curſory. I can, therefore, only ſay that both lungs were irregularly and generally indurated; that the cavity

vity of the original abſceſs ſtill remained opened, but was contracted into a narrow fiſtula leading from the thigh to the middle of the pſoas muſcle. There was another large abſceſs on the oppoſite pſoas muſcle, which had not yet deſcended to the thigh, where, as has been already mentioned, there was alſo an abſceſs of conſiderable magnitude, but unconnected with this in the loins. The lumbar vertebræ were perfectly ſound.

That the death of this man was not owing to the original abſceſs in the loins, is to me very evident. That abſceſs did, indeed, for a conſiderable time, greatly diſturb his conſtitution; but it afterwards became indolent, and acquired a ſtate incapable of exciting irritation.

CASE XIX.

Having unfortunately loſt the minutes which I took of the next caſe that occurred in the hoſpital, I can only give ſuch a general account of it as my memory ſupplies. The ſubject of it, Doods King, who was un-

der the care of Mr. Blicke, was about thirty years of age, and of a very ſickly aſpect. The abſceſs preſented beneath Poupart's li ga ment; it contained at firſt about 20 ounces of curdly matter, and was punctured four times, with the uſual progreſſive reduction in the quantity of matter diſcharged: but before the fifth time of opening, one of the punctured places ulcerated. There was indeed, from the beginning, in this caſe, a great diſpoſition in the ſkin to inflame and ulcerate, and it was with difficulty I could heal the orifices made to let the matter out. As ſoon as the cavity had thus become open, a poultice was applied to the part, and confinement to bed ſtrictly enjoined. The patient became ſomewhat weaker, but no fever enſued. I did not ſuffer him to go about, however, for a long time, leſt the motion of the parts ſhould induce inflammation. The abſceſs at laſt became perfectly indolent itſelf, and un-irritating to the conſtitution; but it did not ſhew much diſpoſition to heal. — He was diſcharged in this ſtate, and promiſed to apply again if his complaint became troubleſome. I ſaw him about a month after his diſmiſſion,

diſmiſſion, when he mentioned a deſign of going into the country; ſince which I have not heard of him.

CASE XX.

Catharine Vallance, nineteen years old, of a healthy appearance, but having a conſiderable inclination of her body forwards, from a former diſeaſe of the dorſal vertebræ, had, for twelve months before I firſt ſaw her, laboured under ſevere pain of her loins, accompanied with fever. There was at that time a large lumbar abſceſs, the matter of which had deſcended to the upper part of the thigh, where it diſtended the integuments, ſo as to render them prominent and thin. A ſurgeon pricked this tumour with a lancet, and let out more than a pint of very healthy pus; by which the bulk of the ſwelling was ſcarcely diminiſhed: but as no more matter would flow, a piece of ſticking-plaſter was applied over the orifice. Four days afterwards, another ſurgeon, obſerving that the integuments were inflamed, and the punctured part much diſpoſed to ulcerate, made another

another aperture, at ſome diſtance from the former, and diſcharged three pints of good pus; which completely emptied the cavity. The laſt puncture being attentively cloſed, healed readily; and the firſt loſt its diſpoſition to ulcerate. The young woman continued perfectly in health for ten days, when ſome little diſtention of the abſceſs again occurring, the firſt puncture ulcerated; in conſequence of which the collected matter made its way out, and left a permanent opening into the cavity. Conſiderable fever now came on, the patient's pulſe was rapid, her tongue white, and her ſkin hot and dry; but theſe ſymptoms abated after a ſhort time, and ſhe again recovered her former ſtate of health; the abſceſs not falling into any ſecondary ſtate of diſeaſe after the inflammation went off; nor did any hectic fever take place after the firſt derangement of the conſtitution had ſubſided.

Another abſceſs now preſented itſelf, in the ſame ſituation, on the oppoſite ſide. As ſoon as this had acquired ſufficient prominence to give ſecurity to the parts beneath, it was punctured;

punctured; twelve ounces of healthy pus were let out, and the orifice was closed. When the matter collected again, the wound, made to discharge it, was suffered to remain open. The inflammation which took place in the cyst in consequence of this, was very slight, and hardly affected the constitution: the parts soon became indolent, discharging but little matter, and both the abscesses healed gradually.

It is now three years since that case occurred; and I have lately seen the patient, who has experienced no inconvenience from the complaint since that period.

CASE XXI.

A young woman had a lumbar abscess presenting in the upper part of the thigh, from which a surgeon discharged, by puncture, nearly a quart of matter, and healed the opening. At the expiration of a fortnight, a second puncture was made, and twelve ounces of matter let out. The last orifice was closed like the first, but after a few days

it ulcerated, and the cavity of the abſceſs became expoſed. The patient now growing very ill, was admitted into St. Bartholomew's Hoſpital. Her pulſe was weak, but not deficient in ſtrength; her tongue white, and her ſkin hot and dry: the diſcharge from the abſceſs was not great, but the pain of her loins was very ſevere. A large poultice was applied to the thigh; and the common ſaline mixture, with ſmall doſes of antimonials, was given. In the courſe of a week, a conſiderable change took place; her pulſe, though ſtill quick, was rather feeble; her tongue moiſt, and not furred; and ſhe had frequent perſpirations without any evident cauſe: the pain in her loins abated conſiderably, and the diſcharge from the abſceſs became copious, thin, and fœtid. She now began to take the Peruvian bark, and in the ſpace of a month gradually recovered from this ſtate of debility. Having acquired ſtrength enough to ſit up, and to walk a little about the ward, ſhe one day imprudently went into the air, and walked until ſhe was much fatigued. The conſequences of this were, a return of the pain in her loins; with quickneſs and hardneſs

hardneſs of her pulſe, white tongue, and hot and dry ſkin. As the pain and fever went off, they were ſucceeded by an increaſed diſcharge from the abſceſs, and irregular perſpirations, which gradually abating, the abſceſs at length became indolent, and no longer affected the conſtitution. Warned by her former experience, ſhe now took exerciſe very cautiouſly; and when ſhe found ſhe could bear motion without exciting irritation in the abſceſs, ſhe went into the country, where ſhe regained her health; the abſceſs healed, and ſhe has ſince continued perfectly well.

When a permanent opening is made in a lumbar abſceſs, the part generally falls into a morbid ſtate, and this is accompanied by a ſympathetic affection of the conſtitution, correſponding in its nature with the local complaint. In the firſt of the two caſes juſt now related, both the local and conſtitutional diſeaſe were of a more purely inflammatory kind, than in any other that I had ever ſeen; nor was it ſucceeded by that ill-conditioned ſtate of the ſore, accompanied with a thin fœtid diſcharge,

diſcharge, and hectic ſymptoms, which ſo frequently occur in this diſorder. In the ſecond caſe, as the patient's general health was tolerably good, the diſeaſe in the beginning approached to the nature of common inflammation, then gradually acquired the uſual ſtate of theſe abſceſſes, but afterwards became indolent; the ſympathetic affection of the conſtitution exactly correſponded to the ſtate of the abſceſs. At firſt the fever was inflammatory, then hectical; and when the local complaint became indolent, the general ſtate of the patient's health was no longer affected. Theſe circumſtances ſtill more ſtrongly appeared after the accidental re-excitement of the inflammatory ſymptoms.

In order further to confirm the foregoing opinions, I may add; that I have known a conſiderable ſpace of time elapſe, between the firſt burſting of a lumbar abſceſs and its aſſuming that morbid ſtate which is ſo peculiar to thoſe diſeaſes, and which produces a correſponding affection of the ſyſtem in general.

FINIS.

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