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from L. Turnbull

CLINICAL MEDICINE

AND

SURGERY

OF THE

EYE AND EAR:

BY

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(From the Medical and Surgical Reporter, Philadelphia.)

WOUND AND INJURIES OF THE EYE.

Sept. 24, 1857. Edward G. Martin, aged thirty years, a dispatcher of locomotives at the Philadelphia, Wilmington and Baltimore Railroad depot, of sound health and robust constitution, while driving a bolt home, was struck by a piece of steel from the hammer, in the eye, rendering him instantly blind. He at once bent his head, and putting his hand to his eye, found a piece of steel covered with blood, the extremities being so sharp as to cut the palpebra in two places, causing the eye to bleed for some time. When I saw him, a few hours after the accident, he was blind of the right eye, the anterior chamber being filled with blood. On raising the lid, there was a wound in the sclerotica on the upper surface, in a horizontal direction, several lines from the cornea, and large enough to admit an ordinary cataract knife; there was no protrusion of the choroid, but constant escape of the vitreous humor. There being no foreign body to be seen, and taking into consideration his account of the accident, I did not consider myself justified in passing any exploratory instrument into the open wound; therefore only passed a probe over the surface, but no roughness could be felt. Directed him to be kept in a dark room, the eye closed, and ice-water to be applied to the ball of the eye, with half an ounce of the officinal solution of morphia internally, so as to tranquilize his nervous system. Diet very plain, and no meat.

25th, 9 A. M. Eyelids swollen; passed a good night, but has pain over the orbit. When he looks forward there is a dense mist; when on the side, white, with dark spots. Fearing inflammation of the whole eyeball, as the pulse was full, slow, not compressible, I opened a vein in his arm, and bled him until he felt sick. Directed hyd. chlo. mit., gr. vj. to be followed by infus. sennæ co., until the bowels were well moved, and continued cold applications.

12 o'clock. Pain more severe ; the discharge from the eye on the increase. Ordered a wash of zinci sulphatis, gr. j., with atropia sulphatis gr. j., aqua destillata, fʒj .as a local application around the brow, with warm infusion of chamomile and the morphia solution internally every third hour.

26th. Better night ; slept well ; pain gone. To prevent the discharge of the vitreous humor, shut the eye up entirely with a piece of gauze and collodion.

27th. Discharge less ; very comfortable.

Oct. 1. To-day, finding he had pain and uncomfortable feeling in the corner of the eye, and the gauze having become wet with the secretion, I removed it, after it had remained on for three days. The blood in the anterior chamber is all absorbed, and he is able to see an object, as the hand when it passes between him and the light ; but the opening in the sclerotica still freely discharges the vitreous humor ; I therefore touched the spot with a delicate pencil of nitrate of silver, which formed a covering at once, coagulating the fluid and forming a slight slough, which, when it separates, will assist in closing the surface.

3d. There is no more discharge of fluid, and he feels quite well, but the iris has become sluggish, so I directed around the eye at night the soft extract of belladonna, giving him small doses of hyd. chlo. mit. and ant. et potass. tartras, as a purgative and alterative.

4th. Mouth has become tender ; omitted calomel, and gave him citrate of magnesia, with wash of alum for the mouth.

5th. For the last two days there has been considerable irritation from a small black body projecting from the wound in the sclerotica. Finding it to irritate him, I directed warm fomentations to the eye to assist in its removal.

6th. Gradually the body is making its way outwards, but being small and very delicate, I was afraid to touch it, for fear of breaking it ; its appearance is that of a small piece of oxide of iron.

8th. Brought a small delicate pair of forceps to remove it, when, on examination it was gone ; he thought it passed from the eye in the night, with a gush of tears, for he found himself relieved of its scratching. On a careful search, it could not be found.

12th. The inflammation set up by the irritation of the foreign body has increased, and for the last three days has produced some inflammation around the cornea, causing a slight haze of an ash-gray color. Ordered him leeches freely, and actively purged, with mustard to the nape of the neck, and a four grain solution of nitrate of silver to

the eye every third day, there being a discharge of a secretion of altered mucus.

15th. Inflammation much less, but the eye is still irritable. I find that he has, without my consent, been taking a little wine and water, which I had entirely forbidden. Ordered small doses of calomel and tartar emetic again.

