at last the huskiness gradually disappeared; but she did not recover her voice perfectly until nearly six months had elapsed from the time the attack commenced.

It is my firm belief that these were all cases of that awful malady, scarlatina. It is true there was no eruption in any of the four patients, but from the history I have detailed, and from the severe symptoms which took place, as shown in the above hasty account of the affection, I think it will be acknowledged that my conviction is correct; and if so it proves also that a person who has taken scarlatina sine eruptione may carry the infection to another.*

In all the cases the patients had scarlatina before; but a secondary† attack of this affection is not so very uncommon, I myself having had it three times, each time lighter than the preceding attack.

Cases of scarlatina sine eruptione have been described by several trustworthy observers,‡ so as to place the matter beyond all doubt; amongst the rest by Dr. Graves, of Dublin; also by Professor Trousseau, who styles them cases of *defaced* scarlatina (*scarlatine fruste*), and to whose account of the affection, in his splendid "Clinical Medicine," I must refer the reader who wishes for more information on this interesting topic.

Upper Merrion-street, Dublin, Feb. 1870.

CASE OF PARAPLEGIA: RECOVERY.

BY THOMAS LANGSTON, L.R.C.P.E., &c.

MRS. S—, laundress, aged forty-nine, who has had ten children, a muscular and apparently strong woman, states that she enjoyed excellent health until the 17th September, 1869, when she began to experience a feeling of aching pain in the back, and numbness in the feet and legs. On walking on the following morning she found she had entirely lost all power over the lower extremities and left arm. Her habits have been temperate, and she does not recollect having been unusually exposed to cold.

I saw her on the 20th September. She was in bed; her countenance was expressive of anxiety, and there was partial ptosis of the left upper eyelid; tongue furred, and when protruded diverged to the left; intellect was perfectly clear. She had slight cough, but no expectoration. Percussion and auscultation of the chest elicited nothing abnormal. Heart-sounds healthy; pulse slow; bowels costive; urine scanty, contains abundant phosphates, no albumen; the temperature the same on both sides of the body. There was total loss of power over the lower extremities, but sensibility remained. She complained of great pain in the lumbar region, which was increased by pressure and by any attempts to move the body. She was very restless and suffering from alternate chills and heats. I advised lying on the right or left side, with the idea of relieving the vessels of the cord; also friction to the spine and free purgation.

On the 30th the pain in the back increased; she was still powerless; sensation remained; she perspired freely, and complained of the alternate chills and heats. Half-drachm doses of the liquid extract of *secale* were prescribed, to be taken twice a day; with a pill at bedtime, containing one grain each of extract of *belladonna*, and extract of *cannabis indica*. She expressed herself as feeling easier from the pill next day.

The paralysis remained the same until Oct. 7th, when I requested a consultation with Dr. Russell Reynolds. This gentleman regarded the case as one of paraplegia, caused by congestion of the vessels of the spinal cord, together with her period of life, and said the prognosis was doubtful. We agreed to apply Chapman's ice-bag upon the entire

spine for one hour every morning and evening, afterwards a hot water bag for the same period, and to give two minims of solution of strychnia twice a day and continue the pills. On the 11th she began to move the toes of the left foot; pain in the back was considerably easier. The ice and hot water were now applied once a day. On the 14th she said her back felt "double its natural size"; she could flex the legs upon the thighs, and was so much better on the 29th that the ice was discontinued. By Nov. 12th she had so far recovered as to be able to walk across the room with the assistance of a nurse, and on the 17th walked alone. The solution of strychnia was continued up to this date, the dose being increased to four minims on Nov. 9th, so that she has taken about two grains of strychnia.

Dec. 8th.—Is quite recovered and has resumed her duties. Westminster, Jan. 1870.

ON THE USE OF SIMPLE SYRUP AS A COLLYRIUM.

BY LAWSON TAIT.

THERE are few conditions of the eye which are more intractable, and more unsatisfactory under treatment, than that common affection known as "granular lids"; and there is, perhaps, in all its varieties, no disease of the eye which so frequently comes under the notice either of the specialist or of the general practitioner. I have tried, as others have done, all the varieties of treatment which have been recommended, from excision of the granulations to the application of the most mild caustics; and I have found that the invariable result is that, although a temporary relief may be obtained, the edge of the tarsal cartilage is turned inwards, and the state of matters is ultimately made worse by the sweeping of the cornea by the lashes.

