chievous constitution of our hospitals and dispensaries has a still more momentous bearing : *it destroys or prevents the formation of provident habits among the poorer classes.* The man who knows that a charity is open to him whenever he wants a dose of medicine, is not likely to save money ; with him, sufficient for the day is the evil thereof ; and thus when his family are laid aside by sickness, the dispensary doctor is struck with the poverty of the den or garret, which, had not indiscriminate charity existed, might have been a comfortable home.

It may be said, that these growing and long-continued evils admit of no immediate or adequate relief. We would suggest a remedy, by asking two plain questions.

Why should the medical officers of public charities work gratuitously ? Why do they not combine together to memorialize the various committees and boards of governors to stop the present wholesale distribution of medicines and advice to out-patients ; or to adopt the alternative, of paying their physicians and surgeons a suitable salary for their attendance, and adequately increasing their number, so that the advice given, instead of being, as it now too often is, only nominal or routine, may be founded on an efficient examination of the patient.

We feel certain that there is scarcely a body of gentlemen acting as a hospital or dispensary committee, who would not feel that they were imperatively called upon to confront and reform existing abuses, were they to be thoroughly convinced of their actual magnitude.

SHABBY TRICKS OF THE GUARDIANS OF THE LEDBURY UNION.

THE mean devices by which "guardians" of the poor strive to snub, crush, and despoil Union Medical Officers, are so well known, as to have become proverbial ; yet that is no reason why we should not occasionally call attention to the tactics of these parties. Abuses must be unceasingly exposed, so long as they remain unredressed.

Before us lies, in the *Medical Times* of the 22nd instant, an advertisement of the Guardians of the Ledbury Union, in which, after stating the salaries they propose to give to their medical officers, they state ;—"The guardians will provide all drugs and appliances, and a competent person to dispense the same ; they also purpose subscribing to the Hereford and Worcester Infirmarys. No extra fees will be allowed." In other words, the subscribers to these charitable institutions are to be burthened with the maintenance of all the paupers who may sustain severe surgical injuries, while the hospital staff gratuitously attend to them, in order that they may save the ratepayers the paltry fees sanctioned by the Poor Law Commissioners to be paid to Union medical officers. We unhesitatingly declare, that county hospitals are not intended for such purposes ; and that their surgeons are not appointed to minister to such cases. The system cannot be defended ; and we think that if a firm remonstrance from the Association, or its Council, were made to the committees of these infirmarys, lasting beneficial results might flow to the Poor Law Medical Staff of the whole kingdom.

The numerous letters which we receive, bearing more or less on this point, constrain us to publish that this is a matter which requires more than statements and appeals in these columns. It demands decided, organized, and persevering action.

THREATENED RE-IMPOSITION OF THE INCOME TAX.

THE threatened re-imposition upon medical practitioners of their present unjust share of the Income Tax, ought to rouse not only their indignation, but their energies. On the 10th of February, Parliament meets ; and before that day there is abundance of time for the medical profession in every town in the kingdom to prepare petitions to both Houses, similar to those which have already been adopted at Torquay, and which we print at p. 93, along with a prefatory letter from Dr. Nankivell. The labours of Mr. Hume's committee have clearly proved the practicability of a more equitable adjustment of the tax ; and as it must at no very distant period be either revised or abolished, we call upon our colleagues to be up and doing.

ORIGINAL COMMUNICATIONS.

ON INFLAMMATIONS OF THE SCLEROTICA.

By WHITE COOPER, Esq., F.R.C.S.Eng., Ophthalmic Surgeon to St. Mary's Hospital, etc.

INFLAMMATIONS of the Sclerotica having been particularly rife during the last autumnal and winter months, I propose to offer a few practical remarks upon them.

The reason of their frequency in autumn, may be the action of the damp and cold then prevailing, on systems still feeling the effects of the summer heat. During the hot months the perspiration is active, but is checked by the chilly nights of autumn. If the atmosphere be dry, cold, no matter how intense, will not set up rheumatic inflammation ; but a cold fog is, as every one knows, especially favourable to its development. The electrical condition of our nervous systems is much influenced by moisture, and when the air is loaded with moisture, the insensible perspiration cannot be carried off with the same freedom as when the air is dry ; thus effete particles are retained which ought to be removed. In some persons, there is a tendency in the fibrous structures to take on inflammatory action under such circumstances, and the sclerotic, as one of them, evinces this in the affection Scleritis : and when this membrane has once been the seat of inflammation, the morbid action has a tendency to recur again and again when the exciting cause is in operation.

