11. Glaucosis.
12. Amaurosis.
 - a Complete.
 - b Incomplete.

III.—Malignant Diseases.

1. Scirrhus.
2. Encephaloma.
3. Melanoma.

DIVISION II.

Diseases of the Eyelid.

1. Catarrhal Inflammation.
2. Psorophthalmia.
3. Sty.
4. Abscess, &c.
5. Encysted Tumour.
6. Ectropium.
7. Entropium.
8. Trichiasis.
 - a Distichiasis
9. Ptosis.
10. Paralysis of the Orbicular Muscle.
11. Granular Conjunctiva.
12. Concretion of the Eyelids.

DIVISION III.

Diseases of the Lachrymal Organs.

Gland—

1. Inflammation.
2. Indolent Scrofulous Enlargement.
3. Scirrhus.

Caruncula Lachrymalis—

- 1 Inflammation.
- 2 Ecanthis.

Lachrymal Sac—

1. Inflammation.
2. Obstruction of the Puncta and Canals.
3. Atony and Relaxation.

There is so much that is special in diseases of the eye, that their analogy with other diseases is not at first sight very evident, but it will be found that the same general principles of pathology preside over affections of the eye that regulate all other diseases. As tissues of all kinds exist in the eye, the study of the ophthalmia affords an interesting opportunity of acquiring a knowledge of inflammation in general. It is of the first importance accurately to discriminate the various forms of inflammation of the eye, for without a correct diagnosis, the treatment will probably be ill-directed, and vision consequently impaired, or entirely lost. Yet it must be borne in mind that all, or any number of the textures of the eye, may be *simultaneously* attacked; and many cases present *mixed* symptoms, and would confuse and bewilder the tyro, who trusted too exclusively to his nosology. In the study of disease, as in that of natural history, classification can serve *only* as a scaffold to assist us in acquiring a knowledge of its various parts; for nature knows no abrupt boundaries, she is never limited by definition, but loves liberty, and in all her works there is a most beautiful gradation, and almost insensible transition from one type to another.

(To be continued.)

CASE OF POISONING BY ACETATE OF LEAD.

By W. J. GORRINGE, Esq., Surgeon.

GASTRODYNIA AND VOMITING, FOLLOWING A POISONOUS DOSE OF ACETATE OF LEAD; SUPPRESSION OF MENSES: FAILURE OF HYDROCYANIC ACID, AND SUCCESS OF CREASOTE.

Mary B., aged 18, a servant, and her sister, aged 21, nearly twelve months ago, took an ounce of plumbi acetate by mistake; soon after swallowing it, felt a burning pain in the mouth, throat, and stomach; they both vomited freely in about a quarter of an hour; in half an hour had several pinchings in the bowels; saw a medical man, and took some medicine; they were severely purged. From this time she had not been free from pain at the epigastrium; her sister also has been troubled with pain in the same way ever since; about five weeks ago she began to vomit every thing she took, whether liquid or solid, and the vomiting has continued unabated ever since.

Present Symptoms.—Complains of pain in the left side, and at the epigastrium, and in the small of the back; the pain is much worse after eating, and she cannot retain anything on her stomach; the epigastrium is tender on pressure, and also the dorsal region of the spine; hot or cold drinks increase the pain; tepid drink agrees best; tongue clean and rather red; appetite bad; bowels confined; pulse 120; has choking sensation in the throat; pain and difficulty in passing urine; catamenia absent for fourteen months, until a month ago, when they appeared scantily.

Hirud. iv. epigastrio. R. Hydrarg. cum Creta, gr. iv.; Pulv. Antim. gr. j.; Extr. Hyoscyami, gr. iij., omni nocte. R. Acid. Hydrocyan., m. iij.; Aquæ, oz. j.; Potassæ Citrat., dr. ss.; Mucil. dr. j. M. Fiat haust. ter die bibendus.

16th. Pain in left hypochondrium increased; sickness not relieved.

Sumat Acid. Hydrocyan., m. iv., ter die. Hirud. xij. lateri sinistro.

18th. Pain and sickness increased.

Omitt. Med. R. Creasoti, m. ij., ter die vel pro re nata sumend.

19th. Has only had one dose of creasote, and has not been sick since; the pain at the epigastrium also is gone; pulse 100; bowels confined.

Olei Ricini, oz. ss., statim. Contin. Creasotum.

21st. Much better; no more sickness; pain at the epigastrium not returned since the use of the creasote.

Omitt. Creasotum. R. Acid. Nitr. Dil., m. x.; Tinct. Calumb., dr. ss.; Aq. Cinnam., Aq. Font., utrq. oz. ss. Fiat haustus ter die sumendus. Beef tea daily.

25th. On the evening on which she first had this medicine and the beef tea, the pain in the epigastrium and side returned, but not the sickness.

