

**Cases in surgery, selected from the records of the author's practice at the St. George's and St. James's Dispensary; and illustrating the nature and mode of treatment of strumous or scrofulous ophthalmia. The sedative powers of tartar emetic in the cure of local inflammations, when administered internally ... / by Henry Jeffreys.**

### **Contributors**

Jeffreys, Henry, active 1809-1821.  
Baillie, Matthew, 1761-1823.  
Royal College of Physicians of London

### **Publication/Creation**

London : Burgess and Hill, 1820.

### **Persistent URL**

<https://wellcomecollection.org/works/urhqh56e>

### **Provider**

Royal College of Physicians

### **License and attribution**

This material has been provided by This material has been provided by Royal College of Physicians, London. The original may be consulted at Royal College of Physicians, London. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>





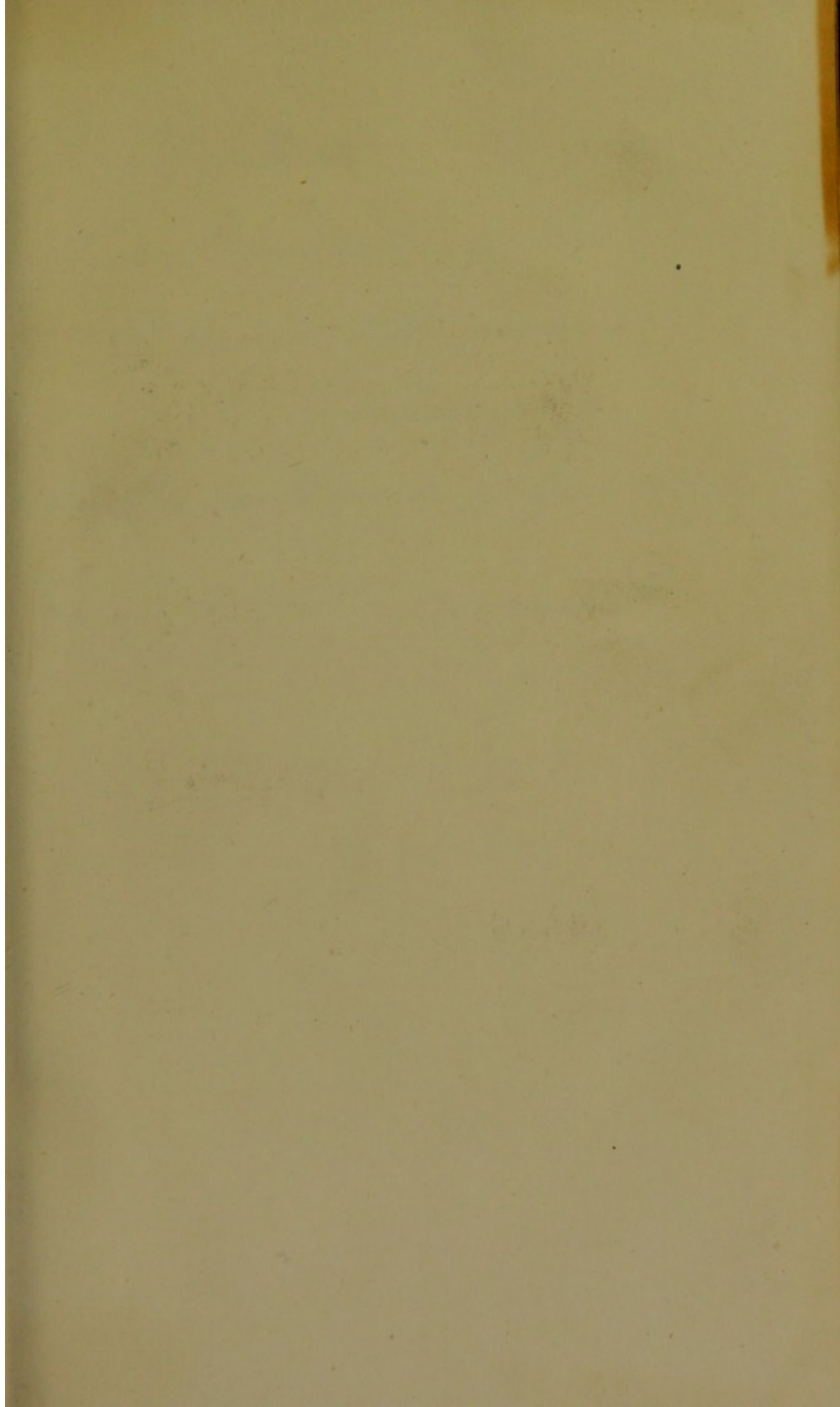


(5) D2/71-f-18

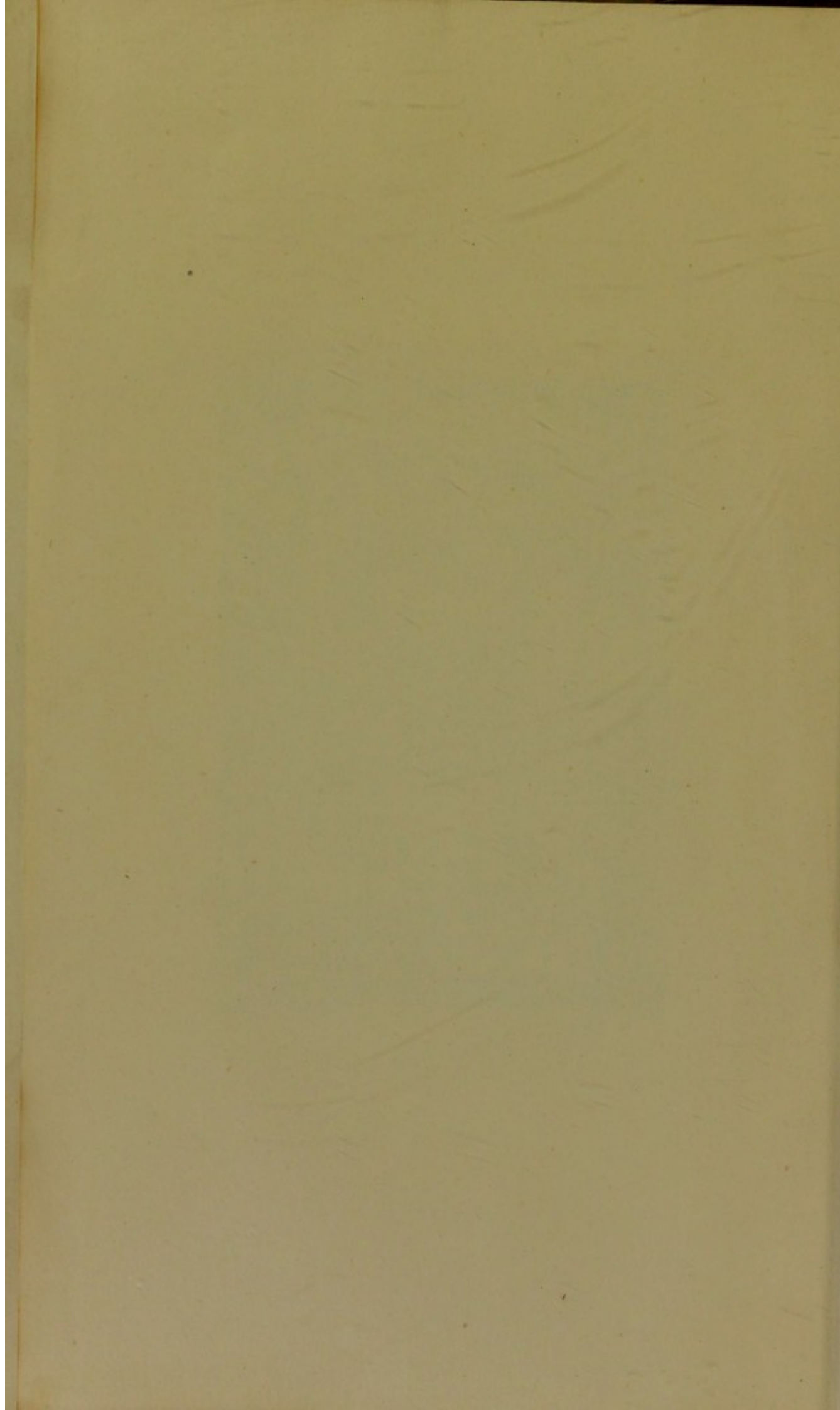
61









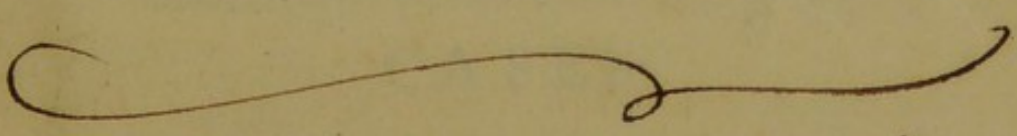




Dr Baillie

Vice President of the  
St George & St James's  
Dispensary

With the authors respectful compl<sup>ts</sup>





My dear Mr. [illegible]  
I have the honor to acknowledge  
the receipt of your letter of the 11th  
inst. and in reply to inform you  
that the same has been forwarded  
to the proper authorities for their  
consideration.

Yours faithfully,  
[illegible signature]







780/8

CASES IN SURGERY,  
SELECTED  
FROM THE RECORDS  
OF  
THE AUTHOR'S PRACTICE  
AT THE  
St. George's and St. James's Dispensary;  
AND ILLUSTRATING  
The Nature and Mode of Treatment of  
STRUMOUS OR SCROFULOUS OPHTHALMIA;  
The sedative Powers of  
TARTAR EMETIC  
IN THE CURE OF LOCAL INFLAMMATIONS, WHEN  
ADMINISTERED INTERNALLY;  
The Treatment of  
THE MAMMARY, OR MILK ABSCESS;  
And the beneficial Effects of  
ELM BARK  
AS A CHEAP SUBSTITUTE FOR SARSAPARILLA.  

---

WITH TWO PLATES.

---

BY HENRY JEFFREYS, ESQ.

Senior Surgeon to the St. George's and St. James's Dispensary;  
Assistant Surgeon to the Lock Hospital;  
And formerly a Surgeon in the Third Regiment of Foot Guards.

London:

PRINTED FOR BURGESS AND HILL,  
55, GREAT WINDMILL STREET, HAYMARKET;  
AND SOLD BY HODGES AND WARTBURGH, DUBLIN; AND ADAM BLACK,  
EDINBURGH.

1820.



CASES IN SURGERY

FROM THE RECORDS

THE AUTHOR'S PRACTICE

St. George's and St. James's Dispensaries

CHRONIC OPHTHALMIA

BY HENRY J. LITTLE

OF NEW YORK

NEW YORK

NEW YORK

BY HENRY J. LITTLE

PRINTED FOR THE AUTHOR

PRINTED FOR THE AUTHOR

ROYAL COLLEGE  
OF  
PHYSICIANS  
OF  
LONDON

ROYAL COLLEGE OF PHYSICIANS LIBRARY	
CLASS	61
ACCN.	15165
SOURCE	
DATE	

TO  
THE PATRON AND PATRONESS,  
THE PRESIDENT,  
VICE-PRESIDENTS,  
AND  
GOVERNORS  
OF THE  
St. George's and St. James's Dispensary,  
THE FOLLOWING  
*CASES IN SURGERY,*

PRACTICALLY ILLUSTRATING  
THE GREAT BENEFITS CONFERRED ON THEIR POOR  
NEIGHBOURS IN THE HOUR OF SICKNESS AND  
INFIRMITY,

BY THE  
ESTABLISHMENT OF THAT EXCELLENT AND MUCH  
WANTED INSTITUTION,

ARE  
MOST RESPECTFULLY INSCRIBED AND DEDICATED

BY THEIR VERY OBLIGED

AND OBEDIENT SERVANT,

THE AUTHOR.

33, Clarges Street, Piccadilly,  
February 22, 1820.



THE PATRON AND PATRONESS

THE PRESIDENT

VICE-PRESIDENTS

AND

GOVERNORS

OF THE

THE GREAT AND THE SMALL

THE FOLLOWING

CASES IN SEVERAL

THESE CASES

THE GREAT AND THE SMALL

MEMBERS OF THE HOUSE OF COMMONS AND

PARLIAMENT

OF THE

ESTABLISHMENT OF THE EXCELLENT AND HIGH

WATTS INSTITUTION

AND

MOST RESPECTFULLY REQUESTED AND PROMPTED

BY THEIR VERY OWNERS

AND GOVERNMENT

THE AUTHOR

THE GREAT AND THE SMALL  
MEMBERS OF THE HOUSE OF COMMONS AND  
PARLIAMENT

OF THE

# CONTENTS.

	Page
<i>Preface</i> .....	xi
 <i>Observations on the Nature and Mode of Treatment of Strumous or Scrofulous Ophthalmia.</i>	
<i>Preliminary Remarks</i> .....	1
<i>Symptoms of Strumous or Scrofulous Oph- thalmia</i> .....	12
<i>Treatment</i> .....	25
<i>Cases</i> .....	38
 <i>Case of great Imperfection of Sight from opaque Corneæ, successfully treated.</i> ..	81
 <i>Cases illustrating the sedative Powers of Tartar Emetic in the Cure of local In- flammations, when administered inter- nally</i> .....	
<i>Case 1. Hernia Humoralis</i> .....	87
2. <i>Hernia Humoralis</i> .....	96
3. <i>Hernia Humoralis</i> .....	99
4. <i>Inflammation and Swelling of the Labium Pudendi, and Nympha, threatening to slough</i> .....	100
	102



	Page
Case 5. <i>Inflammation and Swelling of the Penis, with Phymosis, from Ul- cers within the Præpuce</i> .....	105
6. <i>Acute Ophthalmia</i> .....	108
7. <i>Acute Ophthalmia</i> .....	109
8. <i>Acute Ophthalmia</i> .....	111
9. <i>Pains in the Limbs, and Inflam- mation of the sclerotic Coat of the Eye, after an Ulcer on the Penis</i> .....	113
10. <i>Inflamed Legs</i> .....	116
11. <i>Hæmorrhage from the Nose</i> .....	117
12. <i>Inflammation and Abscess in the Hand</i> .....	118
13. <i>Inflammation and Abscess in the Groin, from a Blow</i> .....	120
14. <i>Inflammation of the Breast</i> .....	122
15. <i>Inflammation and Swelling of a Gland in the Groin, from Cold</i> .....	124
16. <i>Inflammation and Swelling of the Testicle</i> .....	125
17. <i>Inflammation of the Knee</i> .....	128
<i>Case of fatal Stricture and Ulceration of the Œsophagus, with the Appearances on Dissection</i> .....	130
<i>On the Treatment of the Mammary or Milk Abscess</i> .....	149
<i>Cases</i> .....	159

	Page
<i>Case of a large and alarming Abscess in the Breast, which was absorbed . . . . .</i>	175
<i>Case of Ulcer on the Ala Nasi of three Years' Duration, successfully treated</i>	180
<i>Case of Ulcer on the Tongue, of a particular Character and Appearance, successfully treated . . . . .</i>	188
<i>Cases illustrating the beneficial Effects of Elm Bark as a cheap Substitute for Sarsaparilla . . . . .</i>	194
Case 1. Node on the Tibia . . . . .	201
2. Ulcerated Bubo . . . . .	204
3. Ozæna . . . . .	206
4. Ozæna . . . . .	208
5. Psoriasis Diffusa . . . . .	211
6. Pains in the Limbs, and Disease of the Testicle, after the improper Use of Mercury for the Cure of Gonorrhœa . . . . .	213
7. Secondary Symptoms following sloughing Ulcers on the Præpuce and Glans Penis . . . . .	219
8. Scrofulous Abscesses, with painful Contraction and Stiffness of the Elbow . . . . .	225
9. Pains in the Limbs after a Course of Mercury for the Cure of an Ulcer on the Corona Glandis . . . . .	228



	Page
Case 10. <i>Acne Punctata</i> .....	229
11. <i>Chronic Pains and Swellings of the Joints, with Enlargement of the Testicle, and Inflammation of the internal Tunics of the Eye</i> .....	232
12. <i>Ulcers on the Tonsils, Eruptions on the Skin, and Pains in the Limbs</i> .....	235

---

NOTE TO THE BINDER.

*The Plate of an Ulcerated Œsophagus to front*  
Page 148.

*The Plate of an Ulcer on the Tongue to front*  
Page 193.

## PREFACE.

---

THE principal object which I have had in view in publishing the following Cases and Observations in Surgery, and in selecting the former exclusively from the records of my practice at the St. George's and St. James's Dispensary, has been, to lay before the Governors of that infant, but very useful Institution, and the Public, a more detailed and practical exemplification of the nature and extent of the benefits it is calculated to confer on the objects of their care and benevolence than is, or could be, introduced into the Annual printed Report of the Monthly Committee; and I have been encouraged in the undertaking by the hope, that such a detail may not only tend to confirm the original



contributors in the support they have hitherto bestowed on that Charity, but also prove a means of rendering the List of Subscribers to it still more numerous and extensive.

Amongst the many charitable institutions which elevate and distinguish the character of this country above that of any other nation in the world, there is none, perhaps, that affords so much direct and efficient aid to the sufferings of the sick poor, in proportion to its means, as a public Dispensary: none, the value of whose assistance is more justly appreciated and acknowledged by the indigent ranks of society; and none, which returns to the community at large a more effectual remuneration and equivalent. In the language of the Address prefixed to the Laws and Regulations of the St. George's and St. James's Dispensary, it may truly be said, that "there are a variety of Cases requiring medical and surgical aid, which are unfit for a public Hospital, and to which such relief can in no way be so well afforded as through the me-

dium of a Dispensary. We allude to persons with complaints, slight indeed at first, and which treated in their early and manageable stages, are attended with little or no risk, but which, by neglect or delay, become obstinate or dangerous—to persons in the labouring classes, who still enjoy such a portion of health, as permits them to follow their usual occupations—to persons, whose circumstances may enable them to provide many things necessary for their proper management, but whose little savings might be exhausted by the charges for medicines and medical attendance—to persons afflicted with tedious complaints, or with complaints liable to continual recurrence, whose sufferings may be *alleviated*, at least, under proper medical care—to persons, lastly, whom it would be impossible, or difficult, or highly dangerous, to remove from their homes." *Vide Address*, pp. 8 & 9. A public Dispensary is also calculated to relieve, to a certain extent, the heavy pressure made on General Hospitals and



Parochial Infirmaries, by taking off a portion of the sick poor, who might, otherwise, be compelled to have recourse to their assistance; and, which is of great consequence to society at large, it often affords the most prompt and efficient means of checking the progress, and arresting the ravages of those contagious fevers, which in general break out, and are fostered, in the crowded, dirty, and ill-ventilated habitations of the labouring and indigent.

The St. George's and St. James's Dispensary \* was established in the early part

\* This Dispensary is under the patronage and superintendency of the following noble and distinguished individuals :

PATRON.

His Grace the Duke of WELLINGTON.

PATRONESS.

Her Grace the Duchess of WELLINGTON.

PRESIDENT.

The Most Noble the Marquess of BATH.

VICE-PRESIDENTS.

His Grace the Archbishop of YORK.

The Right Rev. the Lord Bishop of LONDON.

The Very Rev. the Dean of CANTERBURY.

of the year 1817, for the purpose of affording the gratuitous distribution of medicines, and of medical and surgical advice, to the sick poor of the large and populous parishes\* of St. George, Hanover Square, and St. James, Westminster. It is, I believe, the

---

The Very Rev. the Dean of CHESTER.

His Grace the Duke of RUTLAND.

The Right Hon. the Earl of MOUNTNORRIS.

The Right Hon. the Earl GROSVENOR.

The Right Hon. the Earl of DYSART.

The Right Hon. Lord FOLEY.

MATTHEW BAILLIE, M. D.

Sir EVERARD HOME, Bart.

Sir CHRISTOPHER PEGGE.

JOHN WILLOCK, Esq.

FRANCIS BURTON, Esq.

JOHN CHAMIER, Esq.

\* Although the main design of this Institution is, strictly speaking, to give medical and surgical relief to the sick poor of the parishes from which it takes its name, and, by the regulations under which it is conducted, the medical officers cannot be called upon to visit patients at their own homes beyond their limits; yet the Dispensary is open to all patients, from whence-soever they may come, who are capable of attending *in person*; and the medical officers, not availing themselves of the strict letter of the Rules, do often extend their visits far beyond the prescribed boundaries.



first and only establishment of the kind that has been opened within these parishes ; and it is to be recorded to the honour of the opulent and benevolent inhabitants of all ranks, that as soon as its nature and objects were promulgated and understood, the design met with their warm approbation and liberal support. So rapidly did the contributions of its numerous friends flow into the hands of the Treasurers, that, although the Institution was only established on the 17th of February, the Monthly Committee were enabled to open the house they had taken in Old Burlington Street, for the relief of patients, on the 20th of the following April.

No sooner was this acceptable intelligence made known amongst that class of the community, for whose benefit and advantage the Charity was instituted, than they hastened to avail themselves of the proffered aid. In the course of the first year after the opening of the Institution, as many as one thousand five hundred and eighty-seven sick

and lame poor were admitted on its books. In the succeeding year, the number of patients, who received advice and medicines at the charge of the Dispensary, was increased to two thousand and fifty-eight; and during the year, whose period will terminate in the ensuing April, the number of those who have been admitted up to the present time (Feb. 19) already amounts to one thousand eight hundred and sixty-six, without including those who have been vaccinated: making a total amount in less than three years, of more than five thousand five hundred.

But, whilst the applications for relief have thus rapidly augmented, bearing the most indisputable and satisfactory testimony to the high and increasing reputation of this Dispensary, and to the estimation which the lower orders attach to the benefits it bestows on them, I am concerned to state, that the *annual* subscriptions, which form the principal, and, I may say, only source of its yearly income, have not increased in the same



proportion \*; and there is too much reason to apprehend, that, unless considerable additions shall be made to the list of its present contributors, it will become indispensably necessary to circumscribe and abridge the extent of its assistance far within the limits to which it might otherwise reach, and infinitely below the wants and demands of the suffering poor.

Having been, I believe, the first to point out the deficiency which existed in the want of such a means of distributing gratuitous professional assistance to the sick poor of these two extensive parishes, whose united population is estimated at no less than 80,000, and having taken considerable pains and trouble in promoting the establishment of the St. George's and St. James's Dispensary, I may be allowed to feel a more than ordinary degree of solicitude for its welfare

\* The amount of the Annual Subscriptions for the year ending December 31, 1817, was 499*l.* 1*s.*; while that for the year ending December 31, 1818, was 540*l.* 7*s.*; and that ending at the same period of 1819, was 531*l.* 4*s.*

and reputation. An earnest desire to render its nature and character more extensively known, together with the hope that it might, in some degree, be serviceable in drawing additional support to its finances, first prompted and encouraged me to the undertaking of the following work. Other reasons of a secondary nature, but of scarcely inferior weight, have emboldened me to proceed with it. I consider that the public have a right to expect, that a part, at least, of the experience which is derived to medical men, holding situations of professional trust in charitable institutions, should revert to the community for the common benefit of all; and it appears to me, that, if gentlemen, so placed, would occasionally give to the world, in a plain and unostentatious, but intelligible form, the genuine practical results of their observations, they would confer a real benefit on their fellow-creatures, and contribute very essentially to the diffusion of medical information, and to the extension of their own professional reputation.



The subjects and the cases, which I have selected upon the present occasion, are (some of them) such as but rarely come under the student's observation during his attendance as a pupil at a public hospital. But they are such as he will most likely be early called upon to attend to, on his first settling in practice. They have no pretensions, nor any recommendation to notice, except as being purely *elementary* and *practical*. I have endeavoured to be clear and explicit; and if some of the cases shall appear to the experienced reader to be related with too much minuteness of detail, it is to be recollected that they are intended more particularly for the use and instruction of the junior members of the profession.

The few single cases which will be met with in the following pages, have been inserted, because they appeared to me to be worthy of attention, either on account of their result, or of some peculiarity in their character and appearance.

33, CLARGES STREET, PICCADILLY,

*February 22, 1820.*

OBSERVATIONS  
ON THE  
NATURE AND MODE OF TREATMENT  
OF  
*STRUMOUS OR SCROFULOUS OPHTHALMIA.*

---

PRELIMINARY REMARKS.

THE Eye is an organ of so much importance to the welfare and comfort of the individual; it is subject to so many accidents and diseases, and its functions are so quickly deranged or destroyed, that any observations connected with its pathological history, although confined to the nature and mode of treatment of one only of its numerous maladies, might be offered, without much apology, to the perusal of the reader, and would, I am willing to persuade myself, be considered as not altogether uninteresting or unacceptable, at least by the junior members of the profession, to whom they are more particularly addressed, and will, I trust, be received with the indulgence they require by all.



Whether we regard it as the expressive index of the various feelings and passions of the mind, or as the feature which gives the stamp of beauty, of thought, and of divinity to the human countenance ; or more particularly, when we contemplate the mechanism of its construction, the delicacy and variety of its component parts, the mode in which they are put together, and the precision with which the whole is made to perform the important function for which it is intended, the organ of vision may be considered as one of the most striking examples of the infallible wisdom and unerring skill of the Creator, and must fill the mind, even of the most careless observer, with wonder and admiration. The office which it performs in the animal economy surpasses, in utility and value, that of any of the other senses, and, indeed, of all ; for without sight, what a helpless being is man ! He only, who has lost the power of vision, can tell how irreparable is his misfortune, how dismal and dependent his existence.

There is no part of the human frame, perhaps, that is subject to so many important diseases, depending on differences in the structure and properties of its several parts ;



yet, while the physiology of the eye, and the theory and principles of vision, have been in all times, and still are, objects of the highest curiosity and research amongst philosophers, its pathology appears to have been considered in this country, until within the last twenty or thirty years, as almost unworthy of the notice and attention of the regular practitioner. Few English authors, before that time, appear to have written on this subject; and the management of the diseases to which the eye is liable, was generally suffered to descend into the hands of presuming and often ignorant empirics, who, hiding their pretensions under the mask of secrecy, imposed on the credulity, and too frequently disappointed the misplaced hopes of their unhappy patients.

Since the commencement of the present century, however, the attention of the profession has been more decidedly directed to the study of this branch of pathology, by the importation and translation of many valuable foreign works on the diseases of this organ, and by the publication of several excellent treatises on the same subject from the pens of our own countrymen. But it is to the unremitting zeal and exertions of the late



Mr. Saunders, that the profession and the world are more particularly indebted for placing this interesting study on a broad foundation, by the establishment of the London Infirmary for Diseases of the Eye, in Charterhouse Square, in the year 1805; which is, I believe, the first public Institution in London that opened an extensive and ready source of information on these diseases to the acquisition of the medical student. The immense numbers, of both sexes and of all ages, labouring under these complaints, who have been annually admitted and discharged since the first opening of that excellent charity, together with the large amount of the cures which have been effected, are satisfactory proofs, not only that such means of relief have been highly acceptable and beneficial to the lower orders of the community, but have served to demonstrate, most indisputably, that the diseases of the eye are as easily understood by regular surgeons, and as much under the control of the common principles of the healing art, as any other disease to which the human frame is liable\*.

\* For a fuller and more perfect account of this Institution, and its lamented founder, the reader is referred to the Preface of his "*Treatise on some practical Points*



Since that period, other Institutions for the relief of the poor suffering from diseases of the eye, have been opened in the metropolis. About two years ago, the surgeons of St. George's Hospital turned their minds to this subject; and, at their suggestion, a resolution was passed by the Governors, at a General Board, that poor persons, afflicted with complaints in the eye, should thenceforward be admitted as out-patients on their own application, without being called upon to produce a letter of recommendation from a Governor. About the same time, "*The Royal Infirmary for Diseases of the Eye*" was established in Mary-le-bone Street, Golden Square; and within the last year, another Institution, of a similar nature and design, has been opened in the parish of Mary-le-bone, under the auspices of Sir William Adams. All these establishments are open to the attendance of medical students, and afford extensive fields for observation and instruction in this particular branch of pathological science.

Thus the diseases of the eye have at length begun to assume that place in the estimation

*relating to the Diseases of the Eye,"* edited by Dr. Farre, 1816; a book replete with much valuable information.



of the profession to which they are evidently entitled, and from which they had been so long and unreasonably banished by the carelessness or folly of our predecessors. The practical knowledge and experience which these several institutions afford to the industrious student, have already begun to spread far and wide over the kingdom; and sanguine hopes may now justly be entertained, that the apathy and indifference which have so long been suffered to disgrace this branch of our professional practice, will ere long be effectually remedied and removed.

As the slightest affection or derangement of any part of the eye becomes immediately a source of anxiety and alarm to the patient, on that account alone ought the diseases to which it is liable, to be objects of interest to the surgeon: and it may confidently be asserted, that there is scarcely any other branch of practice that calls forth more frequently or more powerfully the gratitude of his patient, nor one from whence, in the skilful exercise of his art, he is likely to derive a more genuine and honourable reputation. The greater number of the affections of this delicate organ are laid open to minute ocular inspection; the smallest change



for better or worse, in most of the complaints to which it is exposed, is readily detected by the eye of an experienced observer; and, consequently, the progress or amendment of the disease, the good or bad effects of the remedies employed, are there more easily followed and appreciated than in almost any other part of the system. The advantages that are derived to the practitioner from these circumstances, are too obvious to require illustration.

Of the various forms of disease to which the eye is exposed, none comes more frequently under observation than that which is commonly denominated *Strumous* or *Scrofulous* Ophthalmia. It is a disease that prevails particularly amongst the poor in large cities, where they live together in narrow streets and alleys, breathing an impure atmosphere, and exposed to all the most powerfully exciting causes of a scrofulous predisposition. It is very often the first manifestation of strumous diathesis, and, when neglected or mismanaged, may become a fruitful source of blindness. It is a disease that appears to me to be well worthy of the close attention of the profession. I have reason to believe, that it is not generally well understood, or



properly managed : and as I am not aware that it has been made the subject of a separate and distinct essay by any modern English author, I have ventured, in the hope that they may render some assistance to the student in his pursuits, to throw together the following brief practical observations on its history and mode of treatment; and to illustrate them by cases selected from those which have been placed under my care at the St. George's and St. James's Dispensary; where it falls to my lot to see a great deal of this disease.

---

THE parts belonging to the eye, that are most commonly attacked by strumous affections, are, the roots of the Cilia, or eyelashes; the Tarsi, or cartilaginous edges of the eyelids; the Meibomian glands, and the Conjunctiva.

There are two complaints to which the eyelids are subject, which are frequent attendants upon Strumous Ophthalmia, but are often met with independently of that affection; and it may, therefore, be convenient to give some account of their respective cha-



racters before entering on the consideration of the immediate subject of this paper.

**TINEA CILIARIS.**—The first of these, and that which is most commonly observed, is called *Tinea Ciliaris*, and shows itself in the form of small pimples, or pustules, along the roots of the eyelashes, which break and exude a yellow puriform fluid, that concretes into thick, gummy crusts, and during sleep frequently glues the edges of the lids together. The eyelashes are apt to fall out; and, in aggravated cases, they are destroyed along the whole edge of the eyelid, which becomes tumid, thickened, and red, and either covered with dry crusts or small ulcers. The eye feels hot, irritable, and watery, and is more sensible to the impression of strong light than usual; but vision is little, or not at all, impaired. It is generally seen in the chronic form, and is often tedious and difficult of cure, like the *Tinea Capitis*. It sometimes appears alone, but is very frequently the concomitant of various affections of the skin, and of scrofulous inflammation of the *Conjunctiva*. A person who has once been affected with *Tinea* of the eyelids, is liable to a return of it from very trivial causes.