The tough, fibrous sclerotic has little sensibility in its normal state ; but when the vessels composing its areolar tissue swell under inflammation, the membrane yields to the distension slowly, obstinately, and with grievous pain. To a superficial observer, the inflammation appears much less severe than in conjunctivitis ; for in place of the bright crimson of the latter, the eye has a generally diffused pink hue, caused by the minute capillaries of the white sclerotic being gorged with red blood. On close inspection, there will be seen a series of straight vessels running from the periphery of the globe towards the cornea, separately at first, but inosculating at acute angles as they approach it ; these are manifestly deeper than the more tortuous vessels, which may always be seen coursing over the surface.

Whenever the sclerotic is inflamed, there is deep-seated pain of an aching, throbbing character. The globe feels too large for the socket, and is tender to the touch ; the pain is not confined to the eye, but extends to the temple, which is bruised and sore ; in severe cases the whole side of the head, even to the occiput, together with the brow and cheek, participate in the suffering. This is aggravated at night, and it is supposed that in true rheumatic cases the periosteum lining the orbit participates in the inflammation. Be that as it may, the patient is generally awakened about two in the morning by a paroxysm of pain, which gradually increases up to a certain point, and then as gradually subsides ; and this is repeated night after night, till the sufferer,

though jaded and weary, dreads the approach of bed-time, and the morning finds him tossing, feverish, and unrefreshed.

When the great vascular communication which extends from tunic to tunic of the eye is considered, we may readily conceive that inflammatory action commencing in the sclerotic is speedily extended to the other membranes. Accordingly, within a few days after the pinkness of the sclerotic manifests the presence of inflammation, the conjunctiva will redden, and the iris will be slightly changed in colour; for instance, a blue iris will assume a slight greenish tinge without perceptible dulness, and about the same time the patient complains of some mistiness of vision;—the pupil too will be rather contracted, and will not act freely. These symptoms indicate that the iris and choroid participate in the morbid action. When the iris becomes involved, the characteristic zone around the cornea becomes strongly marked, being gradually shaded off into the general pink of the sclerotic, above which a pretty close network of inflamed conjunctival vessels can be seen.

At the first onset of scleritis the whole membrane is not suffused at once; a patch, generally near the cornea, first becomes injected, and from this the inflammation, if not checked, rapidly extends.

Being desirous of ascertaining the relative frequency of scleritis in different places, I have compared the reports of the Liverpool, the Bristol, and the Moorfields Eye Infirmarys; and taking the average of three years, 1846, 1847, and 1848 for each, I have found that the proportion of rheumatic cases was to the whole number of cases as follows:—

At Liverpool	1 in 128.29
Bristol	1 in 71.53
Moorfields	1 in 53.64

According to M. Cunier, the proportion of rheumatic cases in Belgium is about twenty-two per cent.,—an enormous proportion, fully bearing out his statement that, in order of frequency, rheumatism stands next to scrofula as a disease of the poor in that country; and we cannot fail to remark, that the proportion is greater in London than in either Bristol or Liverpool.

Besides the simple form of scleritis which is excited by local influences, there is another which is really the development of rheumatic inflammation in the eye, and is independent of local causes. During the last spring, I was requested to see a patient of Dr. Sibson's in Victoria-ward, St. Mary's Hospital. On a bandage which covered her eyes being removed, I recognised acute rheumatic inflammation of the right eye; and on inquiring for what disorder she was admitted, was informed that she was then confined to bed by acute rheumatism of the joints, and that the inflammation of the eye had come on since her admission, being, in fact, metastasis to that organ. It is, however, more common to find the eye affected after the general attack has passed away. Mr. Middlemore thus describes the conditions which usually govern the invasion of rheumatic scleritis.

"Rheumatic scleritis," says he, "takes place most commonly independently of the present existence of any rheumatic affection, but not independently of the former existence of rheumatism; and in very many instances it would seem to be vicarious of rheumatic inflammation elsewhere, for, although rheumatism in some other part of the body may have been somewhat severe at the time of its occurrence, its severity has declined as the disease in the eye has progressed, and when fully established in that organ, it has wholly disappeared in its original site. I have known a severe attack of rheumatic scleritis supervene upon an acute rheumatic affection elsewhere, and continue in both situations with great severity; but this is very unusual, and presents a rare exception to the general rule upon this point. In other instances, rheumatic scleritis has distinctly alternated with rheumatism in some other part, the one texture resuming, or, to use a familiar phrase, taking up the action the other texture had declined."*

The following cases illustrate these positions.

CASE. On the 14th of last September, a member of Par-

liament, about 36 years of age, consulted me under the following circumstances. During the late Session of Parliament, he had suffered severely from the currents of hot and cold air, which play in a most eccentric manner on the members of the House of Commons, giving rise, in his case, to general rheumatism of the muscles of the body; so that, as he expressed it, "Whether sitting or lying, there was no posture in which he was not in pain." After trying a variety of treatment he went to Buxton, and had derived considerable benefit from the bathing there, when suddenly, and without apparent cause, his right eye became attacked with inflammation, which for a fortnight completely bade defiance to the active general measures, and local sedatives and astringents, with which he was treated. At this point I shall leave the case, referring to it again when speaking of the treatment of rheumatic inflammation.

