the health may be always unimpaired: it was thus in the cases which we have collected. The influence of age, so to speak, is portrayed in the female by that of menstruation.

Constitution and alimentation very probably exercise some influence over the composition of the blood, and here, doubtless, the reason of the numerous individual differences to which we have alluded must be sought for; but the facts which we possess are not sufficient to enable us to treat of these questions or to determine the positive value of this influence.

OF THE BLOOD DURING THE PERIOD OF PREGNANCY.

Pregnancy exercises a very remarkable influence on the composition of the blood, which may be thus expressed:—a diminution in the globules; a diminution of the albumen; a slight increase in the fibrine and phosphorated fatty matter; an increase in the water.

In order to determine this influence with precision, we have analysed the blood in nine cases of advanced pregnancy, free from complications. The following is a short summary of their history:—

Of these individuals; two were aged 20, two 22, one 25, one 27, one 29, one 34, and one 41 years.

Five of them were strong and robust, two were of ordinary, and two of feeble constitution, having a lymphatic appearance.

The skin of two was brown; in two, also, it was white and delicate; and in five it partook of both characters.

Of these nine women, three were stout, two spare, and four mediocre.

Six were in comfortable circumstances, being well nourished, and living in healthy localities; one was in less easy circumstances; and two were unfortunate.

Six were in the enjoyment of excellent health, if we except the symptoms of plethora, for which they were bled; two were not quite so free from all ailments; one came to the hospital for wandering pains in the abdomen, and a cough which she had had for some little time, but which was of no importance.

They had reached the following periods of uterine gestation: one, four months; four, five months; one, five months and a half; one, six months; two, seven months.

All were bled, merely because they felt the want of it, and on account of actual plethora, positively indicating the propriety of bleeding.

In three only could a *bruit de souffle* be heard in the carotids; one being five, the two others six months advanced.

COMPOSITION OF HEALTHY BLOOD DURING THE PERIOD OF PREGNANCY.

	Mean.	Max.	Min.
Density of blood deprived of its fibrine	1051.5	1055.1	1046.3
— of serum	1025.5	1026.8	1023.6
Water	801.6		
Globules	111.8	127.1	87.7
Albumen	66.1	68.8	62.4
Fibrine	3.5	4.	2.5
Extractive matter and free salts	6.6	8.7	4.7
Fatty matters	1.922	2.519	1.158
Seroline.....	Variable	0.108	0.018
Phosphorated fatty matter....	0.646	0.863	0.381
Cholesteroline	0.061	0.225	0.030
Soap	1.195	1.393	0.737

IN 1000 GRAMMES OF CALCINED BLOOD.

Chloride of sodium	3.2	3.9	2.3
Soluble salts.....	2.4	2.8	1.8
Phosphates	0.425	0.690	0.282
Iron	0.449	0.490	0.370

From this table we may draw the following conclusions:—In a certain number of cases of pregnancy, when it is not very far advanced, and has not as yet exercised any very appreciable influence upon the living organism, the composition of the blood is not altered; in proportion as utero-gestation approaches its full period, the circulating fluid generally becomes modified.

It undergoes the following alterations:—Diminution of density, when deprived of its fibrine, and a diminution in the density of the serum; increase in the proportion of water; very remarkable diminution of the globules; (mean, 112.6;) slight augmentation of fibrine; diminution of albumen in the serum; increase of phosphorated fatty matter, which we generally see to be more abundant when the blood is impoverished. The normal proportion of cholesteroline was preserved, or there was a very slight diminution. No change in the calcareous salts.

The mean of the three cases in which the *bruit de souffle* was noticed, was not sensibly different from the general mean: the proportion of the globules was alone a little under, (105, instead of 112,) and that of the phosphorated matter slightly increased. (0.724, instead of 0.632.)

Before concluding, it should be observed, that all these pregnant women, although the blood was notably modified and impoverished, were not on that account the less plethoric: all complained of cephalalgia, vertigo, and tinnitus aurium; in some there was somnolence and general sluggishness, and all were greatly relieved by the blood-letting. Lastly, these modifications of the circulating fluid, more marked towards the close of the period of uterine gestation than at the commencement, should be taken into consideration, to explain certain phenomena of the puerperal state.