24th. Eye very much improved; inflammation entirely gone, with the effusion around the cornea; omitted the calomel, &c.; vision the same.

30th. On careful examination with my friend, Dr. Littell, there is a bright reflection from the posterior chamber of the eye, with but little action of the iris under the dilating influence of atropia; there is fibrinous deposit in the posterior chamber; there has also taken place considerable flattening where the opening was, with some softening of the whole eye, but no pain, only when he is jarred he feels it in the eye; but as the upper lid covers the flattening, the eye looks natural and full enough. Treatment, half gr. blue mass, three times a day.

31st. Able to be at his usual occupation, and is still hopeful of further improvement; but we feel as if everything had been done that could be, under the circumstances.

Observations.—In all the authorities which I have been able to consult, wounds of the sclerotica and choroid are considered as exceedingly dangerous to vision, from the injury done to the retina, and the violent inflammation of the eye which follows the accident. The blow in the case narrated above, was sufficient in itself to have produced amaurosis. The loss of so much vitreous humor, prevented the inflammation from becoming so intense as to destroy the whole eye by suppuration, which I fully expected; and it is in part to this, that I attribute my success in the above case. The result of the above injury, when examined by a lens, is a lymphatic effusion between the choroid and retina, or between the retina and hyaloid. After a time we may expect cataract to follow, and the eye to become atrophied, as this is the ordinary course of such cases. It is of the utmost importance not to confound such non-malignant tumors with malignant diseases, and especially those resulting from fungus hæmatodes.

EXTENSIVE INJURY TO THE EYE.*

The first case of interest which presented itself, was Edward W., a young man, aged eighteen years, assistant in a bar-room. He was suffering entire loss of vision, from injury of the left eye. The following is the history as given by him: While cleaning a shelf in the bar-room, above some mineral water bottles, one of them exploded while his head was bent down, and a piece of the bottle, of an oval form, struck him in the left eye, cutting the cornea and sclerotica, lacerating the iris and evacuating the fluid of the anterior chamber, filling it with blood, and prolapsing the iris through the opening.

Directed him to be placed in a dark room, and applied ice water to the eye, and soft extract of Belladonna around the brow, to subdue inflammation, and introduced a probe to press back the iris; ordered internally,

R Liq. Potas. Citrat. fʒii.

Ant. et potas. tart. 1 gr.

Sig. A teaspoonful every two hours.

Diet—tea and toast.

19th—Continued treatment. Iris not returned.

20th—The blood not being absorbed, directed two dozen leeches around the eye, and shut it up with a compress of lint.

22d and 23d—Pain is severe, and inflammation on the increase. Directed him to be bled to fʒviii., and take fʒj. ol. ricini at bedtime.

24th and 25th—Fluid beginning to accumulate in the anterior chamber—blood almost gone—feels as if something sharp was in the eye; this arises from the projection of the iris, which rubs when the eye is closed. Cut off the excess of the iris, with a small pair of scissors; applied a 10 gr. solution of nitrate of silver to the wound, so as to stimulate the iris, continuing the application of the extract of Belladonna, and directed infusion of Senna.

26th—The feeling as if there was still glass in the eye has gone, had a good night, not much pain, no vision.

27th and 28th—Iris is still in the wound; lymph has been thrown

(*Reported by F. E. Bond, M. D., Clinical Clerk.)

out, but there are yet openings in the eye at two points.—Again removed a portion of the iris, and touched the edges with solid nitrate of silver, so as to make a perfect union, which is now taking place.

30th and 31st—Union is now complete, but so much lymph has been thrown out as to fill up the anterior chamber, so as still to prevent vision.

Feb. 1 to 10—Directed him to apply Ung. hydr. fort. by inunction, also to take 1 gr. of hydr. chlo. mit. and $\frac{1}{4}$ gr. of opium, three times a day. This treatment was continued until his mouth was touched, when the lymph gradually commenced to disappear, until the pupil in the upper part was quite clear, diminishing the size of the lower part of the eye from the loss of the iris, &c.

