

the case just recorded. Perhaps, in it the recentness of the injury, and the use of chloroform, sufficiently account for the facility with which the bone was reduced.

9 ✓ IX.—ON THE TREATMENT OF CARBUNCLE.

By J. MURRAY, M.A., M.D., *Wickham, Hants.*

IT is, I believe, generally admitted that the routine treatment of carbuncle by incision yields extremely unsatisfactory results. In fact, so serious are the evils possibly or necessarily attendant upon it, and so doubtful the benefit derived from it, that many even prefer to abstain from all operative interference, and assume an almost purely expectant attitude. Apart from the painful character of the operation itself, there is the risk of hæmorrhage and all the other consequences of large wounds, whereas there is no considerable early diminution of pain, nor any certainty that the furuncular dermatitis will be arrested or modified.

About five years ago I was accidentally led to adopt a plan of treatment new, so far as I am aware, and free from all the objections to which incision is open, but which expedites in a very remarkable degree the process of recovery.

CASE I.—12th June, 1865.—I was consulted for the first time by an unmarried lady, 36 years of age, of good constitution, but nervous temperament, and much exhausted by pain and sleeplessness, due to fissured anus, symptoms of which had appeared three months previously. For three days severe pain had also been felt within the vulva, and on the mucous surface of left labium, a carbuncle about an inch and a quarter in diameter was found. From its whole area the mucous layer had peeled off, leaving a smooth shining surface of a livid colour, surrounded by the ordinary halo of reactionary inflammation. With the certain prospect of one cutting operation, incision of the carbuncle was so strongly objected to that I determined instead to imitate the ordinary procedure by dividing the tissues with *potassa fusa*. Accordingly, with a sharp-pointed piece I crossed the

surface very lightly, intending to complete the process next day, when the amount of destruction produced by the first application had been ascertained. In order to prevent all further escharotic action, the parts were freely sponged with dilute vinegar, and a fold of oiled lint was then introduced between the labia.

13th.—The vulvar pain rapidly diminished after the application of the caustic, and is now quite gone. All swelling has disappeared, and the site of the carbuncle is only marked by a bright-coloured patch of surface three-quarters of an inch in diameter, crossed by two shallow linear depressions.

15th.—There has been no further discomfort due to the carbuncle, and no perceptible trace of it remains. Sphincter ani incised.

CASE 2.—5th August, 1865.—J. P., labourer, aged 33, flabby and ill fed, has had, for ten days, a painful swelling at the back of his neck, and during the last week this has rendered him unable to work. Extending downwards from the roots of the hair in the middle line, there is now a carbuncle four inches in diameter, boggy, and surrounded by little inflammation. Its surface is studded with openings of various sizes, occupied by grey sloughs, and exuding their sanious pus. This is now scored crucially with potassa fusa, a superficial eschar in each direction being produced. Linseed poultice ordered.

6th.—The area of swelling has diminished by nearly one-half, most of the sloughs have separated, and the corresponding openings have assumed a healthy aspect.

7th.—No sloughs now remain, the general surface looks comparatively healthy, and the openings are rapidly healing. To apply water-dressing. Resumes work.

12th.—There are still a little redness and induration, but no traces of caustic action are perceptible.

Up to the present time I have treated all my cases of carbuncle in the same way, and with such uniformly similar results that it would be unnecessarily tedious to give details of each. I shall therefore pass over the next ten of the

series, and confine myself to describing the last three, which are representative of the disease in its various stages, and illustrate well the usual progress under treatment. Case 13 was a favourable one for observation, and I delayed interfering until the patient's welfare became endangered.

CASE 13.—20th July, 1870.—S. M., aged 21, has for two years had disease of the right hip joint. Partial ankylosis has taken place, but large chronic abscesses have formed over lumbar and sacral regions. Until quite recently, however, he has been able to take exercise upon crutches, with the additional support of a gutta percha splint. Three days ago he found he could not apply the splint in consequence of the appearance of a painful pimple over trochanter major. A carbuncular swelling, half-an-inch in diameter, is found to have developed itself, and this he is ordered to dress with benzoated lard, merely in order to prevent irritation by friction of clothing.

25th.—The area of furuncular inflammation has steadily increased, and now there is over the trochanter and its immediate neighbourhood a tense circular swelling nine inches in diameter, the centre of which is occupied by a carbuncle four inches across. The latter is apparently rather more than an inch in thickness, and the epidermis has peeled off, leaving a livid shining surface perforated by numerous small holes, from which clear serum exudes, and in each of which can be seen the white tip of a core. Surrounding this is a livid and brawny halo. No sleep has been obtained for two nights, and patient is becoming exhausted. Potassa fusa applied in the usual manner.

