membrane as a continuation of the skin. It is a disease, as its name implies, intimately connected with the scrofulous constitution, the external marks of which every medical man is acquainted with. The fair complexion, the thin integument, the distinctness with which the ramifications of the cutaneous veins are seen, the short and thickened upper lip, the red or sandy hair, are some of the most prominent features of this state of constitution.

Scrofulous ophthalmia is most prevalent from the time of weaning to about the age of eight. There is usually only *slight* redness of the conjunctiva, sometimes confined to that lining the lids, occasionally extending to the covering of the globe. There is always great intolerance of light; little prominences or pustules form on the surface of the conjunctiva generally; a few vessels collected into little bundles are seen proceeding from the same point of the circumference,—more frequently from the angles of the eye than from any other point,—towards the cornea, and at their termination, the small elevations which have obtained the name of pustules, are discernible. They are more frequent at the junction between the sclerotic and the cornea, or near that line. These pustules may become absorbed, and leave behind a temporary white speck; often they break, and form ulcers. When these ulcers are situated beyond the cornea, they are of little consequence, but when on the cornea, they call for more attention, as danger may result in two ways,—either by penetration of the cornea, permitting the escape of the aqueous humour and prolapsus iridis; or after cicatrization has taken place, a permanent white spot may remain, which will interfere more or less with the patient's vision, according to its size. I may be permitted to take this opportunity of cautioning practitioners against the indiscriminate use of acetate of lead, as a collyrium in this affection, for I have seen more cases than one where the ulcer has become the seat of a white deposit of sulphate of lead, from the employment of this wash, and which, of course, results in permanent opacity. The great intolerance of light is a very prominent symptom of this disease, and sometimes it is really the only symptom that manifests itself; the child will skulk all day in dark corners, so great is its dread of the approach of light. If brought to the window, he holds down his head, and presses his hands or arms before his eyes. Children affected with this disease carry it legibly written in their physiognomy. The child's brow is knit and contracted, and those muscles of the face are instinctively called into action, which tend to exclude the light without quite shutting out the perception of objects. When it is attempted to open the eye, it is accompanied by profuse lachrymation. The tears pass partly over the skin, which they sometimes inflame and excoriate; frequently pustules arise, and produce a discharge, which, forming a crust on the cheek, often extends to the forehead and temples. This *crustæ lactea* is very characteristic of the scrofulous habit.

The treatment hitherto found of the greatest benefit, after the free evacuation of the alimentary canal, has been counter-irritation, combined with tonics. Leeches in a very acute attack may be sometimes necessary;

but generally by reducing the system, when it will not bear reduction, they have tended rather to retard than promote recovery.

Dr. Mackenzie has strongly recommended the use of quinine as the best tonic, in which opinion he is supported by Mr. Lawrence, who says he has frequently seen it act "quite like a charm;" in these cases no one will therefore question the utility of tonics. It is my purpose in this communication to draw the attention of the profession to the superiority of the sulphate of bebeerine* to the sulphate of quinine, not only on account of the moderate price of this drug as compared with quinine, which is in itself a strong recommendation, especially in dispensary practice, but also, because, according to the testimony of Dr. Douglas MacLagan and others, it is better adapted to some constitutions and affections than quinine, not being so liable to excite the circulation or affect the nervous system. The following case, one out of many that I have had under my care, will illustrate its beneficial effects:—

STRUMOUS OPHTHALMIA TREATED BY THE SULPHATE OF BEBEERINE; CURE.

J. L., eight years of age, was seen on the 17th of July, the child presented all the characteristic features of the strumous diathesis. He was much emaciated. His mother informed me he had a similar attack two years previously, since which time there has been some intolerance of light. The conjunctiva lining the lids was very vascular; the margin of the cornea of the right eye presented a number of minute phlyctenulæ. He was ordered a purge with calomel and rhubarb, a blister behind the ear, and warm water to the eye.

20th. The appearance of the eye much the same; the other becoming affected. To repeat the purge, and take two grains of sulphate of bebeerine night and morning. Strict attention to his diet insisted on.