March 20th—Vision so much improved, that he can distinguish almost any object. Inflammation has disappeared, and almost all the lymph, but he has ptosis of his upper lid, having no power to elevate it. Directed the negative pole of an electro-magnetic machine to be applied over the supra-orbital nerve every third day, and painted the brow and upper part of the lid every day with a saturated tincture of iodine.

27th—Can open the eye-lid without lifting it up with the hand. Continued the use of the magneto-electric machine and iodine, until he acquired entire power over the lid. Discharged well on March 25th.

This case is one of interest, showing the power of nature to remedy the injury done. Still nature required guidance and reduction of her powers, else the whole eye would have been blocked up with lymph, and although union would have taken place, vision would have gone for ever. Dr. Turnbull made use of no means to return the iris, except position, placing the patient on his back, and applying cold on, and around the brow, with the soft extract of Belladonna. If there had been a slight prolapsus, he would have endeavored to return the iris; but as the whole eye was cut from one end to the other, he was fearful of doing mischief, especially as the iris was cut and bruised, and filled up the gap until the effusion of lymph and the filling up by fluid of the anterior chamber.

FOREIGN BODIES IN THE EYE.*

March 25th—A young lady applied to have a foreign body removed from her eye. As there was nothing visible, adhering to the cornea, the upper lid was everted, when on its mucous surface was found adhering a small delicate seed, which required some force to remove, it having been imbedded for twenty-four hours. On its removal, she stated that she had been fixing some dried grasses, and supposed it had got in at the time. As it had created some inflammation, she was directed a purgative; to keep the eye at rest; and use an infusion of green tea as a wash.

31st—Young man, aged sixteen, while turning in one of the machine shops of the neighborhood, a piece of iron flew off, and imbedded itself in the cornea. A fellow-workman had attempted its removal by means of a magnet, and also a needle, and when the patient came to the Infirmary, his eye was exceedingly painful, with profuse lachrymation. Upon examination, the piece of iron was found below the epithelial lining of the cornea, and the surgeon therefore had to make an incision in the cornea, with a cataract knife, and then getting the edge of the knife under it, threw it out of its bed, and thus removed it. The patient was very faint, and complained of the pain so much, as to require rest twice before it was removed. As there was some discoloration from the oxide of iron, Dr. T. directed a wash of infusion of pith of sassafras; with 1 gr. of *zinci sulphatis*, to aq. f3j; to be applied with an eye-glass.

April 3d—Returned to show the eye. The inflammation was all gone, also the discoloration from the oxide of iron. Discharged well.

Boy aged twelve years, an umbrella maker, came to the Infirmary, and stated that, while filing a piece of steel, thirty days before, a portion penetrated the eye; he did not take much notice of it at the time, but now he finds he cannot see so well out of that eye, and it is inflamed and painful. On examining it, the cornea was found opaque and elevated, and on opening it with a cataract needle, there was found a piece of steel, which was removed. He became faint, so that the

(*Reported by F. E. Bond, M. D., Clinical Clerk.)

assistants had to lay him on his back and apply ice-water to his face. Directed ice-water to the inflamed eye, a purgative, and 1 gr. solution of zinci sulphatis, to relieve the opacity. This case did not return.

Persons come to the Infirmary, complaining of foreign particles in the eyes, when, on careful examination, nothing can be discerned. This is owing, in most cases, to vascular injection of the conjunctiva. Dr. Turnbull's treatment of such cases, as a general rule, is purgatives, and rest; and if they result from cold, he directs a 4 gr. solution of argenti nitratis to be dropped into the eye at once, to be repeated every second or third day, with rest and attention to diet.

CASES OF PTOSIS.*

Nov. 10, 1858.

Mary White, aged 16. First case which presented itself was one of ptosis of the left upper eyelid, the result of chronic inflammation from childhood, the eyelid falling so low as to obscure vision, by covering the cornea, disfiguring the contour of the patient's face. The chronic inflammation of her eyelids had been relieved, and she had come to be cured of the deformity. Various local means had been tried and failed, and nothing remained but the operation, which Dr. Turnbull had performed, by excising a portion of the redundant tissue of the eyelid. Three sutures were applied, and removed on the third day, union having taken place. She comes to-day to show the result. The eyelid is now nearly up to its natural position, and she can close it. The whole aspect of the young girl is decidedly improved. Beside the form of ptosis just exhibited, there also presented cases of congenital, traumatic and paralytic ptosis. The second form had been seen in a young man from Princeton, N. J., Wm. A——, aged 16