**LIPPITUDO.**—The cartilaginous edges of



the eyelids in scrofulous subjects are apt to become red and excoriated, giving a peculiar raw and sore appearance to the eyes. This affection is called *Lippitudo*, and is generally accompanied by, and is dependent upon, a morbid state of the Meibomian glands and their secretion, which is increased in quantity, and becomes viscid and glutinous. The lids are glued together by this altered secretion during sleep; and, in severe cases, the eyelashes are not unfrequently entirely destroyed. When the disease has been of long duration, the lids become tumid and thickened; and sometimes the *Conjunctiva* lining the lids also becomes involved in the disease, throwing out a fleshy or fungous excrescence by which the lids are more or less everted, occasioning the disease called *Ectropium*. The eye is more sensibly affected than ordinary by the admission of strong rays of light, and feels hot, itchy, and watery. This complaint is sometimes mistaken for *Tinea Ciliaris*, and vice versâ: they are not unfrequently conjoined.

**TREATMENT.**—The cure of these two complaints is to be attempted by the use of an alterative and tonic course of medicine, together with the exhibition, at proper intervals,



of mercurial purgatives, conjoined with a mild but generous diet, and a pure, dry atmosphere. The topical remedies that will generally be found most serviceable, are those which are composed of astringent and gently stimulating materials, such as solutions of the Sulphates of Zinc and Copper, in the proportion of one or two grains of either in an ounce of some distilled water. These may be used frequently during the day; and at bedtime the edges of the lids should be smeared with some ophthalmic ointment, as Unguentum Zinci—Unguentum Hydrargyri Nitratis dilutum—Unguentum Hydrargyri Oxydi Albi—Unguentum Tutiae, &c. In mild and recent cases, a cure is sometimes speedily effected: but where these complaints have been of considerable standing, a long perseverance in the plan of cure, and an occasional change in the use of the different applications, will often be necessary before the cure shall be finally completed.



SYMPTOMS OF STRUMOUS OR SCRO-  
FULOUS OPHTHALMIA.

THE Tunica Conjunctiva being the principal seat of Strumous Ophthalmia, it will not be necessary in this place to enter upon a description of the anatomy of the globe of the eye. It will be sufficient to remind the reader that this membrane, after lining the internal superficies of both eyelids, is reflected over the anterior surface of the globe; that it is highly delicate, thin, and transparent, connected to the lids, and (more particularly at the angles of reflection) to the parts beneath, and to the Tunica Sclerotica, by a tissue of loose cellular membrane, which permits a mutually free and easy motion of the lids and globe upon each other; and that this tissue becomes more close and condensed as it approaches the transparent Cornea, to which the Conjunctiva is so firmly and intimately attached as to be nearly inseparable.

In a perfectly healthy state, the blood-vessels of this membrane carry little or no red blood. Its surface is kept moist and



transparent by the tears, which are spread over it by the constant motion and twinkling of the eyelids. It is exceedingly irritable; and inflammatory action is quickly excited in it by the application of very slight causes, during which the vessels become full of red blood, and are then seen to be very numerous, and to anastomose very freely with each other. It secretes a transparent mucus, which, as in other mucous membranes, is augmented in quantity, and becomes of a puriform nature, when a state of active inflammation is set up in it.

Scrofulous Ophthalmia may be divided into two forms, the acute and the chronic. It is a disease that seldom attacks infants at the breast: but from the time they are weaned, it is perhaps the most common disorder of the eye to which young children are subject, and very often presents the first indication of the prevalence of a strumous diathesis. Both sexes appear to be equally liable to its attacks. When neglected and of long standing, this form of Ophthalmia becomes a fruitful source of imperfect vision by the specks and opacities it occasions in the Cornea. Sometimes one eye only is affected, at other times both eyes are attacked at the



same time: and it not unfrequently happens, that the disease shall pass from one to the other, attacking one eye as the other recovers; and this may be repeated several times. It is very often accompanied by *Tinea Ciliaris*, and *Lippitudo*.

The ACUTE FORM of this disease is not unusually preceded, and accompanied in its attack by headache, chilliness, and other symptoms of general febrile indisposition; the eyelids are slightly tumefied, more especially along their edges; the *Conjunctiva* becomes full of red vessels, which run nearly in straight lines, or in fasciculi, towards the margin of the transparent *Cornea*, where they meet and inosculate very freely, and are seen to be large, and so superficial as to project sometimes above the level of the *Conjunctiva*. There is more or less of pain in the affected eye, although not in proportion to that which takes place in many other inflammations of that organ, with a sensation of some gritty matter, as sand, &c. having got into it. The mucous secretion is sometimes, not always, increased in quantity; and, during sleep, frequently agglutinates the lids together. The quantity of the tears is considerably augmented, so as



to flow over the cheek, which in young children is sometimes chafed and excoriated, and the eye feels hot, itchy, and irritable. The organ becomes more than usually sensible to the impression of light, so that the patient cannot hold up his head nor open his eyes without material inconvenience; and the admission of a very moderate degree of light is sufficient to excite severe fits of sneezing, and a violent gush of tears. This impatience of light is one of the peculiar characteristics of Scrofulous Ophthalmia; it is often the most prominent feature of the disease, and may be unattended by a corresponding severity in the other symptoms; and is very different from that painful sensibility to light which is manifested in some other forms of Ophthalmia.

Around the circumference of the Cornea an effusion of serum occasionally takes place from the inflamed vessels, elevating the Conjunctiva into a circular vesication about half a line or more in breadth, frequently occupying the entire margin of the Cornea, and exhibiting a peculiar reddish brown appearance. Along with this symptom, there may often be seen clusters of minute vesicles, or pustules, occupying the same line, or scattered separately over the Cornea and Con-



conjunctiva. These pustules vary in size according to the part of the Conjunctiva on which they appear, being commonly smallest upon the Cornea, and increasing as they approach towards the angle where that membrane is reflected over the internal superficies of the lids; and may be considered as a distinguishing symptom of this disease. In mild cases they contain a serous fluid: but where the inflammation is of a more active character, they become filled with coagulable lymph, or albumen; and, in still severer cases, with pus.

When the inflammatory action runs high, or is not checked by the timely exhibition of proper remedies, the pustules are apt to break and form ulcers, which constitute the most formidable and distressing symptom of this species of Ophthalmia. There is then a marked increase of pain, which, in many cases, is most excruciating, owing to the friction made upon the ulcer, and by the edges of the ulcer on the inflamed lining of the lids, by the constant motion of the globe of the eye and the eyelids upon each other: and the intolerance of light is so excessive, that few can be persuaded to open the eye affected even for a moment, and the attempt



is generally followed by violent sneezing and a profuse flow of tears. The edges of an ulcer on the Cornea are generally sharp and abrupt: its surface has a gray or ash colour, is more or less depressed, and is covered with an adhesive flocculent-looking matter. The discharge from it is either serous or purulent; and when it heals, it is by cicatrization.

Increase of inflammation oftentimes takes place in consequence of the formation of an ulcer; in which case the ulcer may spread either by the formation and exfoliation of successive sloughs, or by the ulcerative process; and, unless checked by the active exhibition of proper remedies, may terminate by penetrating the whole substance of the Cornea, and effecting an opening into the anterior chamber. When this unfortunate event happens, the escape of the aqueous humour is unavoidable; and this is followed by the protrusion of a larger or smaller portion of the Iris, according to the size of the opening made by the ulcer, and will be attended with more or less of risk of the loss of vision, proportionate to the quantity of Iris that may be prolapsed, and depending on the part of the Cornea through



which the ulcer may have penetrated. The aqueous humour in the posterior chamber, by pressing forward the Iris, keeps it in contact with the edges of the ulcer in the Cornea, and, by filling the protruded part, forms of it a little black bag, very much resembling in its appearance the head of a common fly. Any attempt to restore the prolapsed Iris to its proper situation will commonly prove fruitless; in which case adhesion must inevitably take place between that membrane and the edges of the ulcer, and a permanent deformity of the organ will ensue. If the ulcerated opening be towards the centre of the Cornea, a portion, and sometimes the whole of the pupillary margin of the Iris becomes entangled in it, and either partial or total blindness takes place.

Under a more moderate degree of inflammatory action, a different process is carried on. Instead of the ulcer spreading by slough or otherwise, lymph becomes effused on its surface, and a halo of lymph having a thinner and more transparent appearance is formed round the margin of the ulcer, in the manner described by Mr. Saunders\*. This

\* Vide Dr. Farre's Edition of a Treatise on the Diseases of the Eye, by the late J. C. Saunders, Esq. 1846.



is always a favourable circumstance, and, as a curative effort of nature, must not be checked or imprudently interfered with.

CHRONIC STRUMOUS OPHTHALMIA.—When the acute stage does not terminate in resolution, or in the speedy healing of the ulcers, it becomes converted into the chronic form. This form of the disease is that which is most usually met with, and differs from the acute chiefly in its duration, and in the absence of active inflammation. When, after a longer or shorter period, this has subsided, the vessels of the Conjunctiva remain in a state of passive congestion, preternaturally enlarged, and gorged with red blood. There is the same distressing intolerance of light, and the same profuse secretion of tears, as in the acute; but the ulcers, instead of spreading by slough or ulceration, or being covered with effused lymph, are apt to remain stationary, and will sometimes assume a very different appearance. Instead of a redundancy, there is very often a deficiency of inflammatory action in the surrounding vessels; in consequence of which the ulcer falls into an indolent state, and becomes transparent, or nearly so; and can then with difficulty be



distinguished from the rest of the Cornea, or only when the rays of light are reflected from it obliquely in such a manner as to show to the eye of an observer its sharp edges and depressed surface, which will be seen to be devoid of the bright glistening character of the Conjunctiva.

In this form of the disease, an ulcer possessing a peculiar appearance and character is not unfrequently met with in the Cornea, which puzzles and perplexes those who are unacquainted with its nature, and which I will therefore endeavour to explain. It shows itself in the form of a small depression or dimple on the surface of the Cornea with smooth round edges, and a bright glazed superficies reflecting the rays of light in the same manner as the rest of the Conjunctiva (with which membrane it is in fact covered), and is not unlike in its appearance to an indentation in a piece of cut glass. It is commonly unattended by pain; and being transparent, or nearly so, vision is seldom affected by it, and the patient is rarely conscious of its existence. Nevertheless it is of some importance, as indicating a particular state of the vessels. It appears to arise from the absorption either of the contents of a pustule,



or of the interstitial substance of the Cornea Propria; while there is, at the same time, a deficiency, or total absence of that action in the secreting vessels, which is necessary to regenerate and repair the loss of substance: lymph, the medium of restoration, is not thrown out, and the Conjunctiva falls into the little cavity, giving it the peculiar appearance that has been described. It is called the *interstitial ulcer*; and more than one may sometimes be observed on the same eye.

OF SPECKS, OPACITIES, &c. — When the vessels of the Conjunctiva are labouring under a moderate degree of inflammatory action, lymph becomes effused from their extremities, so as to occasion more or less of obscurity in the transparent Cornea; and vision is interrupted in proportion to the extent of surface over which the effusion may take place, and to the density of the opacity which it occasions.

When the effusion is small in quantity, and the opacity which it gives rise to is thin and semitransparent, although it may extend over the whole of the Cornea, it is called a Nebula. In this species of opacity the effu-



sion commonly takes place in the substance of the Conjunctiva, or between that membrane and the Cornea; and when the inflammatory action subsides, the cloudiness which it had occasioned, under proper treatment, will almost always be dispersed.

When effusion happens between the laminae, or into the substance of the Cornea Propria, the opacity that ensues is of a more dense character, and is more difficult of removal. It takes on a whiter and more solid appearance, and, if situated over the pupil, the interruption to the passage of light is sometimes complete. This variety of Speck has been called *Albugo*, *Leucoma*, &c.

The healing of large and deep ulcers of the Cornea is another mode by which very dense opacities are occasioned, the lymph with which they are filled up not being afterwards absorbed. These Specks are commonly permanent.

Where the ulcer has pierced into the anterior chamber, and there has been extensive prolapsus of the Iris, and the ulcer has afterwards been suffered to heal over the projecting portion of that membrane, a tumour, called a *Staphyloma*, is formed, which not only greatly disfigures the eye, but is a fre-



quent source of distress and irritation, by the constant friction it occasions against the lining membrane of the lids.

In some cases, the lymph, forming these Specks and Opacities, becomes organized by red vessels, which may be seen shooting into it over the Cornea, from that part of its circumference which is nearest to the Speck.

In other cases of chronic Strumous Ophthalmia, the Conjunctiva lining the lids is apt to throw up a fungous, or granulated flesh, which, making an unnatural degree of pressure on that part of the same membrane which covers the globe, occasions a high degree of irritation in it; the vessels become enlarged and varicose, and are seen, loaded with red blood, traversing the Cornea in all directions, from the circumference to the centre. The Cornea assumes a dull foggy appearance, and vision is much obstructed.

There is no form of Scrofula in conjunction with which the Strumous Ophthalmia may not appear; but its most usual concomitants are eruptions on the scalp, face, and about the ears, such as the varieties of Porrigo, and the Crusta Lactea; herpetic eruptions about the mouth and the angles of the lips; and the several species of Lepra and Psoriasis.



With these are not unfrequently conjoined swellings, and abscesses of the glands behind the ears, and in the throat and neck. In children, there is commonly a tumid, hard, prominent abdomen, a relaxed fibre, and that general delicacy of complexion and appearance which has been so often described by authors as the characteristic evidence of a scrofulous predisposition.

Although the chronic state of Scrofulous Ophthalmia is apt to remain long after the subsidence of active inflammation, yet, during that state, the organ may, and frequently does, undergo repeated recurrences of the acute attack on exposure to cold, or any other exciting cause: and persons who have once suffered from an attack of this disease, are very liable to relapses as long as their constitutions remain under the influence of a scrofulous diathesis.

Whatever is capable of exciting inflammation in general, may also be productive of an attack of Strumous Ophthalmia in a person labouring under that particular predisposition: and it is a very frequent sequel, in such constitutions, of other diseases arising from peculiar morbid poisons, such as Small Pox, Measles, Scarlatina, Hooping Cough, &c.:

that which follows Small Pox is often very tedious and difficult of cure.

---

#### OF THE TREATMENT.

IN the Treatment of Strumous Ophthalmia it is necessary that the Surgeon should bear in mind that the disease is dependent upon a particular diathesis prevailing in the patient's constitution ; and should direct the curative process accordingly.

Two indications present themselves in the cure of this form of Ophthalmia.

1st, To relieve the local disease.

2dly, To prevent a relapse, by the exhibition of such remedies as will enable the constitution to shake off the morbid predisposition under which it labours.

The first indication is to be effected by a judicious observance of what is called the antiphlogistic plan of treatment, viz. by the use of blood-letting, when necessary ; by the exhibition of emetics and purgatives ; by a well-regulated diet ; by defending the eye from the influence of strong and vivid light,



and other causes of excitement, as looking at small objects; and by the diligent employment of proper local applications.

The second indication will require the administration of such alterative and tonic medicines as experience has proved to be useful in giving tone and vigour to the constitution; and the observance of proper diet, clothing, and exercise.

General blood-letting can hardly ever be required in any form of Strumous Ophthalmia; nor should local bleeding be had recourse to, except under circumstances of considerable aggravation. Where the inflammatory action runs higher than ordinary, or where it has been suddenly and violently augmented by the formation of ulcers in the Cornea; or where a rapid and extensive effusion of lymph is taking place, the increased impetus of the vessels should be moderated by the application of leeches to the under eyelids. It will seldom, however, be necessary to have recourse to this operation more than once.

In children labouring under this disease, there is commonly a full hard abdomen, and a loaded state of the stomach and bowels; more especially in the children of the lower orders, who are frequently fed upon very im-



proper, and often scanty food. Here the exhibition of an emetic, or, what is better, the administration of a purgative, will be followed by very marked benefit and advantage ; and, in recent cases, will often be sufficient to relieve the attack altogether. The best purge is, perhaps, Calomel, combined with Scammony, Jalap, or Rhubarb, administered at intervals of two or three days, according to the urgency of the symptoms. This remedy not only acts upon the bowels as a purgative, but it reduces very powerfully the force and strength of the arterial system ; it appears to increase the action of the absorbents and lymphatics, and at the same time to restore to an healthy state the natural secretions of the stomach and bowels. It is, in short, a very powerful alterative, as well as purgative, and its use, as such, may be persisted in, in many cases, for a length of time, with very decided benefit. Care, however, must be taken not to push its debilitating action too far.

In this form of Ophthalmia, it is desirable that the patient should be enabled to breathe a pure, dry atmosphere ; but amongst that class of the community inhabiting the metropolis, who are generally the objects of treat-



ment at a public charity, this simple but valuable remedy will be almost always unattainable. A close, confined, and unwholesome air, is both a cause and support of Scrofula and of Scrofulous Ophthalmia; and a removal into the country, or into a more airy and healthful situation, will alone be sufficient, in many cases, to effect the cure of this disease.

During the continuance of an attack of active inflammation, an abstinence from all kinds of heating and fermenting liquors, and from animal food, should be strictly enjoined; but when the acute symptoms shall have subsided, and the character of the disease assumed a more chronic form, the patient should be put upon a more generous diet. It is generally admitted, that the unwholesome food on which the children of the poor are fed, is one of the most exciting causes of the disease under consideration. It becomes, therefore, an object of great importance, in laying down a plan of cure, to endeavour to remedy this evil as much as possible, and to direct such a diet as will be nutritious and invigorating. This, however, in Dispensary practice, is too often the part of the treatment the most difficult to be accomplished.

The morbid irritability of the organ, and



the extreme intolerance of light, which generally accompany this disease throughout all its stages, are to be moderated by defending the eye from the admission of too much light, by the intervention of a green shade worn upon the forehead; and by avoiding all employment of the organ upon minute objects, or in a strong light. But it will not be necessary to confine the patient to a dark room, nor to forbid him from going abroad in fine weather.

In a recent attack of the acute form of Strumous Ophthalmia, the inflammation, pain, and irritation, may be moderated by the proper use of evaporating and slightly astringent lotions, applied either warm or cold, according to the feelings or prejudices of the patient; such as the *Liquor Plumbi Subacetatis dilutus* of the *London Pharmacopœia*; weak solutions of the *Superacetate of Lead* in distilled water; lotions composed of the *Decoction of Poppies*, and small quantities of *Liquor Ammon. Acet.* or *Spiritus Rectificatus*, &c.; or by fomenting the eye and parts adjacent by means of a sponge and hot water; or hot *Decoction of Chamomile* or of *Poppies*, or *Solutions of Opium*, &c. &c. If there should be present symptoms of general febrile irrita-



tion and excitement, it will be proper to administer, in addition to the remedies already recommended, some gentle diaphoretic, as the Saline Draught, or Liquor Ammon. Acet. combined with Antimonials and Camphor Julep, in such doses, and at such intervals, as the urgency of the symptoms and the age of the patient may require.

When the acute symptoms shall have begun to subside, it will be proper to endeavour to restore the enlarged and loaded vessels of the Conjunctiva to their natural calibre, and to relieve the irritability of the organ, by the use of tonic and astringent collyria, composed of solutions, in some distilled water, of the Sulphate of Zinc, or of the Sulphate of Copper, Alum, &c. These solutions should be carefully introduced between the lids and globe of the eye three or four times in the day.

If there should be an increased mucous discharge from the Conjunctiva and Meibomian glands, glueing the edges of the lids together during sleep, some of the following ointments may be applied between the lids, and along their inner edges, by means of a camel's hair pencil, every night before the patient goes to bed, viz. Ung. Plumbi Super-



acetatis, Ung. Zinci, Ung. Hydrargyri Nitrat-  
tis, Ung. Ophthalmicum (of Janin \*), Ung.  
Tutiae, &c. &c. These ointments should be  
lowered to a proper degree of strength, by  
mixing them with the Ung. Cetacei, or Hog's  
Lard, in such proportions as the patient can  
well bear.

Should the extreme sensibility of the organ  
to the admission of light still continue, it  
may be relieved by the application of blisters  
to the nape of the neck, or behind the ears.  
The counter irritation which this remedy ex-  
cites, is frequently productive of immediate  
and decided benefit in this form of the com-  
plaint; and it may be repeated at short inter-  
vals with much advantage. With the same  
view, Setons also are very serviceable;  
more especially in old cases attended with  
nebula, or opacity of the Cornea. They  
may be made in the nape of the neck, or be-  
hind the ears, or in the temple, and should  
be kept open for several months.

In the chronic stage of Strumous Oph-  
thalmia a more close attention to constitu-

\* UNGUENTUM OPHTHALMICUM (*of Janin*).

Rx. Adipis præparatæ ʒss;

Tutiae præparatæ,

Bol. Armen. āā ʒij;

Hydrarg. præcipit. albi ʒj. M.



tional treatment will be necessary. Care must then be taken to regulate the diet, which ought to be of the mildest, and most nutritious and digestible kind. The patient should be kept clean, and warmly clothed; and he should be made to take a sufficiency of moderate exercise in the open air. If it is possible, he should be sent into the country, or, which would be better, to the sea-side. In this form of the disease, an alterative course of mild mercurials, administered at proper intervals, as the Hydrargyri Submurias, Hydrargyrum cum Cretâ, or the Hydrargyri Sulphuretum Nigrum, will be often productive of essential service. At the same time, such medicines should be exhibited as are calculated to invigorate the constitution, and to give tone and strength to the solids, such as Cinchona, the mineral acids, the various preparations of Iron, Sarsaparilla, Dulcamara, &c. &c.

To enter very fully into a detail of the constitutional treatment of the Strumous Ophthalmia, with a view to the prevention of a relapse, in this place, would be to depart from the plan I had laid down, and involve me in a dissertation on the more extended forms of Scrofula. I shall, therefore, content myself with the few general observations I



have made on this part of the subject, and confine the remaining hints I have to offer to

#### THE MANAGEMENT OF LOCAL SYMPTOMS.

The pustules which form in this disease, and are one of its peculiar characteristics, should never be opened by art. The matter which they contain is generally viscid and adhesive, and will not follow the point of a lancet. When a successful mode of treatment has been adopted, they will frequently disappear very rapidly, more particularly in recent cases. Under different circumstances, they may degenerate into ulcers; which, as I have already stated, constitute the most formidable and distressing symptom of the disease. When this happens, increase of inflammation and pain, and of intolerance of light, generally takes place. Under these circumstances, the severity of the pain will be relieved by the application of two or three leeches to the under eyelid, assisted by a brisk mercurial purge. The eye should, at the same time, be lightly covered with linen rags, wetted with some cooling lotion; and the patient forbidden to use it on small objects, or in a strong light.



When the ulcer has pierced the Cornea, and prolapsus of the Iris has taken place, two desirable objects are indicated, viz. to stop the further progress of the ulcer, and to restrain as much as possible the descent of the Iris. To accomplish these ends, it is recommended to touch the surface of the ulcer with a bit of Argenti Nitras, scraped to a point, every day or every other day; or to inject over the eye a solution of it, in the proportion of two or three grains to an ounce of water two or three times a day. By this mode of proceeding adhesion quickly takes place between the Iris and the edges of the ulcer—the further escape of the aqueous humour is prevented—the pain and irritability are subdued—and cicatrization in general goes on well. If, after the adhesion of the Iris to the ulcer has been accomplished, the prolapsed portion of that membrane should project much beyond the level of the Conjunctiva, it must either be destroyed by repeated touches of the caustic, or snipped off with a pair of scissars, and the cut surface touched immediately with the Argenti Nitras.

When the ulcer assumes a nearly transparent appearance, is not surrounded by a



halo of lymph, and can only with difficulty be distinguished from the rest of the Cornea when looked at obliquely, a state very opposite to inflammatory action is indicated. There is then, as has been already explained, a deficiency of that action in the vessels necessary to carry on the restorative process. Here a more stimulating plan of treatment becomes necessary; the languor of the system is to be supported by a generous diet, and the exhibition of bark and the mineral acids, more especially of the diluted Sulphuric Acid: and the vessels of the part should be stimulated to increased action by the use of lotions containing Sulphate of Zinc, Sulphate of Copper, Nitrate of Silver, Oxymuriate of Mercury, &c. or by touching them occasionally with the Nitrate of Silver scraped to a point.

In the transparent interstitial ulcer the same deficiency of healthy action is present, and will require a mode of treatment nearly similar to that just described; but, as this species of ulcer is still covered by the Conjunctiva, the application of the Nitrate of Silver in substance will not be necessary nor proper. This ulcer will sometimes continue for a long time without occasioning any in-



convenience to the patient, even after most of the other symptoms shall have subsided.

The cloudy state of the Cornea, which sometimes attends a mild attack of the Strumous Ophthalmia, commonly subsides as the inflammation goes off, and leaves the Cornea perfectly clear: but the more dense and solid opacities, called Leucoma, Albugo, &c. are more difficultly removed, and require a long-continued use of various stimulating lotions and ointments. Solutions of Oxymuriate of Mercury are sometimes very useful, as well as many of those lotions and ointments already mentioned. The vinous tincture of Opium may also be tried with good effect; and I have known considerable advantage to be derived from the insertion of a seton into the nape of the neck. Time alone is often more serviceable than surgical treatment.

Although all the symptoms of an attack of Strumous Ophthalmia shall have subsided, and the eye shall appear to have perfectly recovered its healthy state, the organ will still remain highly susceptible of a relapse from very slight causes. It behoves, therefore, the surgeon to put his patient on his guard against this event, and to endeavour to preserve a state of health by a perseverance

in the use of those remedies, internal and external, and in the observance of those rules of diet and exercise, &c. by means of which the attack has been subdued, for some weeks after the cure has been effected.



## C A S E S.

## CASE I.

WM. KNAPP, eight years of age, came under my care at the St. George's and St. James's Dispensary, June 19, 1817, for Strumous Ophthalmia of the left eye. The eye was red and inflamed; there was a good deal of intolerance of light with flux of tears, and a slight speck on the transparent Cornea. He had also enlargement of the submaxillary glands, and an ill-conditioned scabby eruption on the face and chin, and about the ears, and looked out of health.

He was directed to take two grains of Calomel every second night; and, on account of the eruptions, twelve drops of the diluted Sulphuric Acid in a draught of Decoction of Bark three times a day. He was ordered to bathe the eye frequently during the day with the Liq. Plumbi Subacet. dilut. and to introduce some Ung. Hydrargyri Nitratis, diluted with two parts of Ung. Cetacei, between the lids every night at bedtime.

June 24. The Ophthalmia was subsiding.

June 28. There was increase of Ophthalmia with a pustule on the edge of the Cornea and pain in the eye. The Bark draughts were omitted. Three leeches were applied to the lower eyelid: he was directed to continue the Calomel every other night, and the morning after to take the following powder:

R. Pulv. Rhei,  
— Jalap. āā ʒx. M.

July 3. The Ophthalmia was less acute.

July 12. The pustule was healed—intolerance much relieved—eruptions fading. The Calomel and purging powder were continued, and he returned to the use of the Bark and Sulphuric Acid.

July 19. The eye was free from inflammation, a thin film only remaining on the Cornea. The enlarged submaxillary glands were nearly dispersed, and the eruptions continued to fade and disappear.

He followed up this plan of treatment till the beginning of August, when, being perfectly well, he ceased to attend.

Sept. 1819. His mother informed me that his health had continued uninterruptedly good, and that he had had no return of the ophthalmic attack.



## CASE II.

Eliza Emerson, two years and a half old, became a patient at the St. George's and St. James's Dispensary, June 24, 1817, with Strumous Ophthalmia of both eyes. The Conjunctiva in each eye was highly red and vascular, with disposition to form pustules on the circumference of the Cornea. There was general cloudiness of each Cornea, with specks of deeper opacity; and so much intolerance of light, that it was with considerable difficulty the eyes could be got open in order to examine the state they were in. There was scrofulous swelling of the glands behind the ears and in each groin, and she had otherwise a scrofulous appearance. The mother stated, that the child had had the scarlet fever in the preceding September; soon after which the eyes were attacked with this complaint, and had not been free from it since. She took one grain of Calomel every other night, and the morning after the following purge:

R. Pulv. Rhei gr. v.

Magnes. Carbon. gr. x. M.

A saturnine lotion was prescribed for the



eyes, and she took six drops of the diluted Sulphuric Acid three times a day.

July 3. The redness of the Conjunctiva was going off. No appearance of pustule remained, and the Corneæ were somewhat clearer. There appeared an eruption on the head of Tinea Capitis. A poultice was applied to the head, the hair having been first shaved; and after the scabs had separated, the mother was desired to apply the Ung. Hydrarg. Nit. dil. twice a day.

July 22. The inflammation had considerably subsided; the intolerance of light was much relieved; and the cloudiness of the Corneæ was going off.

An eruption resembling Scabies had now appeared upon the back and abdomen, which was ordered to be rubbed three or four times a day with Sulphur ointment.

July 24. There was a relapse of inflammation, with pain and intolerance; and a leech was applied to each under eyelid.

The eruption on the back and abdomen had almost disappeared.

July 29. A small transparent ulcer had formed on the left Cornea. There was no appearance of that halo of lymph surrounding the ulcer, which marks the healing process,



and therefore the Calomel was omitted ; but she was directed to continue the Sulphuric Acid, and to take it in Decoction of Bark three times a day, to put a blister on the neck, and to bathe the eye with a solution of the Sulphate of Zinc instead of the saturnine lotion. The bowels were kept open with Rhubarb and Jalap.

Another blister was applied to the neck on the 9th of August. On the 14th there was increase of pain and intolerance, with febrile excitement ; and she was ordered two grains of Calomel every second night, and a purging powder the morning after, and to take the following draught three times a day.

R. Liq. Ammon. Acet. ʒij ;

Decoct. Cinchon. ʒvj ;

Ext. Cinchon. gr. v.

M. fiat Haustus.

Aug. 24. The intolerance was much relieved ; the redness of the Conjunctiva was subsiding ; and the ulcer on the Cornea healing.

Sept. 9. The ulcer of the Cornea was healed ; the vascularity and intolerance nearly gone ; the opacity of the Cornea in the right eye disappearing. Om<sup>r</sup> Calomel. Rep<sup>r</sup> alia.

Sept. 30. There was recurrence of pus-



tular Ophthalmia, accompanied with intolerance of light and sneezing, in the left eye. In the right eye, the opacity of the Cornea continued to subside. The Bark draughts with Sulphuric Acid were therefore omitted, and recourse again had to Calomel every other night, in doses of two grains, which were purged off the following morning by the Pulv. Scammon. co.; and the saturnine lotion was substituted for the solution of the Sulphate of Zinc.

Oct. 4. A blister was put on the nape of the neck.

Oct. 9. The intolerance and inflammation were much subsided. She could open the eyes without sneezing. The same plan was persisted in, with the addition of the Bark and Sulphuric Acid.

Oct. 25. The redness, intolerance, and cloudiness had nearly disappeared from both eyes. The Calomel was left off.

