CASES OF
MALIGNANT DISEASES OF THE EYE,
WITH OBSERVATIONS.

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Read before the Manchester Medical Society.

ON a former occasion,* I read to this Society a paper containing a few cases and remarks on malignant affections of the eye, and I beg leave now to relate some additional cases and observations on the same subject. In the first place, however, I may observe; that of the three cases mentioned in the former paper, one had then died from the extension of the disease, without submitting to the operation of extirpation of the organ affected, although at an earlier period the carcinomatous growth was twice excised from the surface of the eye, but soon afterwards reappeared. The second patient had the eye removed, and, as far as I know, there has been no relapse. In the third case, however, I have been informed, that although there was no re-appearance of disease in the orbit, fungoid or rather melanoid disease, after a pretty considerable period (about twelve or eighteen months) manifested itself in some other parts, and led to a fatal termination.

Dr. Martland, of Blackburn, has favoured me with the following report of the progress of the case after the patient's return to that town:—

“So far as I can remember, I will endeavour to give a brief account of Mrs. Jackson's case, after she came under my care subsequent to the removal of her eye, but as I have no notes, it is from mere recollection. The operation was performed, I believe, by you in January or February, 1843, and she came under my care at the end of February, 1844, when disease was progressing in the system. She died on the 25th of June in the same year. The soft parts in the orbit never completely healed, but there was only a small surface open, from which a thin matter regularly but slowly issued. She never complained of much pain in the orbit. So far, therefore, as that was concerned, the operation appears to have prolonged her life, and relieved her from much suffering. There were two large melanotic tumours, half the size of an ordinary hen's egg, situated on the chest, one above the mamma on one side, and the other below the opposite mamma; from these she suffered very much. The least touch of her clothes pained her severely. They increased considerably in size at first, but remained nearly stationary for the last two months of her life. On the abdomen there were several tumours of a similar kind, I fancy about a dozen, varying from the bulk of a large marble to the smallest size. She was very patient, and seldom complained of these. The cuticle never gave way in any of these tumours, else I fear there would have been serious hæmorrhage. They felt as if composed of a

fungoid substance; and they all had the melanotic hue. There was no *post-mortem* examination.”

Such is Dr. Martland's history of the conclusion of this case; and I may add, that when she came under my care, as a patient of the Manchester Eye Hospital, the fungoid projection from the orbit was very large, and the consequent tension of the palpebræ so great, that I was very doubtful of the result of an operation; although willing to give her the only chance; and it seems indeed, according to Dr. Martland's opinion, to have prolonged life, and relieved her sufferings.

On the present occasion I purpose to confine myself chiefly to the melanotic form of malignant disease of the eye. After relating a few cases which have occurred to myself, I should wish briefly to allude to somewhat similar ones described by others, by which means I trust a more clear and correct idea of the nature of the complaint will be obtained; and afterwards to add a few observations, such as are perhaps fairly deducible from the history of the cases.

Melanosis, it would seem, may occur occasionally on the external part of the eye, but this seat of the disease is rare compared to its development in the interior of the organ, so much so, that some surgeons, even of great experience, have not recognized its occurrence in the former situation; thus Mr. Morgan, in his valuable lectures on diseases of the eye (p. 192) says:—“This disease, so far as I know, always begins to form in the interior of the globe, and generally at the posterior part, but always within the globe and not exterior to it.”

The following case will probably, however, be admitted as one originating in the external part of the eye:—

CASE I.—S. Wandsworth, aged 40, by trade a shoemaker, was admitted an out-patient of the Manchester Eye Hospital, June 17th, 1828, affected with a tumour of the eye, about the size of a large hazel-nut, but of an irregular oblong shape, and apparently protruding from the sclerotica, upon which it is situated, close to the inferior part of the cornea; when felt, it seems to be of a tolerably firm consistence. By its pressure it appears to irritate and excite a certain degree of inflammation of the conjunctiva palpebræ. The cornea is in one part opaque from a cicatrized ulcer over the pupil. He states that he has no vision with the affected eye, and that he cannot close the palpebræ when he sleeps.