CASE. On the 6th of the present month, Susan Jandrell, a spare woman, 78 years of age, applied to me at the North London Eye Infirmary. Her right eye presented a well-marked example of rheumatic scleritis. On asking how long she had had it, she replied, "Oh, sir, this is one of my old attacks: for the last seven years I have every autumn had an attack of rheumatism, and as soon as my limbs get well my eye always becomes bad." I might adduce many more examples, but these are sufficient for my purpose.

The symptoms in rheumatic inflammation differ in no great degree from those which have been described as characterising the simple form; the colour is perhaps more dull, more brickdust-like, and the redness more patchy than in ordinary scleritis, but according to my experience the rheumatic form is by far the most troublesome to deal with. In the first place, its obstinacy is great. The surgeon is sent for to a patient labouring under this disorder; his treatment is attended with the most pleasing improvement, and the eye gets nearly well. He congratulates himself on the speedy cure effected; when, on calling, he finds the room again darkened, and the eye bound up. "Oh," says the patient, "my eye is as bad as ever; I've had a dreadful night; I went to bed quite comfortable, but awoke about two, and have not had a wink of sleep since." The examination of the eye quite confirms the assertion of the patient, that the inflammation is as bad as ever, and the whole battle has to be fought over again; and this will sometimes happen twice or thrice, until the patient is utterly disheartened, and the medical attendant perhaps not less so.

There is another feature of rheumatic scleritis, which is very troublesome. After the inflammation has existed some days, a little ulcerated furrow, surrounded by a slight haze, is seen near the margin of the cornea. This is very apt to extend, until there is a troublesome superficial ulceration, attended with considerable haziness, involving, perhaps, half the surface of the cornea, and materially interfering with vision. I believe this is most frequently found in persons of feeble constitution, and whose systems are debilitated either by disease or by excesses. In such, weeks and even months will elapse before the eye perfectly recovers, as in the following case.

CASE. On the 11th of last May, I was sent for to a lady, seventy-one years of age, who had during the last seven years suffered from four attacks of rheumatic inflammation of the left eye, two of which had respectively lasted three months, and three months and a half. The outer half of the sclerotic was of a dull red, the eye felt bruised and sore, and there was pain of the brow. Six leeches were applied to the temple, frequent fomentations ordered, and after the secretions had been corrected, bark and soda with colchicum were prescribed. The eye gradually became better; and on the 20th, I took my leave.

On the 24th, I was again sent for, and found a slight return of the inflammation, but so trifling, that I again took my leave on the 26th, the eye being apparently well.

On the 31st, I was again summoned, and this time found a rather sharp return of the inflammation, with haziness and several small superficial ulcerations on the cornea; but by the 10th of June, all had subsided, with the excep-

* Middlemore, "Treatise on the Diseases of the Eye", vol. 1, p. 568.

tion of slight haze, which was gradually disappearing, in the cornea.

A month afterwards, the eye experienced a slight return of inflammation, and the abrasion of the cornea reappeared, nor did it yield readily to treatment. The weather was at this time oppressively hot; and being satisfied that change of air would be beneficial, I sent this lady to the Isle of Wight. Within a day or two after her arrival there, an improvement in the symptoms was apparent. It continued, and the eye gradually recovered; so that when I saw it at the expiration of five weeks, the faintest possible haze alone marked the seat of the troublesome ulceration of the cornea.

In connexion with this case, I may mention a little incident so characteristic of the late Duke of Wellington, that I will venture to relate it.

Soon after the second attack of inflammation had subsided, but whilst the eye was still uneasy and intolerant of light from the ulceration, my patient said to me one day on making my call, "Mr. Cooper, the Duke of Wellington and I are very old friends; and hearing that I was suffering from my eye, he called yesterday, bringing with him a bottle of eye-water, which he said he was quite sure would cure me if I would use it, for he had used it himself daily for twenty years, and entirely attributed the preservation and strength of his sight to it, but I said I would not apply it without your permission."

I smiled, and asked if her ladyship knew its composition? "Oh, yes," said she, "the duke told me that it was equal parts of vinegar and rose-water; and the way he uses it is this:—he dips his finger in it every morning, and sweeps the moistened finger round the eye two or three times, not letting any of the eye-water get into the eye; and he is perfectly confident that if I will do the same, my eye will soon be well."

I told her ladyship that so far as I was concerned, she was at perfect liberty to use it in the way described; but I had great misgivings as to the favourable result so confidently predicted by my illustrious rival.

There is a peculiar condition of the eye occasionally seen in old persons who have been martyrs to chronic rheumatism, especially that form in which the joints of the fingers have been slowly disorganized, giving these extremities the appearance of birds' claws.