23rd. Blister behind the left ear, as the corresponding eye presented two or three well-marked ulcers on the cornea. To continue the bebeerine.

27th. A lotion was ordered with two grains of sulphate of alum to the ounce, which was alternated with the sulphate of zinc. He continued to take the bebeerine upwards of three weeks; after that time, he was discharged cured, the ulcers being healed, and the intolerance of light quite abated.

* For an account of the medicinal properties of bebeerine, see Dr. Douglas MacLagan's papers on the subject, in the "Edinburgh Medical and Surgical Journal," April, 1845; also "Monthly Journal of Medical Science," August, 1843.

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE IX.—EXHUMATION IN SUSPECTED POISONING.

Post-mortem examination. Body much emaciated, and muscles feel soft and flabby to the touch. Considerable livid blueness over abdomen, which is most intense

over the hypochondria, and extends up to the thorax more on the left than on the right side. Slight congested appearance, from gravitation, on posterior aspect of thorax. Between the right trochanter and superior anterior spinous process of the ilium, is a large soft tumour, about the size of an orange, and on the anterior part of this tumour is a dark roseate irregular eschar, measuring three inches from above downwards, and two and a half in breadth. On opening this tumour, four ounces of rusty-streaked pus escaped. At the flexure of the right ankle is a cracked irregular eschar, of about the size of a shilling; there is also an excoriation on the left hip of equal dimensions. Corresponding with the prominent part of the sacrum is a ragged sloughing ulcer, somewhat less than a half-crown piece. *Head*:—On reflecting back the scalp, a little above the supra-orbital region, is observed a congested patch, evidently the result of contusion, measuring an inch and a half in diameter. Removing the calvarium, the surface of the brain looks natural; cutting into the encephaloid mass, and exposing the centrum ovale, no bloody puncta are manifest, nor upon subsections of the organ can any anomalous characteristics be discovered. Feels of ordinary consistency and the cortical substance extends as far into the medullary matter as is generally observed in healthy subjects. No serum in the ventricles. On carefully examining the base of the skull, the right posterior tubercle of the sella turcica is much more acuminate than ordinary, and on placing the finger upon it, its apex feels sharper than natural. *Thorax*:—Removing the sternum, the lungs are not quite so prominent as natural, and their colour is anormally pinkish; little or no decomposition has commenced. Left lung adherent throughout to the pleura costalis by organized bands of lymph; on its posterior aspect is to be noticed some degree of congestion, and especially inferiorly. On the serous covering corresponding with this, is a transparent gelatinous exudation, which is easily broken down beneath the fingers. Several sections made in the organ show morbid redness, the colour in some parts, particularly in congested portions, is of a light vermilion hue. Crepitation, though less distinct in some parts, is nowhere entirely lost, and the organ lightly floats in water. Right lung also attached to the pleural lining of the thorax by morbid adhesions, but not so extensively as the left lung. On being removed, physical characters pretty nearly resemble those described of the left, but congestion not so marked and bright; redness not quite so distinct; is generally crepitant. No tubercular deposit seen in any part of either organ. *Heart*:—This organ is in every respect healthy, all its valves seeming competent to their functions. Pericardium contained four drachms of serous fluid. On excising a portion of the œsophagus from the middle of its course, the mucous membrane presents its wonted characteristics. No vascularity of any importance. *Abdomen*:—Liver normal in all its appearances; spleen small, but parenchymatous structure unaltered. Stomach externally manifests its wonted characteristics; in the cavity are contained two ounces of matter of semi-liquid consistence; vascularity of the mucous membrane not more than is often seen in the organ,

where no disease of it has existed. In a few places adherent to its rugæ are a few small black depositions, which seem of a vegetable nature; beneath these spots, on being lightly scraped off by means of a scalpel, not the least degree of vascularity can be detected, and they seem to have excited no action whatever on the surface; they are insipid to the taste. On the lining membrane of the duodenum are a few slightly-developed arborescent patches; no ulceration nor excoriation; jejunum natural. Towards the lower extremity of the ileum, for ten or a dozen inches, there was considerable arboriform vascularity; mucous covering tolerably firm to the touch. On one part of the caput cæcum coli is some injection, but no ulceration. The arch of the colon presents no morbid appearance; sigmoid flexure much congested and vascular. Throughout the internal surface of the rectum is discoverable much ramified injection, extending about nine inches, and here and there are to be seen small but well defined ulcers. Kidneys in every respect healthy. The uterus is particularly small, and on a longitudinal section being made, its substance is somewhat cartilaginous.

