ing.—Ordered, *Hydrarg. submur.*, gr. iv., and a mixture of *Magnes. sulph. et Infus. sennæ*, to be repeated at intervals, with enemas, till the bowels are relieved.

5. Considerably better; bowels open; slept well; pulse 84, and all the symptoms much subdued.

6. Still better; no fever; no pain; the wound had healed by the first intention. She had hitherto been kept exceedingly low. Ordered a cupful of weak broth. From this time she rapidly recovered.

Remarks.

At a meeting of the *London University Medical Society* some objections were stated against the operation:—

First. That it is inapplicable in cases in which adhesions have formed. This certainly may be an objection, but these adhesions do not, in my opinion, take place so often as is imagined, for the tumour is enveloped in a reflection of the peritoneum. It did not take place in this case, although thirteen years had elapsed since its commencement.

Secondly. The danger of peritonitis. I conceive that the danger from this cause is much less than in the operation for strangulated hernia, as in the latter the parts are always in a state approaching to, if not of, actual inflammation. It did not take place in either Mr. Jeaffreson's, Mr. King's, or the present case.

Thirdly. When the cysts are numerous. This is easily put to the test by first having recourse to paracentesis. If a large portion of fluid escapes without interruption, it would not be very probable that many cysts existed, and even then they might be punctured.

Fourthly. The disease being complicated with other tumours. This is also a difficulty which might be ascertained by first drawing off the fluid, and then exploring the contents of the abdomen. I am, Sir, your obedient servant,

W. J. West.

Tonbridge, Nov. 18, 1837.

CASE OF DOUBLE CEPHALEMATOMA,

To the Editor of The Lancet.

Sir:—Will you allow me to make a few observations respecting cranial swellings in infants, and in doing so I shall give the particulars of a case which I attended some time since. I am induced the more to do so in consequence of reading some remarks upon cases of cranial swellings in the "British and Foreign Medical Review," by Professor Karl Nuger, and Dr. Geddings, in which it is stated that the English have paid less attention to such cases than our continental physiologists. I beg, however, to differ with the reviewers of the above, and to refer them to the "London Medical Gazette," where they will find the following, proving that we are much indebted to our own countryman, the late Dr. W. Hunter, for recording many such cases:—

"In many children, a few hours after birth, a large soft tumour appears on the head, commonly a little to one side of the very top of the head; it is formed by blood, by the rupture of a vessel in the scalp at birth. Frequently there seems to be an edge of the skull all around, as if there were a large perforation, or want of bone, at the place, but this is a deception,—some very good surgeons make it a rule to open it, but this is cruelty, for there is never occasion. The child's health is never hurt by it, and it always goes away of itself,—generally within the month, sometimes later, and, for the most part, continues without diminishing to very near the last, then it begins to be sensibly a little softer, like a bag of fluid that is a little emptied, after which it disappears very fast.

"I have never seen one case that did not do well of itself, not even among 12,000 children that have been born at the *British Hospital*, which I have attended since its institution; at first I tried many discutient applications, but I soon found that they were both useless and unnecessary."—*London Medical Gazette, from an original MS. of Dr. W. Hunter.*

These swellings evidently contain blood, generally, I believe, extravasated from between the bone and pericranium, and situated upon the bone, and seldom or ever over one of the sutures. Fluctuation is generally pretty distinct; they are not the result of *violence* or *parturition;* some are deep-seated, others superficial; and, according to their situation, so might they be named; they would, however, still only be varieties of the same. The sensation conveyed by touch is that of a ring of bone having a deficiency or depression in the centre, which has occasionally given rise to the mistake of its being encephalocele.

The colour of the skin is not at all changed, nor is there any apparent pain in the tumour, as it may be pressed or moved about without any evident pain to the child.

These swellings have occasionally been mistaken for hernia cerebri; this mistake, however, may be easily avoided; first, the hernia cerebri is always situated over one of the sutures, and influences the brain when pressed upon; this is not the case with these cranial blood swellings; again it is stated to have been mistaken for the caput succedaneum; here, also, the mistake may soon be cleared up. The latter is always situated at the posterior and superior part of the head, and generally subsides in 24 hours.