Without other pain than dull aching, a morbid action will be set up in one of their eyes, of which the appearances are as follows. The sclerotic gradually loses its natural appearance, and assumes a purplish dingy brown hue, most marked in the neighbourhood of the cornea; after the lapse of many months, it may be seen to bulge a little—not equally, but more on one side than the other. The iris becomes dull and rather discoloured; a few purplish vessels may be seen ramifying on the surface of the sclerotic, and the patient complains that the sight has become very imperfect. In such cases there has been chronic inflammation, giving rise to effusion, which effusion, causing absorption of the sclerotic, permits the dark hue of the choroidal pigment to be seen through the attenuated membrane—whence the colour. The same pressure, at a later period, produces the bulging projection. I believe that the choroid is always implicated in these cases, and that the local changes being in connexion with constitutional mischief, are very little amenable to treatment.

Authorities differ widely as to the line of treatment proper for scleritis; but perhaps too much attention has been paid to verbal distinctions, and too little to the broad principles which should guide us. We ought not to consider ourselves bound down to one line of treatment for scleritis, to another for conjunctivitis, to a third for iritis, or to yet a fourth for choroiditis. A practitioner who allows himself to be trammelled by mere names, places himself in a false position. We should first look to the affected organ, and carefully ascertain the extent to which the inflammation has proceeded. Having satisfied ourselves on this point, we should not less carefully examine into the general condition of the patient, obtaining all the collateral

information as to constitution and habits that can be acquired; and on the combined information obtained in this manner, we should direct our proceedings, irrespective of mere names. I have been led to these remarks by the different directions laid down in books as to the treatment of scleritis. One authority would treat it exclusively by attacking the morbid condition of the system; another would confine its treatment to local measures; then, again, some would bleed from the arm very copiously, whilst others condemn even the moderate use of leeches. The truth is, that every case ought to be made a study of itself, and should be treated according to its requirements. As a general rule, there can be no doubt that judicious depletion, by cupping or leeching, is beneficial. The vessels are thereby unloaded, and brought into a favourable condition for responding to the action of medicines; and I may remark, that the mastoid region is preferable to the temple for the abstraction of blood. The bruised and tender feeling of the temple, which is characteristic of scleritis, renders cupping on that spot a very painful proceeding, and leeches occasionally cause much irritation and erythematous swelling, when applied there; these objections do not apply to the mastoid region, and the relief is equally great when the blood is taken from thence.

As regards general treatment, much will, of course, depend on the condition in which the patient is found. The bowels should be well cleared in the first instance, but afterwards mere purging does little good. The point to be held in view, should be correction of the secretions, and regulation of the bowels, rather than active purgation: no less important is it to maintain an action of the skin, by doses of Dover's powder, or James's powder, where the surface is dry. A valuable medicine, after the tongue has become clean, is bark and soda, five grains of each of which, combined with two of powdered colchicum, or without the colchicum, may be given thrice a day with the happiest effect. The iodide of potassium, too, often exerts great influence over scleritis, especially after it has become chronic. From three to five grains thrice a day, in a light bitter infusion, as that of hop, will often remove the lingering inflammation with great rapidity.

Space will not admit of my dwelling upon the treatment, but I must, in conclusion, allude to a remedy which, at the suggestion of my colleague, Mr. Ure, has recently been employed by me. I mean benzoic acid; and I will briefly narrate the circumstances under which it was tried. It was in the case of the Member of Parliament already referred to. His condition, when I first saw him, on the 14th September, was as follows. The conjunctiva and sclerotic were intensely inflamed, the corneal zone being strongly marked. The iris, naturally blue, had a green tinge, but was not otherwise altered; the pupil was contracted, and sluggish; the globe excessively tender; he had much mistiness of vision, intolerance of light, and profuse discharge of scalding tears. There was great supraorbital pain, involving the whole side of the head, and greatly aggravated at night. This state of things had existed a fortnight, and he was very low, with cold skin, and feeble pulse.

The history of the case, and the symptoms, indicated rheumatic scleritis, which had gradually involved the iris and the choroid; and I thought it a favourable opportunity for trying benzoic acid. Six leeches were first applied to the mastoid, and he was then ordered to take half a drachm of powdered benzoic acid thrice a day. He began this on a Tuesday. On the Thursday there was a manifest improvement; he had passed a good night, and could face the light; whilst the local inflammation had materially decreased. The powders were stopped on the Friday, as he complained that they made him sick; the improvement, however, continued. The only other medicine ordered, was a little grey powder; and on the Monday following—the sixth day after fairly commencing this treatment—the patient left town with his eye almost entirely free from redness, and with merely some haze of vision, all which symptoms, I subsequently learnt, disappeared in the course of another week.