It appears that about five years ago he received a blow on this eye, which caused much inflammation, attended with severe pain of the head; the pain continued some time, and has since frequently returned. The blow he says, divided the coats of the eye, and for the period of three or four months afterwards there was a flow of humour or fluid from the part. His vision, with it, gradually failed, until it became quite lost. The tumour was first noticed only about nine months ago, and has since that time gradually increased to its present bulk. He has applied, altogether at different times, forty leeches near the eye; the inflammation was relieved, but the cornea was left opaque.

* February 7th, 1844, and see *Provincial Medical and Surgical Journal*, for March 2nd, 1844.

On the day of his admission I excised the tumour to the level of the sclerotic, it was found to be composed internally of a rather firm texture, and occupied by a darkish coloured matter, something like dark coagulated blood; its basis on the sclerotic exhibited a similar blackish appearance. It was touched all over with a pencil of nitrate of silver.

He was prescribed an anodyne draught, and directed to apply a saturnine lotion, and take an aperient occasionally.

October 1st.—The tumour having been carefully dissected off, as above described, has not reappeared; two small black points at the part are alone visible.

December 16th.—The eye continues in the same state, the black points having little if any increased, and he has no pain in the part, except a little occasionally when he takes cold. A little nitrate of silver, was applied, and he was directed to continue the saturnine lotion, and to take, when required, an aperient powder.

March 10th, 1829.—A small pale-reddish tubercle, about the size of a split pea, is now occupying the site of the original tumour, which was touched with the nitrate of silver. He had occasional pain of the eye, and has no vision with it.

I have no further notes of this case, and know nothing more of its progress or termination; but it would seem to prove that melanosis, or an affection very similar, may originate sometimes on the more external parts of the eye, as the conjunctiva, or cellular membrane between it and the sclerotic, the same locality indeed which gives origin sometimes to carcinomatous deposit, as in the two first cases related in my former paper, whilst the third appears to have been of the melanotic form.

The next case I wish to relate is perhaps as remarkable as any on record, in exemplifying the ravages of melanosis, and its extensive diffusion over the system. It bears a considerable resemblance to the case described by the late Mr. Fawdington, of this town, in his monograph on melanosis.

CASE II.—Ann Drinkwater, residing at 15, Howe Street, Portland Square, became an out-patient of the Manchester Eye Hospital, August 1st, 1847. Her age is 43. The catamenia still appear, although irregularly and rather too frequently, but sparingly; her pulse 96; tongue clean, and the papillæ all over it much developed; bowels costive; appetite indifferent; she sleeps in general but badly. The left eye is occupied by a dark red-looking fungus, the size of a very large apple, the surface of it is tolerably moist and smooth; almost the superior half is covered by the palpebra, which exhibits a dusky colour, and there are some tortuous prominent veins upon it. The tumour extends over the inferior palpebra, (which, like the upper, is projected forward by it,) and extended downwards so as to cover nearly the left upper half of the face. The sub-maxillary or other glands do not appear enlarged. She has a good deal of pain of the head on the affected side and round the

tumour; she can lie easily only on the affected side; otherwise she feels the weight of the tumour unpleasant. The vision of the left eye was lost about three years since; she was suffering at that time a good deal of pain in the part, but nothing particular in the appearance was noticed until about three months since, when the eye began to project from the orbit, and soon became nearly as large as it is now. She can ascribe no cause for the complaint, except it might be child-bearing and exposure to cold. She has used no particular remedies, except lately some homœopathic ones. She was prescribed some aperient pills and anodyne powders to be taken occasionally, a saturnine lotion and zinc ointment as applications to the part.

19th.—There is a gradual enlargement of the tumour of the orbit, and a number of small swellings—altogether seventeen—scattered over the surface of the body. They feel somewhat like enlarged glands, but present a discoloured rather dark bluish hue.