(To be continued.)

OBSERVATIONS ON PORRIGO, WITH REFERENCE TO SOME RECENT STATEMENTS MADE BY DR. CORRIGAN.

By PHILIP HENRY WILLIAMS, M.D., Worcester.

In a lecture by Dr. Corrigan, of Dublin, published in the *Medical Times* of the 7th instant, are some singular statements in reference to the cutaneous diseases, Impetigo and Porrigo, to a few of which statements I beg to draw the attention of your readers.

"All the writers," says Dr. Corrigan, "on diseases of the skin, from Willan to Bateman, and Bateman to Biett, have erred in their description of porrigo; in fact, they seem to know nothing whatever about it, for under the head of porrigo they have described various diseases differing from it in every particular. Under the name of porrigo they have described various forms of impetigo, as it attacks the scalp and other parts of the body, while they have not given a history of porrigo as it really presents itself. Bateman, in his clever work on skin diseases, has made no less than five varieties of porrigo, namely, porrigo larvalis, p. favosa, p. scutulata, p. decalvans, and p. lupinosa."

That these remarks are, in *some* measure, correct, there may be little doubt; but that they are by no means entirely so, I think may be made clear. Let us look, in the first place, at Bateman's Synopsis, edited by Dr. A. T. Thomson, and we shall find at page 203 of the eighth edition, that the only disease described under the head of "true porrigo," is the *porrigo lupinosa*; essentially the same disease, so far as I can judge, as that described by Dr. Corrigan in his lecture. In a note, at the foot of the same page, is the following announcement:—"The present Editor accords with the opinion of Dr. Bateman, and therefore has removed *porrigo larvalis* and *favosa* to *impetigo*. *Porrigo scutulata* and *decalvans*, are also improperly placed under porrigo; but they are too little understood to admit of being properly arranged."

Again, in the first volume of "The Library of Medicine," Dr. Schedel confines the term *porrigo* to two diseases, (considered by some as merely modifications of the same disease,) namely, *porrigo lupinosa*, (favosa of Alibert,) and *porrigo scutulata*. He says that Biett points out the separation of these two diseases from all others, and that "the others, termed by Willan, *porrigo favosa*, p. *larvalis*, p. *decalvans*, and p. *furfurans*, are merely *impetiginous*, or squamous affections of the hairy scalp."

Again, in a work written by John E. Erichsen, M.R.C.S., and published in 1842, may be found a description of *porrigo lupinosa*, under the title of *favus*, which I think Dr. Corrigan would regard as neither "mistaken" nor "confused." In the introductory part of Mr. Erichsen's treatise are the following passages:—

"Under the names of scald-head, of tinea, or of porrigo, how many different diseases have there not been included? Diseases such as *impetigo*, *eczema*, *pityriasis*, and *favus*, differing entirely in their nature, causes, effects, and treatment, have all been confounded together under one or other of these unfortunate terms. Impressed with a conviction of the confusion that an adherence to the system of grouping together, under one generic term, whether tinea or porrigo, would perpetuate, I have classed them according to the orders into which they are arranged by their elementary characters. For reasons to be afterwards explained, I have thought that *favus* could with more propriety be considered a *tubercular* than a *pustular* affection, meaning by tubercular not a disease, like lupus, characterized by the presence of small tumours, but one in which true tubercle is deposited; I have, therefore, removed it from the order *pustula*, and have placed it by itself."

The separation of *porrigo lupinosa* of Willan, (*porrigo favosa* of Alibert, Schedel, and Biett, the *favus* of Mr. Erichsen,) from the class of *pustular* diseases, is exactly what Dr. Corrigan advocates in the lecture under consideration. He points out the absence of fluid when the incrustations are removed, as the "grand criterion of the disease above all other cutaneous maladies, with which it might be confounded." Mr. Erichsen, in drawing the line between pus and favous matter, thus writes:—"Pus is a homogeneous yellow fluid, which although it may quickly dry, and form scabs when exposed to the air, yet, until it is so exposed will remain fluid. This, however, is very different from what takes place with *favous* matter,

which, almost from the very first, at all events whilst it is yet contained within the follicle, and before it has been exposed to the air, will be found to have become solid. It appears from its constitution to become solid almost at the moment of its formation."