26th, 10 a.m.—Pain rapidly diminished after caustic was employed, and a good night's rest was had without taking an optional dose of chloral hydrate. During the night a serous discharge, sufficiently profuse to saturate several folds of sheeting and penetrate to the bed beneath, proceeded from the carbuncle. On examination the potash scores are found to be the source of this. The surface of carbuncle has assumed a healthy red colour, and its diameter is reduced to two inches. Two narrow grooves at right angles to each

other, with pale granulating surfaces and pink healthy margins, represent the results of caustic action.

28th.—No trace of carbuncle, except a slight superficial blush remains. Patient is able to re-apply splint and use his crutches.

3d Aug.—For two or three days some discomfort has been felt, and now there is over trochanter a superficial ulcer about an inch in diameter, and of healthy appearance, probably due to premature application of splint.

8th.—Ulcer has quite healed.

CASE 14.—15th Aug., 1870.—A. W. Page, aged 17, has a furuncular swelling on chin, an inch in length and half an inch in breadth. It first appeared four or five days ago, and has since been gradually increasing in size. Potassa fusa applied.

20th.—The pain and swelling rapidly diminished, and now there is no trace either of tumour or eschars.

CASE 15.—12th Oct., 1870.—J. W., aged 55, labourer. During the last ten days has had a painful swelling over patellar tendon, which has rapidly increased and now prevents his walking. This consists of a carbuncle in the boggy stage, three inches in diameter, with a large slough in the centre, and small suppurating openings over its surface. Considerable reactionary inflammation surrounds it, and both leg and foot are œdematous. Potassa fusa applied.

22d.—œdema and inflammation have subsided and slough has separated. In the site of the latter locality granulation is taking place. Intends to resume work to-morrow.

At an early period I mentioned the matter to my friend Mr Pater, Hants County Lunatic Asylum, who gives me the results of his experience as follows:—

“During the last four years all the cases of carbuncle occurring in this asylum—about 20 in number—have been treated by forming superficial eschars by means of potassa fusa, and with uniformly satisfactory results. In cases where sloughing has not already set in, resolution takes place without suppuration; and in more advanced cases healthy suppuration is rapidly established, and speedy separation of sloughs takes place.”

Incision in carbuncle is generally, I think, advocated upon grounds which imply a mistake as to the pathological conditions present. The professed object is to relieve tension and give exit to sloughs. Now, the tension is chiefly due to the cores or plugs contained in the meshes of the corium, and therefore interstitial, so that only the tissues immediately divided can be relieved by incision. Again, no sloughing occurs until, as in other cases, the inflammatory action has been so severe as to produce mortification. The core has nothing in common with sloughing cellular tissue, as is taught in some surgical text-books. It is simply a fibrinous coagulum, the product of inflammation going on in the surrounding cellular tissue.* In what manner these conditions are altered by the caustic action it is impossible precisely to say; but in some way or other the nutrition is so modified that the inflammation subsides and the cores are re-absorbed. Dr H. Blanc has observed analogous effects in diffuse cellulitis.†

X—SHORT COMMUNICATIONS.

1.—NOTE ON DR BARNES' MIDWIFERY FORCEPS, *by* W. WHITELAW, M.D., *Kirkintilloch.*

THE discussion on Midwifery Forceps at the recent annual meeting of the British Medical Association, and the numerous varieties of forceps recommended by different obstetricians since the days of the Chamberlens, Smellie, and Levret, indicate an unsettled state of opinion on an important operative means of preserving life. As remarked in Dr Robert Lee's *Lectures*, and corroborated by the many illustrations in Maw's *Catalogue of Instruments*, almost every candidate for celebrity has thought it necessary to modify the instrument. In my mind, the question has been more satisfactorily settled since the double-curved forceps recommended by Dr Barnes came into my hands.

On 24th March last I was called to a primipara who had been in labour during 24 hours. The funis was prolapsed and pulseless. The pains being ineffectual for the purpose, I proceeded to deliver the dead child with a pair of single-curved, commonly known as straight, forceps, medium size. The patient afterwards progressed favourably till, on April 2nd, I was hurriedly summoned to her house on account of "an extra bleeding from the womb." I found that, in obstetric language, it was not "secondary

* *Rokitansky—Pathological Anatomy*, Syd. Soc., iii., 85.

† *Lancet*, July 31, 1869.