by cautiously applying a little sulphuric acid across the centre of the eyelid. When the shape of the tarsal cartilage is altered, other plans are necessary.

Trichiasis.—Remove the inverted cilia with forceps, or pair off the edges of the eyelids, including the bulbs of the eyelashes.

Granular Conjunctiva.—Evert the lid, and apply with a camel's hair pencil, melted unguentum hydrargyri nitratis, or solutio argenti nitratis (gr. xx-xxx—oz. j.) or rub it with sulphate of copper or nitrate of silver. The eyelid must be bathed with tepid water before it is returned to its natural position. In some cases excision of the callosities is desirable.

Concretion of the Eyelids.—Divide the adhesion with a knife, guided on a director.

Lachrymal Organs.

Enlargement, &c., of the gland, may be treated with alterative medicines, iodine frictions, &c.

Encanthis.—Astringent applications, and sometimes excision.

Inflammation of the Lachrymal Sac.—Deplete, and use emollient applications, &c. If resolution is not practicable, we should puncture the sac, and inject tepid water with Anel's syringe. If the nasal duct is contracted, a nail-headed style should be worn; it must occasionally be removed and cleaned. When a probe cannot be got through the obstruction in the nasal duct, a piece of catgut or bougie may be left in the passage, and the attempt to overcome the stoppage daily repeated. Alteratives, tonics, and counter-irritants, are often indicated.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

PECTORAL ABSCESS, FOLLOWING DISLOCATION OF THE HUMERUS.

Joseph Burgess, aged 26, a stout healthy looking man, of the bilious nervous temperament, admitted January 9th, 1843, with a very extensive diffused abscess in the left pectoral region. The whole of that part is greatly swollen, red, hot, and exceedingly painful on the slightest pressure; there is distinct fluctuation throughout, particularly at the lower part of the origin of the great pectoral muscle, and the axillary space feels like a bladder tensely filled with fluid. The movement of the arm gives great pain; has intolerable thirst, and high febrile commotion.

History.—Travels with a menagerie, and three weeks ago, whilst lifting a heavy weight, lost his grasp of it, and felt something in his left shoulder give way; after this had all the symptoms of dislocation into the axilla, but owing to the nature of his employment was unable to get it reduced until a week had elapsed, when continuing his work, (which he had never intermitted,) a violent throbbing pain set in, and was soon followed by the other symptoms of an abscess.

To have ten grains of Dover's powder, with five of hydrargyrum cum creta, at bed-time, and a dose of castor oil in the morning, with milk diet.

10th. In much the same state; slept poorly; bowels free. Abscess punctured by a trocar, below and a

little internal to the left nipple; a pint of healthy pus drawn off; a strip of plaster placed over the wound, and a flannel bandage rolled around the chest.

To have ten drops each of tincture of digitalis and laudanum thrice a day, and a grain each of opium and digitalis at night, with the common effervescing drinks.

12th. Felt much relieved after the tapping; face highly flushed, and febrile symptoms violent; delirious at nights; less pain in abscess, which was again punctured, and evacuated of another pint of matter. To continue, and have the bandage replaced.

14th. Less feverish, and sleeps more; the swelling of shoulder, and other parts adjacent to the abscess, greatly subsided; pain considerably diminished. Abscess, which is soft and flaccid, incised by a lancet, and the whole of its contents allowed to drain off; opening then plugged, and bandage reapplied. Continues his medicines.

16th. Abscess discharges pus copiously; continues very feverish, and so delirious at nights as to need restraint; bowels free; sweats much, and pulse keeps quick and weak.

To omit the night powder, and continue the mixture and bandage.

19th. Discharge flows less profusely from under the bandage, which is renewed every morning; walls of abscess adhering favourably, the parts feeling comparatively firm; less constitutional disturbance, but still requires restraint at night; slight purging.

To omit the digitalis, and to have forty drops of laudanum at bed-time.

22nd. Doing well; discharge diminished to an ounce in the day; situation of abscess of its natural rotundity, but the soft parts firmer and more adherent to the ribs than they ought to be; febrile symptoms greatly gone, and sleeps pretty well; does not remember any of the occurrences of the last week.

To have a chop, and continue the cooling draughts only.

28th. Abscess completely obliterated, the opening discharging a few drops of serum only; feels exceedingly weak, and has generous diet.

February 2nd. Almost well; uses his arm a little, and is gathering strength.

6th. Dismissed; the motions of his shoulder, however, being cramped from the tight adhesions of the parts connected with the abscess. Ordered to use the soap liniment, with moderate exercise.

PECTORAL ABSCESS, FOLLOWING RHEUMATISM.

William Bradley, aged 25, seaman, of the nervous sanguine temperament, admitted March 2nd, 1846, with a large abscess occupying the right axillary and pectoral regions; these parts are exceedingly tense and elastic, very hot, and excessively painful; deep fluctuation is felt very distinctly at the sternal side of the nipple, but elsewhere it is much less perceptible; is a little delirious at night, sleeping none; has considerable thirst, and general inflammatory symptoms; tongue thickly coated with the rheumatic fur; bowels confined.