Again, Dr. Corrigan refers to the *chemical* composition of *porriginous* (i.e. *favous*) matter, as differing from pus in the proportion of albumen and earthy salts. Mr. Erichsen says, (page 117,) "favous matter differs from pus in its chemical constitution; favous matter containing much more earthy salts and coagulated albumen."

From the comparisons thus made it would appear, that the views of Dr. Corrigan and Mr. Erichsen, in reference to the nature of true porrigo, *alias* *favus*, are precisely similar. Their descriptions of the disease altogether also exactly agree, (so far at least, as I can compare them,) with this exception, that Mr. Erichsen admits two species under the genus *favus*—viz, *favus dispersus* and *favus confertus*. He says, however, that "no essential difference can be established between them—the difference that exists being merely one of form, arrangement, and degree, but not of nature."

I have given these extracts, simply for the sake of showing that there is, at any rate, one writer, (whose book cannot have fallen in Dr. Corrigan's hands,) who *does* "know" something about porrigo.

But there is also a French author upon dermatology, to whose opinion of porrigo satisfactory references may, I think, be made. I allude to M. Gibert, (physician to the Hôpital Saint Louis,) the second edition of whose work was published in 1840, and has just been excellently translated by Mr. Edgar Sheppard, of this city. We there read, that "Lorry has even gone so far as to say, that we should only recognize a single species of tinea, properly so called, viz., *tinea lupinosa* of Guy de Chauliac. Already, as Lorry himself was careful to remark, Eustachius Kadius had established that we ought only to apply the term *tinea* to the *dry* and *crustaceous* affection of the hairy scalp. This opinion, which establishes a clear and well-marked distinction between *tinea* and the *pseudo-tinea*, appears to us, in the present day, to be the *only one admissible*."

After some further remarks, he says, (vide, Mr. Sheppard's Translation,)—"In classing, however, with the English authors, *favus* or *tinea*, in the order of *pustules*, we cannot but acknowledge that the favous elementary principle is not, properly speaking, a *purulent* elevation, but even from the *beginning* a *dry crust*. M. Alibert has made some chemical researches on the tinea, and he has come to the conclusion that the teigne favouse, (*porrigo lupinosa*), is more albuminous than gelatinous." That the disease thus spoken of by M. Gibert, is the same disease that Dr. Corrigan calls true porrigo, I presume there can be no doubt; and the account certainly does appear free both from "ignorance" and "confusion."

There are still two points, upon which Dr. Corrigan will find himself agreed with Mr. Erichsen and others, to which I must be allowed briefly to allude, viz., the *difficulty of curing* true porrigo, and the *rare occurrence* of the disease. The difficulty of cure is distinctly maintained by Schedel, Gibert, and Erichsen. They each speak of it as a most obstinate or tenacious disease, and point out, as Dr. Corrigan does, that the

pretended cures so frequently boasted of are cases of *pseudo-tinea*, and not *favus*, properly so called.

As to the rare occurrence of *favus* or *true* *porrigo*, Mr. Erichsen says, "Willan has seen one boy in a school infect fifty others in the course of a month. It is only when the disease occurs in this way that it is of frequent occurrence, being otherwise, but *rarely met with* in this country."

Having endeavoured to make manifest the general agreement between Dr. Corrigan's, M. Gibert's, and Mr. Erichsen's description of the character and nature of true *porrigo*, I beg to offer a few remarks upon a most important point with regard to which Dr. Corrigan differs from nearly every writer upon cutaneous diseases—viz., the *contagion* of *porrigo*.

Dr. Corrigan observes, "Porrigo is stated by writers on skin diseases to be contagious, but I maintain that it is not at all so. It is said to be contagious, but I deny this, for were it so, it would be a disease of much more frequent occurrence than it really is. I can confidently assert that I have never seen *porrigo* attack two persons in the same family."

Now, I will not trespass by giving quotations from numerous authors to prove that, in their opinion, *porrigo* is contagious. I will mention the names of a few who believe that it is contagious, and will give one or two extracts in reference to the fact. We may mention Willan, Bateman, A. T. Thomson, Mahon, Gallot, Gibert, Cazenave, Schedel, Bielt, Erichsen; the only name that I can find opposed to the contagion is M. Alibert, who, it would seem, at one time admitted it, at another time doubted it.