(*Reported by F. E. Bond, M. D., Clinical Clerk.)

years, and which had existed from childhood in the right eyelid, with slight strabismus divergens. This had been operated on at the Infirmary, and the patient had returned to his home improved, yet the lid was not quite as high as the other, as the removal of any more skin would have prevented the eye from closing. He also stated, that if fatigued or depressed in spirits, this lid would droop; when not fatigued or depressed, his vision was much improved by the operation. Of the third form, namely, traumatic ptosis, Dr. Turnbull had been able to exhibit several cases during the season. One of the most interesting was Wm. H——, aged 28 years, a miner, from Columbia county, Pa., who had been under care in the Infirmary and other institutions in this city for eighteen months, for granular conjunctivitis. The eyelids had become so relaxed and altered that he was unable to elevate them, producing beside traumatic ptosis, entropium, and until this was cured, by the removal from both upper eyelids of a semi-lunar piece of skin, but little progress was made in the cure of the granular condition of the lids. When he left the Infirmary, both were cured.

The fourth form is one of greater rarity, namely the paralytic ptosis. As such cases are of great interest, he would give a brief history of the case, with a drawing, showing the condition of the eye to those of his class who had not seen the patient when he first applied at the Infirmary.

Richard E——, aged 31 years, married—dark eyes and fair skin—was then brought before the class, when Dr. Turnbull stated the following facts in regard to his history. He is a working man in a pewter factory, in Arch street, Philadelphia; was attacked with paralysis of the left side in the month of May, 1858. He was treated by blood-letting, mercurials, etc., and was under the care of a physician for five weeks, when gradual return of power took place of the side which had been attacked, but with entire loss of vision, from falling of the eyelid of the opposite side, as is seen in the drawing. He applied at the Infirmary, September 29, 1858. When the eyelid was raised by the finger, the cornea was directed outwards, and slightly downwards, through the influence of the abductor and superior oblique muscles, which alone retained their power, the eye being distorted towards the temple, the pupil dilated, and the whole globe immovable, with vision double and confused, in consequence of the defective adjustment. The secretions of the patient natural, pulse slow and feeble, with pain in the back of the head.

He never had rheumatism, and it was not the result of cold.

Treatment.—He was directed the following pills :

R Hydrargyri bichloridi
 Strychniæ, ãã gr.j.
 Cinchoniæ sulph., gr. xxiv.
 Extract. quassia, gr. v. M
 ft. mass et in pil. No. xii div.

Signa. One pill, three times a day.

As a local application, the following lotion, to be applied each night over the origin of the levator muscle.

R Liquor. ammoniæ Aromat.
 “ calcis ââ f3j.

M ft. lotio.

Diet to be mild and nourishing : to avoid all stimulants. The orbital region and eyelid were also painted with Tinctura Iodini, U. S. P., when he visited the Infirmary.

October 6—Much improved ; eyelid opened an eighth of an inch. Continued treatment, and again applied the tincture of iodine, which, with the lotion, had blistered the whole region.

October 15—Eye is opened three-eighths of an inch. Same treatment ; lotion not applied so freely. Much improved in strength, and appetite good. Able to do a little work.

He has not visited the Infirmary since the 15th of October until to-day, having improved so much as to be able to resume his usual duties.

Nov. 10—Vision with both eyes slightly double, but he is able to clear the cornea completely. Iris almost normal. He was directed still to continue his pills once a day, and occasionally the application to the eye-brow, but, as he was so well, he was not required to be regular in his attendance at the Infirmary.

Dr. Turnbull stated that there was no doubt in his mind that it was an effusion of serum within the sheath enveloping the nerve of the third pair, which was distributed to the levator palpebræ superioris, the internal, superior and inferior recti, the inferior oblique, and the sphincter fibres of the iris. It showed that the nerves of the seventh pair were not affected, by the orbicularis palpebrarum retaining its power to close the eye. Experiments and dissections as regards the lower animals have shown that the curtain of the iris, containing as it does two sets of muscular fibres, a circular set by which the pupil is contracted, and a radiating set, by which it is enlarged, is under the control of two separate and distinct sources of innervation.