Tests used to the Contents of the Stomach.—1. Solution of ammoniaco-nitrate of silver gives a milky colour.—2. Solution of ammoniaco-sulphate of copper throws down a cloudy white.—3. Lime-water gives no precipitate.—4. The hydriodate of potash exerts no sensible effect.

The manner in which the above tests were used was by adding a portion of the contents of the organ to distilled water in small test tubes. The small black patches were carefully tested by the above, but remained unchanged.

REMARKS.—Casual circumstances sometimes so occur as to create surmises, and give a colouring to opinions that would otherwise have been deemed most improbable, or never been entertained; and so it was relative to the case calling forth these brief observations:—A person, residing in a lonely part of the country, chanced in the course of a few years, to lose three inmates of his house, all dying suddenly. First, a former wife, next a housekeeper, and, lastly, his daughter, who was at the time of her decease, and had been for several years previously, insane. No medical man had attended her, although it was proved she had been in a failing state for some time before she died. Through an irregularity no inquest was held prior to her interment, and certain (when investigated,) satisfactory circumstances rendered it necessary that her funeral should take place at an earlier period than was customary. A fortnight subsequently a report became prevalent in the district that she had not died from natural causes; information consequently being given to the Coroner, he, in discharge of his duty, issued a warrant for the exhumation and examination of the body, and that gentleman employed me to make the *post-mortem* inspection; and as there appeared, on a review, to be some points of interest associated with the case, both pathologically and medico-legally, I have thus been induced to insert it here.

Great are the responsibilities in being summoned to officiate in an instance like the present; and highly important was it that a correct opinion might be formed of the case, because reputation, nay, more, the most weighty dependencies, were based upon a right decision. The Coroner, very judiciously, ordered a careful examination of the body before entering into a detail of evidential enquiry, and thus the medical opinion as to the cause of death was more likely to be unaffected by preconception and prejudice. It has, in an earlier paper of this series, been observed, that the medical man when engaged to give his opinion in medico-legal cases, has nothing whatever to do with the statements deposed by witnesses; he is employed to give his professional opinion as to the extent of injury, or the cause of death, and in this decision it is highly desirable that his mind be unbiassed by any preconceived notions from vague reports, or hearsay suppositions. In all country districts, prejudices are deep-rooted; and there is much repulsive feeling towards *post-mortem* examinations, even amongst those who assume to be of the educated and better classes. In this case it would have been absurd to merely exhume the body without a dissection, and the Coroner very properly insisted upon definite depositions being made relative to the morbid appearances to be discovered in the viscera.

On reference to the foregoing details of the inspection, it is mentioned that the body was in a state of considerable emaciation; and that above the right trochanter was a large abscess, which, from the consideration that

* During the time of my official connection with the Edinburgh hospitals, some cases came under my notice in a certain degree analogous to the one in question,—that is where scrofula and insanity are combined. One man had several scrofulous abscesses in different parts of the body, but especially in the subcutaneous cellular tissue forming what surgeons denominate, *cold abscesses*. He was of phthisical tendency, and gradually lost his reason. On inspection there was discovered a greenish yellow deposition of pus at the base of the brain, and the surrounding parts of the organ were decidedly softened, more especially the medullary part. Previous to the examination of the brain of this girl, I rather suspected a similar condition, which, however, as the report shews, was not the case.