Nov. 1. All appearance of inflammation was removed from both eyes. The specks were absorbed from the right Cornea. She could use her eyes in a strong light without inconvenience. The Bark was changed for ten drops of the diluted Sulphuric Acid



three times a day; and in the beginning of December she was discharged cured.

This child was again admitted on the books of the Dispensary, Sept. 10, 1818, with impetiginous eruptions on the face, body, nates, pudenda, and extremities, in patches of various sizes, hot, painful, and irritable, and discharging a thin ichorous matter, excoriating the sound parts, and some of the pustules had gone into ulceration. She had a quick pulse, white tongue, and a full, hard abdomen; but the bowels were stated to be regular. She had been attacked two months before her admission; and soon after the attack, had been sent into the country, where she lived chiefly on milk: but, nevertheless, the disease had continued to gain ground. She was directed to go into a warm bath twice a day, and afterwards to be rubbed all over with an ointment composed of equal parts of Unguent. Plumbi Superacet. and Ung. Zinci; to take five grains of Hydrarg. è Creta every night, and fifteen grains of Pulv. Scammon. c. twice a week.

Under this treatment, the action of the bowels was increased; the belly became less prominent and softer; the eruption less vivid and irritable; with loss of ichorous discharge;



and the ulcerated pustules put on a healing appearance.

Sept. 24, she had an attack of Strumous Ophthalmia in the left eye, with intolerance of light, and a pustule on the edge of the Cornea.

A saturnine lotion was directed for the eye; and she took two grains of Calomel every second night, and the morning after fifteen grains of Pulv. Scammon. comp.

On the 25th, she was seized with sickness and vomiting, followed on the succeeding day by Erysipelas on the right cheek.—On the 1st of October, this had nearly subsided; the impetiginous ulcers were healed; the eruptions had dried up, leaving deep, purple-coloured stains on the skin; and there was less of inflammation and intolerance in the eye.

She was now ordered to take the diluted Sulphuric Acid three times a day, and to bathe the eye with a collyrium of Sulphate of Zinc.

Under this treatment her health appeared at first to be mending; but the subsidence of the Ophthalmia, and the disappearance of the stains from the eruption, went on very slowly; and towards the end of the month a subax-



illary gland inflamed and swelled, and a gland enlarged in the left axilla: besides this, there took place a large discharge of ill-conditioned, offensive matter from the nostrils, mixed with lumps of inspissated mucus, occasionally tinged with blood.

She was desired to take the Sulphuric Acid in Decoction of Bark.

The gland in the neck suppurated, and burst by a small opening about the middle of November. This opening gradually enlarged, and gave vent to a quantity of slough, and exposed some diseased gland at the bottom of the abscess. During this time the eye got quite well, the stains of the eruption died away, and her health evidently improved.

In the end of December the ulcer in the neck had still a sloughy surface and diseased irregular edges; but her health continued to improve, although slowly, and the discharge from the nose to diminish.

In this state she quitted the Dispensary, as her parents were going to reside in the country; and I have not since had an opportunity of hearing any thing concerning her.

## CASE III.

Anne Sullivan, ætat. three years, was admitted, July 24, 1817, having Strumous Ophthalmia, with much intolerance of light, in both eyes. In the right eye there was great vascularity of the Conjunctiva, and a number of pustules round the margin of the Cornea. The sight of this eye was destroyed, in consequence of a large prolapsus of the Iris through an ulcer in the Cornea, which had taken place upon a former occasion, and obliterated the pupil.

She had been suffering from the present attack four months.

She was ordered to take two grains of Calomel every other night, and the next morning twelve grains of Pulv. Scammon. comp. and to keep some linen wetted with the saturnine lotion upon the eyes.

July 29. The redness of the Conjunctiva, and the intolerance of light, had much subsided. The pustules in the right eye were healed.

August 9. The left eye was quite reco-



vered, and there was very little redness remaining in the right.

August 19. She was discharged cured.

#### CASE IV.

Elizabeth French, ten years of age, was admitted, August 21, 1817, with redness and inflammation of the Conjunctiva of the right eye, slight intolerance of light, and pustules on the margin of the Cornea: clusters of red vessels were seen passing to, and terminating in, the pustules; there was also Tinea Ciliaris occupying the margin of the eyelids.

She had been ill ten days.

She took two grains of Calomel every second night, and the following morning a powder, composed of equal parts of Jalap and Rhubarb; and the saturnine lotion was applied to the eye.

August 25. The redness and inflammation were very little relieved, and two leeches were put on the under eyelid.

August 30. The inflammation and intolerance were much subsided, and the pustules healing.

Sept. 4. The pustules were healed, and



no appearance of inflammation was remaining; but the Tinea Ciliaris still continued. The alterative plan was persisted in, and she was directed to apply some diluted Citrine Ointment to the edges of the eyelids every night at bedtime. The strength of the ointment was gradually increased; but the disease yielded very slowly to its influence.

Dec. 27. She had a relapse of inflammation in the same eye, followed by a pustule on the Cornea, which gave way to the application of two leeches, and the continued use of the alterative plan; and in January following she ceased to attend.

#### CASE V.

Anne Lewis, six years and a half old, was admitted a patient of the St. George's and St. James's Dispensary, November 25, 1817. She was of a scrofulous habit of body, with ricketty softness of the ends of the long bones; and the lower extremities were twisted and distorted in all directions from the same cause.

The mother stated, that the child had had the natural small-pox two months be-



fore; and when she was recovered from that complaint, the left eye was observed to be affected with violent inflammation.

At the time of her admission, the Conjunctiva, covering the ball of that eye, was of a deep uniform red colour, resembling a piece of red cloth, and had a flabby relaxed look. The whole substance of the Cornea had a dense white appearance, nearly resembling the inside of an oyster-shell, and was so opaque as completely to hide the Pupil. There was a good deal of intolerance of light, and the lids were glued together in the morning. The child was weakly and out of health, and had an impaired and irregular appetite; but the bowels were regular, and the tongue tolerably clean.

She was ordered ten drops of the diluted Sulphuric Acid three times a day in a little water, sweetened with sugar; to bathe the eye with a lotion composed of two grains of the Sulphate of Zinc in an ounce of water, and to introduce some diluted Citrine Ointment between the lids every night at going to bed. She was also directed one grain of Calomel every other night, and twelve grains of Rhubarb every other morning.



Dec. 6. She had a blister to the nape of the neck.

Dec. 13. Her general health was improving; the Conjunctiva was less vascular; the intolerance of light was not so troublesome; and the opacity of the Cornea was somewhat diminished. Her physic generally procured three copious evacuations from the bowels. Another blister was applied to the neck, and directed to be kept open with the Cerat. Sabinæ. The effect of this plan of treatment was well marked and highly satisfactory. The redness, opacity, and intolerance of light, rapidly diminished; and on the 3d of January 1818, the Conjunctiva had nearly regained its natural appearance; the Cornea, instead of being perfectly dense and white, had now acquired a light blueish semi-transparent appearance, and was becoming daily clearer. A good deal of discharge was kept up from the blister; and her health had greatly amended.

January 22. One or two drops of the following Solution were ordered to be dropped into the eye every night:

R. Hydragryi Oxymuriat. gr. ij;

Aquæ distill. ℥j.

Ft. solutio.



This application excited a good deal of pain; but the action of the absorbents was much accelerated by it, and the dispersion of the opacity was more rapid than before.

Feb. 3. The blister was now nearly healed, and it was observed, that, as the discharge from it ceased, the opacity again became more dense. The blister was therefore suffered to heal up, and as soon as that had taken place a fresh blister was put on, and a large discharge kept up from it by Cerat. Sabinæ; and she was able to bear the drops to be put into the eye in the morning as well as at night.

In the middle of March, a small transparent interstitial ulcer formed in the centre of the opacity. The Calomel was now left off, and in a week the little ulcer was filled up. From this time her attendance was at long intervals, having no active complaint in the eye; but she continued to take the Sulphuric Acid, and to apply the sublimate solution as usual. The absorption of the opacity went on slowly but progressively, and vision gradually improved. In August the Acid was changed for the Vinum Ferri, of which she took a drachm three times a day in a wine glass full of porter. This medicine



agreed very well with her, and under its use she gained health, flesh, and strength.

Feb. 3, 1819. The opacity was reduced to a mere film.

March 6. She was brought to the Dispensary, suffering great pain from a violent attack of inflammation in the same eye. The eye was closed by great tumefaction of the upper lid. The Conjunctiva lining the lid was covered with matter resembling slough—the eyeball had a fiery red appearance, and the entire Cornea presented a dull, obscure look, as if about to slough. This alarming attack had been brought on by a too liberal and unguarded administration of the solution to the eye.

By the free use of leeches, Calomel purges, and an active antiphlogistic treatment, the threatened mischief was averted; and at the end of a week the eye was nearly in the same state as before the attack.

She could now see almost as well with this eye as with the other; the film was scarcely discernible, and her friends thought it unnecessary that she should continue any longer to attend. The ends of the long bones of the extremities were still enlarged



and bulbous, but the distortion and deformity of the limbs had ceased to increase.

### CASE VI.

Mary Austin, five years of age, having a fair complexion, light hair, and blue eyes, came under my care at the St. George's and St. James's Dispensary, April 2, 1818. There was increased vascularity of the Conjunctiva in each eye, the vessels running in fasciculi towards pustules on the margin of the Cornea, intolerance of light, and flux of tears. In the right eye there was a speck on the Cornea, of a twelvemonth's standing.

On the ears and chin there were, also, patches of *Porrigo Favosa*. Bowels regular—tongue clean.

These complaints had followed a severe attack of scarlet fever.

She was directed a grain of Calomel every night; and every morning a purging powder of Rhubarb and Jalap, of each six grains: to apply a lotion of the Sulphate of Zinc to the eyes, and an ointment of equal parts of Ung. Plumbi Superacet. and Ung. Zinci to the eruption.

April 14. The Ophthalmia was considerably relieved, and the pustules healed. The eruption on the ears and chin was dying away.

The gums were affected by the Calomel, and bled occasionally. She was, therefore, ordered to take it only every second night. Undiluted Ung. Zinci was ordered for the eruptions.

April 21. Mouth better—the eruptions continued to fade: but there was slight increase of vascularity in the Conjunctiva, with disposition to pustule, and intolerance of light.

She was desired to take three grains of Hydrarg. *è* Creta every night at bedtime; and ten drops of the diluted Sulphuric Acid three times a day.

April 28. The increased vascularity had subsided.

May 19. Eyes were nearly well—the speck on the right Cornea was much reduced, and the eruption scarcely visible.

June 16. No complaint remaining; the speck on the Cornea hardly perceptible.



## CASE VII.

Mary Sullivan, seven years of age, was admitted, November 19, 1818. She had been subject to inflamed and sore eyes for six months. At the time of her admission there was strumous inflammation of both eyes, a considerable degree of intolerance, accompanied with sneezing, and watering of the eyes; mucous discharge from the Meibomian glands agglutinating the lids during sleep; and in the centre of the left Cornea, a small transparent interstitial ulcer.

She took two grains of Calomel every other night, and the morning after, the following powder:

R. Pulv. Rhei,  
Pulv. Jalap. āā gr. viij.  
M. Fiat Pulv.

She was directed to bathe the eye during the day, with a lotion of the Sulphate of Zinc, and to smear the edges of the eyelids at bedtime, with some diluted Citrine Ointment.

December 3. The eyes were better; but the interstitial ulcer did not fill up, and was still transparent.



The Calomel and purging powder were discontinued; and she took eight drops of the diluted Sulphuric Acid three times a day.

Dec. 12. The interstitial ulcer was slightly cloudy, and nearly filled up. The intolerance of light was much abated.

Dec. 22. There was slight increase of intolerance of light. A blister was applied to the nape of the neck; and she was again directed to take the Calomel and purging powder as before.

January 2, 1819. The interstitial ulcer was healed; and the vascularity of the Conjunctiva much reduced; but the intolerance of light continued. She went on with the Calomel and purging powder every other day, and on the 7th of January she was perfectly salivated, with ulceration of the tongue and swelled face. The intolerance was greatly relieved by this circumstance; and the eyes appeared to be nearly well. She was now ordered to omit the Calomel, and the dose of the acid was increased to ten drops.

Jan. 14. The mouth was nearly well.

Jan. 28. The intolerance had again become troublesome, and was accompanied by mucous discharge from the Meibomian



glands, and redness of the Conjunctiva lining the lids.

The Sulphuric Acid was again left off. She took three grains of Hydrarg. è Creta every night, and had a collyrium for the eyes, composed of ten grains of the Sulphate of Copper in six ounces of water.

Feb. 11. Very little improvement.

Five grains of the Sulphate of Copper were added to the collyrium: a blister was put on the nape of the neck, and kept open by the Cerat. Sabinæ.

Feb. 16. The intolerance did not go off; abdomen prominent and full.

Fifteen grains of the Pulv. Scammon. Co. were directed to be taken every other morning, in addition to the rest of the plan.

March 10. The eyes had nearly resumed their natural appearance; the intolerance had subsided; and there was scarcely any increased secretion of mucus from the glands.

Soon after this she ceased to attend at the Dispensary.

#### CASE VIII.

Sarah Grascomb, aged three years, was brought to the St. George's and St. James's



Dispensary, August 15, 1818, [with chronic Strumous Ophthalmia of the right eye. The vessels of the Conjunctiva were enlarged and varicose; and there was intolerance of light, and increased secretion of tears.

She took a grain of Calomel every night; and a purging powder of Rhubarb and Jalap every other morning; and used a lotion of the Sulphate of Zinc to the eye.

But very little amendment took place, the vessels remained enlarged and varicose; and on the 29th, she was desired to take six drops of the diluted Sulphuric Acid, three times a day, in a little sugar and water.

Sept. 12. Increased action had taken place in the vessels of the Conjunctiva, with a deposition of lymph in the Cornea, over the pupil; and the lids were glued together, during sleep, by mucus from the Meibomian glands. This was attributed to exposure to cold.

The Sulphuric Acid was discontinued. She was ordered to return to the use of the Calomel and purging powder as before; and to apply some Unguentum Zinci between the eyelids every night at bedtime.

Sept. 18. The increased action was sub-



siding, and the cloudiness of the Cornea beginning to disappear.

Oct. 15. All redness, and intolerance of light, had quite subsided, and the opacity of the Cornea had almost disappeared. The increased secretion of mucus had ceased.

November 19. She had ceased to attend, the eye having been quite well: but she returned this day with a slight relapse of inflammation in the same eye, and increase of the nebulous opacity of the Cornea.

The Calomel and purging powder were repeated as before; and the Sulphate of Zinc lotion.

Nov. 28. The inflammation had much subsided.

Dec. 10. The inflammation had quite subsided: but the opacity of the Cornea was very little altered.

R. Hydrargyri Oxymuriatis gr. j;

Aquæ distillat. ℥j. M.

Imponantur oculo gutt. j vel ij omni nocte.

Jan. 9, 1819. Opacity disappearing.

Imponantur oculo guttæ nocte maneque.

Feb. 13. The speck was scarcely visible.

## CASE IX.

Phoebe Hales, nine years of age, of a scrofulous habit of body, and who had been subject to complaints of the eyes for several years, was admitted on the books of the Dispensary, August 18, 1818, having acute Strumous Ophthalmia of the left eye. There was considerable redness and inflammation of the Conjunctiva, intolerance of light, increased mucous discharge, and a large interstitial ulcer, full of recent lymph, on the Cornea, towards the outer angle of the eye. A cluster of red vessels, more enlarged and deeper coloured than the rest of the eye, was seen shooting along the Conjunctiva, and terminating in this ulcer.

Two leeches were applied to the lower eyelid; and a saturnine lotion was ordered to be kept constantly on the eye. She took two grains of Calomel at bedtime, and the next morning a scruple of the Pulv. Jalap. Co.

August 20. The redness of the Conjunctiva had very much subsided; the ulcer was



nearly healed, and the effused lymph absorbed.

The Calomel and purging powder were repeated, and she was ordered to use the Sulphate of Zinc lotion. But she did not again return.

#### CASE X.

Thomas Watkins, three years of age, became a patient at the St. George's and St. James's Dispensary, July 21, 1818, with chronic Strumous Ophthalmia in both eyes. The Conjunctiva, in both eyes, was of a deep red colour, and its vessels were enlarged and varicose; there was extensive and thick opacity of each Cornea, very much obstructing vision, especially in the right eye, with pustules on the Conjunctiva, and a good deal of intolerance of light. This boy had a fair complexion, with thick upper lip, and other marks of a scrofulous predisposition. His mother stated, that, when he was ten months old, he was attacked with an eruptive fever, resembling small-pox, but she was not sure it was that disease. Soon after his recovery, his eyes became affected with Ophthalmia; but the right one suffered more severely than the



other, and there had been general opacity of that Cornea ever since. The left Cornea became cloudy about a year ago; but in a much less degree than the other. He had a large tumid belly, sluggish bowels, bloated face, and an unhealthy appearance.

He took a grain of Calomel every other night, and a powder of Rhubarb and Jalap every other morning; and had the Sulphate of Zinc lotion for the eyes.

July 28. The pustules were healed; the intolerance of light was less troublesome; and there was diminished redness of the Conjunctiva.

August 4. He had a slight relapse of inflammation, with pustules on the Conjunctiva, and increase of the intolerance of light.

He was ordered to continue the same remedies, and to put a blister on the nape of the neck, and keep it open with Ceratum Sabinæ.

August 10. The increased Ophthalmia had subsided, and the pustules were healed. But the Conjunctivæ were highly red and vascular, and red vessels were seen shooting over the Cornea in both eyes.

The medicine acted very moderately on



the bowels. It was, therefore, changed for the following powder, which he was desired to take twice a week:

R. Hydrargyri Submuriatis gr. ij;

Pulv. Scammon. Co. gr. x.

M. Fiat Pulv.

He was also directed to take six drops of the diluted Sulphuric Acid three times a day; and to apply some diluted Citrine Ointment between the eyelids every night at bedtime.

August 15. The blister having healed, another was applied on the same part.

August 25. In the right eye, the redness had very much diminished, and the opacity had greatly subsided, leaving a speck, of a denser appearance than the rest, upon the Cornea over the pupil. The left Cornea was vascular.

His bowels had been well purged; the abdomen was softer and less prominent; and his general health improved. He was ordered to follow up the plan of treatment.

Sept. 8. The redness had entirely disappeared from both eyes; and the opacity continued to clear off.

Sept. 22. A very small speck, not larger than a pin's head, was remaining in the centre



of the Cornea of the right eye. The opacity of the left Cornea continued to disperse.

Oct. 27. The right Cornea was quite transparent; the left nearly so.

Dec. 1. A very slight degree of opacity was remaining in the left Cornea.

Dec. 15. The right eye remained quite well. He had been ill with slight cold for about a week, and there was, now, a cluster of enlarged vessels, carrying red blood, passing to the speck in the left eye, and in the centre of the speck a small interstitial ulcer. A blister was applied to the nape of the neck.

Jan. 15, 1819. The interstitial ulcer was filled up; the speck diminishing.

Feb. 18. He returned to the Dispensary with a relapse of inflammation in both eyes. There was a high degree of redness of the Conjunctiva, and pustules on the Cornea, in each eye, with considerable pain, flux of tears, and intolerance of light.

The saturnine lotion was ordered for the eyes; and he was directed to take two grains of Calomel every second night, and the following morning ten grains of Pulv. Scammon. Co.

March 9. There was cloudiness of the



Cornea in each eye; but the pustules were healing. Another blister was applied to the nape of the neck.

March 30. The redness and inflammation had subsided, and the pustules were healed; leaving small specks on each Cornea.

Sumat Hydrargyri c. Creta gr. iv. omni nocte.  
Lotio Zinci Sulphatis.

May 4. The specks were slowly dispersing; and he discontinued to attend.

#### CASE XI.

Samuel Rawlins, six years of age, a thin, sickly, weak child, whose body and limbs were covered with numerous patches of *Lepra Vulgaris*, applied at the St. George's and St. James's Dispensary, August 12, 1818, on account of an attack of acute Strumous Ophthalmia in the right eye.

There was great increased vascularity and tumefaction of the Conjunctiva, accompanied with a puriform discharge, tumid eyelids, and so much pain and intolerance of light, that he could not open his eyes without

sneezing: the lids were glued together during sleep.

The complaint in the eye had existed a fortnight; and was attended with a good deal of febrile excitement, a furred tongue, and quick pulse.

He had been the subject of leprous eruptions for half a year; and had been a delicate child from his birth.

Two leeches were applied to the under eyelid, and afterwards the saturnine lotion. He was directed to take two grains of Calomel every other night, and a purge of Rhubarb, Jalap, and Ginger, every other morning.

August 15. No improvement had taken place.

Three more leeches were applied to the eyelid, and a cold saturnine poultice at night.

He continued the same medicines.

August 18. The inflammation and intolerance had begun to subside.

He was ordered to use the lotion of Sulphate of Zinc during the day; and to smear the edges of the lids with Unguentum Zinci at bedtime.

August 22. The redness continued to subside; the discharge had nearly ceased.



Sept. 12. There was little or no complaint remaining in the eye.

During this time no change had taken place in the appearance of the eruptions, which were covered with thick, dry, white scales.

The Calomel and purging powder were continued; and he was desired to take ten drops of the diluted Sulphuric Acid three times a day.

He continued this plan till the 17th of October, when he had a relapse of inflammation in the eye, accompanied with a small pustule on the circumference of the Cornea next the inner angle.

The saturnine lotion was substituted for that of Sulphate of Zinc; and the other medicines were repeated.

Oct. 27. No improvement had taken place; the pustule was nearly transparent, and the vessels of the Conjunctiva appeared relaxed and varicose.

The Calomel and purging powder were now omitted. He took each dose of the Sulphuric Acid, in an ounce of the decoction of Duleamara. And he was ordered the Sulphate of Zinc lotion during the day, and the diluted Citrine Ointment at night.

Nov. 7. All traces of inflammation had nearly disappeared from the eye; and the scales were beginning to separate and fall off from the leprous patches: bowels sluggish.

The dose of the decoction of Dulcamara was increased to  $\mathfrak{z}\text{ijss}$ ; and he was ordered to take the following powder two or three times in a week:

R. Pulv. Rhei gr. x;

Potass. Sulphat.  $\mathfrak{D}\text{ij}$ ;

Pulv. Zingib. gr.  $\text{ijj}$ .

M. Fiat Pulv.

Nov. 17. The eyes were weak and watery, with slight intolerance; the scales continued to fall off in small quantities: the following ointment was ordered to be rubbed over the eruptions twice a day:

R. Ung. Picis,

Ung. Zinci,  $\text{āā p. æ. M.}$

Dec. 1. The eye appeared to be free from complaint, the scales continued to fall off, and the eruptions to fade. Health much improved.

Dec. 26. Two pustules had appeared on the margin of the Cornea, and a fasciculus of red vessels passing to each.



The eruptions had ceased to improve.

The same applications were continued to the eye; and he was directed to take ten drops of *Liquor Potassæ*, three times a day, in some barley water.

Jan. 21, 1819. He had an attack of inflammation in the *left* eye, with intolerance of light, and flux of tears.

In consequence of this, the plan of treatment was changed; he had the saturnine lotion for the eye; and he took two grains of Calomel every other night, and worked it off the next morning with a purge of Jalap and Rhubarb.

Jan. 23. Both eyes were affected.

Feb. 6. The inflammation of the left eye rather increased.

A blister was applied to the nape of the neck.

Feb. 11. The inflammation was subsiding. No improvement had taken place in the appearance of the eruptions.

The Sulphate of Zinc lotion was substituted for the saturnine; and he took two ounces of the decoct. *Dulcamaræ* three times a day.

Feb. 18. The eyes were quite recovered; the scales were falling off from the eruptions.



March 6. The eyes remained well. The scales had separated from the eruptions, and the stains of them were dying away. His health, flesh, and appetite, were greatly amended; and his mother thought she had never seen him looking so well, and in such excellent health.

May 8. The eyes were quite well. No traces of the eruption were remaining; and he was discharged cured.

August 5, 1819. This boy was again brought to the Dispensary, having an attack of acute Strumous Ophthalmia in the right eye, accompanied with intolerance of light, a muddy Cornea, and a porriginous eruption about the neck. This attack had existed a fortnight.

He took two grains of Calomel every other night, and the following morning fifteen grains of Pulv. Jalap. Comp. A blister was put on the nape of the neck; and he had a saturnine lotion for the eye.

August 12. The inflammation, redness, and intolerance, had quite subsided; but the Cornea was still cloudy. The porriginous eruption had disappeared.

The purging medicines were discontinued;



and he was ordered to take ten drops of the diluted Sulphuric Acid three times a day.

I did not see him again until the 14th of September, when he returned to the Dispensary with another attack of Ophthalmia occupying the Conjunctiva on the lower circumference of the Cornea, where a large pustule was established.

The same purgatives were again prescribed with the saturnine lotion; and he was directed to attend more regularly; but he did not come again until the 2d of October; when his mother said, he had been in the country, where the eyes had got nearly well; but he had become worse again within the last day or two. At this time there was much increased vascularity of the Conjunctiva, with pustules on the margin of the Cornea, and considerable intolerance of light: the lids were glued together during sleep.

The same medicines were repeated. A blister was put on the nape of the neck, and some diluted Citrine Ointment was introduced along the edges of the lids every night at bedtime.

Oct. 7. The left eye was likewise affected.

Oct. 19. He had not attended since the last report; but he had continued to take his

medicines regularly, and the eyes had been nearly well. But there was, now, a relapse in both, with much vascularity and great intolerance.

I now ordered him to take five grains of Hydrarg. c. Creta every night, with an occasional purge of Rhubarb, and the Sulphate of Potass, and to foment the eyes with decoction of Poppies.

Oct. 23. There were pustules on the edge of each Cornea, with nebulæ in both.

The Sulphate of Zinc lotion was substituted for the saturnine; he took ten drops of the diluted Sulphuric Acid three times a day: and continued the purging powder occasionally.

Oct. 30. The pustules were healed; the inflammation and intolerance were subsiding; and the Cornea was more transparent. The lids were agglutinated in the morning.

An eruption of Lepra, similar to what he had been formerly subject to, had come out all over his body and limbs, and on his head, where they were very numerous, and covered with thick, dry, powdery crusts.

Nov. 6. Very little improvement had taken place in the eyes; and none in the eruption. He was, therefore, ordered to take



two ounces of the decoction of Dulcamara three times a day, and to discontinue the Sulphuric Acid.

By mistake, he took only one dose of the decoction in the course of the day for the first four or five days. Nevertheless the improvement that began to show itself in the state both of the eyes and of the eruption, was very decided. By the beginning of December, all signs of redness and intolerance had disappeared from the former; the scalp was freed from the crusts with which it had been covered, and the scaliness had fallen off from the eruption on his body and limbs, the stains of which were fading, and disappearing.

## CASE XII.

Eleanor Hales, fifteen years of age, having light eyes and a fair complexion, and who had been subject to repeated attacks of Strumous Ophthalmia from her infancy, became a patient under my care at the St. George's and St. James's Dispensary, June 21, 1817. There was considerable redness and inflammation of the Conjunctiva of the right eye,

whose vessels were numerous, large, and varicose. There was great sensibility and intolerance of light, accompanied with flux of tears; the Cornea was nebulous and vascular, and around its circumference a strong disposition to form pustules was manifested. She complained of pain and weight in her head, to which she was much subject; and her bowels were naturally sluggish and confined.

Three leeches were applied to the lower eyelid; and she was directed to keep soft linen rags wetted with a saturnine lotion over the eye. A pill containing two grains of Calomel was ordered to be taken every other night, and the morning after, the following powder:

R. Pulv. Rhei,  
Pulv. Jalap. āā gr. x;  
Pulv. Zingib. gr. v. M.

June 28. The irritability of the eye was nearly gone; the opacity of the Cornea was considerably subsided; and the vascularity of the Conjunctiva diminished.

July 5. The Cornea was nearly transparent, except a small speck which remained. The admission of light gave her little, or no



uneasiness; but some of the vessels of the Conjunctiva continued enlarged and varicose.

The Calomel purge was now omitted; and she was directed the following draught three times a day:

R. Decoct. Cinchonæ ℥iss;  
Magnes. Sulphatis ℥ss;  
Acidi Sulphur. D. gutt. xv. M.

A lotion, containing two grains of Sulphate of Zinc in an ounce of water, was ordered for the eye, and she was desired to introduce a small portion of diluted Citrine Ointment between the lids, every night before going to bed.

She persevered in this plan till the 23d of August, at which time the speck was considerably reduced. But she had, now, without any evident cause, a return of redness, pain, and intolerance of light in the same eye, although in a less degree than before.

The applications last prescribed were continued to the eye; the Calomel pill and purging powder were again had recourse to, and she took the diluted Sulphuric Acid in water instead of the decoction of Bark.

At the end of a week this attack had subsided; and she then repeated the Calomel

and purging powder only once a week, but continued the other part of the treatment as before.

Oct. 1. The speck had nearly disappeared, and, in other respects, the eye seemed to be perfectly well. She was desired to persevere in the plan of treatment; but there was reason to believe, that she attended to this injunction in a very careless manner.

Nov. 4. She returned to the Dispensary with a second relapse of inflammation, accompanied with pustules and intolerance of light, headache, and a costive state of the bowels.

She was directed to take two of the following pills immediately, and to repeat one every two hours until the bowels should be well evacuated; and afterwards to take one or two every night at bedtime. A saturnine lotion was ordered for the eye.

R. Ext. Colocynth. Co. ʒfs;

Hydrarg. Subm. gr. x;

Ol. Menth. Pip. gutt. ij.

M. Fiat pil. x.

Nov. 8. The symptoms were considerably relieved; but the lids were glued together during sleep by an increased mucous dis-



charge from the Conjunctiva and Meibomian glands; and red vessels were seen passing over the transparent Cornea.

She was now directed to discontinue the pills and saturnine lotion, and to return to the use of the diluted Sulphuric Acid, the Sulphate of Zinc lotion, and the diluted Citrine Ointment.

Nov. 18. A blister was applied behind the right ear, and kept open by means of the Ceratum Sabinæ.

Nov. 22. The right eye was considerably improved.

But there was, now, an attack of inflammation and intolerance of light in the left eye.

A blister was applied behind the left ear; and she was desired to resume the pill of Calomel and the compound extract of Colocynth every night, in addition to the plan she was already following.

Dec. 4. The inflammation had subsided from the left eye; but the vessels of the Conjunctiva, in each eye, remained in a varicose state, and the Corneæ were dull and cloudy.

Dec. 23. A blister was applied to the nape of the neck (those behind the ears having



healed up), and was kept open with the Cerat. Sabinæ.

Jan. 3, 1818. The Cornea in the right eye was more transparent; that in the left was cloudy and opaque, and the vessels of the Conjunctiva, in both, were still turgid and varicose. In the evening of this day she experienced a relapse of inflammation in the left eye: and when she came to the Dispensary on the 6th, a small interstitial ulcer had formed in the centre of the Cornea, attended with a good deal of pain, redness, and intolerance of light.

Two leeches were applied to the lower eyelid; she took two grains of Calomel at night, and the next morning a dose of the Pulv. Jalap. Comp. Cold saturnine lotion was applied to the eye.

Jan. 8. The leeches and purge were repeated.

Jan. 10. The inflammation, pain, and intolerance had much abated; but both Corneæ were cloudy and opaque.