The case related above, illustrates these physiological facts clinically. The third cranial nerve is found to control the circular or contracting fibres, which, by the pressure prevented its action; but as soon as the fluid was taken up by the absorbent vessels, the contractile power returned, being assisted by the action of the strychnia. It also exemplified the power of the sympathetic, which was not affected, in producing dilatation, by virtue of its communication with the lenticular ganglion.

(From Medical & Surgical Reporter, for March, 1859.)

NEURALGIA OF MUSCLES OF THE EYE.*

Feb. 23, 1859. Mrs. Alice Hughes, aged 44, has for some time been suffering with intermittent pain around the orbit of the eye and temples, with inability to direct the eye-ball either outwards or inwards for fifteen months. From the above symptoms, and from the character of the pain, it is evidently a case of neuralgia of the muscles of the eye-ball. She has been leeches and blistered, and had drops applied without benefit.

Treatment.—R Potassæ iodid. ʒj.

Aquæ, fʒvj.

M.

Signa. Tablespoonful three times daily, with pil. rhei at bed-time. The circumference of the orbit to be painted with iodine and collodion.

There was also in this case an abscess of one of the meibomian glands making a prominence on the inner margin of the cilia of the lower lid, the contents of which Dr. Turnbull evacuated by means of an incision on the inside.

March 16th. Swelling at the edge of the eye has disappeared, pain less, eyes more open; the following pill to be taken three times a day.

R Pil. quiniæ sulphatis, ea gr. j. No. xxxv.

The iodine and collodion again applied.

March 23d. Pain entirely relieved, a slight injection of the eye remaining; still to continue her pills.

From the Report on the Diseases of Children, by D. Francis Condie, M. D., from the N. A. Medico Chirurgical Review, Jan. 1859.

OTORRHŒA AS A SEQUELA OF SCARLATINA.

From a very instructive paper on this subject, with illustrative cases, by DR. L. TURNBULL, of Philadelphia, contained in the *Medical and Surgical Reporter* for April, 1858, we extract the following:—

Otorrhœa, resulting from scarlet fever, is a disease which, if it be allowed to become purulent and chronic, is very difficult to cure. Such is the statement of every one who has devoted much attention to the subject. In the practice of Dr. Turnbull, one case had existed for thirty-five years, another for twelve, and another, which, before it fell under his care, had been under treatment for seven years. In several other cases the duration was respectively, one, two, and three years. The profession has not, at any time, been sufficiently alive to the great importance of so treating acute inflammation of the tympanum as to prevent if possible, the destruction of the internal portion of the ear, and the subsequent otorrhœa. Were the same amount of care exercised in respect to the management of the diseased condition of the ear in scarlatina as of that of the throat, a much smaller number of children would become permanently deaf, or suffer from a destruction of the tympanum, or from chronic otorrhœa of months', or perhaps years' continuance.

Treatment.—In the early stage, when the scarlet fever is at its height, we must endeavor to arrest the acute inflammation of the ear by depletion, but care must be exercised, as this exanthem will frequently assume a low type. Here local depletion, by leeches and small cups, to the mastoid process and antitragus, should be employed as soon as acute pain is complained of. Sometimes the child may be too young to indicate the seat of pain, but expresses its suffering by sudden screams and by crying; pressure at the lower portion of the ear, however, will reveal the cause and seat of suffering. The local depletion should be repeated at intervals, and to such an extent as the strength of the patient will permit, and assisted by active purga-

tion, with jalap, scammony, or senna tea, while, at the same time, we support the child's strength with nourishing diet, etc.

If the case is one that will not bear depletion, or we are called in too late, we must content ourselves with applying counter-irritation, and trying the effects of purgation. Should suppuration have commenced, indicated by a chill, with increased pain, of a darting and throbbing nature, with a sense of bursting in the ear, the meatus, on examination, being of a livid red, and the membrane of the tympanum red and swollen, the best plan is to give vent to the purulent fluid collected within the tympanum, by introducing a delicate cataract needle, and puncturing that membrane. This will prevent it ulcerating its way out externally, causing a destruction of the internal ear, or even extending internally to the meninges of the brain, and causing not merely a destruction of the organ of hearing, but of life also. Cases are on record, in which the ulcerative process extended in such a direction as to open the carotid artery into the Eustachian tube, causing a fatal hemorrhage. The extension of the disease to the brain may give rise, also, to effusion or to disease of the membranes—death taking place from convulsions.

