eighth day after my visit, and that he has continued to do so to this date, as a dresser of tin; that he has no pain or difficulty in swallowing, but has had pains in his head occasionally, with drowsiness. He can move his head a little from side to side, but if he attempts to do so beyond a certain point, he has immediately a fulness in the fore-part of his head. The throat has retained its natural form, and the right cornu of the os hyoides is in its proper position.

This person told me that he knew two cases similar to his own, in which the parties recovered perfectly after the head had been pulled back; one, a lad of 14, who made a summerset when jumping off a hedge on some straw; and the other was a mason, aged 24, who fell off a high boiler which he was surrounding with brick work.

June 20th, 1849.—This man visited me at Truro, on account of some trifling ailment, which afforded me the opportunity of seeing that he was in very good health. He is a very temperate man, and still works at Wheel Budnick.

THE BALSAM OF PERU AS AN APPLICATION TO INDOLENT ULCERS.

I wish to mention that I have found the *balsam* of very great use in several cases of indolent ulcerations of the legs and other parts of the body. Lint soaked in it is to be applied to the surfaces every morning, a piece of oiled silk of corresponding size is placed over this, some soft rag to fill up the hollow, and a well-applied roller over the whole. In one case especially, of old ulceration of many year's standing, which surrounded two-thirds of the leg of a man who came into the infirmary for the purpose of having his leg amputated, and which, in the opinion of some of my colleagues could not be saved, the *balsam* excited the growth of granulations over the whole surface so rapidly as to surprise us all, the deep sharply-defined ulcer filled up, and with a little modification of treatment from time to time, proceeded very favourably to cicatrization.

An obstinate case of lupus or *noli me tangere* was very much benefitted, and finally healed, under similar treatment.

CASE OF HORNY EXCRESCENCE FROM THE PREPUCE, CURED BY APPLICATION OF THE SESQUICHLORIDE OF ANTIMONY.

A miner, aged 37, applied to me in January, 1849, for the relief of a most troublesome and inconvenient growth of horny excrescences from the prepuce and glans penis.

The prepuce was retracted, and from two-thirds of its circumference there arose a number of acuminate growths of horny matter, varying in size from the ordinary warty fissure to the length of large grains of the *secale cornutum*, (the slight incurvation of which they very much resembled,) presenting a most formidable *chevaux de frize*. The prepuce itself was covered with flattened patches of the same horny material, so that I could cut off slices of the induration in several places.

The poor fellow stated that he had a phymosis from

childhood, probably congenital, but that it occasioned him no inconvenience until September, 1847, although he had then been married about ten years. That he then first observed a warty growth on the upper and outer part of the prepuce, which caused inflammation of it, and suppuraton of its tissue. That this swelling remaining obstinate, and more warts making their appearance, he applied to a surgeon, who very properly slit up the prepuce, and in due time excised the warts. That about a month after the healing of the surfaces warts again made their appearance, and grew very fast, so that he submitted to excision a second time. That after the second operation the surfaces never healed, but that the warty excrescences waxed larger and longer, until they presented the monstrous dimensions above described.

He begged I would do something "to kill the growths" of these troublesome appendages, but at the same time declared he would not be cut any more. I then told him that if he would bear the pain I could apply something that would burn them down, to which he readily assented, and I proceeded to apply with a brush the sesquichloride of antimony, commonly called butter of antimony, and a most powerful escharotic it is. It occasioned, of course, severe pain for fifteen or twenty minutes after its application, but the effect of it was almost magical; several of the largest growths fell off after the first use of it, and three or four paintings sufficed to reduce the whole to a smooth surface, with which state of things he was very much delighted. He seriously affirmed that he never had contracted a gonorrhœa, and that the morbid growth was spontaneous.

[We have invariably found the application of corrosive sublimate in fine powder (for a few minutes, after the expiration of which it is to be carefully washed off) more efficacious than any other remedy; indeed, in our hands, it has never failed.—ED. J.]

CLINICAL REMARKS

ON A CASE OF ASCITES,

IN WHICH PARACENTESIS WAS PERFORMED WITH
A SUCCESSFUL RESULT.

By P. MARTIN DUNCAN, M.D., Physician to the
Essex and Colchester Hospital.

CASE.—Susan Wildman, aged 19, unmarried, had been an invalid for eighteen months when I first saw her as an in-patient at the Colchester Hospital; previously she had had tolerably good health, but the catamenia had never appeared.

The first symptom she complained of was a darting and frequently dull and prolonged pain over the left ovary, with general *malaise*; after awhile the pain became constant, was increased by pressure, and by her standing perfectly upright. In spite of remedial measures her abdomen began to swell inferiorly, but not, as far as she can remember, more on one side than on the other. In this state she presented herself as an out-patient at this hospital. After a lapse of time the

swelling gradually increased, and on December 15th, 1848, she came under my care.