In cases of pannus, usually the result of Egyptian ophthalmia, we have a very certain remedy in inoculation—that is, certain in the sense of either kill or cure. Under my own care, I have had one most satisfactory result from this treatment, but I have also had two cases of complete failure, and, of course, of irretrievable mischief. The secret of the successful selection of these cases was revealed to me by my failures; and in a recent conversation with Mr. Critchett I found that it had also been revealed to him. It is that, to be successful, the treatment of pannus by inoculation must be confined to cases where the whole cornea is vascular. In Mr. Critchett's words, "It is a little bit of clear cornea that we have to fear." This, of course, leaves very few cases where the inoculation is applicable.

In looking back over my cases, it appeared to me that the most successful treatment for ordinary cases of granular lids was that which seemed to act by mechanical lubrication,—as in the use of liquor potassæ, or in that of acetate of lead in powder, as recommended by Mr. Dixon. With this view I was induced, many months ago, to use in these cases nothing but simple syrup as a collyrium, and I have met with extremely satisfactory results in some cases,—but not in all. In many cases it may be combined, with great advantage, with other remedies, as with vinum opii, atropia, &c.

Of these cases, I have, unfortunately, not kept any detailed notes; but in all those in which the treatment was successful, it was uncomplicated, and extended over many weeks. It consisted of dropping into the eyes, as often as they felt uneasy, a little syrup, made of the best sugar, and filtered quite clear. It was of such a strength that it did not deposit sugar: about three drachms or half an ounce of sugar to an ounce of water. During the first few days of its use it sometimes seems to make the symptoms rather worse, but this aggravation soon passes off, and the effect is generally not long in being manifested. The last case in which I used the treatment successfully was a very bad one. A delicate, strumous-looking girl, aged eight years, had suffered from cloudiness, chronic ulceration, and vascularity of the cornea for nearly two years. The lids were granular, and she had all the other distressing symptoms. She used the syrup only, and in about nine weeks the corneæ became perfectly clear. She has since died of pulmonary phthisis, and some may possibly say that the appearance of

* This has been proved by Willan, and by Graves of Dublin, who mentions the case of a lady having had sore-throat without any eruption, who conveyed the infection to a whole family, each member of whom had a well-marked eruption.

† Vide Discussion at Roy. Med.-Chir. Soc., THE LANCET, 1855, vol. i., p. 536; Dr. Lynn, in Appendix to Dr. H. Kennedy's work on Scarlatina, p. 211; Dr. Hillier, *Med. Times and Gaz.* for May 31st, 1862, p. 539, where he also mentions that Dr. Richardson and a medical student each had the affection three times.

‡ Dr. Harrison, *Dub. Quar. Jour.*, vol. xv., p. 320; Dr. H. Kennedy's "Account of an Epidemic which prevailed in Dublin," pages 32 and 55; Dr. Lynn, in Appendix to Dr. Kennedy's work already quoted; Dr. Hillier, *Med. Times and Gaz.* for June 7th, 1862; Dr. N. Heckford, *Brit. Med. Jour.*, Nov. 21st, 1865, p. 545; Dr. Coley, THE LANCET, vol. i, 1848, p. 264; &c.

this disease had something to do with the cure, or that the cure of the eyes had something to do with the establishment of the disease of the lungs.

I am induced to write this note in order that a remedy may be widely known which may be successful in at least some cases of this troublesome malady.

Wakefield, Jan. 28th, 1870.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

EPITHELIOMA OF THE LIP.

(Under the care of Mr. ERICHSEN.)

ON Jan. 26th Mr. Erichsen operated on a man who presented over the lower lip, near the right angle of the mouth, a suspicious-looking ulcer seated on an extensive and very hard base. The patient was thirty-two years of age, robust and active, and had previously had good general health. There was no broken tooth near the disease to cause irritation of the lip, and the patient had not been in the habit of smoking a clay pipe unguarded at the end by sealing-wax. Some short time before the appearance of the ulcer the man had received a blow from the fist on the lower lip.