The blister on the nape of the neck having healed, a seton was made in its stead.

Jan. 13. The ulcer was filled with lymph; the inflammation had subsided.

She was, now, put upon three grains of



Pil. Hydrargyri every night, and the lotion of Sulphate of Zinc was ordered for the eyes. The seton discharged freely. And under this treatment the opacity formed by the healing of the ulcer in the left eye rapidly disappeared; but the old speck in the centre of the right Cornea was more slow in diminishing, and the conjunctival vessels continued to carry too much red blood. Nevertheless, she suffered very little inconvenience or pain; the lids no longer adhered during sleep; her vision was nearly perfect; and the speck continued, although very slowly, to disperse.

April 28. She suffered another attack of inflammation in the left eye, with pustule, and redness on the Cornea. This attack was milder than the former, and yielded to the application of two leeches. Towards the end of June, she had a similar attack in the right eye, with disposition to pustule, which was checked by the application of one leech and a dose of Pulv. Scammon. Co. In the middle of July the attack was renewed, and again yielded to a similar mode of treatment in a few days. These repeated attacks, although slight, retarded the absorption of the speck on the Cornea; but she was now put again under the influence of the diluted



Sulphuric Acid, and a solution of the Nitrate of Silver, two grains in an ounce of distilled water, of which she put two or three drops into the eye at bedtime. Towards the end of August the speck was reduced to a mere film. In other respects the eyes were free from complaint; and as she had an opportunity of going into the country, I recommended her to avail herself of it, and she was discharged from the Dispensary.

September 1819. I again saw this patient, and learnt that she had experienced a few trifling relapses; but the eyes were at that time free from complaint.

---

## IMPERFECT VISION FROM OPAQUE CORNEÆ.

*Case of great Imperfection of Sight from opaque Corneæ, successfully treated.*

THE following case is so striking an illustration of the practical advantages which attend the mode of treating opacity of the Cornea, arising from a granular state of the lining membrane of the lids in the chronic



form of the purulent, or Egyptian Ophthalmia, as recommended by Dr. Vetch in his *Account of that Disease, as it appeared in England, after the Return of the British Army from Egypt* (8vo. 1807), that I cannot refrain from offering it to the notice and attention of the reader in this place. It is the more remarkable, inasmuch as it had baffled the skill of two professed oculists, practising in this metropolis; and the cure appears to be permanent.

Elizabeth Pickman, fifty-one years of age, came under my care, at the St. George's and St. James's Dispensary, in November 1817, being nearly blind from chronic purulent Ophthalmia in both eyes, of eight years' standing.

In the *left* eye, the Conjunctiva lining the lids, was tumid, red, and granulated; the Cornea was white and opaque, having nearly the appearance of the inside of an oyster-shell; in its lower hemisphere was an old prolapsus Iridis; and the pupil, as well as it could be seen, was small and contracted.

In the *right* eye, the internal superficies of the lids was in the same condition as that in the left; but the opacity of the Cornea was more dense; with the addition of a speck



directly over the pupil. There was a good deal of thick purulent discharge from both eyes; and her sight was so much impaired, that she could hardly distinguish a person's figure between herself and the light; and had been in that state for several years.

She said that she had been under the care of two oculists, at different times, for the last three years, and had attended each of them with great punctuality, for more than a twelvemonth at a time. One of them had at last told her, that she was incurable; and the other had given her the same opinion, with the addition, that she might occasionally apply a blister to the nape of the neck, when suffering more than usual irritation in the eyes. She added, that they had both scarified her eyes repeatedly; and she thought that they were worse, and her vision more impaired, for the treatment she had undergone.

The plan she was at first put upon, after she came under my care, afforded her no relief, and in about three weeks she went into the country, and I did not see her again until the middle of February following. At that time the granulations upon the lids were more exuberant than on her first application; the



Corneæ more opaque, and her sight was more defective.

I now determined on destroying the prominent granulations by touching them repeatedly with caustic applications, in the manner recommended by Dr. Vetch; and on the 19th of February, this plan was commenced by rubbing the internal superficies of the lids of both eyes with the Sulphate of Copper. This application gave a considerable degree of pain, which generally lasted for several hours. She was desired to attend every second day, that the same operation might be repeated; but she seldom came to the Dispensary oftener than twice a week, and sometimes only once. I therefore directed her to put into each eye twice in the day (on those days that the Sulphate of Copper was not applied), two or three drops of a solution of Lunar Caustic, containing five grains in an ounce of water. Notwithstanding the irregularity of her attendance, the beneficial effect of this mode of treatment was soon visible, in the gradual reduction of the redundant granulations, and the increasing transparency of the Corneæ. Vision improved in the same proportion, and on the 16th of April was so much restored, that she

could see to thread a needle, and to read a large print.

By the middle of May, the lids had resumed their natural smooth, pale, shining appearance, and the Corneæ were perfectly clear and transparent, except where the prolapsus of the Iris had taken place in the left eye, and where the speck existed in the right; the latter, however, was much diminished in size, as well as in obscurity; and she could see well enough to resume her occupation of a wig-maker, which she had been unable to follow for many years. Nevertheless, the disposition to granulate was still slightly manifest, and it was necessary to persist in the occasional use of the Sulphate of Copper, but at wider intervals, for a fortnight or three weeks longer. In the end of June she ceased to attend at the Dispensary.

I have had frequent opportunities of seeing this patient since, and am happy to add, that her eyes continued, at the time I am writing this account, December 1819, perfectly sound, and her vision clear and good.



could see to thread a needle, and to read a large print.

Ty the middle of May, the lids had resumed their natural smooth pale shining appearance, and the organs were perfectly clear and transparent, except where the prolegs of the first had taken place in the left eye, and where the speck existed in the right; the latter, however, was much diminished in size, as well as in density; and she could see well enough to resume her occupation of a worker, which she had been unable to follow for many years. Nevertheless, the disposition to granulate was still slightly manifest, and it was necessary to persist in the occasional use of the sulphate of copper, but at wider intervals, for a fortnight or three weeks longer. In the end of June she ceased to attend at the Dispensary.

I have had frequent opportunities of seeing this patient since, and am happy to add that her eyes continued in the time I am writing this account, December 1845, perfectly sound, and her vision clear and good.

CASES  
 ILLUSTRATING THE SEDATIVE POWERS  
 OF  
**Tartar Emetic,**  
 IN THE CURE OF  
 LOCAL INFLAMMATIONS,  
 WHEN ADMINISTERED INTERNALLY.

THE powerful effects of Tartar Emetic, not only when administered as a vomit, but also when exhibited with a view to excite nausea and sweating, have been long known and acknowledged. With the latter intentions, it was formerly directed in many diseases, in small doses; and, in more recent times, it has been recommended in certain inflammations of the eyes, and in Amaurosis, by some authors, upon the same principle. Other virtues have likewise been attributed to this medicine; and it is said to be cathartic,



deobstruent, antispasmodic, and capable of exciting an increased action in the absorbent vessels. Its use has been applauded in several diseases of the viscera, where obstruction and congestion have prevailed; it has been administered with much advantage in Hernia Humoralis; and beneficial effects have even been attributed to it, when exhibited by the mouth, and in the form of clyster, in strangulated hernia.

But notwithstanding these valuable properties, Tartic Emetic has never been a popular medicine; and of late years, I believe, it has seldom been directed but as an emetic, or diaphoretic. A strong prejudice is generally entertained, that its action, when given in repeated and large doses, is very violent on many constitutions, keeping up an incessant retching and vomiting for several hours, and reducing the patient to a state of great debility and exhaustion; while, at the same time, it is apt to excite equally violent effects on the bowels, increasing their peristaltic motion, and producing long-continued and severe purging. That such disagreeable consequences do sometimes follow the exhibition of this article of the *Materia Medica*, in particular constitutions, cannot be denied; but that they are



a general result of its administration, is not borne out by experience; and because the ill effects alluded to are now and then produced, can no more be accepted as a full and sufficient reason for expelling it from practice, than it would be to decline the use of Opium, Corrosive Sublimate, Arsenic, and many other drugs and medicines in daily use, merely because they are hurtful, and disagree in certain idiosyncrasies.

As an emetic and a diaphoretic, this medicine is highly valuable; but its beneficial actions on the human frame, are not confined to these points, and there is reason to believe that our knowledge of its powers as a very active alterative and sedative is as yet but imperfectly developed. In a recent publication, by Dr. Balfour of Edinburgh, entitled, "*Illustrations of the Power of Tartar Emetic in the Cure of Fever, Inflammation, Asthma, and in preventing Consumption and Apoplexy,*" some new views of the powers and effects of this medicine have been unfolded, which appear to me to be worthy of the attention and consideration of the profession, inasmuch as they are supported by the histories of cases, that seem to be judiciously selected and faithfully narrated.



The great object of the author is, "to show, that Emetic Tartar is eminently efficacious in chronic as well as in acute disorders; in topical affections, as well as in general derangement; and that its efficacy in either case is not confined to *nauseating doses*. Nay, more," he continues, "I will demonstrate that, in many cases of local inflammation, accompanied with violent reaction, blood-letting to one third of the extent generally practised, is not necessary to the cure; that a speedy and perfect cure can be obtained with the loss of so moderate a quantity of blood, as to warrant the conclusion that it may safely be omitted altogether, even in circumstances in which it is generally considered the only means of saving the patient." (2d edit. p. 8.) He then goes on, at some length, to inveigh against the too prevalent use of blood-letting, of which many practitioners are, in his opinion, guilty, and to point out the debilitating effects that often follow the too liberal use of the lancet; after which, he, rather abruptly, enters upon a detail of the Cases, which he has been enabled to offer in support of his doctrine, scattering, *en passant*, many practical remarks on the powers and mode of



action of his remedy. These cases are in number fifty-six, of which about fourteen are strictly surgical; and these consist of, one case (2) of inflammation and gangrene of the leg from abrasion; four cases (14, 15, 16, 17) of Hernia Humoralis; one (18) of Gonorrhœa, accompanied with tumefaction and inflammation in the neighbourhood of Cowper's glands; two (19 and 20) of affections of the bladder; two (23 and 27) of Ophthalmia; one (34) of slight injury from a fall out of a window; and three (45, 46, 47) of scrofulous affections. I recommend the perusal of this publication to all practitioners desirous of being in possession of an active additional means of combating increased action of the arterial system, whether arising in general or topical affections, by the aid of which they may very often be enabled to supersede the frequent and debilitating use of blood-letting. But I cannot help quoting a part, at least, of the conclusions which the author has drawn from the cases he has related. "From the facts narrated, it may be  
"fairly inferred, I think, that Emetic Tartar  
"must be highly beneficial in every genus  
"and species of inflammation, whether  
"chronic or acute; not excepting those af-



“ fections even (Cases, 31, 37, 48) in which  
“ it has been supposed the medicine could  
“ not be retained in sufficient quantity to have  
“ much effect on the circulation. We have  
“ seen its effects, in symptomatic fever, in-  
“ duced by local injury; in several severe  
“ cases of pneumonia; in inflammatory  
“ gout; in rheumatism, chronic and acute;  
“ in cynanche tonsillaris; in hernia humo-  
“ ralis; in chronic inflammation of the blad-  
“ der; in inflammation of the mamma; in  
“ ophthalmia; in chronic hepatitis; in ne-  
“ phritis; in croup; in measles; in dyspepsia;  
“ in asthma; in hæmoptysis; in consump-  
“ tion; in apoplexy. It certainly is not car-  
“ rying analogy too far to anticipate similar  
“ beneficial effects from it in other kinds of in-  
“ flammation, and in inflammatory affections  
“ of other organs:” (pp. 211 and 212.) and  
he deduces it as an axiom, that “ *increased*  
“ *arterial, or inflammatory action, is incom-*  
“ *patible with the presence of Emetic Tartar*  
“ *in the system.*” P. 213.

The mode in which this medicine is ex-  
hibited by the author, with the intention of  
fulfilling those high-sounding, and, it must  
be confessed, desirable results, is in the pro-  
portion of two, three, or four grains, dis-



solved, with the addition of an ounce of Epsom salts, in six or eight ounces of water. Of this mixture, he sometimes makes his patient take two or three table spoons full every half hour or oftener, until vomiting is excited; after which the dose is repeated at the interval of three, four, or six hours, according as circumstances may require. At other times he exhibits it from the beginning, only at long intervals; and upon these occasions, it may be more convenient to make it up into the form of pills, each pill containing from a quarter to half a grain or more of the medicine. The former is the mode in which it is generally administered in acute cases, the latter in chronic affections.

I am aware, that there are many excellent practitioners, who would receive the high encomiums passed on the sedative powers of Emetic Tartar, by Dr. Balfour, with great diffidence and doubt; and I must confess, that, when I first read his publication, I could not bring myself to give full credence to all his assertions respecting its efficacy in the variety of instances in which he has administered it. But the cases appeared to me to be so fairly related; and it is of so much consequence in the Medical and Surgical practice of a public



Charity, especially of one so recently established, as that to which I have the honour to belong, to endeavour to economize its resources, and to limit the expenditure to its income, by every means within the power of the medical officers; and the consumption of leeches is in general so large and so expensive, that it became an object with me, on that account alone, to put the powers of this medicine fairly to the test. The result has certainly far surpassed any expectations that I could have formed of it, and has been sufficient to satisfy my mind that its sedative powers are such, as not only to reduce very considerably the necessity of general and local blood-letting, in a great variety of topical inflammations, but, in many, to supersede it altogether.

The cases in which I have administered the Tartar Emetic, have been exclusively surgical, with the exception of one case of Cynanche Parotidæa, or Mumps; and the mode of its exhibition has been that which I have already related, as practised by Dr. Balfour. In order that its powers might be uncontrolled and undivided, I have, in the generality of the cases, carefully abstained from the use of leeches; and the local appli-



cations have been as simple as possible. Upon the whole, the result of this practice has surprised and pleased me; and I cannot but feel highly indebted to Dr. Balfour for the acquisition of a very valuable and safe addition to the list of our antiphlogistic remedies. Exhibited in the manner I have described, this medicine appears to exercise a very powerful influence over the arterial system, restraining its action, and diminishing its vigour in a manner, and with a rapidity, that is possessed by few other remedies, that I am acquainted with. In many cases the velocity and the strength of the pulse yield to it in a few hours; the tumefaction, pain, and inflammation of the part affected subside, almost, as by a miracle; the febrile excitement, thirst, and restlessness, which accompany and mark the symptomatic fever arising from local inflammation, are relieved and disappear with the same rapidity. And in none of the cases in which I have directed it, and among them have been some delicate and weakly women, have I met with any complaints of its violent action, nor any objections to its continued use. In other instances these effects are more slow in taking place; but in none, in which I have tried it,



has it failed to moderate the inflammatory action, and very considerably to reduce the necessity of general and local blood-letting.

The following cases have been selected, as they have occurred, and will be accepted, I am persuaded, as faithful illustrations of the truth of what has been advanced, by all unprejudiced readers; and will be received by Dr. Balfour as a satisfactory corroboration of the practical result of his doctrine.

---

## C A S E S.

---

### CASE I.

#### HERNIA HUMORALIS.

RICHARD Neil, thirty-two years of age, was admitted a patient at the St. George's and St. James's Dispensary, under my care, June 22, 1819, for a Gonorrhœa of eight days' standing.

There was a copious, thin, white discharge from the urethra, œdema of the prepuce, ardor

urinæ, and a painful enlargement of a gland in the left groin.

At this time I was taking every opportunity of ascertaining the efficacy of the Cubeb pepper, as a remedy for this disease; and it was administered in the form of tincture to this man. At the end of a fortnight the symptoms were very little abated, and he was then put upon the use of Copaiva, under which the discharge, &c. ceased in two days, and on the 17th of July, he was discharged cured.

On the 3d of August he was re-admitted with a return of the discharge from the urethra, and some degree of ardor urinæ. He was again directed to take the Copaiva, but he followed his usual occupations, and the symptoms did not diminish. He said, that he formerly had strictures, and was apprehensive that they had returned, as his stream of urine was lessened in size, and he voided it with more frequency than usual. In order to satisfy his mind, I passed a bougie, which met with a spasmodic contraction in the urethra, at  $4\frac{1}{2}$  inches, and then went very readily into the bladder. This was on the 14th of September, and on the 16th he complained of pain in the left testicle. After this



I did not see him again until the 30th, when he told me he had been into St. George's Hospital for a swelled testicle, and had been discharged from thence the preceding day. At this time the inflammation had much subsided, but the testicle was still as large as a billiard ball, hard, and heavy, but not very painful.

I desired him to rub on the testicle  $\mathfrak{z}$ fs of Mercurial Ointment with Camphor, every night on going to bed; and to take two table spoonsful of the following mixture three times a day:

R. Antimonii Tartaris. gr. iij;  
Magnes. Sulphat.  $\mathfrak{z}$ j;  
Aquæ fontan.  $\mathfrak{z}$ vj. M.

This medicine excited nausea, at first, and purged him smartly; but he did not vomit. The pain, swelling, and induration, subsided very rapidly; and on the 9th of October, the testicle was very little larger than natural. He was directed to take his mixture twice a day.

I did not see him again till the 23d, at which time the testicle was nearly of the same size as the other, and in every respect natural in its feel and appearance.



## CASE II.

## HERNIA HUMORALIS.

Garratt M'Ewen, twenty-eight years of age, was admitted on the books of the Dispensary, August 31, 1819, for a Gonorrhœa, of three weeks' standing, and Hernia Humoralis of the left testicle. The testicle was large, hard, and painful, and the chord all the way up to the ring, and through it into the abdomen, was enlarged to the size of a man's finger, and very painful.

Cold saturnine lotion was applied to the testicle, and chord; and he was ordered to take two table spoonsful of the Tartar Emetic mixture, prescribed in the preceding case, three times a day.

Sept. 2. He said, that the morning dose, which he took before breakfast, purged, and vomited him, and he brought up a good deal of bile. The testicle was diminished in size, and freer from pain; but the chord continued enlarged, and very painful all the way to the abdomen.

He was desired to continue the mixture, but to take the first dose after breakfast.



Four leeches were applied along the course of the chord, and afterwards a linseed meal poultice.

Sept. 7. The testicle was reduced to much less than half its former size, and was free from pain. The pain and swelling of the chord were considerably diminished; and the discharge from the urethra nearly stopped.

He was ordered to continue his mixture twice a day, and to apply the *Lotio Ammoniacæ Muriatis* to the testicle. But I saw him no more.

### CASE III.

#### HERNIA HUMORALIS.

Randall Payne, aged twenty-four years, was admitted a patient at the Dispensary, November 18, 1819, having a *Hernia Humoralis* of the left testicle, which had attacked him nearly a week before, in consequence of the sudden subsidence of a *Gonorrhœa* under the use of *Copaiva*.

The testicle was as large as a moderate-sized orange, hard, heavy, and exquisitely painful and tender to the touch.

He was directed to take the *Tartar Eme-*

tic mixture every three hours in doses of three table spoonsful ; and to apply the Sal Ammoniac lotion to the testicle.

Nov. 20. He had taken his medicine regularly ; had been well purged, but not made sick. The testicle was less painful and tender to the touch ; and reduced to half its former size, but remained hard.

He was desired to take a dose of his medicine three times a day.

Nov. 23. The morning dose made him slightly sick ; but he had not vomited. For the last two days he had had but one stool a day. The testicle continued to subside very rapidly, and was free from pain. The Epididymis remained harder than natural.

By mistake he had merely washed the testicle with his lotion two or three times a day, instead of keeping rags wetted with it constantly applied to the part.

Nov. 30. The testicle was, now, only about half as large again as the other, and perfectly natural, except in the Epididymis, which remained somewhat indurated.

The mixture was therefore left off, and he was desired to rub on the testicle ʒss of the Mercurial Ointment with Camphor, every night at bedtime.



Dec. 16. The testicle had nearly resumed its natural size and appearance.

Jan. 1, 1820. No induration whatever was remaining in the Epididymis; and the testicle had its natural feel and appearance.

#### CASE IV.

INFLAMMATION AND SWELLING OF THE LABIUM  
PUDENDI, AND NYMPHA, THREATENING TO  
SLOUGH.

Deliverance Walkington, twenty-one years of age, a thin, delicate, unhealthy looking woman, came under my care at the St. George's and St. James's Dispensary, August 18, 1819, for an ulcer on the mucous membrane lining the left labium pudendi, near to its junction with the vagina, about the size of a sixpence, with a foul surface, slightly elevated edges, and a somewhat indurated base. In each groin was a painful enlargement of an absorbent gland of the size of a large olive. She had been ill several weeks, and had contracted the disease from her husband, who was, at the same time, under my care, for both primary and secondary symptoms of Lues Venerea.



She was ordered to take a small dose of Epsom Salts every morning; to apply a solution of Opium, Cicuta, and Sulphate of Zinc to the sore; and cold saturnine lotion to the groins.

Aug. 24. I was requested to call upon her, as she was unable to leave her bed, and found her suffering very severely from a considerable tumefaction and inflammation of the left labium pudendi, and nympha. The swelling was as large as a middling-sized orange, highly red, tense, and so exquisitely painful that she could scarcely suffer it to be touched in the most gentle manner. It had at the same time a semi-pellucid appearance, resembling that of the præpuce in a violent phymosis, accompanied with rigors, and so much febrile disorder of the system, that I was apprehensive the parts were about to slough; the sore, nevertheless, had assumed a clean appearance. The gland in the left groin was more enlarged and painful.

A cold saturnine poultice was applied to the pudenda; and she took a drachm of the Liquor Antimonii Tartarisati three times a day in a glass of water. This medicine excited a good deal of vomiting, and purged her smartly.



I was unable to see her again till the 26th, when I found that the tumefaction, pain, and inflammation of the labium and nympha, were very considerably abated; while the swelling of the gland in the left groin continued to advance. She was desired to leave off the antimonial wine.

Aug. 28. There were no remains of the swelling of the pudenda. Being unable to maintain herself any longer in her lodgings, her husband being too ill to work, she went into St. George's Hospital on the 1st of September, the ulcer within the labium being then in a healing state, the swelling of the gland in the right groin having receded, while that in the left was beginning to suppurate.

This was one of the first cases in which I tried the sedative effects of the Emetic Tartar in such large doses, and I must candidly confess I never before saw such a severe attack of inflammation in these parts so rapidly reduced. It will be observed, that, in this case, its powers of arresting inflammation in an absorbent gland were not correspondent to those it exercised over the inflammation of the labium; and I have noticed the same result in other cases.



## CASE V.

INFLAMMATION AND SWELLING OF THE PENIS,  
WITH PHYMOSIS, FROM ULCERS WITHIN THE  
PRÆPUCE.

John Morgan, thirty-six years of age, became my patient at the St. George's and St. James's Dispensary, Sept. 28, 1819, having been visited the preceding day by my friend and colleague, Dr. Gregory (in the absence of Dr. Cloves, whose duty he was performing), who found him suffering great torture from a violent tumefaction and inflammation of the penis and præpuce, accompanied with phymosis, and a high degree of symptomatic fever; a hot burning skin; quick full pulse; a white tongue; thirst and restlessness.

Dr. Gregory very properly directed eighteen ounces of blood to be taken from the arm; and prescribed eight grains of the Pulvis Antimonialis to be taken directly.

The blood, when cold, was highly cupped, and buffy.

When I saw him on the 28th, the whole penis was exceedingly swollen, red, and semi-pellucid, and he complained of exquisite



pain and tenderness; a copious discharge of thin, discoloured sanies had begun to exude from within the præpuce, on whose under part could be felt a considerable, circumscribed induration, as large as a shilling, marking the site of an ulcer on its inner surface. He had a great deal of fever; a quick, full, hard pulse; a white furred tongue; and the pain was so increased at night, as to deprive him of rest.

On inquiring into the history of his case, it appeared that he had been ill three months with sores on the internal surface of the præpuce; and during the last month had been also affected with phymosis; that when this symptom supervened, he had applied to an apothecary, who gave him pills, which he took for three weeks; that they had made his gums and mouth very sore, and excited salivation; and while these effects were taking place, the symptoms he was now suffering from, had come on. He was, at the time I saw him, in a state of salivation.

I directed the penis to be enveloped in a large bread and water poultice, and laid upon the belly; and, before each poultice was applied, that he should inject some saturnine lotion between the præpuce and glans penis,



in order to wash away the sordes and discharge. He was put on a low diet, and took two large table spoonsful of the Tartar Emetic mixture three times a day.

Sept. 29. The medicine had excited some degree of nausea, but no vomiting; and he had had but three purging stools. The tumefaction and inflammation of the præpuce and penis were diminished, and he had less pain. There was a profuse discharge of dark-coloured matter from the orifice of the præpuce. His skin was soft, and moist; pulse softer and more natural; tongue cleaner.

The dose of the mixture was increased to three spoonsful.

Oct. 1. He had three or four stools in twenty-four hours; but no sickness or uneasiness at the stomach.

The inflammation of the penis and præpuce was nearly reduced; but there was still a good deal of thickening of the latter remaining, and its orifice was contracted and confined. The discharge was profuse; and he began to complain of much soreness within the præpuce.

The mixture was continued, and he had a sedative lotion to inject between the præpuce and glans penis, three or four times a day.



Oct. 7. A large slough had been discharged from within the præpuce during the preceding night. The thickening of the præpuce, which now remained, was no more than what very frequently follows such an attack as this man had suffered, and is often kept up for a length of time by the induration that continues after the cicatrization of ulcers on its internal superficies.

The mixture was, therefore, left off; and in about a fortnight afterwards the ulcers were healed by local applications; but he was unable to retract the præpuce, in consequence of the induration and thickening of the cicatrices.

## CASE VI.

### ACUTE OPHTHALMIA.

Robert Onis, sixteen years of age, was admitted, August 28, 1819, being convalescent after an attack of natural small pox, the scabs not having all separated from the extremities, and suffering from a sharp attack of pustular Ophthalmia in the left eye, accompanied with inflammation of the Sclerotica, marked by a rose-coloured zone of minute

vessels round the margin of the Cornea; slight muddiness of the pupil; dimness of vision; intolerance of light; and a good deal of pain in the brow and temple.

He was directed to apply a saturnine lotion to the eye; and to take three table spoonsful of the Tartar Emetic mixture three times a day.

Aug. 31. The second dose of his medicine excited nausea, but he did not vomit, and had not felt sick since; had been well purged. He said, he had had no pain in the eye, nor in the head and temple, since the second dose; the pustules were healed; the red zone was much fainter, and vision clearer.

To continue the medicine.

Sept. 7. No complaint was remaining in the eye—vision perfect.

## CASE VII.

### ACUTE OPHTHALMIA.

Elizabeth Burroughs, forty-nine years of age, was admitted a patient at the St. George's and St. James's Dispensary, Nov. 16, 1819, for an acute Ophthalmia of the Conjunctiva, in one eye, of ten days' existence.



The Adnata of that eye was highly red, and inflamed; and the vessels of the Conjunctiva were enlarged and distinct. She complained of much pain in the eye, with a sense of distention in the globe, and of dimness of sight. These symptoms were accompanied with headache and a white tongue.

She said, that she had been subject to similar attacks for thirty years on exposure to cold, or getting wet in the feet.

Cold saturnine lotion was applied to the eye, and she was directed to take three table spoonsful of the Tartar Emetic mixture every hour until she vomited; and afterwards to repeat the same dose every three hours.

Nov. 18. She said, the first dose had vomited her for two hours. She had since taken one every three hours, and had been a good deal purged, but not made sick. Her head was much relieved. The redness, inflammation, and pain of the eye were considerably abated, and vision was greatly improved.

She was desired to take two spoonsful of the mixture every four hours.

Nov. 20. Scarcely any redness was remaining; vision nearly perfect; the lids slightly gummed in the morning.

She was now ordered to take the medicine



three times a day; and the Sulphate of Zinc lotion was substituted for the saturnine.

Nov. 23. No complaint remained in the eye.

### CASE VIII.

#### ACUTE OPHTHALMIA.

Charlotte Whitehead, twenty-nine years of age, was admitted, November 23, 1819, with violent inflammation of one eye.

She said, that three weeks ago, the child she was nursing, had thrust one of its fingers into her eye, and scratched it severely with the nail. It had ever since been inflamed and painful; and during the last week, the symptoms had so increased, that she was nearly blind.

There was now inflammation of the conjunctival and sclerotic coats; a large pustule on the Cornea, full of yellow matter, and, apparently, on the point of bursting into an ulcer; under the inflamed Conjunctiva was a zone of red vessels, surrounding the Cornea; cloudiness, but no irregularity of the pupil; muddiness of the Cornea; considerable dimness of vision; and she complained of great



pain and distention in the eye. There was, also, headache, with pain in the brow, and in the inner angle of the eye; she had a white tongue; confined bowels; and her pulse was 110, full and hard.

Cold saturnine lotion was applied to the eye; and she was desired to take three table spoonsful of the Tartar Emetic mixture every hour till she vomited; and afterwards to repeat the same dose every four hours.

Nov. 27. She said, that after taking two doses she was sick, and vomited; she had since taken the medicine as she had been directed, and had been at first well purged, but had experienced no return of the nausea. Yesterday, the bowels had not acted at all; and to-day only once.

The red zone was much diminished; the pustule was almost healed; the redness of the Conjunctiva had nearly disappeared; the Cornea and pupil were much clearer; and she had no pain remaining, either in the eye or head: tongue still white; pulse 92.

Nov. 30. No complaint whatever was remaining in the eye.



## CASE IX.

PAINS IN THE LIMBS AND INFLAMMATION OF  
THE SCLEROTIC COAT OF THE EYE, AFTER  
AN ULCER ON THE PENIS.

John Ingles, twenty-four years of age, was admitted a patient at the St. George's and St. James's Dispensary, October 12, 1819, complaining of pains, resembling those of rheumatism, in all the larger joints, in the shoulders, and in the shins, so severe as to keep him awake at night. He had also a quick pulse, and white tongue.

He said that, four months ago, he had an ulcer on the under side of the penis, near to the scrotum, for which, by the advice of a very intelligent surgeon, he took a pill night and morning, for about five weeks; that the sore healed in about a fortnight after he had begun this course, and towards the termination of it, his mouth was made sore, and he spat more than usual. A slight thickening of the cicatrix still remained, where the ulcer had been situated.

Oct. 19. He was attacked with sclerotic inflammation in the left eye, accompanied by



pain in the eye and temple, somewhat muddy pupil, and dimness of vision. He had, also, pain in the left side, increased by coughing, or a deep inspiration; pulse not quickened.

He was directed to foment the eye occasionally by means of a sponge and hot water; and to take three table spoonsful of the Tartar Emetic mixture every four hours.

Oct. 21. Had been slightly purged; but not sick. The pain in the side and in the eye and temple was much relieved, and the redness of the sclerotic coat somewhat diminished.

Oct. 26. The pain in the eye was removed; but the red zone was not subsiding, and vision did not improve.

The mixture was, therefore, discontinued, having taken it a week; and he was put on a course of the *blue pill*, under which, his pains, and the inflammation in the eye, rapidly disappeared; and on the 30th of November he had no complaint remaining, but that of weakness. The blue pill was now left off, and he was directed to take the Decoct. Ulmi Comp.