History.—Caught cold ten days ago, whilst at sea, and two days afterwards was seized with general articular rheumatism, especially of the right shoulder, which he has not since been able to move without the

most excruciating pain; had severe rigors five days ago, upon which the pains and swellings left the other joints, and became augmented in the shoulder. A deep incision near to the sternum was required to open the abscess, when a pint of thick pus flowed slowly, and gave great relief.

Ordered fomentations and a light poultice; also fifteen grains of Dover's powder at bedtime, with a purging draught in the morning, and the common effervescing draughts.

3rd. Much easier; slept well; bowels freely moved; much less feverish; healthy pus exudes copiously. To continue opiate, &c.

5th. Doing exceedingly well; discharge lessening, and can bear pressure without pain; tongue cleaner, and constitutional irritation greatly subsided.

To have four grains of calomel, with the Dover's powder, at bedtime, and a dose of purging infusion in the morning.

8th. Free of pain, and febrile symptoms almost gone; tongue cleaner; some appetite; side of chest feels firm, and opening discharges about a tablespoonful of pus during the day.

To take the calomel and infusion again, and have the chest dressed and bandaged.

18th. Discharge almost ceased; unable to make much use of his arm, on account of the induration in the side of the chest; appetite good, and feels quite well; tongue white, but clear of fur.

To move his arm freely, and use a soap liniment to the chest.

24th. Opening closed; shoulder remains a little stiff. Dismissed cured.

Remarks. It is exceedingly rare to find suppuration follow the reduction of a dislocation where the common precautions of rest and attention to the health are in any way attended to; but in the case of Burgess, all these, from the peculiar circumstances under which he was placed, were not in the slightest heeded, and being a plethoric and gross subject, the slight inflammation in the stretched and bruised tissues that usually follows the reduction of a dislocation, quickly ran on to profuse suppuration, with a train of most dangerous consequences. The abscess on his admission was surprisingly large, and although so much caution was used in its evacuation, the constitutional disturbance was of a most serious and hectic description. The termination was fortunate, the abscess was favourably obliterated, and with that the danger of further injury to the communicating joint greatly diminished.

The cause of the abscess in the other case was more obscure, but would seem to have been from the participation of the surrounding tissues in the rheumatic inflammation of the joint, and if such, is a thing of most uncommon occurrence; the disease, however, appeared to have expended itself in the production of it, for as soon as the rigors denoted its formation, the attack on every other part ceased, and the diathesis, as if concentrated in the abscess, kept pace with its progress, (as denoted by the tongue, which gradually lost its characteristic fur,) and seemed to have relieved itself not in the manner usually employed by the physician, who augments the natural secretions, but by a copious purulent discharge.

As opposed to this, the following case may perhaps,

with propriety, be mentioned. A lad, aged 14, was admitted two months ago with a severe injury to the foot; copious suppuration ensued, with accompanying systematic derangement; then came abnormal increase of appetite to meet the discharge, and the ulcer having within late commenced suddenly to dry up and cicatrize rapidly, he was ten days ago seized with a very severe attack of rheumatic swellings and pains of all his joints, which have kept him completely crippled, until by the warm-bath, nitre, and brisk purges, together with Nature's effectual adjuvants—loss of appetite and great indulgence in fluids—he is now nearly recovered.

April 28, 1849.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, MAY 20, 1846.

As the question of intra-mural interment is now again about to occupy the attention of Parliament, we would once more urge the importance of attention to the subject. The wretched abominations disclosed in the publications of Mr. George Walker, though pourtrayed in strong language, there is every reason to believe are not exaggerated.

The following is a portion of the evidence given before the committee for enquiring into the Health of Towns, quoted from the report of that Committee by Mr. Walker, in his last publication on this subject. It relates to a private burying place attached to a Dissenting Chapel. We suppress the names as immaterial to our object; it is sufficient to know that such outrages exist, and are tolerated:—

Mr. Samuel Pitts, called in, and examined.

123. What is your occupation?—I am a cabinet-maker by trade.

124. Are you connected in any way with the cemeteries which have been formed of late?—No, I am not.

125. Where do you reside?—At No. 14, Catherine Street, Strand.

126. Are you an attendant in — Chapel, — Lane?—I was formerly.

128. Will you state to the Committee generally the state of the interments in the cemetery of that chapel?—At the time I attended it, which was from about the year 1828, for six or seven years, there were interments, and the place was in a very filthy state; the smell was most abominable, and very injurious; I have frequently gone home myself with a severe headache, which I suppose to have been occasioned by the smell there, more particularly in the summer time; also there were some insects something similar to a bug in shape and appearance, only with wings; about the size of a small bug; I have seen in the summer time hundreds of them flying about the chapel; I have taken them home in my hat, and my wife has taken them home in her clothes; we always considered that they proceeded from the dead bodies underneath; there was nothing but the thin boards between the