October 6th.—Since last report the orbital tumour has become still more enlarged, and has bled a little occasionally. She keeps it covered with linen cloths wetted in the lotion. She looks pale and emaciated; pulse 76; tongue clean; bowels regular at present; is attacked occasionally with sickness and vomiting; sleeps indifferently. She takes occasionally a saline (neutral) mixture, with a little tincture of opium. Besides the large tumour of the orbit, there are now two small ones about the size of a hazel nut, one on each side of the upper part of the head. The left mamma is pretty entirely occupied by two tumours—one on each side of the nipple; there is a rather large one occupying all that part of the right mamma, situated on the outer side of the nipple; and there are two more on the right side not far from the mamma, one loose, just under the integuments, and the other apparently fixed to the rib. There are two on the outer side of the right upper arm, and one on the outer middle part of the right forearm. There is one on the left side between the last rib and the os ilii, and a small one on the abdomen, a little above the umbilicus. In the right groin there are three or four small ones. Above the right ilium there are two, and one just behind the base of the scapula. In the lower part of the neck there are two, making in all twenty superficial tumours. The abdomen is generally tumid, hard, and tender when pressed, apparently from the pressure of several large tumours situated more internally than the above-mentioned ones.

Over the superficial swellings the integuments are, in some parts, little changed, but in most they present a bluish colour; when pressed these tumours feel hard, and she then generally complains of pain.

November 1st.—There is little alteration since last report, except that she seems becoming gradually weaker. The tumours of the abdomen are numerous, large, and sore when touched, and, though not individually projecting, the abdomen seems generally prominent from them. The pulse is of moderate frequency and strength; tongue pretty clean; bowels irregular, being sometimes confined and sometimes relaxed; stomach occasionally disturbed with sickness

and vomiting, at other times she has a tolerable appetite. She still uses the same means internally and externally.

January 15th, 1848.—No great change since last report; the tumour of the eye is still larger, reaching now to near the angle of the mouth; it sometimes bleeds a little.

February 21st.—For the last few days she has felt lower, with a good deal of nausea and occasional vomiting; her bowels have been rather relaxed; the fungoid tumour of the eye has bled rather more of late, she has occasional shooting pains through it, as well as through the other tumours, of which she reckons now sixty-one, without including a few upon her head; many of them, especially those situated quite superficially, and which are slightly prominent, present a bluish venous-like appearance, but over a great number of them the integuments are not discoloured or elevated; the abdomen is now almost everywhere studded with them. Continue saline mixture, opiates, saturnine lotion, and zinc ointment.

April 11th.—She died this day. Since the last report the complaint had been gradually developing itself more and more in the number and increasing size of the melanotic tumours, and also in the wearing down of the constitution, although she appeared to bear her very suffering state with much fortitude; she became more and more emaciated in her limbs, whilst the bulk of the abdomen gradually increased; her pulse was nearly natural in frequency; her tongue generally clean; her appetite mostly indifferent, and the little food taken often partially or entirely rejected; her bowels irregular, being sometimes rather confined, but more frequently passing small and rather frequent dejections; she complained of a good deal of pain of the abdomen at times, and also of the head and eye, the last bleeding a little occasionally. About a month before her death a little oedema of the legs appeared, and distinct fluctuation of fluid in the abdomen was detected, which gradually increased, I therefore passed a trocar on the 4th of April, and drew off ten pints of a yellowish serum. A good deal of fluid continued to issue through the puncture for the two following days.

On examining the abdomen after the tapping, it felt as if filled with a great number of large round balls. She was not, however, materially relieved by the operation; the pulse became very small and feeble, beating about 96 in the minute; there was some vomiting at times, and a discharge of small, scanty, dark-coloured evacuations occasionally from the bowels; urine of a darkish yellow colour, and very turbid; the extremities gradually became colder, with failure of the pulse and facies Hippocratica. She died at ten A.M., an hour afterwards, being sensible to near the last.

A *post-mortem* examination was made about thirty hours after death. The external appearances of the surface of the body were much the same as during life. Upon raising the sternum there appeared, partly adhering to it, and partly to the division of the pleura or anterior mediastinum, a melanotic tumour, about the size of a walnut; the left mamma consisted appa-