In one or two cases I have been induced

to puncture these tumours, at the suggestion of some of my medical friends, who I have taken to see them; I have, however, found this plan to be rather injurious than otherwise, the swelling generally filling again within 24 hours, and purging following the operation; and I know I have taken the most favourable cases for puncturing, as those which I opened were very *superficial*, small, rounded, and prominent, arising principally from the thinness of the covering, and not where they were deep-seated, or even situated between the pericranium and the bone. In one case, and only in one, I recollect a new layer of bone to have been formed, or a portion of the pericranium remained separated from the bone, and this could be distinctly moved about after the swelling had subsided. Dr. Rigby related a case of a similar kind to me; and in the surgical work of Professor Chelius, of Heidelburg, he mentions two cases in which the formation of a new layer of bone had been observed to take place upon the tumour, where the pericranium had been separated from the skull, by the above-mentioned collection of grumous blood, forming a firm surface beneath the scalp, which yielded easily to the pressure of the finger, but distinctly returned to its former shape with a crackling sensation, like that produced by pressure upon a hollow sphere of any thin copper. I do not believe, as I have before-mentioned, these tumours ever to arise from *violence* or *pressure*, but to be the result of diseased or a weak state of the vessels, *veins;* and as a proof of their not being the result of violence in pressure, I met with one of these bloody swellings in a case of a presentation of the nates, and therefore I consider such a case will warrant my opinion.

I must differ with the reviewer of Velpeau,* where he states,—" We have *seen many* cases of these sanguineous tumours on the heads of new-born children, and upon some few points we differ from Dr. Geddings; we believe with Velpeau, that pressure on the head during labour is the ordinary cause of these tumours. We have generally seen them after *difficult* and *contracted* labours, in which the head of the child has borne *long and severe pressure*," &c. I do not consider *pressure* to be the cause of these swellings. The caput succedaneum is produced by pressure I will allow, but certainly not these bloody tumours. I think I need only bring forward one case to disprove the Reviewer's opinion,—it is that of a breech case, which I attended, and in which case there was one of these blood swellings upon the cranium. Now, in this case it certainly could not be the result of " long and severe pressure."

The cause of these swellings Dr. Geddings and also Professor Naegle considers to be the result of original disease of the veins; and Professor Nuger mentions his having seen the bloody tumour of the head complicated with nævus. The following is an extract from his work:—" In an interesting paper, ' Von den Muttermälern des Kopfes,' in the same work, M. Nuger states it as his belief that the nævus, termed by us aneurism, or anastomosis, always depends upon a preternatural weakness and expansion of the parietes of the veins of the part; he does not admit that the arterial branches are affected; upon this subject there is still some doubt, but we have arrived at the same conclusion as M. Nuger, not merely from observing the appearance of the disease, but after having carefully injected and dissected several specimens of bloody nævus.—'The Tumeurs Parequendes" of Boyer, or the 'Tumeurs erectiles' of Dupuytren.' "—*Rev*.

I consider the opinions of M. Nuger, Dr. Geddings, and Professor Naegele, tend very much to prove the uselessness and injuriousness of puncturing these tumours; should they be the result of diseased veins, they are not relieved by letting out this grumous blood more than for the time, as they fill again in a few hours, generally in twenty-four, as I have myself seen in those which I have punctured; and this operation has invariably been followed by purging, &c., as to interrupt the powers and process of absorption; and it is well known that the powers of the child at this period are greater than at any other; indeed, so great are they, that the child doubles its weight in six months from the time of its birth, therefore there is greater probability of tumours being absorbed at this period of life than at any other. Another objection to opening these tumours is, that by so doing you assist in forming caries (if it occurs at all) by admitting atmospheric air, and not, as is stated by some of our authors, by the pressure of the blood upon the bone. Having said thus much I will now give the particulars of the case first alluded to.