Omit the medicine and the beef tea.

Empl. Canth. lateri sinistro. R. Acid. Hydrocyan., m. iij.; Sodæ Tartr., dr. ss.; Sodæ Biborat., gr. v.; Mist. Camphoræ, oz. iss. Fiat haust. ter die sumendus.

28th. Pain in side better since the blister, but not at the epigastrium.

30th. Pain in stomach no better; sickness returned; pulse 96.

Empl. Canth. epigastr. Contin. haustus Acidæ Hydrocyanici.

June 1st. Pain somewhat relieved, but vomited this morning; bowels confined; castor oil ordered yesterday, but made her sick.

R. Pil. Rhæi. Comp., Extr. Conii, utr. gr. iv.; Pil. Gambogiæ, gr. ij. Fiant pilula ij. omni nocte sumendæ. Contin. haustus Acidi Hydrocyanici.

7th. Still sick after every meal, and occasional pain in stomach.

R. Creasoti, m. j.; Acid. Hydrocyan., m. iij.; Tartr. Sodæ, dr. ss.; Mucil., dr. j.; Aq. Cinnam., oz. iss. Fiat haust. ter die sumendus.

8th. Since she has taken the creasote, there has been no vomiting, although she feels sick; has had only one dose yet; no return of pains.

15th. Feels much better; no vomiting since the 7th, nor pain.

18th. Quite well.

CASE OF PLACENTA PRÆVIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Many very interesting cases of placenta prævia have lately been published in the Provincial and other medical journals. These reports are of great value to the general practitioner, and equally so as regards the improvement of a disputed point in the practice of midwifery; and this being the case, every illustration of an important fact on the subject may be worthy of publication. The following case has occurred in my practice, which adds proof to the already acknowledged assertions—First, that placenta prævia is apt to occur, not unfrequently, in the same individual; and, secondly, that the separation and expulsion of the afterbirth, previously to the child, is not of so dangerous a character to the mother as was formerly supposed.

Mrs. W., a woman of stout plethoric habit, was seized with a severe fit of coughing, which was followed by a discharge of blood from the uterus. I found her suffering from hæmorrhage to a very considerable extent. She did not expect to have a child for about a month. I ordered the usual remedies, with perfect quietude, the horizontal position, &c., and she rallied, but flooding continued to a trifling extent, occasionally, during the next month, about the expiration of which time I was sent for, being informed that she was then in labour. On arriving I found that the uterine contractions had commenced; the os uteri about the size of a crown piece, and easily dilatable; the afterbirth presented, and the hæmorrhage at that time inconsiderable; a very few pains expelled the placenta. On making an examination I found the head of the child presented, the flooding ceased, and in about ten minutes the child was born.

I have attended the same patient four times in labour; three times out of the four there has been, singularly enough, a placenta presentation; twice the placenta was expelled before the child, and once I delivered by turning, according to the old rule laid down in such cases. No subsequent hæmorrhage occurred in either instance.

I remain, Sir,

Yours, &c.,

R. LEY.

North Molton, April 12, 1846.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 22, 1846.

In making any advance towards the establishment of correct principles, or the attainment of a desirable object, of whatever nature, the first step is an important advantage gained. It is the breaking of the ground,—the indication of future progress; and however slow such progress may be, whatever vacillation there may be displayed throughout its course, there is little cause to fear that, by the combined efforts of many, the result will not ultimately be attained. The history of our medical institutions affords much material for reflection, in reference to this remark, and abundant illustration of its truth. However we may lament the weakness of its disjecta membra, and the incongruities which the polity of the profession now presents, there is no question but that medicine itself has made advance; its genuine professors are more highly qualified; its institutions, schools, colleges, and corporations, with all their imperfections, are more adapted to the state of knowledge and requirements of society, and the whole subject abounds in elements of a better system, which it requires only a master mind and a firm hand to reduce into order and arrangement. The foundations are laid—the materials are collected; it requires now to remove the unsightly remains of what is worn out and decaying, and to raise a really useful and harmonious superstructure.

The present Home Secretary, though he has failed in his attempt to raise such a superstructure, is, nevertheless, entitled to the gratitude of the profession for the attention which he has given to the question. Many valuable suggestions which will hereafter prove useful, may be drawn from his bills; and while much light has been thrown on various existing abuses, some useless prejudices which would have tended to impede the onward progress of genuine principles, have been cleared away. His measures, though abortive, thus have their utility in pointing out much that is to be avoided, as well as a portion of what is required in any future legislative enactment which time may call forth.

But though the Government has failed in producing a comprehensive measure which should regulate the entire constitution of the medical profession, there are other subjects connected with the advance of medical knowledge and the health of the community which have received encouragement both from the present and former governments, and which once taken up, must tend to the development of a better system altogether. It is impossible, for instance, that the intention of the registration of deaths can be accomplished