In this case there were two points of great interest and importance. One of these bore upon the question of the nature of the disease, as the age of the patient and his healthy appearance suggested that the ulcer upon the lip might be due to syphilis rather than to any malignant affection. On inquiring into the previous history of the case, it was found that a chancre, with syphilitic disease, had been contracted about eighteen months previously. But, as was stated by Mr. Erichsen in some remarks made in the theatre, though primary syphilitic sores are not of unfrequent occurrence, an indurated ulcer during the stage of secondaries is very rarely, if ever, observed. This point, together with the fact that the patient did not present at the time of his admission any cutaneous eruption or other superficial lesion of a syphilitic nature, led Mr. Erichsen to conclude that the ulcer was due to canceroid disease or epithelioma; and, as it was extensive, and also very unsightly, an early operation for its removal from the lip was decided upon. An enlarged and indurated gland was situated just below the ulcer, near the inferior border of the lower jaw. And the second point of interest in the case consisted in the bearing of this symptom upon the question of operative interference. Mr. Erichsen holds that excision of a canceroid growth is not contraindicated by the presence of an enlarged gland. The gland may subsequently become reduced in size, and, if the enlargement persists, can readily be removed by a second operation. In this case the ordinary operation for removal of malignant disease was performed: a large V-shaped portion of the lower lip was excised, and the raw edges were brought into contact by means of needles and twisted sutures. In operations for epithelioma it was necessary, Mr. Erichsen stated, to cut far from the disease; in the lower lip this could be done without fear, as the parts in this region are so freely movable that the edges of the wound might be brought together with ease, even after the removal of as much as half the lip. Union is generally perfected in a very short time, and on the fourth or fifth day the needles may be removed. In some concluding remarks, Mr. Erichsen asserted that, from his own experience, both in hospital and private practice, excision of epithelioma was the most satisfactory of operations for the removal of malignant disease, as this proceeding, in some instances, is

not followed by a return of the disease, and in most lengthens life, and materially increases the comfort and well-being of the patient. Many cases had been under his notice in which, though the operation had been performed many years previously, there was no return of the disease. In some of these cases the knife had been used notwithstanding the presence of enlarged glands.

MIDDLESEX HOSPITAL.

CASE OF MAL-DESCENDED TESTIS, GOING IN FRONT OF THE INGUINAL CANAL.

(Under the care of Mr. HULKE.)

A TESTICLE which has not descended to its proper position, but has lodged—as in the following case—in front of the inguinal canal (an unusual seat), may become inflamed, and the tumour resulting may possibly give rise to some difficulty of diagnosis. It is worth while, therefore, to record an example which may help to remind the surgeon of the possible cause of an obscure swelling in this locality. Mr. Norton, house-surgeon, has obliged us with a note of the case.

A french-polisher, aged thirty-five, was admitted into Clayton ward with a large and very painful swelling in the right groin. He had had a small swelling in this situation for 22 years, during which time it had scarcely inconvenienced him. The day before he came into the hospital it became very painful, and increased greatly. His bowels were free, and he had not any sickness. The swelling measured six inches and a half along the groin, and four inches and a half across; it visibly fluctuated, and it was evidently in front of the aponeurotic tendon of the obliquus externus muscle. The testis could be distinguished within it, over the external abdominal ring; and behind it, in the inguinal canal, was a hard knotty mass, which, as it followed the testis when this was moved, was evidently connected with the spermatic cord. The same side of the scrotum was undeveloped. The local application of ice, and a few days' rest in bed, relieved the pain, and lessened the swelling to its former size.

WEST LONDON HOSPITAL.

STONE IN THE BLADDER; LITHOTOMY; RECOVERY.

(Under the care of Mr. TEEVAN.)

IN reference to the following case, Mr. Teevan remarked that an examination per rectum was always invaluable, especially when the patient was on the operating table and there was any difficulty in striking the calculus. By means of a rectal examination a very accurate idea of the size of the stone might be obtained, in addition to necessary information regarding the state of the prostate, &c. In children, as a rule, simple pressure of the forefinger on the stone would make it slide out of the bladder more quickly than by extraction by forceps or scoop. Lithotomy in boys was of easier performance than in adults; for in the former the stone was always within reach of the finger, whilst in the latter it was often out of reach owing to a deep, fat perineum. How, then, was it that difficulty in entering the bladder nearly always occurred in children? For the simple reason that the bladder was too often merely *pierced* by the surgeon, the opening being totally insufficient to admit the forefinger; and thus the pressure made against a small slit which had closed pushed the bladder from off the staff. Mr. Teevan stated that the internal incision into the bladder ought to be of the same size whether operating on an adult or a child, for the simple reason that the same sized instrument—the left forefinger—had to be introduced in either case.

William C—, aged six, a plump little boy, was brought to the hospital on December 11th, by his mother, having suffered from symptoms of stone for about six weeks. The child and parents were natives of Middlesex, and there was no history of stone in the family. Mr. Teevan sounded the boy, and struck what was apparently, from the faint click, a very small stone; when, however, the left forefinger was