Dec. 11. He had a relapse of inflammation in the same eye; there was a pale red zone surrounding the Cornea, muddy aque-



ous humour, and impaired vision, but no irregularity of the pupil; and he complained of aching pain in the ball of the eye, and in the temple. The pains in the limbs and joints had, also, returned in a slight degree, and on his body and extremities was an eruption of *Lichen Simplex*, very well marked.

On the 14th, the inflammation of the eye, and dimness, continuing to increase, the Decoct. Ulmi Comp. was discontinued, and I directed him to take three times a day a pill, containing half a grain of Tartar Emetic, and half a grain of extract of Opium.

Dec. 18. The pills excited nausea, and he had vomited once. He still complained of considerable pain in the eye, and there was no diminution of the red zone, nor of the dimness. The pains in the limbs were relieved, and the eruption was beginning to fade.

Two leeches were ordered to be applied to the under lid; and he went on with the pills.

Dec. 23. He had put one leech on the side of the nose, and the other on the temple; nevertheless, the pain in the eye and temple was diminished; the red zone had much subsided, and vision was improved.

Dec. 28. Very little appearance of inflam-



mation was remaining in the eye, and the sight of it was nearly as good as in the other.

Jan. 6, 1820. The eye was quite well. The eruption of Lichen had, also, disappeared, but the pains in his limbs were no better.

### CASE X.

#### INFLAMED LEGS.

George Crowther, twenty-seven years old, applied at the Dispensary, September 30, 1819, having an extensive inflammation of the skin surrounding the ankle, and the small of each leg, accompanied with some degree of œdema, and a hot, pungent, burning pain. It had come on the preceding day, and had rather an erysipelatous appearance; but the redness and tumefaction were diffused and undefined, and surrounded by spots, and smaller patches. He had not noticed having had any rigors. He had a white furred tongue, and his pulse was 100 in the minute, and rather thready.

Spirit lotion was applied to the legs; and he took three table spoonsful of the Tartar Emetic mixture every four hours.

Oct. 2. He said, he had sweated and

purged freely; but had had no nausea nor vomiting.

The inflammation, swelling, and pain of the legs were greatly abated; and the skin had assumed a blueish colour with much itching; pulse 76; tongue furred.

He was desired to take the medicine three times a day.

Oct. 5. He had vomited several times since the last report; all appearance of redness and swelling of the legs had entirely subsided, and his tongue was clean.

## CASE XI.

### HÆMORRHAGE FROM THE NOSE.

Henry Gasenser, a German, thirty-two years of age, became my patient at the St. George's and St. James's Dispensary, Aug. 31, 1819.

He said, that for the last two months he had been subject to daily discharges of blood from the nostrils, occasionally mixed with coagula, more especially on first rising in the morning; and had lost as much as half a pint at a time. There was no appearance, that could be seen, of disease within the nostrils.



He was of a thin, spare frame; but his general health appeared to be unaffected.

He was desired to snuff some of the Sulphate of Zinc lotion up the nostrils three or four times a day; and to take two table spoonsful of the Tartar Emetic mixture three times a day.

Sept. 2. Had been a good deal purged; but had no nausea nor vomiting. He had had bleeding from the nose only once since he began the medicine; and then lost about a wine glass full.

Sept. 7. Had had discharge of blood occasionally in the morning; but in very diminished quantity.

Sept. 12. The discharge of blood had entirely ceased for several days.

## CASE XII.

### INFLAMMATION AND ABSCESS IN THE HAND.

Sarah Newton, twenty-seven years old, was admitted, September 30, 1819, having a large deep-seated abscess under the fascia in the palm of the left hand, accompanied with very considerable swelling of the whole hand, and forearm. The integuments covering the



back of the hand were excessively swollen, red, and œdematous; and the lymphatics, all the way up to the axilla, were inflamed, and painful, forming a broad red line along the arm. Over the inner condyle of the humerus was an absorbent gland, considerably enlarged, and very painful. She was suffering a great deal of pain in all the inflamed parts; with a considerable degree of symptomatic fever; a quick, full pulse, and white tongue.

She said, the abscess had been forming a week, and had been occasioned by washing linen clothes with pearl ash, when she had an open cut between the fore and middle fingers.

I opened the abscess in the palm of the hand very extensively, and let out a considerable quantity of thick pus. It was then fomented, and covered with a large linseed poultice; and she was desired to take three spoonsful every four hours of the Tartar Emetic mixture.

Oct. 2. She had had nausea, but no vomiting; and had been well purged. The swelling and œdema of the hand, and the inflammation of the lymphatics in the arm, had much subsided. There was a large healthy discharge from the abscess. The febrile symp-



toms were abated, her pulse was quiet, and tongue cleaner.

She was desired to take her medicine twice or three times in the day.

Oct. 5. The enlarged gland at the elbow had disappeared; the swelling of the hand, and the inflammation of the lymphatics, had entirely subsided; and the wound was granulating and healthy.

Her medicine was now discontinued; and on the 16th she was discharged cured.

### CASE XIII.

#### INFLAMMATION AND ABSCESS IN THE GROIN, FROM A BLOW.

Mary Crèslett, aged thirty-six years, was admitted, October 14, 1819, having a fortnight before received a violent blow in the left groin, from the end of a bedpost, which fell upon her as she was taking it down.

At the time of her admission, the glands in that groin were swollen to the size of an orange, and were surrounded by a very extensive tumefaction and inflammation of the soft parts covering the upper part of the thigh, the groin, and lower part of the abdo-



men, the skin occupying this space was red and inflamed; and underneath it there was a considerable quantity of extravasated blood. She complained of a great deal of shooting pain in all these parts; and in the centre of the enlarged glands was an indistinct feel of suppuration having commenced. She laboured under a good deal of symptomatic fever; had a quick, full pulse, and white tongue.

Cold saturnine lotion was applied to the groin; and she took three table spoonsful of the Tartar Emetic mixture every four hours.

Oct. 16. The medicine had not disagreed with her stomach; but she had been well purged. A large abscess was evidently forming in the groin; and her sufferings were by no means mitigated. She, however, continued her medicine; and put a linseed poultice to the groin. I did not see her again till the 21st, when she told me that the abscess had burst on the 18th, and discharged a large quantity of grumous blood and pus by a small opening.

She now left off the mixture.

It may be satisfactory to state, that the tumefaction of the soft parts in the neighbourhood of the abscess quickly dispersed, and the opening was healed up on the 26th,



leaving, however, a considerable degree of glandular induration. For this she made use of small quantities of the Unguent. Hydrarg. Mitius, and on the 2d of November it was so far reduced, that she ceased to attend.

#### CASE XIV.

##### INFLAMMATION OF THE BREAST.

Mary Montgomery, twenty-nine years of age, and having a child at the breast eight months old, was admitted under my care, November 2, 1819.

She stated that, four days before, she had got wet in the feet, and, on the day preceding her application for relief, had been attacked with pain and swelling in the right breast, shiverings succeeded by great heat; headache, giddiness, thirst, and a quick febrile pulse.

There was, now, great enlargement of the whole breast, and over the edge of the pectoral muscle a tumour under the skin, as large as a hen's egg, painful, and moveable. The gland of the breast was, also, enlarged and painful; the nipple was sore and excoriated; and in the axilla was an enlarged and



painful gland as big as a Spanish olive. She said, the breast had been drawn the preceding night, but nothing but blood had been extracted from it.

She had a spirituous lotion to apply upon the breast; and I directed her to take three table spoonsful every three hours, of the Tartar Emetic mixture.

The first dose made her vomit, and sweated her profusely; but the succeeding doses ceased to have that effect. She had four or five stools daily.

Nov. 4. The pain and inflammation in the breast were quite relieved; but the swelling and induration did not subside.

The Sal Ammoniac lotion was substituted for the spirituous embrocation; and she was desired to take the medicine three times a day. It continued to purge her moderately, without exciting nausea.

Nov. 6. There was increased pain, and throbbing in the tumour, and the breast was hard and heavy. Six leeches were ordered to be applied to the tumour; and she persevered in the use of the mixture.

Nov. 9. A large abscess was forming in the tumour, and the further continuance of the Tartar Emetic appearing to be of no avail, it was left off.



## CASE XV.

INFLAMMATION AND SWELLING OF A GLAND IN  
THE GROIN, FROM COLD.

Mary Janson, fifty years of age, came under my care as a patient at the St. George's and St. James's Dispensary, October 18, 1819, for a tumour in the left groin. She had been visited for three or four days by the physician, who found her labouring under violent pain in the head, and so much febrile excitement, that he had judged it right to order her to be bled in the arm, together with other antiphlogistic remedies: but on discovering that she had a tumour in the groin, she was transferred to my care.

She had an inflamed gland, as large as a walnut, in the left groin, hard, and painful; a considerable degree of symptomatic fever; a white furred tongue, and a quick, full pulse; thirst and loss of appetite.

She attributed this attack to cold; and had no affection of the pudenda.

The blood taken from the arm was cupped and buffy.

I directed a cold saturnine wash to be

kept constantly applied to the groin, and that she should take three table spoonsful of the Tartar Emetic mixture every four hours.

This medicine vomited and purged her very freely, and had the effect of reducing the fever and the quickness and strength of her pulse very considerably; but on the inflammation in the gland it appeared to produce little or no effect, although assisted on the 21st by the application of four leeches to the groin, and afterwards of the Sal Ammoniac lotion. Suppuration took place in the inflamed gland; and on the 29th the mixture was discontinued.

#### CASE XVI.

##### INFLAMMATION AND SWELLING OF THE TESTICLE.

Wm. Lawrence, an apprentice to a clock and watch maker, twenty years of age, was admitted a patient at the St. George's and St. James's Dispensary, Dec. 3, 1819, for swelling and inflammation of the right testicle.

The testicle was enlarged to the size of a large orange, somewhat irregular in its shape, hard, heavy, and exceedingly painful and



tender to the touch. The chord, all the way up to the external ring, was as large as a man's finger, and very painful and tender. The scrotum was much swollen and distended by œdematous effusion into its cellular membrane; and the whole tumour was as large as a clenched fist.

This attack had come on two days before, without having been preceded by Gonorrhœa, and was attended with rigors, pain in the groin, back, and stomach, and a considerable degree of nausea, faintness, and general febrile excitement. He had a furred tongue, and a quick, rather hard pulse.

He was ordered to apply the Sal Ammoniac lotion to the testicle and chord; and to take three table spoonsful of the Tartar Emetic mixture every half hour till vomiting should be excited, and afterwards to repeat the same dose every four hours. He was expressly enjoined to remain in bed on low diet, and to wear a bag truss.

The third dose vomited him; he brought up a good deal of bile off the stomach; and he had five or six copious purging stools in the course of twenty-four hours.

The next day (Saturday) being what he called his "*winding day*," he left his bed,



and was out several hours in rainy weather, going from house to house to wind up his customers' clocks. Nevertheless, in spite of such unfavourable circumstances, the swelling of the testicle was reduced to half its former size; there was less pain and tenderness in it; he could bear to have it examined without flinching; the chord was less swollen; and the œdematous tumefaction of the scrotum had much subsided.

He was desired to lie in bed the next day (Sunday), and to continue his mixture every four hours. On Monday he went out, and had a great deal of walking exercise, and I did not see him till Tuesday. He then told me, that his medicine gave him about three stools in twenty-four hours, without producing nausea. The œdema of the scrotum had nearly disappeared; the swelling of the chord had considerably diminished, and the testicle was reduced to the size of an hen's egg; was free from pain, and rapidly recovering its natural shape and appearance.

He was desired to show himself again in a day or two, but he returned no more.



## CASE XVII.

## INFLAMMATION OF THE KNEE.

Mary Holding, a young girl thirteen years of age, was admitted a patient at the St. George's and St. James's Dispensary, December 2, 1819, with inflammation, swelling, and redness of the integuments covering the inside of the left knee, and diffused tumefaction and induration of the soft parts underneath, threatening abscess. She complained of pricking, shooting pain in this part, and of stiffness and lameness in the limb; and the lymphatics of the thigh were inflamed and hard all the way up to the groin. Cold saturnine lotion was applied to the inflamed parts, and she was ordered to take two table spoonsful of the Tartar Emetic mixture every four hours.

This medicine vomited her occasionally for the two first days, and purged her plentifully.

Dec. 7. The redness and swelling of the parts had entirely disappeared; but she still complained of some degree of pain, and of stiffness and lameness in the knee.

She was directed to take the mixture twice a day, and to apply the Sal Ammoniac lotion instead of the saturnine to the parts; and in a few days more she was quite well.



THE HISTORY

OF

A FATAL CASE OF STRICTURE AND ULCERATION  
IN THE ŒSOPHAGUS,

WITH THE APPEARANCES ON DISSECTION.

PHILIP Vickery, sixty-one years of age, by trade a cordwainer, was admitted a patient under my care, at the St. George's and St. James's Dispensary, May 14, 1818.

He stated, that he had resided in London about eight years, having previously enjoyed very good health, and been a hard-working sober man\* ; but that since he had lived in town, he had been subject to cough and expectoration of phlegm on the return of every winter. These symptoms were not severe, and went off on the approach of spring and warmer weather. During the last winter they had been more troublesome than for-

\* I was afterwards informed by his friends, that he had always drank very freely of malt liquors.

merly, and had left him about six weeks previous to his application for relief. About that time, he said, he had begun to feel an uneasiness in his throat, and a difficulty of swallowing solid food, except in very small quantities and much masticated. This had gradually increased, accompanied with pain in the throat and stomach, and loss of flesh.

At the time of his admission, the difficulty of swallowing was very considerable, and could only be effected with great care and caution, and was always attended with pain. The morsel was stopped at a particular part in the throat, immediately behind the cricoid cartilage, and after remaining there a moment or two, it appeared to him to pass suddenly through some obstruction. There was then a sensation of much uneasiness towards the lower part of the Œsophagus, and of soreness and distention in the stomach, which after a few minutes was relieved by the eructation of large quantities of flatus. Besides the pain in the throat, which was constant, there was also a sense of constriction about the root of the tongue, and pain and shooting up the throat into the ears and behind the angles of the lower jaw,



which was considerably aggravated by blowing the nose hard, and by sneezing.

At times when the morsel had been arrested for a few moments in the throat, and he attempted by increased efforts, or by drinking any kind of fluid, to *force* it down, it would be suddenly rejected with great impetus, and along with it a quantity of thick, tough mucus, or phlegm.

He had evidently lost flesh; but in other respects his health did not appear to have suffered. He had no cough remaining; his appetite was very good, his bowels regular, and his voice unimpaired.

A full-sized urethra bougie, properly curved and oiled, being carefully passed down the Œsophagus, was arrested at that part of the canal to which he uniformly pointed with his finger as the seat of his pain and difficulty. The distance, measured from the cutting edge of the upper teeth, in the manner directed by Sir Everard Home, proved to be seven inches and a half. On examining the point of the bougie after it was withdrawn, it appeared to be marked by a very slight circular indentation. A bougie under the middling size was then passed, but it could



not be got further than the other, and there was no mark or impression formed on its point. A good deal of cough and straining to retch was excited by the introduction of the bougies, and he spat up a quantity of mucus slightly streaked with blood.

May 15. He suffered a more than usual degree of pain in the stomach.

May 16. This was relieved, and he thought he swallowed his breakfast with less difficulty. A full-sized urethra bougie was passed; but being too hard and dry it bent, and would not take any impression on its point. He was desired to inhale the steam of hot chamomile tea frequently, and to take a pill containing five grains of the extract of hemlock twice a day.

He had less pain on this and the following day, than after the first time of passing the bougie. On the 18th, in attempting to swallow some meat at his dinner, the morsel was stopped at the usual point, and brought on a good deal of retching of thick mucus. He cut the pills into pieces, and got them down in that state without much difficulty.

May 19. He got down some bread and butter at breakfast with greater ease than he



had been able to do for a long time. He complained of tightness in his breathing, and of soreness round the margin of the diaphragm.

A middling-sized plain white bougie was passed, and appeared to go through the stricture as if through a piece of lawn paper.

May 28. He thought he could swallow larger morsels, and with less difficulty. But he complained of pain about the Scrobiculus Cordis, shooting up the throat into the ears and temples; of difficulty of breathing, soreness, and tightness in the chest; and of pains flying about his body and limbs; the bougie, therefore, was not passed.

May 23. These symptoms had much subsided, and he thought he continued to swallow better.

A nearly full-sized urethra bougie appeared to pass through the stricture.

May 26. There was less irritation in the Œsophagus, and he continued to swallow with more ease. He was much troubled with flatus in the stomach and bowels, and frequent eructations.

The same bougie was again passed, apparently through the stricture.



May 28. His spirits were much exhilarated by the improvement which he thought had taken place. He expressed much confidence, and said he was better than he had been since the attack first came on. Nevertheless he was obliged to swallow his food with great care; and if by accident a larger morsel than he intended slipped into the throat, it was instantly rejected with great impetus and the retching of mucus.

The bougie appeared to pass through the stricture. It excited more pain than it had done lately, with retching of mucus slightly streaked with blood. - On this and the following day he suffered a good deal of pain in the stomach, and vomited a considerable quantity of phlegm.

June 2 and 4. The bougie was passed, and appeared to meet with less resistance than before.

July 7. He had been in the country since the last report, and was returned, looking in better health. He said his swallowing was improved, and that he could get down larger morsels.

The same bougie was again passed, and appeared to go through the stricture.

He returned into the country for a week.



July 14. A larger bougie was passed apparently through the stricture.

His bowels being in a costive state, he was ordered to take small doses of Epsom salts occasionally.

July 16. He complained of soreness in the lower part of the Œsophagus. The bougie was passed, but it could not be got through the stricture.

July 21. The bougie was again stopped at the stricture. It brought on a fit of coughing and retching, and he spat up a barley groat that he had swallowed in some gruel early in the morning, and which had been arrested at the stricture. A caustic bougie, bent to the form of the white one, and with the distance of the stricture from the cutting edge of the upper incisors measured on it, was passed down to the stricture, and retained there a few seconds. It excited a sensation of burning in the Œsophagus, but did not seem to produce so much irritation as the plain one.

July 25. He thought he had swallowed better since the passing of the caustic bougie. The same bougie was again passed down to the stricture.

July 28. He complained of great soreness



about the stricture, with cough; the bougie was, therefore, not passed.

August 1. The pain and soreness in the throat had subsided; but he complained of much pain in the head and behind the angles of the lower jaw. The caustic bougie was again applied. This was followed by increased soreness in the throat, pain behind the ears, and in the forehead, accompanied with dimness of vision; and his swallowing was more difficult.

August 4. These unpleasant symptoms had gone off, and the caustic was repeated.

August 6, 8, 11, and 13. The caustic was repeated. It occasioned more soreness, but less irritation and retching of phlegm.

August 18. He was suffering much from pain in the throat and stomach. He swallowed with increased difficulty, and his voice was becoming weak and hoarse. He was desired to inhale the steam of hot water.

August 22. These symptoms were much abated, and the caustic was again applied. On the following day he swallowed with more ease; but the difficulty was again increased on the 24th, with much headache and pain behind the ears; and he now began to com-



plain of shortness of respiration, especially after the application of the caustic.

He was desired to inhale the steam of hot decoction of poppies.

August 25. The caustic bougie was applied to the stricture.

August 27. He thought he derived relief from inhaling the steam of the hot decoction of poppies, and that he could swallow with rather more ease.

The caustic bougie was again passed.

In the evening, being much oppressed with flatus in the stomach, he swallowed a tea spoonful of gin : it occasioned great pain in the throat, and he got it down with considerable difficulty.

August 29. He complained of great pain in the head, behind the ears, and around the tip of the throat. He had more cough, but it was not accompanied with much expectoration, except when he attempted to swallow any kind of solid food. His voice became daily weaker, and his sleep was disturbed at night by pain and irritation.

The caustic was applied. In the afternoon he spat up mucus streaked with blood, and a few small clots of coagulum. The dis-



tressing pain about the stomach and the margin of the chest continued to increase; the pain in the Œsophagus, and the difficulty of swallowing, were aggravated; and for the last fortnight he had been unable to get down any thing but fluids, and this he could now only accomplish by tea spoonfuls, and with much care and caution. The quantity of mucous secretion in the throat became augmented, especially in the night, when it was frequently so abundant as nearly to choke him. He emaciated rapidly, and his pulse were above 90 in a minute, very weak and small. Added to all this misery, he was incessantly tormented by a craving appetite, which he had no power to allay.

The caustic had now been used eleven times, and, although its application appeared occasionally to suspend, for a short period, the pain and irritation in the stricture, it was evident, not only that no other advantage had been gained, but that the progress of the unfavourable symptoms was constant and uninterrupted, if not aggravated under its use: it was therefore discontinued, and I contented myself with passing a plain white bougie down to the stricture every second



or third day, but I was not again able to get one, even of the smallest size, through it.

The sensation of hunger was most distressing, and was accompanied with aching, sinking pain in the stomach. He complained of great debility, with pain in the loins; his urine became of a deep red colour, and deposited a thick, brown sediment, that adhered to the sides and bottom of the chamber-pot; his tongue assumed a white appearance; and his pulse became very quick, irregular, and intermitting.

October 1. The pain in the stomach was increased; and it was with much difficulty he could stand upright. The distress in swallowing was, occasionally, so great, that he could not even get down a tea spoonful of milk or tea. It was stopped at the stricture, and after a few moments thrown up again with considerable force, and retching of mucus. Under these circumstances, it was attempted to support nature by clysters of milk, beef-tea, calf's-foot jelly, &c.

It was impossible not to view the poor man's sufferings with more than ordinary commiseration and anxiety; and being desirous that he should have every advantage and assistance in my power to procure for



him, I took him to St. George's Hospital, and submitted his case to the examination and consideration of Sir Everard Home, and the other Surgeons of that establishment. The result of the consultation was, the determination to resume the use of the caustic bougie, as the only means likely to effect a passage through the stricture.

October 3. A full-sized urethra bougie, armed with caustic, was passed down to the stricture, and retained there nearly half a minute: it excited the usual burning sensation, and brought on a fit of retching and straining. The whole of that evening, and the next morning, his swallowing was more painful and difficult; but it afterwards gradually improved, and on the morning of the 6th he contrived to get down nearly the half of a stale penny roll soaked in chocolate, the largest meal he had taken for some weeks. He now complained, in addition to his other symptoms, of severe pain under the left breast; there was also increased soreness in his throat, and his voice was nearly extinguished. His bowels were costive and confined.

October 6. The same bougie was passed down to the stricture.



October 8. He continued to swallow better, and was able to get down a French roll soaked in broth: his spirits were improved, and he felt strengthened by the increased quantity of food. But the pain in the breast was unabated: it was more severe after eating, and he was much oppressed with flatus and frequent eructations. His pulse were 80 in the minute, and intermitted every fourth beat.

The caustic bougie was applied.

October 13. The pain in the breast had been so severe as to prevent his attending. He complained much of the soreness in his stomach, and of pain and confused noises in his head. He still thought he could swallow with more ease; and had taken some cider, which kept his bowels more open.

The caustic was applied.

October 15. The caustic was again applied.

October 20. He was exceedingly debilitated: there was increase of soreness in the throat and stomach; violent pain in the head and temples, and behind the jaws; and his voice was scarcely audible: his bowels seldom acted; tongue white; pulse 84, weak and intermitting. Nevertheless he thought



himself better, and could still get down very small quantities of sopped bread.

A plain white bougie was passed down to the stricture: when withdrawn, a rough irregular impression was observed on its point, which confirmed me in the opinion I had long entertained, that there was ulceration of the Œsophagus in the vicinity of the strictured part. He afterwards spat up several lumps of coagulated blood.

October 22. The difficulty of swallowing was increased; he could only get down fluids. He sat in his chair, by the fireside, a mere shadow, sipping out of a teaspoon the smallest quantity at a time of broth, jelly, or any other nourishing fluid that he could obtain. The drop, for it was scarcely more, appeared to rest for a few seconds at the stricture; retching then took place, and he spat up a large quantity of mucus and saliva, mixed with lumps of yellow puriform matter. This was his employment all day long. Four or five times a day he had a clyster of beef tea, or jelly.

October 27. For the last two days he had been totally unable to swallow; and the attempt brought on violent convulsive efforts in the stomach and diaphragm, and a pro-



fuse expectoration of saliva, phlegm, and puriform matter, in lumps.

From this time he declined rapidly. He complained more of parched thirst than of hunger, although the mouth and fauces were constantly moistened with an abundant secretion of saliva: he spat up a profuse quantity of phlegm and puriform yellowish matter. The sensation of hunger was constant, but apparently not so distressing as it had been, for he only spoke of it when his mind was particularly directed to it by questions from the by-standers, or when victuals were placed within his sight. He attempted to relieve the heat and sensation of dryness in the throat and mouth, by constantly sipping cider, or wine and water, out of a teaspoon: when he endeavoured to swallow these fluids, they were always rejected in the manner already described. The pulse continued very weak, irregular, and intermitting; but seldom exceeded 80 beats in a minute. His tongue was covered with whitish fur; his urine was passed in small quantities, high-coloured, and turbid.

He was supported (if it can be so called) by injections of calf's-foot jelly, with wine in it; and at night he had one, containing a



scruple of Dover's Powder. These clysters, to within a few days of his death, occasionally brought away fæculent matter: but for the last three days before his decease his stools resembled tar in colour and consistence. He had a very frequent cough, and his respiration was so oppressed, that he could only breathe with the window of his room open, and was incessantly calling out for air. He ceased to complain much of the pain in the throat and stomach. He retained his senses to the last; and, only a quarter of an hour before he died, had strength enough to get out of bed, and place himself in a chair by its side; in which he terminated his long and protracted sufferings on the morning of November 5.

#### DISSECTION.

Eleven hours after death I opened the body, assisted by my friend and colleague Dr. Cloves, Mr. Braine, and Mr. Higham, Apothecary to the Dispensary.

The body was exceedingly emaciated. The root of the tongue, together with the Pharynx, Larynx, Trachea, Œsophagus, and stomach, having been removed from the



body, a common bougie, of rather less than the middling size, was passed from the Pharynx down to the stricture, and readily went through it. The Œsophagus was then slit open, from behind, its whole length, and presented the following appearances:—At that part which lies immediately behind the cricoid cartilage, the area of the canal was nearly obliterated, by a morbid thickening and induration of its coats, for the space of a quarter of an inch or more. The internal membrane was here much thicker and firmer than usual, and, for the space of an inch above and below the contraction, it was ulcerated throughout its whole superficies. The surface of the ulcer was covered with a soft, flocculent kind of slough, of a pale straw colour; and its edges were jagged, abrupt, and irregular. The glands at the root of the tongue were very large and prominent. The Epiglottis appeared to be larger, and the Glottis to gape wider than usual. Below the ulcer the internal membrane of the Œsophagus was redder and more vascular than ordinary\*, but did not exhibit any other morbid

\* This appearance went off after the parts had been in maceration previous to their being put into spirits.



appearance. The stomach was exceedingly contracted and quite empty: its villous coat was thrown into numerous rugæ; it had a reddish brown colour, and was smeared over with a quantity of yellowish green viscid mucus. Both the larger and smaller intestines were contracted into fleshy chords not thicker than the middle finger. The smaller intestines presented no morbid appearance, and contained nothing but bile and mucus. In the Caput Coli were a few indurated fæces; but the whole of the great arch of the Colon and the Rectum were quite empty. The villous coat of the Colon was of a dark gray colour, approaching to black, and covered with mucus of the same colour. The Spleen was reduced in size to half its usual dimensions; and the capsule, covering nearly the whole of its convex surface, was converted into a smooth, white, shining, ligamentous substance, about the thickness of a half-crown.

The rest of the viscera in the Abdomen, as well as those in the Thorax, were in a perfectly healthy state.

The annexed Engraving is taken from a drawing made several months after the parts had been put into spirits, and when they had



undergone the usual changes and modifications: nevertheless, it gives a very excellent representation of the nature and situation of the disease. It shows the thickening of the coats of the Œsophagus, and the diminished calibre of its canal, together with the situation and extent of the ulceration of its inner membrane; and it exhibits a faithful view of the Glottis and Epiglottis, and of the enlarged glands at the root of the tongue.

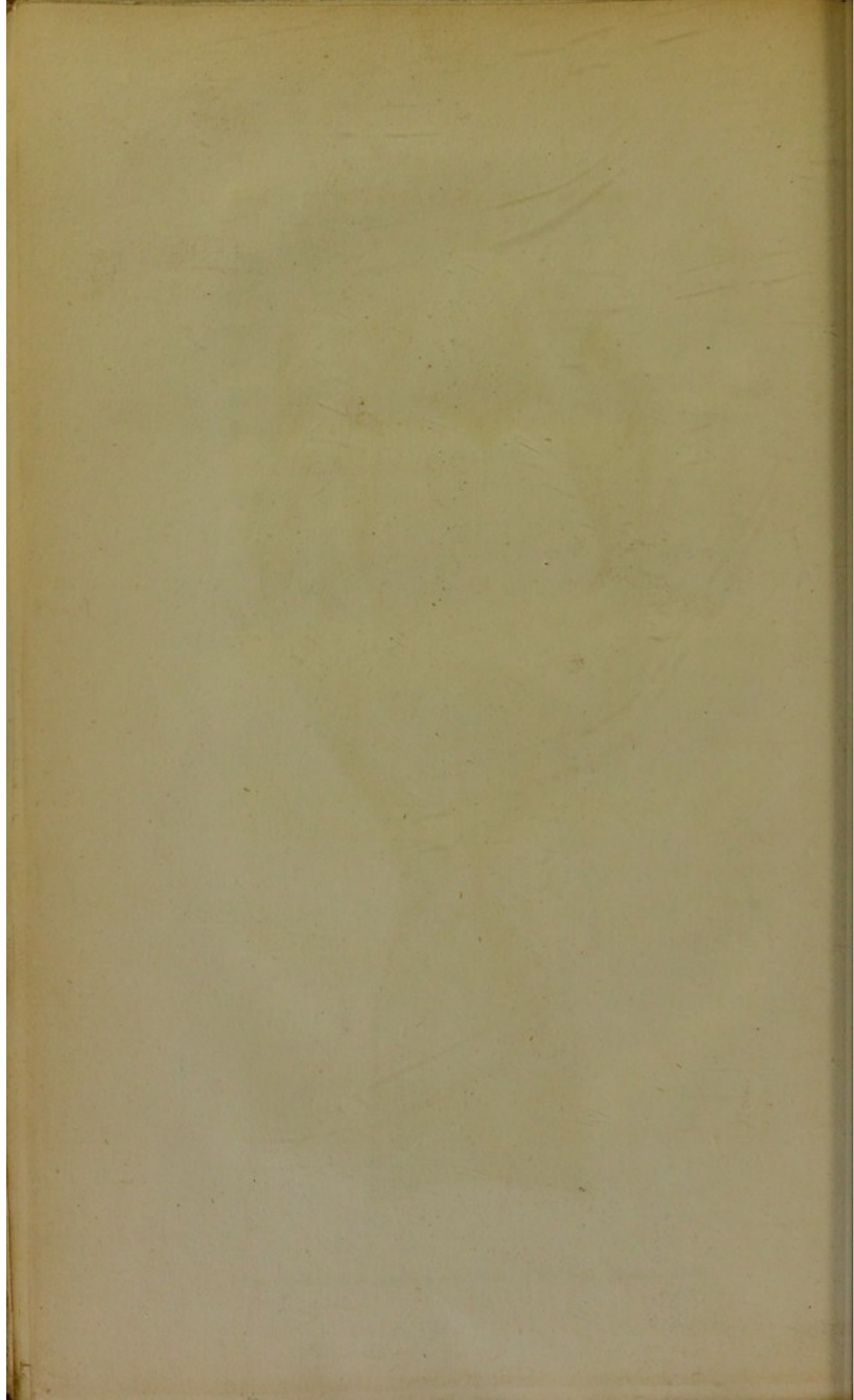


G. Keiland delin<sup>r</sup>

J. Stewart sculp<sup>r</sup>

London, Published April 1820, by Messrs. Baillière & Hill, 55, Great Windmill Street.