rently of several melanotic tumours, viz., of two large ones, each about the bulk of a pullet's egg, and of two smaller ones, each about the size of a filbert; the right mamma presented nearly the same appearance, only consisting chiefly of two melanotic tubercles, one about the size of a pullet's egg, and the other that of a nutmeg. In the integuments a little below the right mamma there was a similar tumour, about the bulk of a hazel nut; nearly in the same situation, between the integuments and ribs, another appeared, adherent to the intercostal muscles, and, like most of the others, apparently contained in a thin envelope or cyst of cellular substance; in the right lateral portion of the thoracic and abdominal parietes appeared about a dozen melanotic tubercles, adherent to the integuments, and varying in size from that of a large filbert to a pin's head; about a similar number, but generally of a smaller size, appeared partly on the surface, and partly in the substance of the right lung; two or three, rather firmly adherent, were found close to the spinal column, just under the pleura; and on the left side similarly situated were two more, each about the size of a walnut. Both lungs were considerably adherent to the parietes; about half a dozen melanotic tubercles appeared on or near the surface of the left lung. In the substance of the heart there were several nearly similar tubercles. The liver was extraordinarily enlarged, occupying a great portion of the abdominal cavity, below extending to the ilium, and even to the pubes, also pushing up the diaphragm as high as the fourth rib; its natural structure was completely masked in an immense number of tubercles; on the outside of the left lobe, immediately under the peritoneal covering, there were about twenty, from the bulk of a hazel nut to that of a pullet's egg, or even larger; on the right lobe an innumerable crop of tubercles appeared, indeed the texture of the liver, large as the organ had become, seemed almost completely made up of the melanotic tumours. On the omentum there were also many, varying in bulk from that of a large pea to that of a large pullet's egg. On the surface of the right kidney there were four large ones, and in the substance of this organ, between the surface and tubular portion, about half a dozen appeared, nearly the size of a large pea; on the surface of the left kidney there were five or six, from the size of a pea to that of a nutmeg, and one of about the same bulk as the last was situated somewhat more internally; on the right side, between the right kidney and the os ilii, there was a very large melanotic tumour, equalling the bulk of a pretty large turnip; it was, like the others, filled with a black grumous apparently unorganized substance, but softer, looking somewhat like thick black paint. The spleen appeared pretty natural, except on its superior part, where, quite superficially, a few minute tubercles appeared. The uterine surface presented a large number of minute tumours. The right ovary seemed to be chiefly composed of a melanotic tumour, the size of a filbert; the left ovary seemed totally composed of one, as large as a moderate sized apple. There were a few about the intestines. On the head between the scalp

and cranium, there were six tumours, of various sizes. Neither the brain nor the interior of the blood-vessels were examined.

CASE III.—The next case of melanosis of the eye which I purpose describing, occurred in the person of John Bramwell, aged 58, from Derby, who applied to me 10th of September, 1848. The appearance of the eye as to colour and projection, with the consequent tension of the palpebræ, was very similar to what occurred in Mrs. Jackson, and like her, when she first applied, he appeared to be in other respects healthy, and of a fresh ruddy complexion. The right eye projects considerably from the orbit. The natural appearance of the organ is lost, there being no sclerotic, cornea, iris, or pupil distinctly visible. The front of the eye presents an irregular surface, from the palpebræ being strongly pressed forwards by three or four tubercular prominences situated behind them.

He lost the sight of the eye gradually about nine years since without the occurrence of any particular redness or inflammation; but for some time previously he had been troubled with frontal and temporal pain, or what he calls *tic doloreux*, and he knows of no other cause for the complaint. The eye has gradually enlarged for the last two or three years, and especially during the last.

October 1st.—Since he called upon me before, the eye has still further enlarged; the palpebræ are much distended by it, and the projections appear still more prominent; he has at times a good deal of shooting pain through the part. The adjoining parts and neighbouring glands seem to be unaffected, and his general health being apparently good, it was determined to have the diseased eye excised, which was done in the usual way, in the presence of my colleagues at the Eye Hospital. At his own request chloroform vapour was previously inhaled; by it the pulse was first excited, and rose to about 120 in the minute, with flushed face, and much congestion of the frontal veins, followed by a rather contrary state, the pulse sinking to 72, and the countenance becoming pale. In this latter state the operation was performed. His feelings were benumbed, but he was not entirely unconscious of pain.