† When recently at the Mary-le-Bone Infirmary, where a number of insane patients at all times form a portion of the inmates of that establishment, and where pathological investigations are diligently pursued, the resident physician, Dr. Allen, informed me that in a very considerable number of *post-mortems* which they had on the bodies of the insane, in a very large majority of the inspections, physical causes were decidedly obvious. The morbid conditions most frequently found, were præternatural vascularity, softening, much serosity, induration, thickening of the membranes, atrophy, anormal developments, and osseous prominences. Esquirol and some other writers have asserted, that instances not unfrequently occur, where no lesion exists. In such cases would not microscopical examination often shew positive structural change, when not at all suspected? My friend Dr. Bennett, now Professor of the Institutes of Medicine in the Edinburgh University, has for years paid considerable attention to disease of the nervous centres, and I recollect some instances in which that gentleman detected organic change in the ultimate structure of the brain, when the symptoms were accountable by no other appearances,

similar collections had formed spontaneously in other parts of the body under the integuments, was evidently of a scrofulous character.* On exposing the brain, the vessels proper to its structure, and the membranes covering it, were not at all engorged; there was none of that venoid appearance which is observed where narcotism has preceded death, and which I have before described under the avowed poisoning by laudanum. There were no bloody puncta on making repeated sections of its substance; no anormal quantity of serosity infiltrated into its ventricular cavities. It has been stated, I may here observe, by certain morbid anatomists, of the insane, that enlargement of the clinoid processes, producing pressure at the base of the brain, has caused insanity;† and certainly in this case the posterior processes were decidedly more acuminate than ordinary; but whether it would be right to subscribe to the asserted opinion, is very dubious, until more irrefragable data confirmatory of its truth have been amassed. From the morbid characters presented by the lungs, it is impossible to dispute the existence of inflammatory action at the time of death, as the parenchymatous structure bore the obvious traces of pneumonia in its first stage; yet such was not of itself sufficient to cause (although in a patient so debilitated it might have expedited,) death. On the serous surface of the left lung, were recent fibrous depositions, and the natural crepitaney was diminished, which remarks also apply to the right lung, but in a less degree. The congestion noticed at the base of these organs, was more the result of gravita-

and when, indeed, others gave it in opinion that the encephalic mass was healthy. Dr. Bennett used to say, what the telescope is to the astronomer the microscope is to the scientific physician, and most undoubtedly our notions respecting the ultimate cause of numerous abscesses, by its use, have become wonderfully more correct. Morgagni, Esquirol, Pinel, Calmeil, Lallemand, Georget, Bouillaud, Prichard, Conolly, and others, have been amongst the chief investigators of the lesions common to this disease, and the labours of these writers have tended considerably to elucidate a subject once so ill-understood. Dr. Allen said that he did not find the diminution of the cortical substance, as spoken of by many authorities, who, in accordance with physiological reasonings, wish to shew that loss of grey matter would be followed by loss of sense. Whether the grey matter be the grand seat of reason or not, is still doubtful; and this case and certain others that have come under my own notice, do not bear out that theory. Violent attacks of fever sometimes leave the mind affected; hence that irascibility which follows febrile diseases, which is, doubtless, dependent upon physical causes, as vascularity, or perhaps change in the granules or tubercle. I yesterday saw in consultation, a young lady, who had long suffered from disease of the cerebro-spinal system; she attributed her illness to previous attacks of typhus fever, which she had had to the fourth time. From a detailed history of her case, and a general review of existent symptoms, I fully concurred with the gentleman under whose care she now is, that there was softening, at least such condition was exceedingly probable. Three or four years ago I attended a smith, whose occupation had been to weld iron in a large manufactory, where the immense fires exposed the mechanics to a very high temperature. The great heat, by præternaturally stimulating the brain, produced total blindness, and gradual fatuity.