I was requested to attend a lady of delicate habit, fair complexion, aged about 22, in her first accouchment. I saw her at the commencement of labour, the pains of which continued more or less for two days. No unfavourable symptoms being present, I was not apprehensive of any bad consequences from the length of time, and therefore did not interfere farther than ascertaining the progress of the labour, till the afternoon of the third day, when, finding the os uteri well dilated, relaxed, and the head in the pelvis, the patient now showing symptoms of exhaustion, I gave some ergot (decoction made at the time), and after a repetition of the dose the child was expelled, when immediately two large swellings were observed upon the head of the child; and I wish

* Accouchmens, t. ii., p. 595, second edition.

here to remark, that it is uncommon to see these bloody swellings immediately upon parturition. The nurse's phrase, perhaps, will give some idea of the appearance these tumours had, as she exclaimed, upon taking the child, that it had *three heads*. It was a fine, full-sized female child. The form and situation of these tumours were as follows:—One was considerably larger than the other, the larger being nearly that of the child's head, the other that of a small orange; the larger situated upon, and covering the whole of, the right parietal bone, extending a little upon the superior part of the occipital bone, measuring round its base eleven inches and a half; and a tape carried from the edge of the base to a corresponding and opposite part of the base, over the most elevated portion of the swelling, measured seven inches and a half. The lesser swelling was situated at the under and back part of the larger, but not communicating, as pressure upon the one did not produce the slightest effect upon the other, or upon the brain of the child.

The treatment merely consisted of spirit-wash, frequently applied (warm), and this of itself would have been sufficient, but that the child suffered for some time from purging, in consequence of the nurse imprudently having given the child food, the mother not having sufficient milk; when, however, the purging ceased, which lasted for nearly a fortnight, and the mother had a good supply of milk, the tumour began to be absorbed, giving the sensation of a bag half filled, and in about three weeks more, in all six weeks, these tumours had completely subsided, and the child has continued thriving ever since. I remain, Sir, your obedient servant,

MATTHEW F. WAGSTAFFE.

Lambeth, Nov. 8, 1837.

CASES OF SALIVARY FISTULA,

TREATED ACCORDING TO

THE PLAN OF M. ROUX.

By F. X. MOSELEY, *Esq., Surgeon, London.*

CASE 1.—Mr. J—— came under my care, May 1835, with a lacerated wound of the left cheek, from having fallen against an iron railing. The buccinator was divided, with a portion of the masseter and the lining membrane of the mouth. Having carefully placed the edges of the wound in apposition, by strapping, I placed over it a compress, as I was very desirous, from its situation, that there should be union by the first intention. Much inflammation, however, succeeded, and the above object was but partially accomplished; suppuration, and, along with the pus, saliva, flowed in considerable quantity.

It was now obvious that a salivary fistula was established. Cauterisation of the edges of the ulcer, and, afterwards, compression, were applied, but failed in effecting a cure. The fistulous opening evidently communicated with the duct of Steno, and not with the substance of the parotid gland. On introducing an Anel's probe through the natural orifice of the duct, on the inside of the cheek, it was stopped, after a course of about an inch, by what appeared to be an obliteration of the canal, and the same thing took place on attempting to pass the probe from the fistulous opening without.

Finding that the cavity of the duct was obliterated between the fistula and the orifice of the mouth, the further use of caustic or compression, or any similar proceeding, could clearly avail nothing, unless a route into the mouth were made for the saliva. Consequently I proceeded to an operation, and resolved on following the practice of M. Roux; and first of all I exposed the bottom of the fistula, by excising a portion of diseased skin which surrounded the external opening. The next step consisted in making two successive perforations of the cheek from without inwards, by a hydrocele trocar, taking care to avoid the gum. The openings were made on an horizontal line, and a quarter of an inch distant from each other; the one corresponded directly with the bottom of the fistula, exactly opposite the external openings; the other was nearer the parotid gland, and close to the anterior border of the masseter muscle. A small seton, composed of silk threads, was then passed through both openings, and the ends were tied, loosely, in a knot.

A good deal of swelling and inflammation of the cheek succeeded, but was quickly subdued by local applications. A superficial abscess, however, formed, close to the parotid gland, and communicated with the wound which had been made in the operation. It was freely opened, and the skin, or, rather, the old cicatrix over it, was removed, so that the two wounds were laid into one. The saliva continued for some time to flow, in part externally and in part by the openings into the mouth. Light dressings and gentle compression were employed, and the seton-threads were frequently moved backwards and forwards, in order to render the perforations completely fistulous. At one time strong compression was made on the external wound, but it brought on a return of inflammation which extended to the parotid gland itself, it was, therefore, abandoned.

Six weeks after the performance of the operation, the saliva, all at once, ceased to flow from the wound, which rapidly cicatrised, and soon afterwards the silk threads came away spontaneously. The cicatrix which ensued proved to be smooth, regular,