The eye being removed, the orbit was cleared of a good deal of remaining blackish substance, and care was taken to remove as much as possible the thickened vasculo-nervous matter at the very base of the orbit, from which there was a rather considerable flow of blood. Some lint was applied, and supported by a light bandage. An opiate was given to him containing four drops of laudanum. A good deal of sanguineous oozing continued during the day. He went on afterwards pretty well.

The dressings were not removed till the fourth day; then he was dressed every other day for two or three times; afterwards daily.

The discharge was at first offensive, chiefly from the decomposing blood in the orbit, but in about a week the cavity looked clear, and filling up with florid granulations, being well washed out with a syringe at

each dressing, and the palpebræ then simply covered with a little lint and adhesive plaster.

For the first few days after the operation he took some antimonial saline mixture, and an aperient occasionally, but his pulse and general health were scarcely disturbed. On dividing the tumour immediately after the operation it presented throughout the character of melanosis. He was soon well enough to leave Manchester.

November 4th.—He came over again to-day for examination. He has no pain, but a feeling of some numbness on the right side of his face. The orbit is nearly filled up with granulations, and the lids are gently inclined towards it. His general health is good, he still washes the part once a day with a syringe and water, and applies a little lint and adhesive plaster.

December 26th.—He came over again to-day; he looks well and complains of nothing; has no pain of the orbit, which seems healed, and the palpebræ are somewhat inverted towards it.

He promised to return or inform me if anything particular occurred, but I have not heard of him since, and therefore hope that he continues quite well.

The next and last case which I shall mention at the present time, is one differing from any other which I have seen myself, nor have I found any record of a similar one in authors. It does not indeed seem to be an instance of the true melanotic deposit, but rather an effusion of fibrin or blood deeply within the globe, and originating, perhaps, in an inflammatory condition or peculiar action of the ocular vessels. Further observation, however, seems necessary fully to elucidate the matter.

CASE IV.—George Davis, aged 40, a stretcher in a factory, and residing in Sackville Street, Portland Street, Manchester, of rather short but pretty stout make, was admitted an out-patient of the Manchester Eye Hospital, Nov. 25th, 1844. He had suddenly lost the use of his left eye, so that from a state of perfect vision, he thinks he lost the sight of it entirely in one night. The pupil is of moderate size, and unaffected by light, except a little sympathetically with the other, in which the vision remains quite good. He has no other particular complaint, except a little pain occasionally on the left side of the forehead. He was put on a mild course of blue pill, until his mouth became sore, and he had a purgative occasionally.

April 17th.—There has been no particular change of symptoms since last report, but to-day, perhaps from being a very bright one, an opaque appearance of some extent, situated rather deeply behind the pupil, and somewhat more on its temporal side than centrally, or towards the nose, presented itself: it had a reddish tinge, and on particular inspection a few vessels could be perceived upon it. Ordered five grains of blue pill, with a solution of iodide of potassium and tincture of iodine, twice a day, and a blister to the left temple.

May 19th.—Nearly in the same state. Continue remedies.

27th.—For the last few days he has been suffering from severe pain and inflammation of the eye, with considerable redness, and a chemosed state of the conjunctiva. He could not account for this sudden unfavourable change, except it might be from getting his feet wet, which indeed seemed to be the first origin of his complaint. He became, however, considerably easier after the application of six leeches to the palpebræ, a saturnine lotion over the eye, and a blister behind the left ear, with the internal use of calomel and opium, and occasional purgatives.

June 12th.—Has continued to have rather considerable inflammation and pain of the eye, with very severe supra-orbital pain, although the means, (with a repetition of the leeches,) have been continued.

November 6th.—The eye has been for some time free from inflammation, but the amaurosis and appearance of deposit continues.

December 29th, 1849.—(Since the last report of June 12th, 1844, I did not see this patient regularly, but only occasionally, although of late rather oftener.) He had an attack of hemiplegia of the right side about two years since, from which he has partially recovered, so as to be able to walk a little, but he has still very little use of the right upper extremity. The amaurotic state of the right eye continues, but a disorganizing process seems to be going on within the globe, and destroying its natural structure; it has gradually increased somewhat in size, and the outer textures have also changed in colour, both the cornea and sclerótica acquiring a dusky brown tinge. He always complains of pain in and around the eye. Thirteen days since the globe became rather suddenly protruded in part from the orbit, so as to form a fungoid tumour externally, about the bulk of a large walnut; there is a little hæmorrhage from it occasionally, and one point near the centre presents a sloughy appearance.