ON  
THE TREATMENT

OF THE

## MAMMARY OR MILK ABSCESS.

---

WOMEN in the lower ranks of society are, for many obvious reasons, much more liable to suffer from attacks of this disease than those who are placed in the more easy and comfortable situations of life. Without the means of procuring for themselves those comforts and indulgences which are almost indispensable during the term of suckling; obliged to rise early from the lying-in bed, and to seek a daily subsistence by the labour of their hands; exposed to all the sudden changes and vicissitudes of temperature incidental to their way of life; residing in close, confined, and often crowded apartments; and living on scanty and unwholesome food; are a few of the many causes which might be assigned for the greater frequency of this disease among that class of the community, and will sufficiently account for the number of cases



of Milk Abscess met with in Dispensary practice.

The Milk Abscess is too apt to be considered by many as a trifling and insignificant disease, and to be left to the management of persons very unfit for so responsible an office. All that is thought necessary to be done is, to foment and poultice the breast till the Abscess bursts, and to foment and poultice it till the ulcer heals, regardless of all the pain and suffering which the patient endures while the complaint is advancing to suppuration, and equally unmindful of the ill consequences that may, and do often, remain after the wound is healed: it is, nevertheless, a disease of considerable importance, and, if neglected or improperly and unskillfully managed, may lay the foundation of other more serious and untractable disorders, as indurations, tumours, and perhaps scirrhus, although in itself it has no analogy or relation to any of these maladies: or, the form and beauty of the part may be injured, or the skin defaced, by large and ugly cicatrizations.

In the following remarks, the principal object I have in view is, to recommend to the young Surgeon a mode of treating this



disease, after the Abscess has ruptured, which, although not new, is by no means in such common use as it ought to be, and which I have never known fail to expedite the healing process, preserve the natural form and shape of the breast, and rapidly discuss and disperse the indurations that not uncommonly attend, or succeed to, the formation of this disease, and is never followed by any of those ill effects mentioned above.

There is no period of lactation during which the Mammary Abscess may not take place; but it occurs most frequently within the first three or four months after parturition. It may be occasioned by an over-distention of the lactiferous tubes, by sudden exposure to a draught of cold air, or by a blow. Violent passions of the mind, also, have been given as exciting causes of this affection; but it is not always easy to trace it to its true source.

The attack is always ushered in, and attended in its progress, by rigors, headache, thirst, and other febrile symptoms, which sometimes run very high. The affected breast becomes swollen and enlarged, oftentimes to a prodigious and frightful size; severe lancinating pain is felt in one or more parts, where



considerable tumefaction and induration may be discovered; the skin is at first of its natural colour, but as the disease advances it assumes a rosy hue, sometimes tinged with orange, and at other times approaching to scarlet, and the discoloration is not unfrequently observed to be in large and irregular patches. Under the skin a considerable degree of œdema generally takes place, giving to the fingers a peculiar feel, and is a sure indication of the formation of matter. After these symptoms have continued for five or six days, suppuration may generally be observed to have commenced in one or more places, either in the cellular or glandular structure of the part. When the gland of the breast is the seat of the Abscess, the progress of the disease is generally attended by more severe pain; the tumour is more irregular and hard; the secretion of milk is altered or suspended, and is sometimes mixed with pus, and occasionally with blood. There is usually more severe symptomatic fever, and suppuration is more slow in forming than when it takes place in the cellular membrane.

When the inflammation occupies the cellular structure of the part, the progress of the disease is quicker; and more than one



Abscess may be formed, and break in different places. In general, however, the rupture of the Abscess takes place somewhere in the neighbourhood of the nipple. The matter discharged is pure pus, sometimes mixed with milk, and sometimes discoloured with blood; and is often accompanied with a considerable quantity of slough, or "*core*," as the nurses call it. When seated in the cellular structure, there are two places, which I have observed to be more generally occupied by the Abscess than other parts; the one situated on the outer side of the breast over the edge of the pectoral muscle, the other between the nipple and Sternum.

Under a proper mode of treatment, the ulcers and sinuses which form after the bursting of the Abscess, in general heal very readily; but induration and tumour of the parts will very often remain after cicatrization has been completed, and, if unattended to, may continue for a considerable length of time, and become a source of uneasiness and alarm to the patient, and either prove difficult of cure, or, if there should be a predisposition to morbid change of structure in the constitution, may take on such a diseased action as would not very easily be got rid of. Never-



theless, if early care and good management be had recourse to, these indurations are very easily removed in the generality of cases.

When the secretion of milk has been interrupted, it will very often be restored after the healing of the Abscess, in mild cases: but where there has been extensive mischief committed on the mammary gland, this desirable event will frequently not take place; and in some instances it will happen that the gland of the breast shall be so much injured as to be unable to resume its natural function, even after a subsequent parturition.

In the treatment of this disease, it is always proper to attempt the resolution of the inflammation; and if the Surgeon's assistance be called in the early stages of the attack, this desirable termination may frequently be accomplished. With this view leeches should be applied to the inflamed breast, as early in the attack as possible, and they may be repeated for three or four successive days, if the symptoms be such as to require it. The patient should be put upon an abstemious diet; and her bowels opened by the infusion of Senna with the Epsom or some other neutral Salts, administered so as to give three or four watery stools in twenty-four hours. At



the same time the febrile symptoms should be quieted by the saline draught, with Antimonials, or Dover's Powder exhibited at intervals of four or five hours. The woman should remain in bed, and be kept as tranquil and composed as possible; and the distention of the lactiferous ducts should be relieved by occasionally drawing off the milk by which they are overloaded. This is usually done by means of a glass instrument made for the purpose, or by having the breast sucked by another person. This operation should be performed with gentleness, and ought not to be too frequently repeated.

Besides the application of leeches to the part, the breast, when heavy and pendulous, should be kept supported by artificial means; and at the same time the resolution of the inflammation must be assisted by the constant application of linen rags wetted with some cooling and evaporating lotion. The best, perhaps, is that composed of a solution of the Muriate of Ammonia in vinegar and water, or in spirit and water; or the common spirit lotion.

Should these means fail of producing the desired effect, and the tumefaction, pain, and throbbing continue to increase, accompanied



with œdema, and more frequent rigors, the formation of matter may be apprehended, and will, indeed, be unavoidable. As soon as this is ascertained, the efforts of nature ought to be assisted by the use of warm fomentations and poultices. The best poultice is that made of linseed meal, or of equal parts of linseed meal and the crumb of stale bread. It should be made large enough to cover the whole of the affected breast, and may be repeated twice a day until the Abscess or Abscesses have burst.

Some practitioners recommend opening Milk Abscesses with a lancet; but no advantage appears to me to be derived from this practice: on the contrary, it is often followed by fistulous sinuses, which are tedious and slow in healing. When suffered to rupture spontaneously, there is always a free opening for the discharge of slough, the ulcer granulates kindly, and, by proper management, heals quickly.

As soon as all the slough has exfoliated, the fomentation and poultices must be left off, and the Surgeon's attention directed to the promotion of the healing process. The object in view is to disperse the indurations left by the Abscess, while the shape and form



of the part is preserved, and the cicatrization of the ulcers and sinuses expedited. The common practice is to make use of superficial dressings, to leave to the patient and her attendants to support the breast in the best manner they can devise, and, when the healing process is completed, to disperse any hardness or tumour that may remain by means of some saponaceous or mercurial embrocation or ointment. This process is frequently tedious and protracted; and, I think, the objects in view may be better and more expeditiously obtained by a mode of proceeding which I have long made use of, and which is very simple and easy, being merely the application of stripes of linen, or calico, spread with equal parts of the soap and adhesive plasters, in such a manner as to envelope and support the whole breast. Each stripe of this plaster should be nearly an inch and a half wide, and long enough to reach from a little below the clavicle to two inches below the breast. They should be applied from below upwards, beginning alternately on the outer and inner circumferences of the breast, and so continued till the whole of it be enveloped. Each succeeding stripe should cover the upper half of the one upon which



it is placed, and should be so applied as to make a uniform but moderate pressure upon the whole breast. If there be but one ulcer, or opening, the application of the plasters may be so managed, that the last one or two shall be placed over the ulcer. By this means it will not be necessary to renew the whole of the plasters at each dressing; it being sufficient, in general, merely to remove those covering the sore, in order to give vent to any accumulated matter, and to clean the ulcer. The surface of the sore may be covered with a bit of lint; and, if the granulations should be exuberant, they may be kept down by a solution of the Nitrate of Silver, or the Camphorated Vitriolic Lotion of Bates.

By this mode of proceeding, the sides of the ulcerated cavities are brought into closer contact, and the slow process of filling up by granulations is in great measure superseded: the surface of the sores seldom exhibits any disposition to fungous exuberance; the breast is maintained in its proper form and situation; and the absorption of any induration so quickly promoted, that I have seldom seen any to remain longer than two or three weeks after complete cicatrization had taken place. Should, however, any tumefaction continue



after the healing of the Abscess, a perseverance in the use of the same means will very shortly remove it: and it has this advantage over the mercurial preparations, commonly had recourse to, that it is not only more cleanly and pleasant, but is incapable of disordering the infant's bowels, as the latter remedies too frequently do, when suckling is persevered in.

After the Abscess has burst, I generally make my patients take some tonic medicine, as the Infusion of Bark, or Gentian, two or three times a day, till the ulcers are healed.

The following cases have been selected, with the intention of showing the successful termination of the mode of treatment I have here ventured to recommend.

### CASE I.

Mary Bannon, twenty-six years of age, was admitted a patient of the St. George's and St. James's Dispensary, May 10, 1817. She had been delivered of her fourth child on Sunday the 27th of the preceding month. On the Thursday following, she was seized with pain and swelling of the right breast,



accompanied with shiverings, hot skin, thirst, and great febrile excitement. These symptoms had gradually augmented; and, at the time of her admission, the affected breast was nearly double the size of the other, hard, and exquisitely painful, and there was a slight blush of inflammation diffused over the integuments covering the side nearest the arm.

She had a great deal of symptomatic fever upon her, and, at the time I saw her, was labouring under a violent rigor. She said, that yellow matter mixed with milk was occasionally discharged from the nipple.

I directed the milk to be drawn off from time to time, with a view to relieve the distention of the lactiferous ducts, eight leeches to be applied immediately, and afterwards folded linen cloths washed with saturnine lotion to be kept constantly applied on the part. She was also ordered to take a senna draught, and to repeat it every morning.

May 11. A considerable induration could be felt on the sternal side of the breast, in which she complained of much severe throbbing pain. The leeches were repeated on this part.

May 14. The volume of the breast ap-



peared to be somewhat diminished, and was softer and œdematous. The skin in several parts had assumed a dingy orange red colour, and there was an indistinct sensation of the fluctuation of deep-seated matter underneath.

Fomentations and linseed poultices were substituted for the cold lotion.

May 16. The abscess on the outer side of the breast burst, and discharged nearly a teacupful of well-formed pus.

May 20. The abscess on the sternal side of the breast also burst, and discharged a large slough.

She was ordered to take a draught of Decoction of Bark with Sulphuric Acid three times a day.

May 22. The two openings were each as large as a shilling, but of an irregular shape. They communicated freely with the cavity of their respective abscesses; and as there was no more slough to be discharged, the breast was dressed with stripes of linen, spread with equal parts of soap and adhesive plaster, applied from below upwards, so as to make a uniform pressure and support upon the whole breast. The dressings were renewed daily. The tumefaction and indura-



tion of the breast, and the purulent discharge from the abscesses, rapidly diminished. Healthy granulations sprung up on the sores; and on the 2d of June, the ulcer on the outer side of the breast was perfectly healed. The nipple now began to discharge pure milk in small quantities.

June 17. The other sore was perfectly healed, and the breast had recovered its natural feel and appearance.

## CASE II.

Mary Coles, aged twenty years, became a patient at the St. George's and St. James's Dispensary, July 14, 1819, having been delivered of her first child eighteen days before. Eight or ten days after that event she was attacked with shivering and other febrile symptoms, followed by tumefaction and pain in the right breast darting towards the axilla. At the time of her admission, there was a tumour in the breast on that side next to the arm as large as a small orange, irregular in its shape, hard, moveable, with occasional pain darting through it, and apparently not connected with the gland of the



breast. On the side of the nipple next the sternum was another tumour, about the size of a Spanish olive, and having the same character and appearance as the first. The secretion of milk in this breast had decreased since these tumours had begun to form. She said, that, while she was pregnant, she had been subject to a good deal of pain in this breast after exposure to cold, and had occasionally felt small lumps in different parts of it.

She had a quick pulse, white tongue, and costive bowels. She suckled the child with the left breast; and had the milk drawn from the diseased one as often as was necessary.

She was directed to put six leeches on the breast, and afterwards to apply folded linen wetted with a spirituous lotion, and was well purged with castor oil and tincture of senna.

July 16. The tumour was increased in size, and more painful. The whole breast was slightly œdematous; and the skin over the tumour was tinged by a slight blush of inflammation. There was no abatement of the febrile symptoms.

She was ordered two drachms of Epsom salts every morning in two ounces of infusion of roses.



July 18. The redness of the skin and the tumefaction of the breast were increased. There was more œdema; and in the upper part of the tumour on the outside of the breast there was an indistinct fluctuation of matter.

She continued the cold lotion; and the dose of Epsom salts was increased to three drachms.

July 21. The tumefaction had somewhat subsided, but the formation of abscess in the upper part of the breast was very distinct, and the matter was seen shining through the skin. She had a good deal of cold rigors down the back.

The breast was now fomented, and covered with a linseed poultice.

July 25. The abscess broke just above the nipple, by an opening half an inch in diameter.

July 30. The induration of the breast was subsiding; pain very much relieved.

Sumat Pulv. Cinchon. ʒfs, bis die.

Aug. 1. The ulcer had a healthy appearance, and the discharge was diminished in quantity.

The breast was now dressed with stripes

of linen spread with equal parts of soap and adhesive plaster, applied from below upwards, so as to cover the whole breast. The discharge gradually subsided; the sinus filled up; and by the end of the month the sore was completely healed, all induration having disappeared, and the breast having a natural appearance.

### CASE III.

Martha Woolford, forty-four years of age, came under my care at the St. George's and St. James's Dispensary, July 30, 1818, six weeks after having been confined with her twelfth child. She said, that, at the end of three weeks, she had been seized with shiverings, fever, and pain and swelling of the right breast, which had terminated in suppuration; and that the abscess had burst and discharged a large quantity of matter five days before I saw her.

At the time of her admission, there was an ulcer on the outside of the breast near to the nipple, as large as a shilling, communicating with the cavity of an abscess, and discharging healthy pus in considerable quantity. The



gland of the breast was as large as a small orange, hard and painful, and there was an enlarged gland in the axilla.

The fever had now subsided; she had a clean tongue and quiet pulse, but her bowels were too much confined.

She suckled the child with the healthy breast, and had plenty of milk.

She was ordered to take two drachms of Epsom salts in a draught of infusion of roses every morning, and to rub  $\mathfrak{z}$ ss of the following ointment over the breast every night and morning, and afterwards apply a large poultice of linseed meal.

R. Unguent. Hydragryi Mitioris  $\mathfrak{z}$ j;

Camphor. in pulv. trit.  $\mathfrak{z}$ j.

M. fiat Ung.

Under this plan of treatment, the hardness and tumefaction of the breast diminished; but the child became so much griped and disordered in its bowels, that it was necessary to change it; and on the 6th of August, stripes of linen spread with equal parts of the soap and adhesive plasters were substituted for the ointment, and applied in the manner already described. The diminution of the pain and of the induration went on more

rapidly under this mode of treatment. The quantity of discharge from the wound daily lessened, and by the end of the month the ulcer was completely cicatrized, and the breast had recovered its natural appearance.

#### CASE IV.

Ellen Richards, two-and-twenty years of age, applied at the Dispensary, October the 6th, 1818, having an abscess in the left breast.

She said, she had been put to bed of her second child that day month, and that the abscess had been forming about eight or ten days. A tumour first appeared near the nipple on the side next to the sternum, accompanied with much pain, rigors, and febrile symptoms. By the advice of an apothecary, she had applied two leeches to the part, but without deriving any relief.

At the time of her admission, there was a tumour in the breast, apparently unconnected with the gland, and as large as a hen's egg, accompanied with much œdematous tumefaction of the surrounding parts



and redness of the skin, and evidently containing matter.

The breast was ordered to be fomented with the decoction of poppies, and afterwards covered with a linseed meal poultice; and she was directed to take ten grains of Dover's Powder at bedtime.

On the 8th, the abscess had burst near the nipple. On the 10th, the pain and induration were subsiding; the ulcer was clean, and the discharge good. The breast was now dressed with stripes of linen, spread with soap plaster and adhesive plaster in equal proportions. The cavity of the abscess gradually filled up; and on the 27th the sore was perfectly healed; the induration had entirely subsided; the breast had assumed its natural appearance, and the secretion of milk was restored.

#### CASE V.

##### ABSCCESS IN THE BREAST FROM A BLOW.

Mary Murray, twenty-two years of age, having a child at her breast seventeen months old, became a patient under my care at the

St. George's and St. James's Dispensary, November the 17th, 1818.

The nipple of the right breast was so small and retracted, that she had never been able to suckle with it. Five days before her admission she received a violent blow on this breast from a washing tub, which was followed by great pain, swelling, and inflammation. When admitted, the mammary gland was as large as an orange, hard and painful, and with some degree of œdema in the surrounding parts. She had a quick, full pulse, and a white tongue.

Six leeches were applied to the breast, and afterwards cloths wetted with the saturnine lotion; and she was desired to take a dose of Epsom salts every morning, and confine herself to a spare diet.

On the 21st, she had had several slight rigors; the pain and œdema were increased, with pale redness of the skin, and suppuration appeared to have commenced on the inner side of the nipple.

The breast was fomented and poulticed, and she took ten grains of Dover's Powder at bedtime.

A large abscess formed and burst on the 1st of December, on the sternal side of the



nipple, by an opening of a considerable size.

Dec. 5. The ulcer was clean and healthy, communicating with the cavity of the abscess, from whence there was a large discharge of healthy matter.

The whole breast was enveloped with stripes of linen, spread with equal parts of soap and adhesive plaster.

On the 10th, the hardness was subsiding, and the discharge diminished in quantity, and every thing promised a speedy cure. But she now became irregular and negligent in her attendance; the granulations assumed a smooth, glassy, spongy appearance; a fresh collection of matter formed, and was discharged through the ulcer, mixed with milk; and the gland continued enlarged and indurated.

Lunar Caustic was applied to the ulcer, which soon put on a healthy appearance, and again began to heal, and the induration to subside; but towards the end of January she ceased to attend altogether.

## CASE VI.

Mary Anne Hewer, four-and-twenty years of age, the mother of four children, and having the last, a year old, at the breast, was admitted a patient at the St. George's and St. James's Dispensary, August 26, 1819, for an abscess in the right breast.

She stated, that the nipple of the right breast had been destroyed by ulceration, after her first confinement; in consequence of which, she had never been able to suckle with that breast; that, after each succeeding parturition, it had been subject to the formation of hard, painful lumps, in various parts of its substance, which continued for an uncertain period, and then subsided; that, about a fortnight ago, an abscess had formed in one of the lumps, attended by the usual symptoms, and had burst by a small opening near to the base of the nipple.

At the time of her admission, the gland of the breast was much enlarged, hard, and painful; the volume of the breast was increased beyond its usual dimensions; and in the skin near the nipple was a fistulous ori-



fice, communicating with the cavity of an abscess, and discharging a considerable quantity of pure pus.

She suckled the child with the left breast, and had plenty of milk; she complained of cough, loss of appetite, and great general debility; had a pallid countenance, and looked out of health.

I ordered her to put a bread and water poultice on the breast; to take ten grains of Dover's Powder at bedtime, and three times a day a draught, composed of the compound infusion of Gentian, Epsom Salts, and Sulphuric Acid.

Under this plan the pain was much reduced on the 7th of September; and the induration and the volume of the breast were somewhat lessened; but the discharge had augmented in quantity, and she complained of increasing debility, and of pains resembling rheumatism in her lower extremities.

The dose of Dover's Powder was increased to fifteen grains, and the draught was changed for a drachm of the powder of Bark, twice a day. The poultice was discontinued, and the breast enveloped in stripes of linen, spread with the soap and adhesive plasters, in the manner already described.



At the end of a week, her health was much improved; she had got rid of her cough, and the pains in her limbs were nearly removed. The tumefaction and induration of the breast were much reduced; and the pain had entirely subsided.

Sept. 21. The sinus had healed up; but the gland remained as large as a hen's egg, and somewhat indurated. The woman stated that this was the condition it had long been in, and as her health and strength were quite restored, she seemed very careless about continuing her attendance. On the 28th, however, she came again to the Dispensary, and showed me a tumour, about the size of a large Spanish olive, situated under the integuments, on the sternal side of the breast, which was hard, and painful to the touch, and unconnected with the mammary gland. The old sinus had again opened, and was discharging pus.

The tumour continued to enlarge, accompanied with febrile indisposition, with surrounding œdema, and extensive redness of the skin covering it. An abscess, as large as a duck's egg, was formed, which burst on the 9th of October, by an opening as large as a half-crown, full of sloughing integuments,



and gave vent to a considerable quantity of well-formed pus. On the 12th, all the slough had exfoliated ; and the ulcer having a clean appearance was dressed with lint, and stripes of plaster, in the same way as before. Very little induration remained after the rupture of the abscess, and was soon dispersed ; but a spongy exuberant fungus sprung up from the surface of the ulcer, which was very troublesome, and required the repeated application of lunar caustic to keep it within due bounds ; and it was not till the 2d of November, that the ulcer and sinus were completely healed. At this time there was no thickening or induration whatever remaining ; and the breast had, in all respects, its natural form and appearance, with the exception of the loss of the nipple.

---

The following, although not exactly a case of Milk Abscess, may be inserted in this place, inasmuch as it occurred in the breast of a nursing woman ; and may be considered interesting to the young practitioner, as an instance of the successful efforts which nature, assisted by art, is sometimes capable

of exerting in restoring parts to a healthy state, even after extensive and alarming mischief has, apparently, rendered such a termination improbable or hopeless.

## CASE

OF A LARGE AND ALARMING ABSCESS IN THE  
BREAST, WHICH WAS ABSORBED.

——— Bidgood, thirty-nine years of age, the mother of eleven children, and having the youngest, ten months old, at her breast, was admitted a patient at the St. George's and St. James's Dispensary, March 26, 1819, for a complaint in the left breast.

She stated that, between five and six months before, she had accidentally received a severe blow on the upper part of that breast, from her son's elbow, the pain of which, at the time, was so severe as nearly to occasion fainting. In about two months afterwards, she observed a fulness, and "rising" as she termed it, in that part which received the blow, accompanied with diffused hardness, and a good deal of pricking, shooting pain in the direction of the axilla and clavicle. The motions of the left arm were executed with



more difficulty than usual, and occasioned increased pain in the affected parts. As the tumour augmented in size, her respiration became short and oppressed, and had, latterly, been attended with a dry tickling cough, which greatly aggravated her pain, and disturbed her rest at night. During the last fortnight, the increase of the tumour and of the pain, had been more rapid, and she had experienced repeated rigors.

At the time of her admission, the upper part of the breast was occupied by a tumour as large as a full-sized orange, firmly attached to the parts beneath, hard, very painful and diffused, its edges being indistinct and undefined; the integuments covering it, for a considerable extent, were of a pale red colour, and in the centre a considerable fluctuation of fluid could be distinguished. The lower part of the tumour was firmly connected to the upper part of the mammary gland, which was enlarged to the size of a hen's egg, hard, and painful; but perfectly free and moveable, except where attached to the tumour. The secretion of milk in this breast had ceased for about a week. In the axilla was an enlarged absorbent gland, as big as a large Spanish olive. She complain-



ed of lancinating pain in all the affected parts, in the axilla, and towards the clavicle, greatly increased by a constant teasing cough, and by exanimation. She had a white tongue, quick, febrile pulse, was considerably emaciated, and had a sallow, wan, unhealthy countenance.

The history of the rise and progress of the complaint, the appearance of the tumour, the symptoms which accompanied it, together with the unhealthy countenance of the poor woman, gave me by no means a favourable opinion of the nature of her disease, and made me very apprehensive for the result.

I desired that the child might be weaned.

She was directed to foment the parts with decoction of poppies, twice a day, and afterwards cover them with a large linseed meal poultice. She took ten grains of Pulv. Ipecac. Co. every night at bedtime; and every morning a dose of Epsom Salts in Infus. Rosæ.

During the first six or eight days, there was no diminution in the pain, and every thing threatened the speedy rupture of the abscess.

April 5. The surrounding induration had so much subsided as to allow of the mammary gland being more distinctly examined.



Although attached to the tumour, it did not appear to be diseased. There was less pain about the clavicle and axilla, and the gland in the axilla was smaller. The skin over the abscess was become very thin, and pus could be seen shining through it, of a white colour, for the space of a three shilling piece.

April 9. The skin over the abscess did not seem disposed to rupture. The induration continued to diminish, and the gland in the axilla to subside. She complained much less of the pain about the clavicle, and was recovering a more perfect use of the left arm.

She was now desired to rub half a drachm of the Mercurial Ointment with Camphor, over the tumour once a day, and cover it with a linseed poultice.

Under this treatment the subsidence of the tumefaction, and the absorption of the contained fluid, went on very rapidly. The cough and tightness of the chest were greatly relieved; she picked up flesh, and her countenance lost its sallow hue.

April 27. The tumour was reduced to the size of a large walnut. It was now become perfectly moveable, nearly free from pain; and the fluctuation of matter could no longer be distinguished.

May 11. Scarcely any thickening or fullness could be perceived where the tumour had existed; but she had, now and then, a slight aching pain in the part, and the skin over it had still a very pale rose colour; and when the point of the finger was placed on it, a small hollow, or depression, could be distinguished. Otherwise the whole of the breast had re-assumed its natural feel and appearance; and her general health was perfectly restored. After this she ceased to attend at the Dispensary.



## ULCER ON THE NOSE.

CASE OF ULCER ON THE ALA NASI, OF THREE  
YEARS' DURATION, SUCCESSFULLY TREATED.

ULCERS, very closely resembling Lupus, and Noli me tangere, are not unfrequently met with on the face, which baffle the skill, and resist the treatment, of the most intelligent surgeons for a great length of time. These ulcers generally occupy the upper lip, the cheek, or the Ala Nasi. They arise, I believe, most frequently from an angry pimple, or pustule (and not as in Lupus, or Noli me tangere, from a tubercle in the skin), which goes rapidly into ulceration. The ulcer, which is thus formed, is superficial, often irregular in its shape, has thin edges, a smooth glassy surface, is painful, hot, and irritable, and extends itself, sometimes on one side, sometimes on another, by a slow corroding ulceration. When it heals, the loss of substance is not restored, and the new cuticle, forming the cicatrix, remains thin, red, tender, and shining, for a considerable length of



time afterwards. It takes place, now and then, as in the case I am about to relate, in scrofulous subjects; and, also, in persons labouring under a disordered state of the functions of the stomach and bowels; but it is not always easy to trace its origin to a definite cause. It appears to be a modification of Lupus; but is much milder in its characters, neither spreading so widely nor so deeply as that disease is apt to do; and yields more readily to a patient and well-conducted mode of treatment.

Sarah Chambers, eighteen years of age, having blue eyes, a thick upper lip, and a fair and ruddy complexion, and with the cicatrices of several glandular ulcerations in the neck, came under my care at the St. George's and St. James's Dispensary, March 22, 1819.

She stated, that, about three years before that time, an angry pimple, or pustule, formed on the left Ala Nasi, which, in a few days, spread into a painful, irritable, superficial ulcer. It had never exceeded the size of a shilling; and she had never been able to get it healed, although it had sometimes shown a disposition to skin over, and she had been under the care of some of the most distinguished surgeons at the west end of the town.



During the preceding summer, she had been sent to Margate for the benefit of sea bathing; but the ulcer got no better; and while there, she became affected with ulceration in the throat and painful and difficult deglutition, which still continued, sometimes better, and sometimes worse.

Her general health did not appear to be materially impaired; but she had lost flesh; had a muddy complexion; sluggish, irregular bowels, going often two days without an evacuation; and her catamenia were not always regular.

About a month or five weeks ago, her mistress had made her an issue in the arm; and since that had begun to discharge, she thought the ulcer on the nose had assumed a more favourable aspect.

At the time of her admission, there was an ulcer on the left Ala Nasi, rather larger than a sixpence, nearly circular in its shape, its surface slightly elevated above the surrounding integuments, and covered with large, smooth, shining granulations, and its edges bordered with thin red cuticle. It was at that time, neither hot, nor very painful; but it had destroyed a considerable portion of the side, and under edge of the Ala Nasi.



The tonsils were enlarged and prominent, and on the surface of the left one, at its upper part, was an ulcer as large as a silver fourpence, covered with a thick white slough. There was no surrounding discolouration of the mucous membrane; but her voice was slightly impaired, and she had pain and difficulty in swallowing. She had a furred tongue; and a full, hard abdomen.

She was desired to keep the issue open; to apply some soap cerate to the ulcer on the nose, and to use a gargle for the throat, consisting of Infusion of Roses and Tincture of Myrrh. She had also some pills of Rhubarb and the blue pill to regulate the bowels; and she took a pint, daily, of the Decoctum Ulmi Compositum.

April 6. The ulcer on the tonsil was quite healed. There was more hot, smarting pain in the ulcer on the Ala Nasi than usual, and it showed no disposition to heal.

The discharge from the issue had greatly diminished of late; and it was therefore directed to be dressed with Ceratum Sabinæ.

April 26. A considerable degree of swelling and inflammation of the Ala Nasi, and side of the nose, had taken place; the ulcer had spread round the edge of the Ala



Nasi, a little way within the nostril; had an angry look, and gave her a good deal of hot, pungent, smarting pain. The throat remained well; the bowels were regular, and she had a clean tongue.

She was now directed to take a pill, containing one eighth of a grain of Oxymuriate of Mercury, night and morning; and to apply lint wetted with the following lotion, to the sore two or three times a day:

R. Ext. Conii,

Ext. Opii, āā gr. x.

Zinci Sulphatis gr. v.

Aquæ Fontanæ ℥ij. M.

She bore the pills very well, and had two natural stools a day.

April 30. She thought the ulcer less irritable.

May 14. The pills continued to agree very well; the ulcer had a less angry appearance, there was less surrounding tumefaction, and that part of the ulcer within the nostril was healed. It was now dressed with lint wetted with a solution of Calomel and lime water, and afterwards covered with a pledget of soap cerate.