She is a short, hearty-looking girl, and but for a much enlarged abdomen, looks in perfect health; her face is ruddy, eyes bright, and tongue clean, but rather redder than usual; the abdomen is many times its natural size, the umbilicus nearly touching her knees as she sits, and distinct fluctuation is evident over the whole abdomen; superiorly, and near the epigastrium, the sound on percussion is more drum-like and tympanic than lower down; the umbilicus itself is not prominent, nor are the superficial veins much enlarged; no trace of any diminution in, or increase of, the bulk of the liver, is to be detected; she has never had jaundice or ague, and her motions are natural as regards colour and regularity; the urine is copious, generally pale, and contains lithates, but neither albumen nor fatty epithelium; she had scarlet fever when a child, but has not had any kind of cutaneous disorder of late; has no cough; does not suffer from palpitation, but on account of her large size complains of dyspnoea on reclining; the lungs and heart are healthy; no pain is felt on pressing the abdomen; no tumour is to be discovered, and the catamenia have not appeared; the skin is cool, and slightly moist, and that of the abdomen is not of a higher temperature than that of the general surface.

She has been under the influence of mercury. Ordered middle diet. R. Pil. Hydrarg., gr. iij.; Pulv. Scillæ, gr. ij.; Pulv. Digitalis, gr. ij. Misce fiat pil. j., omni nocte sumenda.—R. Decoct. Scoparii, oz. iij.; Sp. Æth. Nitr., dr. iij.; Tinct. Scillæ, dr. iss.; Tinct. Digitalis, dr. ss. Misce fiat mistura, cujus capeat cochlearia dua majora ter in die.

December 17th.—Is much the same; has passed more urine than usual; no diminution in point of size. Hot-air baths every night. Continue medicine.

20th.—Fancies she is a little smaller, but measurement proves to the contrary. Pergat.

22nd.—Much the same, bowels confined. Pergat.

25th.—No alteration. Omit pil. Cap. Elaterii, gr. $\frac{1}{8}$ th, omni nocte. Mist. et Balneum.

27th.—Has had several copious evacuations; feels lighter. Pergat.

30th.—Much the same.

January 2nd.—Is rather weak; elaterium acts well. Omit hot-air bath.

5th.—Feels weaker; the ascites has not gained upon her for the last ten days. Tongue red; pulse 109, weak and irritable.. Omit med. omnia.

17th.—Has felt better since she has left off her medicine, but has increased in size. Bowels open, urine copious.

19th.—Complains of cough and dyspnoea; has sensibly increased during the last few days. R. Mist. Camph, oz. vss.; Tinct. Scillæ, dr. iss.; Tinct. Hyoscy., dr. iij. Misce. Fiat Mist. cuj. cap. coch. ij. mag. ter.

She remained in *statu quo*, until the 10th of Feb., when she suffered some considerable pain over the sacrum. Hoping that it was symptomatic of the approach of the catamenia, I gave her mustard, foot and-hip, baths, and aloetic purges. The pain remained

for five days and then increased in severity, and was relieved by a blister.

February 17th.—At my solicitation, my colleague, Mr. Nunn, performed the operation of paracentesis and abstracted a large quantity of pale straw-coloured fluid. She had no bad after-symptoms, (no tumour became evident,) and in a few days she walked about the ward. She was discharged convalescent in March.

In June she came to see me, the catamenia have appeared, she is healthy, has no symptom of ascites, and is now able to earn her bread as a factory girl.

REMARKS.—I believe it is very rare for the operation of paracentesis abdominis to be anything more than a palliative measure. In this case it was clearly the means by which the ascites was cured, but it is evident that the success was determined by the cause of the serous effusion.

There were no symptoms of cardiac or renal disease, and the previous history and the general appearance, contradicted all ideas tending to the probability of there being any obstacle to the passage of blood through the liver.

There were no symptoms of general peritonitis; but pain over the situation of the left ovary existed, with deficiency of the menstrual flux, previously to the appearance of any abdominal swelling. Such symptoms are common enough, are to be referred to congestion of the ovary, and are usually relieved by the discharge of the monthly flux, the congestion being hardly abnormal. In this case I take it that instead of the congestion being relieved by the discharge from the mucous surface of the uterus, the peritoneal covering of the ovary took on an unusual function, serum transuded into the general peritoneal cavity, and relieved the tension of the vessels in its immediate neighbourhood.

At each monthly period for some time fresh effusion occurred, the general loss of tone of the system preventing its total reabsorption; by-and-by the effusion increased to such a degree by successive depositions, that the chances of its absorption, by the means usually employed by nature, became much diminished, and after many months, powerful drastics, diuretics, and diaphoretics, hardly prevented any further accumulation. All now depended upon the diagnosis. If the above view of the case happened to be correct, paracentesis might be recommended, and a good prospect of cure held out, but if the fluctuation depended upon the presence of fluid in a diseased ovary, although the operation might relieve, no permanent benefit could be expected to accrue from it.