Otitis may likewise take on a sub-acute form, attended with a discharge of a muco-purulent or sero-purulent matter. In such cases, the general treatment, which is of the greatest importance, should be directed to improve the condition of the blood by tonics—as iron, quinia, and cod-liver oil—with the frequent use of the bath, or wet towel, with frictions, and out-door exercise in clear weather. The local treatment consists in the application of solid nitrate of silver to the region of the Eustachian tube, every third day, with stimulating gargles, and the use of weak astringent washes for the internal ear, while most active counter-irritation is kept up by blisters, setons, or croton oil, applied over the mastoid region and tonsils. In some of the most unpromising cases, the otorrhœa will gradually cease, and the disease may thus be cured; but if the case becomes chronic, then the treatment must be continued for months and even years.

(From Medical & Surgical Reporter, for March, 1859.)

PERFORATION OF MEMBRANA TYMPANI.*

Daniel Shaw, aged seven years. In this case there is profuse discharge from the ear, which is very offensive, also perforation involving a part of the membrana tympani.

Treatment.—R Zinci acetatis, gr. ij.

Aquæ, fʒj.

M.

S. A few drops in the ear once a day.

Also R Hyd. c. cretæ, gr. v.

S. Take at once, followed by

R. Syrup. rhei, fʒj.

To regulate the secretions.

Blister behind the ear to the mastoid region. Local application to the perforated surface by means of a camel's hair brush, of a solution of nitrate of silver, four grains to the ounce.

March 15th. Discharge diminished, pain entirely gone, hearing improved, the perforation in membrana tympani, filling up.

March 23. Still improving.

April 2. Opening in membrana tympani filled entirely up.

By a statement sent by his sister, a teacher in the Federal Street Public school, this case of Daniel Shaw, continues well.

ACUTE EXTERNAL OTITIS.*

March 16th. Mary Haggerty, aged thirty, was attacked two days since with pain in the ear, has taken cold lately from laying off a thick hood and going out with a thin bonnet, on a windy day.

(*Reported by A. A. Carruth, M. D., Clinical Clerk.)

Attributes her suffering to that cause. Upon examining the ear a swelling was seen in front and external to the ear, and the meatus auditorius externus was completely obstructed by the swelling, the diagnosis was external otitis. Six leeches were directed to be applied in front of the ear, after which the following

R Hyd. chlorid. mit., gr. iij.

Pulv. ipecac. et opii, gr. xv.

M.

et div. in ch. No. iij.

S. Take one every six hours.

The following day, March 17th, at three o'clock, P. M. found the inflammation not reduced, pain and swelling still increasing. Fever high, the patient somewhat delirious at times, (imagining that some one was making an attempt to murder her,) pulse full and frequent; upon inquiry it was found that the bowels had not been moved for three days. Ordered six leeches to be applied as before, and a warm hop poultice to be kept constantly applied, and the following cathartic,

R Hyd. chlorid. mit.,

Ext. colocynth. comp. āā gr. viij.

M.

S. Take at once.

On Friday afternoon, March 18th, patient expresses herself better, skin moist, the bowels have been freely moved, pain and swelling somewhat diminished, has slept none for three nights, two cups and scarificator were applied over the mastoid region, and poultice continued as before.

Also R Pulv. ipecac. et opii, gr. x.

S. Take at bed-time.

Saturday morning, March 19th, patient presents herself at the clinic this morning very much relieved. Iodine and collodion was applied in front and behind the ears, and a piece of cotton saturated with a mixture of glycerin, olive oil and laudanum, was introduced into the ear, and the following

R Magnes. sulph. ʒij.

