any remedial proceedings, or, what is still worse, if its nature be mistaken, and it be regarded as a neuralgic or nervous pain affecting the ear, and treated by hot and stimulating local applications, all the symptoms will become more and more intense, the inflammation in the meatus and of the tympanum will induce such an amount of swelling as to preclude the possibility of examining its condition, suppuration will take place in the tympanal cavity, and will induce ulceration and ultimate destruction of the membrane, with consequent otorrhœa, and the usual results attending unchecked inflammation and suppuration of that cavity. Nor will the mischief end there; the inflammatory action has already extended to the mastoid cells, and their periosteum, as evidenced by the deep-seated pain and the tenderness of the part, suppuration will ensue, and caries or exfoliation will follow. And here again, although I have not yet seen such a result, we may expect, in some very bad cases, to meet with still greater mischief; the inflammation may extend to the internal ear, and terminate in suppuration, and then, as it has already frequently occurred in other instances of disease of the ear, in which that termination has happened, this inflammatory action has extended to the dura mater, the suppuration has made its way by caries of the bone to the internal part of the cranium, and has ultimately caused death by inflammation of the meninges and pressure on the brain itself. I say not that such results will follow the neglect of this very serious malady, but we are warranted by analogy in concluding that such a termination of the disease may occur in cases where the disease manifests itself with extraordinary activity, and no remedies are used to arrest the progress, or where measures are employed the tendency of which would be to increase the mischief already going on in the parts.

Some may be unwilling to believe that so much inflammation, and such serious disorganization, can follow a local attack of rheumatic periostitis. To these I would commend the following paragraphs from Dr. Williams's work on the ear; although they do not refer to the progress of caries having a rheumatic origin, they tend strongly to show the rapid progress that caries may make in this honey-combed bone; and I shall show hereafter by the cases I shall detail, that the symptoms he speaks of as evidencing the advance of suppuration and caries from the tympanum to the mastoid process, do occur in the rheumatic periostitis of the ear. Dr. Williams says (p. 163):—"Caries may occur after the mastoid process."

Dr. Williams speaks merely of suppuration and caries as a consequence of otitis, and I describe similar results as following a rheumatic variety of that disease.

The latter part of the article of both paragraphs, in which allusion is made to the petrous portion of the bone becoming carious, confirms the opinion I have enunciated, that though caries may involve various parts in the disease, the matter may work its way into the cranium, and cause death by meningeal inflammation and suppuration.

2, Soho Square, July 6, 1850.

[To be continued]

MALIGNANT DISEASE OF THE EYE-BALL: EXTIRPATION AND RECOVERY.

By W. NEWNHAM, Esq., FARNHAM.

As the following case may prove encouraging under similar circumstances, and as the patient is now in perfect health at the distance of twenty-three years from the operation, I venture to think it may not uselessly occupy a small portion of the *Journal*.

CASE.—George Gates was first seen by me on the 8th of July, 1827: he consulted me about a tumour of the eye-ball, which had been gradually increasing for the last fourteen months. Three years since he lost the sight of that eye. In appearance it is generally a little more prominent than usual; underneath the cornea, and covered by the lower eyelid, is a considerable lobulated prominence of a dark blue colour, and which, from its recently rapid increase, is evidently hastening on to ulceration; the pupil is largely dilated; the iris immoveable; and through it is seen a tawny brownish-coloured substance.

After due consideration, I determined this to be a specimen of malignant fungus, although hitherto its growth had not been accompanied by intense pain. The patient's countenance is of a leaden hue, but there are no marks of other organic irritation going forward in the system. Considering the miserable suffering and final exhaustion which threatened the patient on one hand, and the doubtful prospect of safety on the other, I did not hesitate to advise the extirpation of the eye; and the patient consenting at once, the operation was performed on the 16th of the same month.

The patient being seated in a chair, the external canthus was divided, a needle armed with a ligature was carried through the globe, and given to a friend to hold steadily; a double-edged scalpel was then introduced at the inner canthus, and carried along to the outer, on the lower floor of the orbit; and the same proceeding was then employed for the upper. In effecting these movements some embarrassment arose to the operator from the yielding of the conjunctiva, &c., before the knife, so that it was partially carried *forward with it*, rather than *divided by it*. These incisions were, however, speedily completed, and the scalpel was then carried deeply backward to the bottom of the orbit, its handle being kept close to the upper edge of the latter, and the profound connections divided from above downwards; the same operation was repeated on the inner side of the orbit, and the eye-ball was removed. A portion of the lachrymal gland remaining was then removed, as also some little fatty matter and cellular membrane, together with the caruncula lachrymalis. Considerable hæmorrhage followed the division of the ophthalmic artery, which, however, stopped of itself, and a compress of wetted linen, supported by a roller, being applied, the patient was placed in his bed. Before this was accomplished, however, he vomited freely. A dose of Battley's sedative, in camphor mixture, was

instantly rejected. Some solid opium was given, and retained, and in the evening there had been no return of vomiting. He was tolerably free from pain. The pulse was very irritable. He was ordered an opiate draught, and enjoined the strictest quiet.