The commencement of the disease with pain in one side, accompanied by more or less tremor, and the general state of the health, tended to the idea of the dropsy being ovarian, but occasionally the drum-like sound of intestine could be heard, by carefully percussing above the umbilicus, and when she had reclined upon one side for some time, it became evident over the other. The idea of there being a collection of fluid within a cyst was then hardly tenable. The operation was decided upon, and performed, with a successful

result; and the general health being improved by good diet and country air, the peritoneal surface of the ovary no longer relieved the hyperæmic condition of the organ, the uterus took on its proper function, and speedy restoration to health supervened.

The propriety of attending seriously to the symptoms of congestion of one or both ovaries, as rendered evident by throbbing pain a little above the centre of Poupard's ligament, accompanied by tenderness on pressure, and increased by the erect posture, ought to be strongly insisted on. Whether the pain be constant or intermittent, returning at, or exacerbated during the monthly crisis, accompanied by menorrhagia, or coexisting with amenorrhœa and chlorosis, it should receive our urgent consideration; for when an organ has been congested for any length of time, such a state is difficult of eradication, morbid changes rapidly occur, and irremediable mischief results.

Theoretical as well as practical data lead us to suppose that ovarian disease may be prevented, in many cases, by the timely exhibition of remedies to the system generally, and local applications, as in the above-mentioned case.

CURIOUS SECRETION OF BLACK MATTER BY THE MEIBOMIAN GLANDS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The following case appears to me worthy of record, more perhaps from its great singularity, than from any practical value connected with it. If you agree in this opinion, perhaps you will kindly insert it in an early number of the *Journal*.

I am, Sir,

Yours obediently,

THOMAS HEWLETT.

Harrow, August 18, 1849.

On the 8th of July last, Mr. G.,—"a Harrow boy,"—aged 16, came to consult me on the condition of his eyes. He complained that the eyes were painful, hot, and that everything looked dark. On examining the organs, I found conjunctival inflammation, with some congestion at the back of the globe. The lids, especially the lower, appeared externally as though they had been smeared with some black substance, and on exposing the inner surface of the lower lid, I found it covered with the same material. I questioned him very closely as to whether he had been engaged with any substance of this dark colour; but he assured me he could in no way account for this odd appearance, which had existed three or four days. A few leeches, with blisters behind the ears, soon reduced the inflammatory condition, but the discharge remained; it exactly resembled a little lamp black, mixed with mucus. Never having met with or heard of such a case, I took him to a surgeon of first rate eminence in town, who, from his former connection with a large

ophthalmic hospital, had had considerable experience in eye cases. He thought the case very singular, and had never seen or heard of one like it. He was at first disposed to believe some deception had been practised, but I assured him there was no conceivable motive for such a practice, and the boy's character was irreproachable. He then examined the eye with a lens, when each meibomian gland could be readily distinguished, filled with this dark matter. A zinc lotion, with some diluted citron ointment, was directed to be applied, and the boy was to be placed under strict observation. This was easily accomplished, but any suspicion detrimental to his character was not established. The discharge continued some days, but gradually disappeared, leaving for some time afterwards, eight or ten of the meibomian canals still prominent, and loaded with this dark matter. The vision became clear, as the discharge diminished.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER
THE CARE OF PROFESSOR SANDS COX, F.R.S.,
SENIOR SURGEON.

Reported by THOMAS WHITTALL, Esq., Resident
Medical Officer.

CASE I.

SECONDARY SYPHILIS.

John Williams, aged 26, a discharged soldier, of a pale, wan, and unhealthy appearance, and intemperate habits, admitted October 1st, complaining of an inflamed and sloughing ulcer upon the right leg, about the size of a crown piece, the tissues surrounding which are reddened and painful. General health is bad, and the patient complains of great debility. Has had sore-throat frequently, without exposure to previous cold, but has none at the present time. Complains of pains in the shin bones, and in the arms, which are described as resembling those of rheumatism; these pains are not constant, being more severe at night, but comparatively easy in the morning. The tibia appears to be enlarged at the seat of the pain.

History.—The patient had venereal sores upon the glans penis about two years ago, for which he was under surgical treatment, during which his gums were made sore with mercury, and the chancre was healed in a short time. Since that time he has had gonorrhœa. Since the sores upon the penis were healed, he has experienced pains about his limbs, (more especially in the right leg, about the locality where the ulcer exists,) which he describes as being rheumatic. He was under treatment in the hospital, previous to his discharge from the regiment, for rheumatism, without benefit. The skin first began to ulcerate about February last. Ulcer to be poulticed.