June 3. Her gums were not at all affected



by the pills, and her bowels were quite regular. The tumefaction of the Ala Nasi had subsided; the ulcer was clean and not so painful, but did not seem disposed to heal.

From this time I did not see her again till July 11; she then told me, that she had continued to take the pills with great regularity, and that they had not disagreed with her in any way. She had greatly improved in appearance and strength, and her complexion was more clear and healthy. The ulcer on the Ala Nasi was nearly cicatrized, except for a small space in the centre, which was covered with a thin, dry, whitish crust, or scale. It was free from pain; there was no surrounding tumefaction; but the new cuticle was thin and delicate, and had a red, shining appearance.

Within the last fortnight, a small glandular swelling had taken place in an old cicatrix just above the inner condyle of the right arm, the consequence of an abscess which had formed there two years before. The tumour was not larger than a horse-bean; but was inflamed and painful.

Aug. 9. The ulcer on the Ala Nasi was completely skinned over, leaving a slight de-



pression and notch in the side of the nose, from the loss of substance not having been repaired. She was desired to take one pill at night only.

Aug. 23. The cicatrix continued thin, red, and shining.

A small abscess had formed in the arm, and burst by a small opening, which seemed disposed to heal. She said, she had not been in the enjoyment of such good health for a very long period.

She was now desired to leave off the pills, having taken them for nearly four months. The ulceration on the arm was dressed with soap cerate; and she was ordered to rub a little diluted citrine ointment on the cicatrix of the nose twice a day.

After this I did not see her again until December 3. At that time the cicatrix of the ulcer on the Ala Nasi was remaining perfectly sound, and without any induration. The loss of substance was not restored; but the cuticle covering the cicatrix had nearly assumed the natural colour of the skin. She had no pain in it; but it was very sensible to the impression of cold air, from which she defended it by wearing a small bit of linen

rag upon it. The little abscess in the arm had healed, she said, very soon after I last saw her, and continued well. She was, now, in perfectly good health, and had no sore about her but the issue, which I advised her not to heal up.



## ULCER ON THE TONGUE.

CASE OF ULCER ON THE TONGUE, OF A PARTICULAR CHARACTER AND APPEARANCE, SUCCESSFULLY TREATED.

THE ulcer, whose character and symptoms are detailed in the following case, is one that is occasionally, but, I believe, not very frequently met with. It is situated in the middle and towards the posterior part of the tongue. In the cases in which it has occurred under my observation, it has commenced in the form of a pimple, which soon became a deep, irregular, fissured ulceration, having its edges hard and elevated, and surrounded for the space of half an inch, or more, by a considerable induration of the substance of the tongue: the mucous membrane, for the same space, having a peculiar smooth shining appearance, with here and there a small slightly elevated papilla. It takes place in constitutions labouring under a certain degree of derangement, and appears to yield more readily to preparations of Mercury than to any other remedy. When the ulcer heals, the loss



of substance is not restored, and a hardened depression remains. In a gentleman, who had an ulcer of this kind on his tongue in the early part of 1807, the depression has never been filled up. In this case, the pimple which produced the ulcer, took place about a month or five weeks after the termination of a course of mercurial inunction, for a sore on the penis, and was accompanied by scaly eruptions on the skin. This case yielded to the red oxyde of Mercury; but I do not believe, that it was of a venereal origin, although, at the time, I was much disposed to consider it in that light.

Thomas Williams, forty years of age, came under my care at the St. George's and St. James's Dispensary, Nov. 25, 1817, on account of an ulcer situated towards the posterior part of the middle line of the tongue. It was of an irregular shape, deep, and fissured. Its surface was covered with a whitish-coloured, thick, adhesive matter; the edges were elevated, hard, and irregular; and it was surrounded, for the space of half an inch, by a circumscribed induration of the substance of the tongue, the limits of which were distinctly marked by a smooth, shining, red appearance of the mucous mem-



brane covering it. It was slightly sore during the day, and excited some degree of tickling and uneasiness, by its elevated edges coming now and then in contact with the roof of the mouth. Towards night it became dry and painful. His voice was somewhat impaired, and hoarse; and he complained of slight pain and huskiness in the throat; but there was no ulcer or inflammation to be observed there. He had some degree of cough, and spat up thick, yellow mucus, in considerable quantity. His bowels were sluggish and confined; and he looked much out of health.

He stated, that he had been suffering for some years from occasional attacks of Hæmoptysis, and complaints in the chest; from one of which he had just recovered, under the care and management of my colleague and friend Dr. Cloves; that his present ailment had originated about a fortnight or three weeks before, in the form of a pimple, which soon went into ulceration; that he was a married man, with several children; and that it was full ten or twelve years since he had had any venereal complaint whatever.

He was desired to take a pint of the Compound Decoction of Sarsaparilla, daily;



to keep the bowels regular, by means of pills, consisting each of three grains of the *Pilul. Hydrargyri*, and three of *Ext. Colocynth. Co.* and to touch the ulcer twice or three times a day, with the *Linimentum Æruginis*. This application occasioned a good deal of pain in the ulcer, shooting into the throat, and behind the ears.

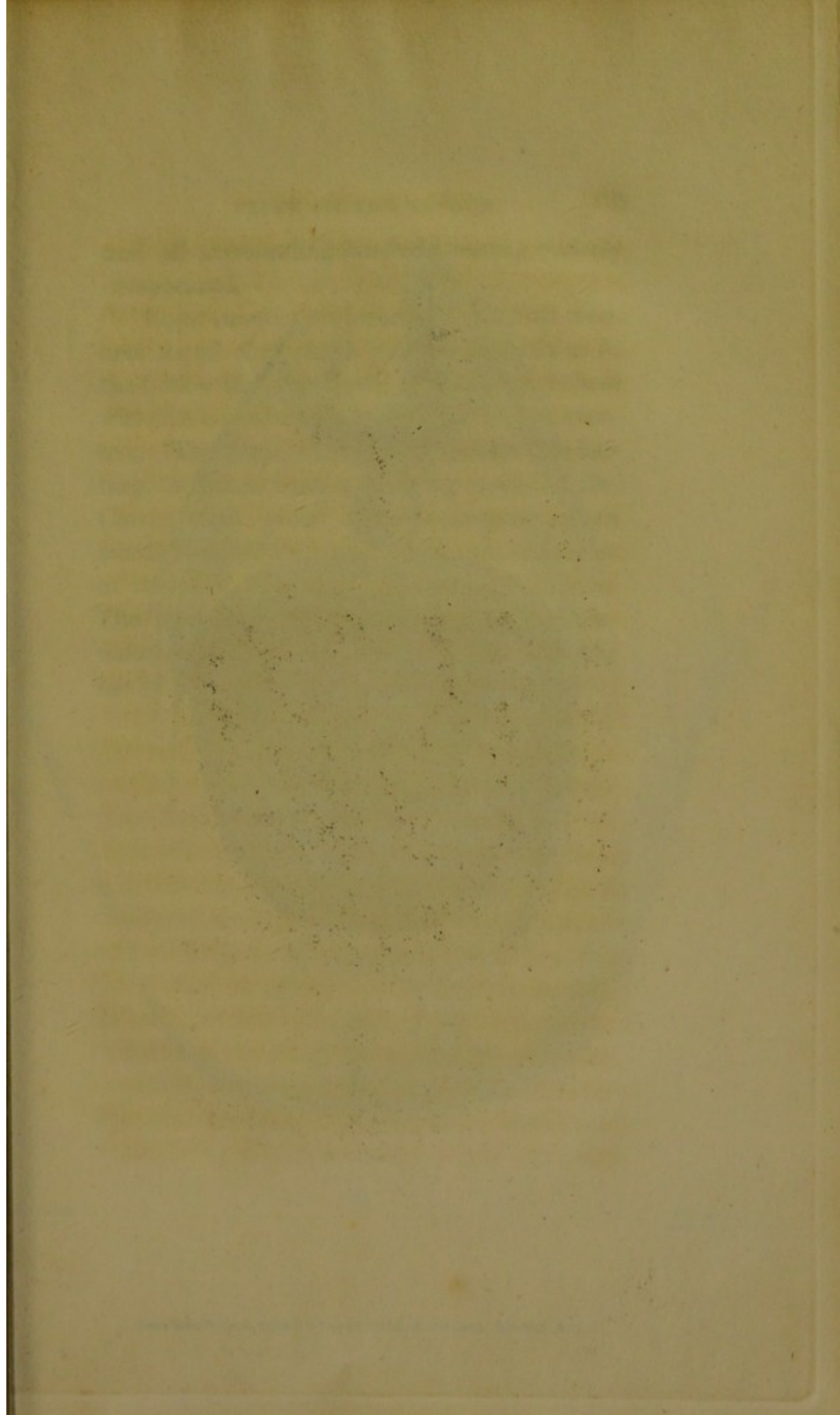
At the end of ten days a part of the slough had separated from the posterior part of the ulcer; but anteriorly the sore appeared disposed to spread. He had one stool a day, and his health and spirits were improving. The ulcer was now touched once a day, with a lotion, containing two grains of the Nitrate of Silver, in an ounce of water, instead of the *Linimentum Æruginis*. Towards the end of December, the remainder of the slough had separated; but the ulcer continued deep and fissured, and exhibited no disposition to granulate. The decoction of *Sarsaparilla* was, therefore, left off, and he was put on a course of the *Liquor Arsenicalis*. This medicine, however, excited pain and sickness at the stomach, faintness, cold clammy sweats, and tremors of the hands, without producing any beneficial effect upon



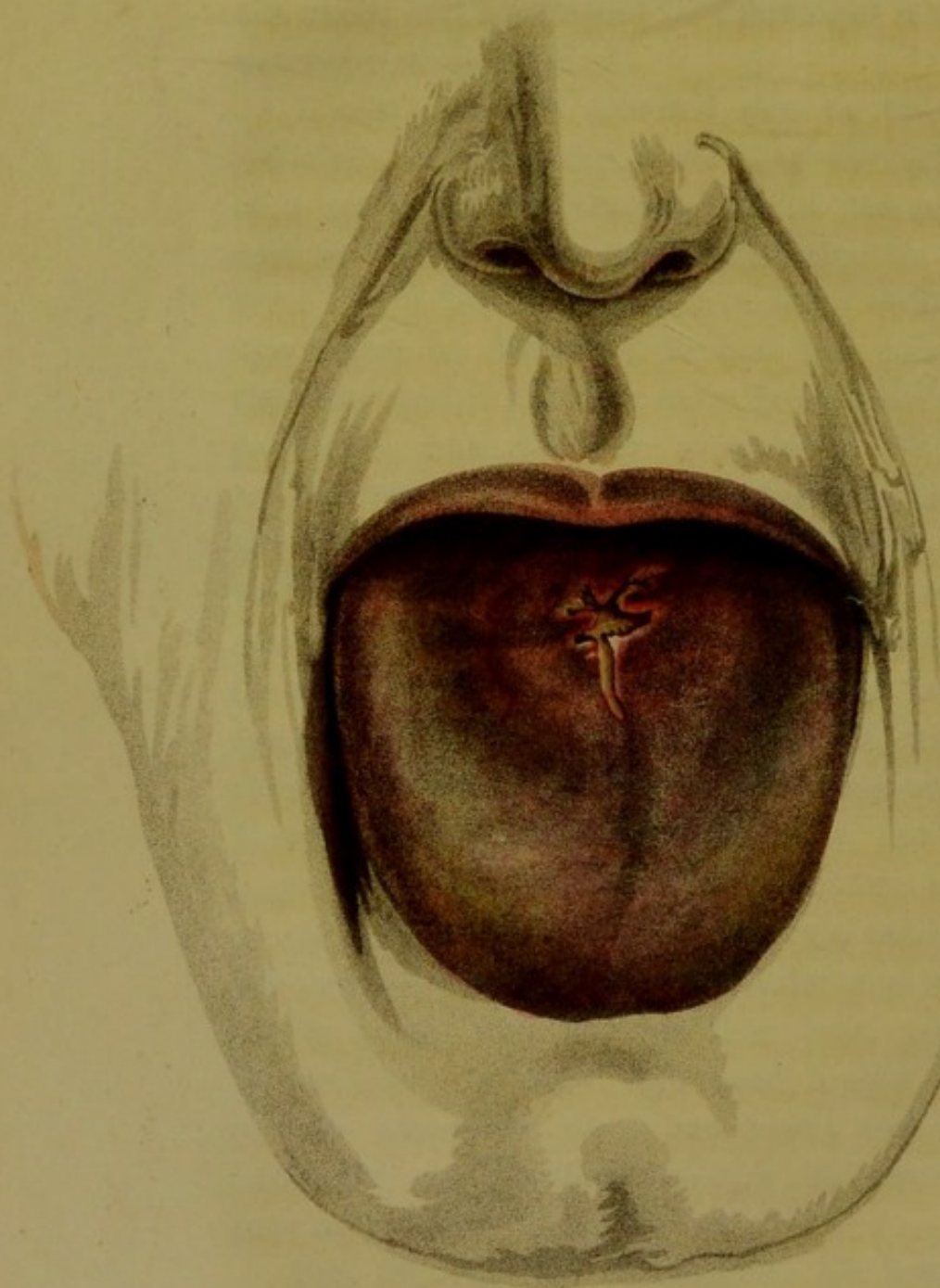
the ulcer, and at the end of a fortnight it was necessary to leave it off.

I now (Jan. 8) directed him to take a pill night and morning, containing one eighth of a grain of the Oxymuriate of Mercury, and to continue the caustic solution to the sore. In a few days the surrounding induration began to disperse; he had less pain in the ulcer, and it put on a more favourable appearance; but did not granulate. When he had taken the pills about fourteen days, his mouth and gums became affected; he had an increased flow of saliva, and complained of shortness of breath and cough. On this account the pills were omitted for a few days, till these symptoms went off, when they were resumed, but at bedtime only. Towards the end of January new cuticle began to descend the sides of the ulcer; and on the 3d of February its surface was entirely skinned over, the surrounding induration was nearly gone, and he was free from pain. Nevertheless, a deep indurated hollow remained where the ulcer had been; and his voice did not perfectly recover its natural tone and power.

Feb. 19. He was discharged: his health and flesh being very considerably improved,







J. G. Glover, M.B.  
ad naturam, pinxit.

J. Stewart sculp.

London, Published, April, 1820, by Messrs. Burgess & Hill, 55, Great Windmill Street.

and all surrounding hardness having entirely disappeared.

Eight months afterwards, I saw this man, and found that there was no disposition in the hollow that remained, to fill up; and there was still considerable induration in the cicatrix. The plate which accompanies this history, is taken from a drawing made by Dr. Cloves, and gives more accurately than words can do, the appearance and character of the ulcer I have endeavoured to describe. The drawing was made on the 7th of January, immediately before he commenced the use of the Oxy muriate of Mercury.



## CASES

ILLUSTRATING THE BENEFICIAL EFFECTS

or

ELM BARK,

AS A CHEAP SUBSTITUTE FOR

SARSAPARILLA.

---

THE high and increasing reputation which Sarsaparilla has obtained in this country, within the last forty or fifty years, as a very valuable and powerful alterative and tonic medicine in a variety of cachectic disorders, has been followed by a correspondent rise in its market price, so as to render it very nearly, if not altogether inaccessible to the limited income of a Charity, so lately established as the St. George's and St. James's Dispensary, and whose funds have, hitherto, been barely sufficient to cover its unavoidable and very economically conducted expenditure.

Having, for a number of years, been in the habit of placing great reliance on the agency of this vegetable production, and having had abundant opportunities of witnessing its beneficial effects in a great variety of cases, in which I have prescribed it; I could not contemplate the necessity of relinquishing its use, as a common remedy, in my Dispensary practice, without regret; more especially as a very numerous class of the patients who apply to that Charity for relief, are precisely those, whose complaints would be most likely to derive benefit from a well-conducted course of that medicine. It was, however, evident, that to persist in the liberal exhibition of so expensive an article of the *Materia Medica*, as Sarsaparilla, would be to intrench upon, and consume, the resources of the Charity so materially, as considerably to circumscribe the number of patients, who might, otherwise, receive assistance at the charge of the Institution. It therefore became an object of some importance, in abandoning the use of this favourite drug, to seek some other production of the vegetable kingdom, whose price would be less exorbitant, and which might serve in some measure the same purposes. It was



not, indeed, to be expected that a substitute would very easily be discovered, indued with all the powers and virtues of Sarsaparilla, and capable of alleviating and removing the class of diseases for which it is administered, with equal certainty and success; nevertheless, I was fortunate enough to hit upon a medicine, which, although it has by no means sufficient pretensions to be ranked as the rival of Sarsaparilla, is yet possessed of more medicinal virtues than have generally been attributed to it; and, prepared and administered in the manner I am about to describe, has more than fulfilled any expectations that I could have previously entertained in its favour.

The good effects of Elm Bark, when exhibited for the cure of several kinds of cutaneous diseases, have been much extolled by some writers. The late Dr. Lettsom is said to have recommended it warmly with this view: and, in the second volume of the Medical Transactions, Dr. Daniel Lysons has published a number of cases of affections of the skin, wherein its administration appears to have been attended with very decided advantage; he also states, that he had witnessed similar good effects from it at St.



Thomas's Hospital, while he was attending there as a pupil; and it was in consequence of such observation that he had been persuaded to introduce it into practice at the Gloucester Infirmary. That it is a medicine not altogether destitute of merit, may be inferred from its being allowed to find a place in the London Pharmacopœia; but I apprehend that it has of late years met with few advocates, and little encouragement; and that the generality of practitioners of the present day would be disposed to place no great confidence in its agency. I was induced, however, to give it a trial at the St. George's and St. James's Dispensary, and the unexpected result of some of the first cases in which it was exhibited, encouraged me not only to persevere in its use, but to extend its administration to a considerable number of different diseases, of some of which I propose to subjoin the histories.

The form in which the Elm Bark is prepared at the St. George's and St. James's Dispensary is as follows, viz.



## DECOCTUM ULMI COMPOSITUM.

R. Decocti Ulmi (P. L.) ferventis oc. viij;

Sassafras Radicis Concisæ,

Guaiaci Ligni Rasi, sing. ℥j;

Mezer. Rad. Corticis ℥iij;

Glycyrrhizæ Rad. Contusæ ℥j.

Decoque per horam, sepone, et cola.

This decoction, when properly prepared, and strained off, is of a clear brown colour, not unpleasant in its taste, and contains a considerable proportion of amylaceous and mucilaginous matter. Administered in the quantity of a pint a day, it appears to increase the insensible perspiration, to restore the appetite, improve the tone and powers of the digestive organs, to strengthen and invigorate the general system, and to cheer and compose the animal spirits. Like the decoctions of the woods in general, its action may be said to be alterative and tonic; and its use may be persisted in for a considerable length of time, without overloading and oppressing the stomach, or producing any other unpleasant symptom. Its action upon the bowels has, in general, a tendency to produce constipation rather than otherwise.

I have administered the Decoctum Ulmi Compositum, with much advantage, in a considerable number of cases, both alone, and in



combination with such other medicines as are commonly conjoined with Sarsaparilla, under similar circumstances; viz. Antimonials; the Liquor Potassæ; the Liquor Arsenicalis; the Oxymuriate of Mercury; the mineral acids, &c. The complaints in which I have found it most serviceable, have been those which very frequently follow venereal ulcers on the genitals, when mercury has been irregularly, improperly, or insufficiently exhibited; nodes, and painful tumefactions of the periosteum, and of the ligaments; ozæna; various diseases of the skin; foul, untractable, and spreading ulcers following buboes in the groin; scrofulous ulcers and abscesses; chronic rheumatism; certain morbid enlargements and indurations of the testicle, &c.

Like the decoctions of Sarsaparilla, the Lisbon Diet-drink, and other preparations of a similar nature and tendency, the Elm Bark is not uniformly successful in effecting a cure of the complaints for which it is administered; nor do I mean to affirm, that it is, by any means, either so quick or so certain in its effects, in those cases, wherein it is found to be of advantage, as Sarsaparilla. I can, however, confidently assure the reader,



that it will be found well worthy of the attention of all public charities and institutions, possessed of limited funds, as a *cheap*, and not inefficient substitute for that medicine\*.

Before I enter upon a detail of the cases in which I have employed the Decoctum Ulmi Compositum, I must beg leave to impress upon the mind of the reader, the very little control which it is in the power of the

\* The price at which good Sarsaparilla is sold to the consumer, is upon the average, 7s. 6d. a pound: and a pound of it is sufficient to make nearly seven pints of the decoction. The quantity of either the compound or simple decoction of this medicine, which a patient is directed to take during the day, is, generally, a pint. In my Dispensary practice I have, upon a moderate computation, seldom less than ten patients under treatment, at the same time, for complaints, for the cure of which, Sarsaparilla might be considered as the most appropriate remedy; and if that article were made use of at the price quoted, the daily expense for ten patients, at a pint for each individual, would be rather more than half a guinea. The price of a pound of the Elm Bark is about 1s. 4d.; and that quantity makes, also, seven pints of the decoction in use at the St. George's and St. James's Dispensary; so that, while for ten patients the daily expense of Sarsaparilla would be half a guinea, that of Elm Bark for the same number is only about 2s. The rest of the ingredients being nearly the same in both decoctions, there will, of course, be no difference in the expense as far as they are concerned.



surgeon to exercise over the conduct, and diet, and regimen of that class of the community who commonly become the patients of a public Dispensary; and what difficulties, the irregularities which they are guilty of, too frequently oppose to the success of the best concerted plan of treatment, and how much they serve to protract the cure of the complaint.

I would also add, that in the medical as well as surgical practice of the St. George's and St. James's Dispensary, the Elm Bark has been found, as it has been before at other institutions of a like description, a very good substitute for Cinchona, and is administered in all ordinary cases, instead of that more expensive medicine, with very considerable success.

### CASE I.

#### NODE ON THE TIBIA.

Sarah Shephard, forty-four years of age, was admitted a patient at the St. George's and St. James's Dispensary, under my care, May 7, 1818, having an inflamed and very painful node on the lower extremity of the Tibia, surrounded by a considerable degree



of œdematous tumefaction, of three or four months' standing.

She stated, that, about four years ago, she contracted a gonorrhœa, attended with ardor urinæ, which got well in about a fortnight or three weeks, without the aid of medicine. In about fourteen or fifteen weeks afterwards, an abscess formed over the middle of the left Fibula, which got well in the course of two months. At the expiration of three months from that time, she was attacked with ulceration in the throat, and pains in her limbs. These symptoms were pronounced to be venereal, and she was put on a course of mercurial pills, of which, she said, she took nearly as many as would have filled a pint bottle; and at the end of three or four months the throat got well, and the pains left her. Since that period she had remained quite well till the accession of her present complaint.

Besides the node on the shin, she complained of pains in her limbs resembling rheumatism, had sluggish confined bowels, and looked much out of health.

She was directed to take a pint, daily, of the Decoctum Ulmi Compositum; and to keep the bowels regular by means of small doses of Epsom salts, taken early in the



morning. And she was ordered to rub half a drachm of the Unguentum Hydrargyri c. Camphorâ upon the node every night, and afterwards cover it with a linseed meal poultice.

May 19. The œdematous tumefaction, inflammation, and pain had greatly subsided, leaving the node large and hard. The gums were beginning to be affected by the ointment, and it was therefore left off.

June 4. She complained of increase of pain in the limbs, especially at night. For this she took a drachm of the Vinum Colchici for several nights, but it neither relieved the pains, nor produced any other sensible effect; and she was directed fifteen grains of Dover's Powder instead.

June 13. The node on the Tibia was considerably reduced in size; and the pains in the limbs were much relieved.

July 4. She was regaining her health and strength. The node on the Tibia continued to subside; and was quite free from pain. After this she went into the country, from whence she returned on the 4th of August; at which time she appeared to be in perfect health, and very little remains of the node could be distinguished.



## CASE II.

## ULCERATED BUBO.

John Russell, thirty years of age, was admitted a patient at the St. George's and St. James's Dispensary, under my care, June 30, 1818, for a large ulcerated bubo in the left groin. He said, that ten weeks ago he contracted an ulcer on the frænum, which appeared the morning after a suspicious connexion. A practitioner, to whom he showed it, pronounced it to be venereal, and gave him some mercurial pills, which he began to take the same night. In three days swelling took place in the groin. He was then directed to rub in mercurial ointment, as well as to take pills; but his gums were not affected, the sore on the frænum spread, and the bubo suppurated, and was opened by a lancet. At the end of five weeks, his gums having been scarcely, if at all, affected, and his complaints, both ulcer and bubo, continuing to spread and get worse, he quitted his medical adviser, and left off mercury. In eight days afterwards, the sore on the frænum was healed; but the bubo continued very irritable and painful, and showed no disposition to heal.



At the time of his admission, there was the cicatrix of an ulcer, which had destroyed the frænum, having a slight depression, but without any preternatural thickening or hardness. In the left groin was an open bubo, as large as a crown piece, with jagged, irregular, overhanging edges, which were discoloured of a deep purplish red colour. The ulcer was very deep, and the bottom of it had a smooth, glassy, indolent surface. It was very tender and painful, so as to disturb his rest at night, and deprive him of sleep.

His gums did not appear to have been affected by the mercury, but he was considerably reduced and debilitated.

The diseased edges of the ulcerated bubo were destroyed by the application of the Potassa Fusa; and afterwards covered with a linseed poultice. He took a pint of the Decoct. Ulmi Comp. every day; and at bedtime ten grains of Dover's Powder.

In three days the eschar formed by the caustic, separated from the edges of the ulcer, which soon put on a cleaner and more healthy appearance. It was at first dressed with Bates's camphorated wash, and afterwards with the Ung. Hydrarg. Nitrico-oxydi.

By the 1st of August the granulations



were level with the surrounding integuments, the ulcer was much contracted in size, and beginning to skin over; and he was very much improved in health and spirits. He now, however, got careless of himself, and irregular in his attendance, and the granulations became large and exuberant. These were with difficulty kept down by means of a solution of Lunar Caustic, and adhesive straps (for he continued to take a great deal of walking exercise, and to live hard), and by the middle of September he was discharged cured.

### CASE III.

#### OZCENA.

John Barker, twenty-one years of age, was admitted a patient at the Dispensary, May 20, 1819.

At the time of his admission, the whole upper lip, the Ala Nasi, and left side of the nose, and the cheek in its neighbourhood, were swollen and thickened, and the skin covering these parts was red and discoloured. There was a copious discharge of thin, sanious matter from the nostrils, but chiefly



from the left; and from this one, it was often mixed with lumps of inspissated mucus, and occasionally, with blood. He suffered little or no pain in the nose, or face; but his voice was altered and impaired, and he spoke like a person labouring under a very severe cold in the head, as it is called. The membrane lining the septum in the left nostril was slightly red and excoriated; but no appearance of ulceration within either nostril could be discerned.

He said, this complaint had existed six months, and had cost him a good deal of money in advice and medicines, without getting better. His health did not seem to be materially impaired. In the groins were numerous cicatrices of fistulæ, and ulcers from buboes, which had formed five years ago. These had been mistaken for venereal, and treated as such; and as they had repeatedly healed and broken out, he had undergone a good deal of mercurial discipline at different times.

He was ordered to snuff up the nostrils, frequently in the day, a small quantity of a lotion composed of calomel and lime-water; and at night to smear the internal surface of the nostrils with the diluted citrine ointment;



and to take, daily, a pint of the Decoct. Ulmi Comp.

Under this plan of treatment, the discharge from the nose gradually diminished, the tumefaction and redness of the lip and cheek subsided, his voice became clearer and more natural; and at the end of about six weeks he ceased to attend at the Dispensary, being at that time free from complaint.

#### CASE IV.

##### OZÆNA.

Margaret Lowday, a married woman, thirty-nine years of age, became a patient under my care, at the St. George's and St. James's Dispensary, Aug. 21, 1819, labouring under the following symptoms.

There was considerable tumefaction, and much tenderness, of the integuments covering the Ossa Nasi; constant pain and soreness within the nostrils, from whence issued an abundant discharge of puriform, offensive matter, mixed with lumps of thick, inspissated mucus. The pituitary membrane lining the nostrils was red, thickened, and excoriated; and through the cartilaginous sep-



tum, supporting the vomer, was an extensive ulcerated perforation. In the roof of the mouth was an ulcer as large as a horse-bean, through which dead bone could be felt with a probe; and the mucous membrane, surrounding it, was of a deeper red colour than usual.

She was a good deal emaciated, and much reduced in health and spirits, had lost her appetite, and complained of pains in all her limbs that kept her awake at night. Her bowels were rather sluggish; and she had a white furred tongue.

She said, that, about eleven years ago, while in a state of pregnancy, her husband communicated to her the venereal disease, for which she went through a course of mercury after her lying-in, and got well; and had enjoyed very good health, and been a stout woman, ever since, until about six or eight weeks before her application for relief. At that time she became affected with violent headaches; and when they had lasted a fortnight, a discharge of yellow matter took place from the nostrils; and as this increased, the pain in the head had subsided. At the expiration of another fortnight the ulcer appeared in the roof of the mouth; and since



then she had been attacked with the pains in her limbs.

She was directed to drink a pint of the Decoctum Ulmi Comp. every day; to take ten grains of Dover's Powder at bedtime, and to snuff the black wash up her nostrils, three or four times a day.

Under this plan her health soon began to improve, and by the 4th of September the pains in her limbs were nearly removed. But the discharge from the nostrils continued, and the ulcer in the roof of the mouth enlarged to the size of a shilling, with high edges, and the bottom of it was filled with dead bone.

Oct. 2. Four large pieces of dead bone were discharged through the ulcer in the mouth; and a part of the fluids taken into the mouth, now returned through the nose. About this time the weather had become cold rather suddenly; and the pains returned in her limbs.

She was desired to continue the same plan, and in addition, to take five grains of the extract of Hemlock twice a day.

Oct. 16. Two more large pieces of dead bone were taken away from the ulcer in the mouth: the pains were much relieved.



Oct. 26. Another smaller portion of dead bone separated from the ulcer in the roof of the mouth.

After this no more dead bone could be perceived; the discharge from the nostrils continued to decrease, and the offensive smell which had accompanied it, went off.

Dec. 7. The ulcer in the roof of the mouth was healed, leaving an opening nearly as large as a shilling, communicating with the cavity of the nostrils. Through this, fluids passed into the nose; and her voice was much impaired and weakened. There was scarcely any discharge from the nostrils, her health and strength were very much improved, and she had gained flesh. The Ossa Nasi not having been included in the ravages of the disease, the bridge of the nose was but very slightly depressed.

## CASE V.

### PSORIASIS DIFFUSA.

Henry Salmon, fifty-four years of age, became a patient at the St. George's and St. James's Dispensary, Sept. 10, 1818. Over the greater part of the left leg, and the upper



part of the foot, in the right ham, and on both arms, were numerous broad irregular shaped patches of Psoriasis Diffusa, from whence exuded an abundant discharge of thin, ichorous matter, part of which was con-creted into thin crusts or scabs. The skin covering these parts had a vivid red, excoriated appearance; and he complained of much hot, pungent, smarting pain, especially on going near a fire, and after getting warm in bed.

He had been suffering from this complaint between three and four months; but his general health did not seem to be much impaired.

I desired him to live upon a plain moderate diet, and to abstain from beer, and fermented liquors.