In this state I proposed the extirpation of the organ, which met with his ready assent, and after giving him a draught with forty drops of laudanum, it was this day removed, in the presence of my colleagues. There was pretty free hæmorrhage afterwards, but the part was simply dressed with dry lint over the palpebræ, supported by adhesive plaster and a handkerchief. The whole of the globe was excised, except a very small portion of the sclerotic behind, where the optic nerve enters. On examining the eye after its removal, the natural state of the parts appeared quite changed. The sclerotic could be best distinguished with a portion of the choroid, the cornea and iris were very indistinct, and no clear trace, either of the retina or humors of the eye, was apparent. The cavity of the globe was chiefly, if not entirely, occupied by what appeared most like grumous blood, somewhat laminated, reminding one much of the contents of an aneurismal sac.

January 16th, 1850.—About three days after the operation the dressings were removed; the parts were still tender, and rather painful; the superior palpebra appearing livid and swollen, but the swelling is now pretty much gone, as well as the pain and soreness; there is a little puriform discharge noticed, as the lint

and plaster are renewed daily; the orbit appears to be filling up with healthy granulations. He had very little feverishness after the operation, and his general health seems to be now pretty good. He was prescribed some saline antimonial medicine, and an occasional aperient.

February 4th.—The orbit is now nearly filled up; he complains of no pain, and is in good spirits.

March 20th.—He has continued going on well, having no pain about the head or orbit; the palpebræ are a little reclined towards the latter part, which is now pretty well closed by the granulations.

REMARKS.—To this last case the term "spurious melanosis," used by Dr. Carswell in his excellent paper "On Melanosis" in the "Cyclopædia of Practical Medicine," may perhaps, with some propriety, be applied; but, as already mentioned, its occurrence in the eye, if there is any other case on record, which I have not met with, must be very rare. From having seen it first at an early and rather distant period, and afterwards at a very recent one, I should be induced to think, from its appearance at the former epoch, that there was a slow inflammatory action and effusion of coagulable lymph or fibrin, and subsequently an effusion of blood itself perhaps within the globe.

To the above cases I might have added another or two of melanosis of the eye which I have met with, but my notes of them are not so complete or satisfactory as I could have wished for to justify me in relating them.

Of the experience of my colleagues, past or present, at the eye hospital in this department of ophthalmic surgery, I have a very imperfect knowledge. In Fawdinton's graphic treatise on melanosis, Mr. Wilson has related one or two cases of this affection occurring in the eye. Mr. Barton informs me, that although he has met with the affection, he had not thought it favourable for operation. I have heard Mr. Hunt say, that in one case he had operated successfully.

Comparing the result of my own practice with that recorded by others, I should suppose that if the disease be confined to the eye, (a part of the frame apparently somewhat prone to this affection,) and there, not in a very advanced state of growth, the operation of totally removing the organ affords a fair, and indeed the only chance of arresting its progress; but if this be neglected, the melanoid enlargement will be more and more apparent. Similar tumours will probably soon appear in other parts; these increase both in size and number, and the whole system becomes increasingly contaminated, until death puts a period to its further progress.

Both this, (the melanoid disease, fixing its seat probably in different textures, but especially in or near the choroid tunic,) and also the carcinomatous thickening of the external coats of the eye, occur chiefly, if not entirely, in the middle or latter periods of life. Both, if neglected, are generally by the process of extension, or increasing contamination of the blood, destructive to life; but if removed whilst the disease is nearly or totally local, a much better chance for its prolongation or preservation will, I believe, be afforded.