On the 17th he was remarkably well; had had no return of vomiting; had had some good sleep; is free from pain; his pulse is soft, and less frequent; his tongue is clean; skin moist; has no thirst, and feels comfortable. He is of a quiet temperament, and had borne the operation with much fortitude. Rigid abstinence is to be continued; and he is to take the acetate of ammonia and sulphate of magnesia, till the bowels have been moved.

On the 18th he had passed a restless night, and the bowels have not been acted upon; he is, however, in no pain; his pulse is a *little* quickened; his tongue slightly furred; his skin moist. Ordered a mixture, with castor oil, which produced the desired effect, and in the evening he was much better. From this time my notes only speak of uninterrupted convalescence.

On the 23rd he was ordered some sulphate of quinine in infusion of roses, and on the 6th of August he resumed his employment. He took the carbonate of iron for some months, and has enjoyed, and still enjoys, good health.

Farnham, 1850.

CASE OF NECROSIS OF THE INFERIOR MAXILLARY BONE,

AS AN EFFECT OF MERCURIAL SALIVATION.

By J. WILLIAMS, Esq., F.R.C.S., Southwold.

WILLIAM MISSELBROOKE, aged 53, of Walberswick, of rheumatic temperament, by occupation a sailor; has enjoyed good health, with the exception of occasional attacks of fever, with pain in the larger joints from exposure to cold and hardships in his calling; he placed himself under my care September 24th, 1849, suffering from one of his ordinary attacks. Grey powder and compound ipecacuanha powder, of each two and a half grains, were ordered three times daily, and a mixture of acetate of ammonia, carbonate of magnesia, infusion of rhubarb, tincture of colchicum and opium, and camphor mixture, every six hours. The rheumatic pain and fever quickly subsided, and after twelve of the above pills had been taken they were discontinued on account of severe mercurial ptyalism suddenly supervening, accompanied with particular pain and swelling in the right half of the lower maxillary bone, which increased to such an extent as to be almost unbearable; the sympathetic fever, with delirium, was extreme, and the constitutional disturbance of a very alarming character. Leeches were frequently applied over the painful surface, saline mixture with opiates, administered internally, and the bowels well relieved by occasional aperients, but the swelling continued gradually

to increase, severe rigors took place, and fluctuation soon became evident. A free incision gave exit to about half an ounce of foetid pus, and a probe being introduced came in contact with bone denuded of its periosteum. The nature of the case before suspected was now evident; various collections of purulent matter took place in the neck, and were opened as early as detected. The pain and constitutional disturbance were so great that at times I hardly expected he could survive, until the process of separation took place. The strength was supported by bark, meat, and porter, and the pain somewhat relieved by opiates; a linseed meal and bread poultice was continually applied to the affected part, and on the 3rd of April, 1850, the necrosed portion of bone cut was found loose, and without much difficulty was removed from within the mouth. It was found to be a considerable portion of the right ramus of the inferior maxillary bone. The hæmorrhage was trifling, and almost instantaneous relief was afforded the poor man. No more formation of matter took place; the wounds quickly healed, and the patient soon regained health and strength, with the power of mastication; the only difference perceptible was a little more enlargement on the right side than on the left. About a week after the first portion of bone separated a small piece came away about the size and shape of the thumb nail, which was by accident mislaid. In the case just related I think there can be no doubt that the cause of the necrosis was severe mercurial ptyalism, induced by the grey powder, of which half a drachm was taken in four days, as neither uneasiness, pain, nor swelling, were felt before the action of the mercury became evident. The teeth were generally decayed, particularly those on the affected side, and during the progress of disease became quite loose, and were removed without difficulty with the fingers. I have seen many cases of mercurial salivation far more severe than the one related above, but never with such untoward results; it reminded me more of the effects produced by the vapour of phosphorus, so destructive in its influence, particularly where the teeth were decayed, several cases of which have within the last few months been published in some of the medical journals. It was likewise interesting to observe the immediate cessation of all constitutional disturbance as soon as the necrosed portion of bone was removed, and the very rapid recovery which followed after more than six months' constant pain and suffering. I am inclined to think that atmospheric causes have more to do with the uncertain action of mercury on particular individuals than constitutional idiosyncrasy, as we often find a remarkable susceptibility in persons to the action of the mineral at certain times of the year, and under particular states of the atmosphere, who at other times can take it with impunity.

Southwold, June 8, 1850.