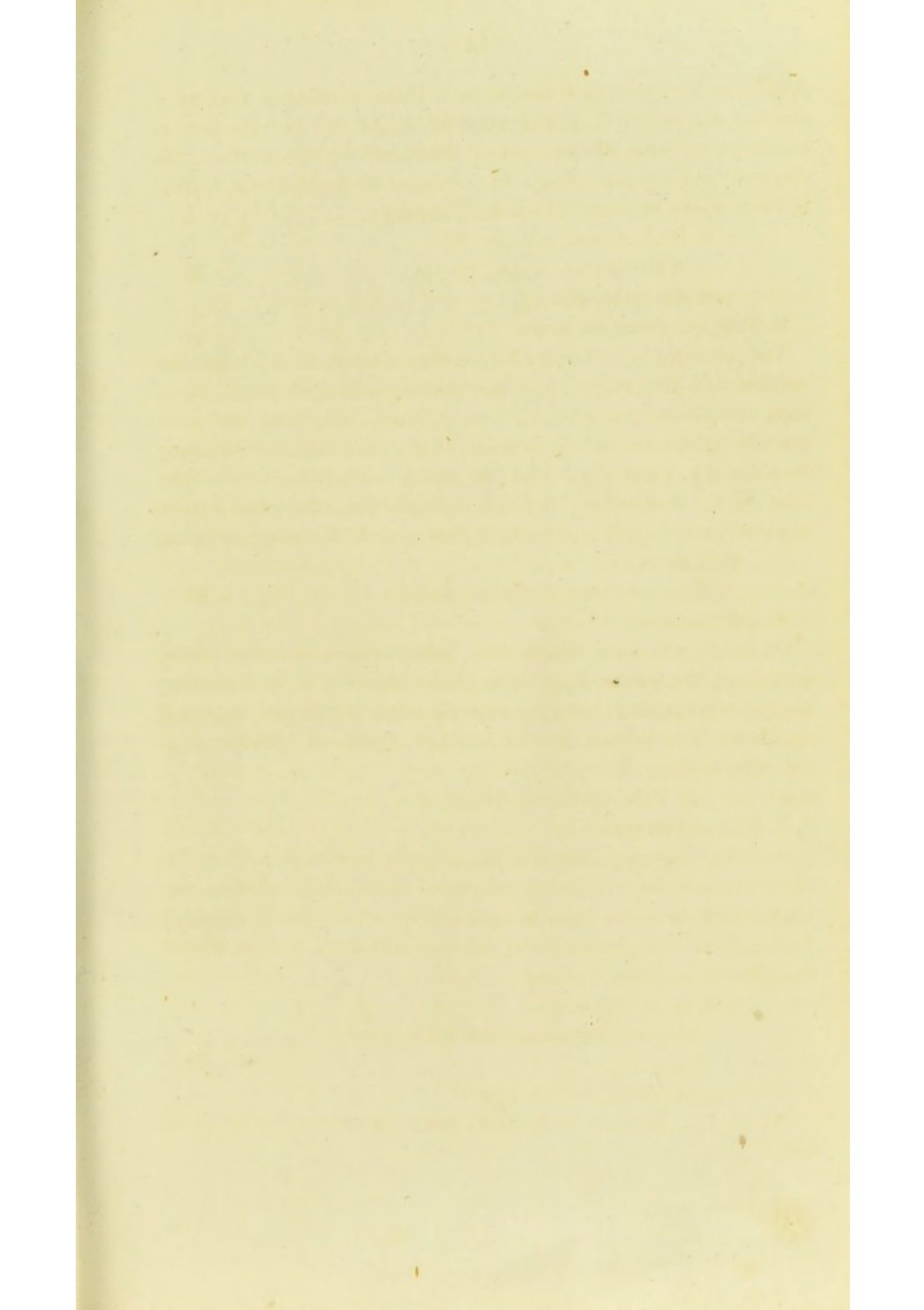
Antimonii et potassæ tart. gr. j.

Aquæ, Oj.

M.

S. Wineglassful every three hours.

March 21. Entirely well, discharged.—Resolution having taken place.



Handwritten text, likely a letter or document, starting with a salutation and followed by several lines of cursive script.

Continuation of the handwritten text, showing more lines of cursive script. The ink is somewhat faded, and there are some diagonal lines or scratches visible on the right side of the page.

Further continuation of the handwritten text. The script remains consistent, though the ink shows signs of age and wear. The text appears to be a single, continuous piece of writing.

The final section of the handwritten text, concluding with a few more lines of cursive script. The page shows signs of aging, including some discoloration and small spots.