In Mr. Sheppard's translation of Gibert's work is the following passage:—"The contagion of *tinea* is recognized by nearly all pathologists. Once or twice in the wards of Bielt, familiar intercourse and kissing have been seen to propagate the disease in young persons, which then manifested itself in the neighbourhood of the mouth. In a patient even who had worn a wig belonging to an individual tainted with *favus*, the disease showed itself on the arms and legs. This singular circumstance is explained by the fact that *this* man, in retiring to bed every night, was in the habit of removing his wig, and nearly every morning he found it in contact with his arms and legs."

In Mr. Erichsen's book is this statement:—"Of the ready transmission of *favus* by contact there can be no question; for, notwithstanding the opinion of Alibert, that English physicians had been too hasty in admitting this, it is now most satisfactorily proved by numberless cases, some remarkable examples of which I shall mention in a subsequent part of this work."

But although *porrigo* is so generally believed to be a contagious disease, it is admitted that the contagion is by no means inevitable, nor even regular in its operation. Some of the same authors, whom I have mentioned, state this as the result of their observation. M. Gibert says, "Nevertheless, for this contagion to take place, there should exist certain conditions of age and temperament, particular vitality of the integuments, special communication, &c. Many facts collected by M. Alibert, and the experience of M. Gallot, cited by the same author, prove transmission of the disease is very far from being certain in all cases in which it appeared natural that the contagion should have been effected." Schedel says, "*Porrigio lupinosa*

is most undoubtedly contagious, but not necessarily so." Cazenave says, speaking of *porrigo lupinosa*, "*Porrigo* is an essentially contagious disease. In some instances, however, it is impossible to transmit it by contagion."

If we are to reject the existence of contagion because many escape its operation, then we must reject it altogether; for in *what* disease is contagion inevitable? We know that in some diseases admitted by all to be contagious, the contagion is far less active and certain than in others. And this appears, from the united testimony of good authorities, to be the case with true *porrigo*.

In conclusion, I would ask any candid inquirer, whether there is any thing very remarkable in the fact that Dr. Corrigan has met with, (I use his own words,) "a dozen, or, to be nearer the truth, only *six*," cases of true *porrigo*, in none of which the contagion operated? I would also ask, whether it is not unaccountable that a gentleman of Dr. Corrigan's talents and professional reputation should, upon the experience of a "dozen cases, or, to be nearer the truth, only *half* that number," deny, without hesitation, what is positively stated by the whole body of cutaneous pathologists, viz., that true *porrigo* is a contagious disease?

It may, perhaps, appear to some, that the question, either way, is not very material. The disease is, doubtless, one of rare occurrence; but it is one of most serious importance when it does occur; and we have abundant evidence to prove that it is only when proper means for preventing its spread by contagion are neglected, that many individuals suffer from it. It will surely be wiser for us, as well as for Dr. Corrigan's immediate pupils, when we meet with cases of *porrigo*, to err upon the *safe* side; and not, upon the authority of six cases, act in opposition to directions that are founded upon far more extended observation.

Worcester, June 10, 1845.

INSPECTION OF AN EYE SIX YEARS AFTER EXTRACTION OF AN OPAQUE LENS.

By JOHN WALKER, Esq., Surgeon to the Manchester Eye Hospital.

A few days since an opportunity presented of inspecting the eye of an elderly female, from whom, six years and a half before, I extracted a cataract from each eye. The account of the examination may perhaps prove interesting to a portion of the readers of the Journal. The great age of the person, (87,) at the time of the operation, the long period, (eight years,) which she had remained dark, the entire absence of any untoward symptom afterwards, and the very successful result, formed altogether so striking a case, that I was induced to publish a statement of it, which I did, shortly after the recovery of the patient, in the *Medical Gazette* of that period. From that time to the day of her death, (13th inst.,) her sight continued unimpaired, so that with the aid of her cataract glasses she was enabled to read the smallest newspaper type.

The right eye was the one removed for the purpose of examination. On a superficial view, nothing unusual was noticed in the external appearance of the