tion than from obstructed circulation. In all cases we should distinguish between diseased congestion and that state which is produced by the gravitating of the fluid, and which is always most distinct when the patient has been lying on the back. Those at all conversant with morbid appearances, can readily distinguish between the two. The heart, œsophagus, (the mucous membrane of which organ it is always desirable to carefully examine in cases of this description, as irritant agents invariably produce greater or less excoriation,) liver, spleen, stomach, jejunum, and kidneys, were found natural. In the course of the ileum, at the caput cæcum coli, and sigmoid flexure, a præternatural state of vascularity existed; and the rectum was not only in the same state at several places on its mucous membrane, but there were also distinct points of ulceration. Now, these appearances might, *primâ facie*, have been considered as the result of some irritant agent applied to the digestive surface; but when it is reflected that the patient for some weeks was reported to have had a bowel complaint, and this of a dysenteric character,—that the morbid conditions were not of a recent, but of a chronic, nature,—and, above all, that the stomach was found healthy, it became highly probable that such were the result of spontaneous disease, and not from irritant poisons. Whenever irritants have been swallowed, the mucous membrane of the œsophagus and the stomach are sure to be affected, and there most especially the lesions are discoverable. There is diffused inflammatory redness; the mucous membrane acquires a reticulated vascularity, with softening, gangrene, and irritable obstruction of one or more of the tissues. In the lower bowels the same description of lesions is discernible, though in a less degree than what takes place in the higher portions of the canal. Chronic vascularity of the mucous surface differs in certain respects, and by these we may decide between that which is recent and that which has for some time existed. In the one there is diffused redness as well as tortuosity of the vascular branches, resulting of course from capillary distension; but in the chronic form the inter-arborescent spaces have acquired their former colour, dependent upon the capillaries proper to such parts, having contracted to their former calibre. The smaller vessels of a part more readily resume their former condition than the larger, because it is with the capillaries that the resolution or salutary change first commences. When for some time there has existed obstruction in these minute vessels, the smaller branches of the arterial and venous systems which arise from them are obstructed also; hence their calibre is increased, and thus results that state of præternatural distension which we term vascularity, and as the capillaries soon resume their natural condition, these branches remain in a state of tonic fulness when the inflammatory blood has disappeared. It is on this theory that the nitrate of silver, and some other reme-

dies have their beneficial effects; they stimulate the tunics of the vessels, which from impaction of their contents had lost their natural contractile functions, and thus by astringing these vessels a cure is effected. Reasoning from these considerations, taking into account the above-mentioned facts,—viz., the existence of a dysenteric affection,—the considerable emaciation,—the inflammation of the lungs,—that the patient was insane, and consequently masking symptoms that might otherwise have been more prominently manifested,—that the stomach shewed none of those traces common in irritant, nor the brain the characters so frequent in narcotic, poisoning, I gave it as my opinion that the patient had sunk under natural causes.

The statements of the various witnesses examined at the inquest fully confirmed the conclusion advanced in the medical evidence. The deceased had always partaken of the same food as her parents; for some time she had gradually lost flesh, had become more wan and emaciated in appearance, but as she was so totally devoid of reason, any indisposition could only be judged of by her looks. Some days before her death they considered her not so well,—the diarrhœa was in particular mentioned, and they had consulted a practitioner a month previous to her death, respecting this affection, but that gentleman did not see her, and ordered them to give her a few drops of laudanum, under which remedy little or no benefit accrued. The day previous to her death she had an urgent thirst, which might have been anticipated where active inflammation was going on. The mother, on taking her breakfast to her in bed, saw that she was then very ill, she became rapidly more enfeebled, and soon expired. The jurors, on a deliberate review of all the circumstances, and the facts detailed in medical evidence, without any hesitation returned a verdict of death from natural causes. Had an inquest taken place previous to her interment, which ought to have been the case, but from some mistake or irregularity was omitted, no *post-mortem* examination would have been required, and the friends, who for a time were much distressed at the painful imputation, would thus have been saved a considerable amount of mental suffering.

(To be continued.)

ON TURNING, AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS.

By ROBERT COLLINS, M.D., Dublin.

To Professor Simpson, &c., &c., &c., Edinburgh.

MY DEAR SIR,—

I beg to thank you for forwarding me the proof sheet of your "Memoir on Turning, as an alternative for Craniotomy and the Long Forceps, in Deformity of the Brim of the Pelvis." You are so good as to state in the letter which accompanied the first part