He was at first put on the Plummer's pill, and the Subcarbonate of Soda with Sulphur; but his complaints continuing to increase rather than otherwise, these medicines were discontinued at the end of a fortnight, and he began to take a pint, daily, of the Decoct. Ulmi Comp.

By the 15th of October all the incrustations had disappeared, the discharge had ceased, and the vivid colour of the eruptions



had much faded. The irritation and smarting pain were diminished, and affected him chiefly at night. He continued to take his medicine, and to attend at the Dispensary, but not very regularly; and the further progress towards amendment was consequently slower. There was, however, no return of the discharge; the discolouration of the skin gradually disappeared, and in the beginning of the following January was scarcely visible. In proportion as the skin recovered its natural appearance, the itching and irritation went off; and after this time he ceased to attend.

The only topical applications which this man used, were warm water, and the Unguentum Zinci, at first combined with an equal proportion of Ung. Plumbi Superacetatis, and afterwards alone.

#### CASE VI.

PAINS IN THE LIMBS, AND DISEASE OF THE TESTICLE, AFTER THE IMPROPER USE OF MERCURY FOR THE CURE OF GONORRHŒA.

James Hall, aged thirty-two years, by trade a baker, was admitted a patient under



my care at the St. George's and St. James's Dispensary, Oct. 9, 1817, complaining of severe erratic pains in his limbs, chiefly affecting the knees, legs, and ankles, and keeping him awake at night. He had a painful enlargement of a submaxillary gland; and the right testicle was swollen to the size of a large hen's egg, of a uniform, somewhat pyramidal-shaped figure, hard, with occasional shooting pain through it, and accompanied with painful fulness and thickening of the spermatic chord from the testicle to the ring of the external abdominal muscle. His gums were worn away from the teeth by the action of mercury; he was considerably emaciated and debilitated; had an impaired appetite, and white tongue; his countenance was pale and dejected, and he looked, altogether, extremely out of health.

He stated, that, about a year before, he contracted a gonorrhœa, accompanied with *Ardor Urinæ* and *Chordée*, for the cure of which he consulted a practitioner, from whose prescriptions and medicines he derived no relief. At the end of six months the discharge still continuing profuse, with pain and irritation in voiding his urine, he placed himself under the direction of another practi-



tioner, who put him on a course of mercurial pills, which, he said, he had continued to take without intermission until within a week before his application at the Dispensary. In a short time after he had commenced this discipline his mouth became salivated; at the end of three or four months he was attacked with pains in all his limbs, and swelling of the right ankle and both knees, so severe as to prevent him from following his occupation, and to deprive him of sleep. His health suffered—he lost his appetite and strength; and within the last ten days his testicle had become enlarged and painful.

At the time of his admission, the discharge from the urethra was so trifling as to be scarcely perceptible.

He was put on a course of the Decoct. Sarsap. Comp. of which he took a pint daily; and ten grains of Dover's Powder at bedtime. He had the Sal Ammoniac lotion for the testicle, which was, also, supported in a bag truss.

In less than a week the pains in his limbs were much relieved, he got more sleep at night, and the swelling of the testicle and chord began to subside. By the end of the month the testicle was very little larger than



natural, but the Epididymis was somewhat harder than it ought to be; the swelling of the submaxillary gland had nearly disappeared; and he complained only of stiffness in the joints.

Nov. 6. He had no complaint, but of a little pain in the right ankle. He had regained his flesh and strength very considerably; but I did not permit him to discontinue his decoction until the middle of December; when having no appearance of complaint remaining, except a very slight induration in the Epididymis, he was discharged.

March 6, 1819. This man again applied at the Dispensary. He said, that he had remained quite well from the period of his discharge, until November 1818, at which time a return of the swelling took place in the testicle, accompanied with considerable pain and hardness; and that an abscess had formed in it, and burst about six weeks before I saw him. At that time, the testicle was as large as a duck's egg, uniform in its figure, hard and heavy, but not very painful. In the scrotum was an ulcerated opening, as large as a sixpence, communicating with the cavity of the abscess, and discharging thick purulent matter: and at this part the integu-



ments were closely united to the body of the testicle. The chord was free from disease.

He was ordered to take a pint daily of the Decoct. Ulmi Co. to rub half a drachm of mercurial ointment upon the testicle every night at bedtime, and to cover it with a linseed meal poultice.

Soon after he had entered upon this plan of treatment, a fungous flesh sprouted up from the testicle, and protruded above the level of the integuments. This, however, gave no trouble; the testicle rapidly subsided; and as this process went on, the fungus disappeared; and by the 1st of April the ulcer was completely healed. In another week the testicle was reduced to its natural size; but still continued indurated, and adhering to the integuments. He now began to complain of a return of his former pains, and swelling about the ankles. In consequence of this, the mercurial ointment was left off, and a hemlock poultice substituted in its place. Towards the middle of May the pain in the ankles became very much augmented, and was accompanied with extensive tumefaction and tenderness about the lower extremity of the right fibula; and in the knees and larger



joints. These pains very much resembled those of rheumatism, and were attended with a high degree of febrile excitement, a quick pulse, and a very furred, loaded tongue; and deprived him of rest and sleep. He lost his flesh and appetite, and became exceedingly debilitated towards the termination of the attack, which proved very obstinate, and did not begin to subside until the middle of July. He then returned to the use of the Decoct. Ulmi Co. which had been suspended during the violence of the attack, and in each pint of it he took a drachm of the diluted Nitric Acid.

Under the use of this combination the remnants of his pains subsided more rapidly; he improved in health and spirits, and began to pick up flesh and strength. But his means of subsistence were very scanty; he lived in a small room in a public house, in a confined part of the town; and there was reason to believe, that he was neither very attentive to his mode of living nor regular in taking his medicines. Under these circumstances it is not surprising that his amendment was rather slow. In the beginning of September he had an opportunity of going into the country, which I strongly advised him to avail himself



of; and since then I have heard nothing of him.

### CASE VII.

#### SECONDARY SYMPTOMS, FOLLOWING SLOUGHING ULCERS ON THE PRÆPUCE AND GLANS PENIS.

Hezekiah Herbert, thirty years of age, became a patient under my care, at the St. George's and St. James's Dispensary, Dec. 12, 1818, labouring under the following symptoms.

There was elongation, thickening, and partial phymosis of the præpuce; painful, irregular, jagged, sloughy ulcerations on the glans penis, which had penetrated, on the upper side, deep into its substance, a considerable portion of which was destroyed; and, on the under part, had eroded the frænum, and made a considerable opening into the canal of the urethra at that part, through which a large portion of his urine was voided. He had, also, extensive ill-conditioned ulceration of the internal præpuce, and around the corona glandis; with the cicatrices of other ulcers that had now healed. He had lost his health and strength, had a sallow, sickly countenance, and was much emaciated.



He stated, that, three months before his application at the Dispensary, eight or nine days after a suspicious connexion, he observed a sore on the internal præpuce, close to its junction with the corona glandis, for which he consulted an apothecary, who put him under a course of mercurial medicines, that made his gums and mouth sore; but the ulcer spread, and became very painful, and was soon followed by tumefaction and inflammation of the præpuce, with phymosis, which terminated in the extensive sloughing already described.

His gums were still sore from the effects of the Mercury.

I directed him to take a pint, daily, of the Decoct. Ulmi Co. with thirty drops of Nitric Acid; and to apply a sedative lotion to the ulcerations.

The sores soon assumed a cleaner and more healthy appearance; and on the 5th of January were beginning to cicatrize; but his health did not improve in the same proportion, and he continued pale, and thin, and weak. On the 9th of January there had appeared on the forehead close to the edge of the hairy scalp, two *ecthymatous* pustules, which ulcerated, and became covered with



soft yellow, scabby crusts, one of which was about the size of a shilling, the other of a sixpence. At the same time there took place ulceration of the cartilage of the vomer, through which it soon penetrated, forming an opening large enough to admit a pea.

The healing of the ulcers on the glans penis and præpuce proceeded with great rapidity; and by the 14th January, that process was completed in all the sores, except that which had penetrated into the canal of the urethra. Through this the urine passed in a full stream; and although the ulceration soon after healed, the new opening was not filled up.

On the 23d, the crusts had fallen off from the ulcerations on the forehead; the ulceration on the nose was free from pain, and in a healing state, and he was improving in health, and regaining strength, daily.

By the middle of February all his symptoms had disappeared, and the ulcer in the cartilage of the Septum Nasi was healed, leaving a permanent perforation through it. Nevertheless, he continued to take the Decoctum Ulmi Comp. until the 11th of March, when he said, he was in as good health and



strength as before the attack; and he was discharged as cured.

But the term of his convalescence was of short duration. On the 15th of April he returned to the Dispensary, complaining of pains in his shins, and in the small of his legs, which were worse at night, and disturbed his rest. He had, also, headache, and tenderness of the scalp: and within the last four or five days, the old eruptions on the forehead had become red and painful, and were covered with thin yellow crusts as large as half-crown pieces. On the top of his head two pustules had formed, similar to those which had appeared on his forehead, and were, now, covered with the same kind of soft scabs. He complained of soreness in the throat, and painful deglutition; and on inspecting the throat, the fauces were observed to be red, and slightly inflamed, but without any appearance of ulceration.

He was losing flesh, had a pale, sickly countenance, felt weak and languid, and had restless, uncomfortable nights.

He was directed to get the hair shaved off from round the eruptions on the scalp, and to apply to them, and to those on the forehead,



some of the diluted citrine ointment twice a day.

He had ten grains of the Pulv. Ipecac. Co. to take every night at bedtime ; and, during the day, he took a pint of the Decoct. Ulmi Co. in which, as his bowels were sluggish and confined, two drachms of Epsom salts were dissolved.

April 24. The scabs had separated from the eruptions on his forehead and scalp, leaving reddish, shining, smooth cicatrices underneath ; his pains were much relieved ; and the soreness in the throat was nearly removed.

May 4. The redness of the cicatrices was disappearing ; his throat was quite well ; and he no longer complained of headache, or tenderness in the scalp. But his ankles were beginning to swell towards night, and become painful ; and a small ulcer formed on the mucous membrane of the vomer in the right nostril.

May 15. The ulcer in the nose was clean, and not painful. He now complained of soreness in the throat, and of pain and difficulty of swallowing ; and behind the posterior arch of the palate, on the left side, was observed a sloughy ulcer about the size of a



horse-bean. The slough, however, soon separated; and by the 25th, the ulcer was quite healed. There was very little soreness in the nostril, and the discharge had nearly ceased. The swelling about the ankles had almost subsided, and he had only occasional pain in one leg.

Until this time he had continued thin and weak, and obtained little sleep after one or two o'clock in the morning. But he now picked up flesh, and recovered his health and strength very fast, and in the end of June went into the country. I did not see him again till the 24th of August. He then returned to the Dispensary, the eruptions on the top of the head having again broken out, and gone into ulcerations, each larger than a sixpence and covered with scabs: he had, also, a painful swelling of the periosteum covering the lower part of the right tibia. The throat and nose remained quite well.

He was again put on the Decoct. Ulmi Co. the use of which had been interrupted during his visit to the country; and the sores on the head were dressed with Ung. Hydrarg. Nitrico-oxydi.

The scabs separated from the ulcers on the head, which assumed a healthy appear-



ance, and by the end of September were skinned over. By this time, also, the swelling of the periosteum was nearly dispersed, and free from pain. His countenance and general appearance were likewise much improved, although he still complained of restless nights and much debility. In this state he went into the country towards the end of October, where he remained nearly a month; and did not call on me again till the 27th of November; at which time he had picked up a great deal of health and flesh; he had recovered strength, had a clear healthy countenance, and had no complaint remaining but slight excoriation of the cicatrices on the scalp, and a little increased mucous discharge from the left nostril.

He said he intended to return into the country immediately, a measure which I strongly approved of; and I have not seen, or heard of him since.

### CASE VIII.

SCROFULOUS ABSCESSSES, WITH PAINFUL CONTRACTION AND STIFFNESS OF THE ELBOW.

John Kendrick, a post-boy, twenty-eight years of age, and with all the characters of



Scrofula strongly marked in his countenance and general appearance, was admitted under my care at the St. George's and St. James's Dispensary, January 12, 1819.

In his neck, and in the left axilla, were several large scrofulous tumours and abscesses, which had existed for upwards of twelve months, and were discharging a considerable quantity of curdly and thin oily matter. In the neck the tumours were as large as ducks' eggs, and disfigured him very much, by projecting beyond the edge of the lower jaw. He complained of pains, resembling those of rheumatism, in his joints and limbs; and there was so much contraction and stiffness of the right elbow, that he was unable to perform the motions of the joint, and the attempt excited considerable pain. He had a furred tongue; a quick feeble pulse; his face had a hectic flush upon it, and he was weak and emaciated.

He was directed to take five grains of Plummer's Pill every night at bedtime; to drink, daily, a pint of the Decoct. Ulmi Co. to which was added a drachm of Liquor Potassæ; and to cover the abscesses with a linseed meal poultice.



The quantity of *Liquor Potassæ* was gradually increased to two drachms and a half.

Jan. 19. The discharge from the abscesses had assumed a more purulent appearance; and was reduced in quantity. The pains in his limbs were not so severe; he had a cleaner tongue, and was improving in his general health.

Feb. 13. The amendment in his health had encouraged him to resume his occupation as a post-boy, and he had been exposed to very wet and inclement weather; the consequence of which was a return of the pains in his limbs, and increased stiffness in the right elbow. There was no tumefaction about the joint, nor in the arm; but the limb was kept in the half-bent state, apparently by a contraction and rigidity of the tendon of the biceps muscle; and the attempt to straighten it, gave a great deal of pain. Nevertheless, the tumours in the neck and axilla were very considerably reduced, and the abscesses continued to close up and heal.

The same medicines were continued, and a blister was applied upon the arm over the biceps muscle.

Feb. 26. The pains in the limbs were relieved; the motions of the elbow were nearly



perfectly restored; and the abscesses in the neck and axilla were almost all healed up, and the tumours dispersed. His health was greatly improved; and he had regained flesh and strength.

He was desired to follow up the plan of treatment, and to continue his attendance at the Dispensary; but I saw no more of him.

### CASE IX.

PAINS IN THE LIMBS AFTER A COURSE OF  
MERCURY FOR THE CURE OF AN ULCER ON  
THE CORONA GLANDIS.

Hugh Penny, twenty-two years of age, was admitted a patient at the St. George's and St. James's Dispensary, June 17, 1819.

He said, that, four months ago, he contracted a chancre behind the corona glandis, for the cure of which he took mercurial pills so as to make his mouth sore. The ulcer healed in three weeks; and at the expiration of another week he left off his pills. A fortnight afterwards he got wet through, and immediately became affected with severe pains in his limbs, and swelling and stiffness of the larger joints; which had gradually increased,



and, at the time of his admission, were so severe that he could hardly turn himself in bed, and got little or no sleep at night. He had lost flesh, and looked much out of health.

I ordered him to take a pint of the Decoct. Ulmi Comp. every day, and ten grains of Dover's Powder at bedtime. In about three weeks after he had commenced this plan of treatment his complaints had considerably subsided; his progress towards amendment was progressive and uninterrupted; and in the beginning of August he was discharged cured.

## CASE X.

### ACNE PUNCTATA.

Sarah Burroughs, twenty years of age, was admitted under my care, June 15, 1819, with Acne Punctata, in an aggravated form, occupying the whole of her face and forehead, and disfiguring her countenance most exceedingly. The black points were very numerous, and thickly set; and upon the cheeks, temples, and forehead, there were interspersed a number of hard, red, prominent tubercles as large as peas, several of which were in a state of slow suppuration,



accompanied with a good deal of pain; and some, which had undergone that process and burst, were covered with thin crusts or scabs. She said, that she had been suffering from this complaint six years or more; and had consulted as many as six or seven medical men, without deriving any relief. Her general health was unimpaired; but she was subject to occasional pain under the false ribs on the right side, and to habitual costiveness; and she had a white furred tongue.

She was at first put upon an alterative course of the blue pill and rhubarb; and had a solution of the Oxyde of Zinc, in an emulsion of the bitter almond to apply two or three times a day to the face. But no material advantage was derived from this plan; fresh tubercles continued to come out in succession, and to suppurate, in the same way as the preceding ones. On the 20th of July, I therefore desired her to desist from this plan, and to take a pint a day, of the Decoct. Ulmi Co. with a drachm of the Liquor Potassæ added to it; to smear the face all over, when she went to bed at night, with Zinc ointment, and let it remain on all night; and, during the day, to wash her face three or



four times with a spirituous embrocation, and rub it dry with a hard towel.

The dose of the *Liquor Potassæ* was gradually increased to two drachms; and her bowels were kept open by small doses of Epsom salts.

During the first eight or ten days after she had commenced this mode of treatment, suppuration advanced more rapidly in the tubercles, and the discharge from them was increased in quantity. But no fresh ones formed, and the old ones healed, and disappeared much faster than formerly. The black spots dried, and fell out, and very few new ones made their appearance. In the beginning of September, she said, that her face had not been so clear from the eruption for several years. She persevered steadily in the use of her remedies; the large red tubercles entirely disappeared, and in the middle of November there were only a few scattered black dots observable on her forehead and cheeks, the rest of her complexion being perfectly clear and healthy, and her face much more round and plump than when she was admitted at the Dispensary.



## CASE XI.

CHRONIC PAINS AND SWELLING OF THE JOINTS,  
WITH ENLARGEMENT OF THE TESTICLE, AND  
INFLAMMATION OF THE INTERNAL TUNICS OF  
THE EYE.

John Davis, an iron-founder, about thirty years of age, became a patient under my care at the St. George's and St. James's Dispensary, November 21, 1818. At that time he was confined to his bed with chronic rheumatism, affecting nearly all the larger joints, but especially the knees and ankles, which were swollen, stiff, and so painful, that it was with the greatest difficulty he was able to move himself in bed. The left testicle was enlarged to the size of a large orange, hard, tense, and heavy; it was uniform, and nearly spherical in its figure, and painful when, and for some time after being handled; at other times there was a constant dull aching uneasiness in it. The chord was enlarged and tender, but not indurated.

He had a quick, and rather full pulse; a white furred tongue; was greatly emaciated;



got very little rest at night; had a bad appetite, and a sallow, unhealthy countenance.

He said, that he had been confined to his bed with these complaints for eleven months, and that they were daily getting worse, although his master, for whom he worked, had employed a surgeon of considerable eminence to attend him; and that he did not know to what cause he could attribute them, unless to a gonorrhœa he had had three or four years ago, for the cure of which he took mercurial pills so as to make his mouth sore.

I directed him to rub upon his testicle half a drachm of the Unguent. Hydrargyri c. Camphorâ, every night; to take fifteen grains of the Pulv. Ipecac. Co. at bedtime, and to drink daily, a pint of the Decoct. Ulmi Comp. to which was added one drachm of the Liquor Hydrargyri Oxymuriatis, and a drachm of the Ext. Sarsaparillæ.

Under the use of these means, assisted by the application of a blister to one of the knees, his pains, and the tumefaction and stiffness of the joints, very rapidly subsided. The testicle became daily less in size, softer, and more free from pain. He recovered his flesh and appetite, and obtained refreshing



sleep at night. By the middle of January following, the testicle was reduced to half its former dimensions, and his health was so much restored that he left off his medicines, without leave, and very imprudently resumed his heavy and laborious employment.

During this time the quantity of the *Liquor Hydrargyri Oxy muriatis* and of the *Ext. Sarsaparillæ* had been increased to three drachms in each pint of the decoction, without his gums having been affected by the mercury; and the *Sal Ammoniac* lotion had been substituted for the mercurial ointment and camphor to the testicle.

On the 30th of January he came to the Dispensary suffering under a very severe attack of *Ophthalmia*, with pustules on the upper part of the transparent *Cornea*. In three days the inflammation extended to the internal tunics. Beneath the inflamed *Conjunctiva* was a distinct zone of red vessels surrounding the circumference of the *Cornea*; the pupil was contracted and muddy, and vision considerably impaired. He complained of much deep-seated pain and distention in the globe of the eye, and of pain in the brow and temple. This attack proved very obstinate, and was not finally overcome until



the beginning of March, he having persisted in going to his work, and drinking large quantities of porter, while under the salivating influence of the Calomel, which he took for the cure of the Ophthalmia.

During this time, however, his testicle had continued to diminish in size, and he had no return of the pains in his limbs and joints. But he was weak and debilitated. The Calomel was now, therefore, discontinued, and he took a pint of the Decoct. Ulmi Co. every day, under which he rapidly regained his natural health and strength, still following his occupation ; and in the beginning of April the testicle was not larger than the other, but slightly indurated. After this he came no more to the Dispensary.

## CASE XII.

ULCERS ON THE TONSILS, ERUPTIONS ON THE SKIN, AND PAINS IN THE LIMBS.

Stephen Robinson, twenty-three years of age, applied at the St. George's and St. James's Dispensary, October 28, 1819, having rather a deep, but clean ulcer, on each



tonsil. The anterior edges were abrupt and slightly elevated, and he complained of pain and difficulty in swallowing. On his face, body, and arms, were numerous mottled stains in the skin, of a pale reddish colour, and here and there a straggling, scaly spot, resembling *Lepra Vulgaris*. On the back of the right hand and wrist was a painful, diffused, pale tumefaction, arising from effusion into the sheaths of the extensor tendons of the fingers; and he complained of occasional pain in the calves of his legs and ankles; had restless nights, and was losing flesh.

He stated, that, four or five months ago, he had a sore behind the Corona Glandis, the cicatrix of which was still thickened and indurated, and a bubo in the right groin; that he had taken mercurial pills under the direction of a surgeon, during the use of which the sore healed, and the bubo was dispersed, in about a month; and that he had continued to take the pills for five or six weeks afterwards, but without his mouth and gums being affected. His present complaints had existed about two months.

He was desired to take a pint daily, of the Decoct. Ulmi Co. and to use an alum gargle for the throat.

Nov. 9. The swelling on the back of the hand, and wrist, had disappeared; and his pains were much diminished. The ulcers in his throat were clean and healing, and he was able to swallow with less pain and difficulty.

Nov. 20. The ulcers in the throat were nearly healed; the pains had entirely left him; and the spots and mottled eruption on the skin were scarcely visible.

Dec. 11. He had continued his medicine, and had, now, no complaint left.

THE END.





## VALUABLE MEDICAL WORKS

PUBLISHED BY

BURGESS AND HILL,

55, *Great Windmill Street, Haymarket.*

---

### WILSON ON THE BLOOD AND VASCULAR SYSTEM.

Lectures on the Blood and on the Anatomy, Physiology, and Surgical Pathology of the Vascular System of the Human Body, delivered before the Royal College of Surgeons of London in the Summer 1819. By JAMES WILSON, F. R. S. Professor of Anatomy and Surgery to the College, and Lecturer on Anatomy and Surgery in the Hunterian School in Great Windmill Street. 8vo. boards, 12s.

### EVANS ON ULCERATIONS OF THE GENITAL ORGANS.

Pathological and Practical Remarks on Ulcerations of the Genital Organs, pointing out the Characters by which they may be discriminated; showing the consecutive Diseases to which they give rise; and containing an Inquiry into the Use of Mercury in their Treatment. By JAMES EVANS, Surgeon of His Majesty's 57th Regiment. 8vo. boards, 5s. 6d.

### GREGORY'S LECTURE ON DROPSY.

A Lecture on Dropsy. By GEORGE GREGORY, M. D. Licentiate of the Royal College of Physicians in London, and Senior Physician to St. James's Dispensary. 8vo. 2s.

THE ARMY MEDICAL OFFICER'S MANUAL UPON ACTIVE SERVICE; or Precepts for his Guidance in the various Situations in which he may be placed; with Observations on the Preservation of the Health of Armies upon Foreign Service. By J. G. V. MILLINGEN, M. D. Surgeon to His Majesty's Forces; Associate of the Medical Societies of the Faculty of Paris, and Corresponding Member of the Royal Medical Society at Bordeaux. 8vo. boards, 9s.

### JACKSON ON CONTAGIOUS FEVERS.

A Sketch (Analytical) of the History and Cure of Contagious Fever. By ROBERT JACKSON, M. D. 8vo. boards, 8s.

MEDICAL TOPOGRAPHY OF UPPER CANADA. By JOHN DOUGLAS, Assistant Surgeon of the Eighth Regiment. 8vo. boards, 4s. 6d.

*"The perusal of this Work will afford much pleasure, independent of that derived from the Medical Doctrine it contains."*—Vide Medical Journal.

### ON MINERAL WATERS AND BATHING.

Practical Observations on the Medical Powers of Mineral Waters, and of the various Modes of Bathing: particularly in Scrofula—Consumption—Cutaneous Affections—Gout—Rheumatism—Palsy—Fistulous Ulcerations—Disorders of the Kidneys—Indigestion—General Debility—Nervous and Liver Complaints, &c. &c. With Remarks on Exercise and Diet. Intended for the Use of Invalids. By PATRICK MACKENZIE, M. D. Licentiate of the Royal College of Physicians, London; and Assistant Physician to the Fever Institution, &c. &c. Second Edition, enlarged. 12mo. boards, 5s. 6d.



*Works published by* BURGESS and HILL.

ON THE OPHTHALMIC INSTITUTION.

A Letter to the Right Hon. Lord Viscount Palmerston, Secretary at War, &c. on the Subject of the Ophthalmic Institution, for the Cure of Chelsea Pensioners. By JOHN VETCH, M.D. F.R.S.E. Physician to the Forces. The second Edition, with an additional Appendix, containing the Reports of the Army Medical Board, and of the Medical Officers of Chelsea Hospital. Sewed, 2s. 6d.

SHELDON ON FRACTURE OF THE PATELLA.

An Essay on Fracture of the Patella, or Knee-pan. Containing a new and efficacious Method of treating that Accident, by which the Deformity and Lameness that arise from the old and common Mode of Treatment are avoided. With Observations on the Fracture of the Olecranon. By the late JOHN SHELDON, F.R.S. and Professor of Anatomy in the Royal Academy of Arts, London. A new Edition, with Notes by an Hospital Surgeon. 8vo. 2s. 6d.

KIRBY'S CASES IN SURGERY.

Cases, with Observations on Wry Neck; on the Reduction of Luxation of the Shoulder Joint; on the Operation for Hare Lip; on Cartilaginous Substances on the Knee Joint; on Aneurism; on the Use of the Extract of Stramonium, and on the Extraction of a Gum Elastic Catheter from the Bladder by an Incision above the Pubis, under singular Circumstances. By JOHN KIRBY, A. B. Member and one of the Censors of the College of Surgeons in Ireland. 8vo. boards, 6s.

---

A MEDICAL  
READING ROOM AND LIBRARY,

*55, Great Windmill Street, Haymarket.*

MESSRS. BURGESS AND HILL

Beg most respectfully to inform Gentlemen of the Profession, that they have opened a READING ROOM, and Medical, Chemical, and Philosophical CIRCULATING LIBRARY, including all new Works and Periodical Publications relating to the above Sciences; also the Philosophical Transactions, Journal of Science and the Arts, Repertory of Arts, the Edinburgh, Quarterly, and British Reviews, &c. as soon as published.

*Terms:—Annual Subscribers in Town to pay 1l. 16s.—Half a Year, 1l. 1s.—A Quarter, 13s.—One Month, 6s.*

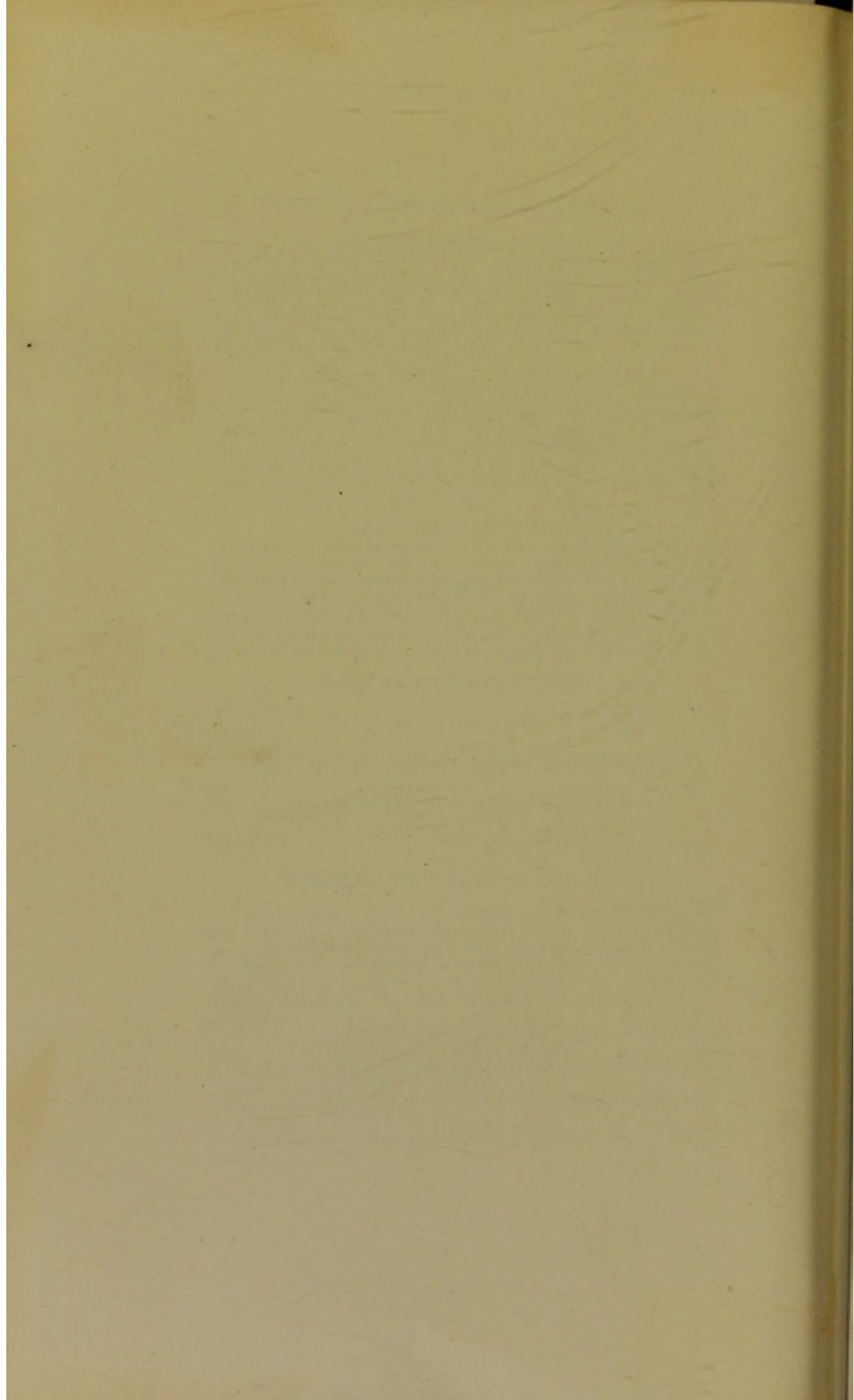
Gentlemen who subscribe to the *Library*, are admitted to the *Reading Room* without any additional charge.

Gentlemen in the Country paying 2l. 10s. per Annum, are allowed an extra number of Books.

+++ Reading Societies supplied with new Publications on the most reasonable terms.







Dremsd 8/83

$\frac{30}{8}$   
79

$\frac{9}{6}$   
70