In this respect there is a considerable difference between these two affections and the medullary or soft cancer of the eye occurring in young subjects generally under ten and mostly under five years of age. In the latter it is well known that the removal of the eye, even at a very early period, is hardly ever, if ever followed by a favourable result, and in the only one or two cases in which I have tried it long ago, the termination was not encouraging to any repetition of the operation. Another objection to such practice was pointed out by Mr. Travers in his synopsis of diseases of the eye; in which he describes a peculiar rice-like deposit in the posterior part of the globe or vitreous humour; producing the same metallic-like reflection from that part, when closely observed, as is occasioned by incipient medullary fungus. Whilst, however, in the latter affection, there is generally an undeviating progressive enlargement to a fatal termination, in the former the symptoms, at first threatening, after a time subside; and the eye itself, for a while somewhat enlarged, may afterwards spontaneously subside, and even somewhat shrink below its normal bulk.

Mr. Travers' observations have been confirmed by others, and I have myself seen two instances of it in the same family, in each occurring only in one eye.

In this affection the vitreous humour seems to be the part first and chiefly affected, with which other structures, as the retina, choroid, iris, &c., may be secondarily involved; whilst in the medullary fungus the retina and optic nerve, even beyond the limits of the orbit, seem to be generally the parts primarily attacked, and hence, perhaps, the unmanageable character of the affection.

Having already extended this paper much further than I expected, I must not enlarge it by adducing the cases and opinions of others, and for these I would therefore beg to refer to the many excellent writings of our own and foreign ophthalmic surgeons.

A FEW

CURSORY REMARKS ON VACCINATION.

By W. NEWNHAM, Esq.,

To the Editor of the Provincial Medical and Surgical Journal.

MR. EDITOR.—The subject of vaccination is one on which it is well known that I have ever taken a lively interest; and I trust that I shall stand excused by your readers, for occupying a portion of your pages with some brief observations, suggested by the perusal of a paper, in your last journal, by Dr. Oke.

Medical men, although with the best intentions in the world, have, in my opinion, rather produced than allayed prejudices against its individual adoption: and this prejudice has existed, as it very generally does, at both ends of the scale of intellect. *They* have in the first place created a prejudice against it, by not always

boldly and unflinchingly standing out against inoculation, and directly refusing to inoculate, but by a little under-the-rose-work conniving at the prejudices of some of their patients, and even nurturing them by occasionally inoculating; and thus showing that they were not wholly in earnest, when they proclaimed vaccination to be a boon which was destined to supersede the great scourge of humanity—small-pox. Of course I refer to a period before inoculation had been made a misdemeanor by legislative enactment: but in reviewing the subject, I wish to trace the root of what I conceive to be the present state of public feeling.

Another offset from this medical origin (in part at least) of prejudice against vaccination has been, that, when instances of failure began to occur, which they did very early, the medical man began at once *spargere voces*, and to lay hold of the first and most selfish mode of accounting for these failures, without setting himself to search deeply into the obscure causes; and at once proclaimed that vaccination, though certainly a good, would not stand beyond a certain number of years, and that it would require a renewal once in seven years. Now, this opinion, proceeding from professional authority, would of course create a prejudice against the practice of vaccination; for if persons were insecure from the invasion of small-pox, when they had been vaccinated seven years and one month, why not, when the period was six years and eleven months—why not, in fact, at any other arbitrary period that might be fixed upon?—in the name of common sense, why not at any given moment? and, if so, there would be no resting with safety on such a slippery basis; and in the minds of the many who usually jump to conclusions, if not good for what had been originally claimed, it was good for nothing.

One other source of medical prejudice communicated to the general public, has been, that medical men asked too much for vaccination; they have spoken of it as a preservative against small-pox—as affording to the patient entire immunity from its ravages: and when this was shown not to be the case, they endeavoured to shift their ground—to evade the question, and to escape from meeting it on its bold and acknowledged basis. The poorer unreflecting public thought themselves deceived: therefore, with the very common carelessness of future and uncertain evil, and a supposed remedy against this evil shown to be no remedy at all, they have fallen into the prejudice of not availing themselves of the boon. You will perceive, Mr. Editor, that in these remarks, I have been using the experience of a sexagenarian, and speaking of things as they *were* rather than of things as they *are*.

One word on each of these forms of prejudice. The first has now completely passed away, and no medical man ever ventures to inoculate; and the old woman inoculators are a race now very nearly, if not completely, extinct.

With regard to the second—or the want of durability in the protective influence of vaccination, beyond a certain number of years, this is a matter of more weight, and has already received the result of my best