

Sept. 2. Lid slightly improved; pain over the brow diminishing; sight better; is still unable to turn the eye; mouth very sore. Blister to be kept open.

4. Slightly improved. Repeat pills and blister.

10. Improvement still continues; pupil much less dilated, but acts sluggishly; eye fixed.

17. Lid much improved; is enabled to raise it to one-half the extent of the other; pupil natural; can move the eye in a very slight degree.

29. Upon seeing him this morning, I find he can raise the lid to nearly the extent of the other; is enabled to turn the eye slightly downwards, but very well outwards, causing external strabismus, but cannot either upwards or inwards.

Oct. 3. Is much improved since last report, inasmuch as he can now move the eye inwards and upwards, but still not to the extent of the other; lid quite well.

15. Discharged cured.

John George, *ætat.* 30, a shoemaker by trade, who is in the habit of sitting at work a great many hours at a time, applied at the hospital this morning (Sept. 1), stating that three weeks since, while at work in a thorough draught, he caught a violent cold. On the following day the upper lid of the left eye began to droop, and the eye itself (he having slightly squinted outwards before) to turn considerably out; this gradually increased for three weeks, when, upon applying at the hospital, he presented the following appearances:—Upper lid of the left eye perfectly paralysed, so as to entirely prevent it being seen; pupil perfectly natural, external rectus alone acting, causing eversion, so as to produce complete external strabismus, proving the third at fault; the sixth not being implicated, the muscle supplied by that nerve acts with its original force, consequently the eye is drawn outwards. He was immediately ordered (his bowels being freely open) to be cupped to twenty ounces, and take an emetic; to be followed next day by a blister applied to the temple, with three grains of calomel and half a grain of opium three times a-day.

3. Upon seeing him to-day the lid and eye were in the same state; mouth beginning to feel the effects of the mercury.

8. He has now had three blisters applied, and his mouth is very sore; the lid is considerably improved, and the eye slightly so.

10. To continue the same medicines; improvement continues.

15. Much improved; the lid being nearly elevated to the height of the other eye; mouth still very sore. Was desired to continue the mercury, and keep the blister open by savine ointment.

22. Lid perfectly raised, and can be moved with as great facility as the opposite; the eye is gradually regaining its former posi-

tion, being considerably nearer the centre since last report.

Oct. 1. Eye quite straight, and altogether the same as the opposite side.

I will not trouble you further with cases, feeling that these are sufficient to illustrate the efficacy of the plan of treatment adopted, but would wish to make a few remarks upon the distinct way in which each nerve in its turn has been acted upon.

It will be perceived that in the case of John George the third was alone affected, and by looking at the anatomy of the part it is found that the only muscles paralysed were supplied by that nerve, namely, the superior rectus and levator palpebræ, by the superior or smaller branch, the inferior oblique, and middle and inferior rectus by the larger; the sixth not being at all implicated.

In the case of Ann Tooting it will be seen that the sixth nerve not recovering its power so soon (although affected) as the third, an internal strabismus was produced, the external rectus being paralysed at the time.

In the case of William Hussey, although the third was implicated, the fourth, together with the superior branch of the third, recovered quicker than the inferior branch, consequently the lid was raised, and the eye turned outwards, producing external strabismus, in all instances proving the distinctness with which each nerve in its turn was affected and recovered.

1, Broad Sanctuary, Westminster,  
Nov. 1, 1841.

## MALIGNANT SCARLET FEVER.

*To the Editor of THE LANCET.*

SIR,—I was one of your earliest correspondents, and still continue one of your sincere friends; for I have witnessed with pleasure the infinite benefit you have conferred on the medical profession by uncompromising and zealous advocacy of its just claims. I have, however, for some while abstained from requesting insertion to any observations, from a desire not to press upon your columns matter of no great importance, and of daily occurrence. Permit me again to request insertion to a few remarks upon a form of scarlet fever of a most varied and malignant type, presenting, in many instances, peculiar characteristics, and which, unfortunately, have been too common in this locality.

I need not point out to my professional brethren the peculiarly contagious nature of scarlatina maligna; for, unfortunately, it is too well known when it assumes a typhoid character, and enters the abodes of the poor. Yet after many years' fair experience, I have never witnessed it to assume so many protean changes, or have so malignant and ultra-contagious a form as lately, and owing to which

its ravages have been most alarming. In too many instances twenty-four hours have sufficed to destroy the patient; some have fallen victims in two days; and cases have unhappily presented themselves, where the *extreme malignity* of the poisonous influence has prevailed so far, as to produce comatose symptoms, followed by convulsions of the most alarming character, ending very shortly in death. Within an hour or so after, the headach and sickness comes on, the latter symptoms appear; the evening, perhaps, ushering them in, and the morning closing the scene. All these assaults have fallen on the young; and where medical resources and other means are too often crippled by the difficulty, not alone in contending with a terrible malady, but with such childish patients.

One of the most alarming forms of this disease has shown itself thus: Within six or eight hours after the primary symptoms, the efflorescence has appeared *all over the body*, assuming a darker hue than usual (especially around the throat), and leaving the countenance pallid and ghastly. Within a short space the throat swells so rapidly, as to produce convulsive efforts to swallow, and soon after the patient is suffocated.

Again, when the eruption has been trivial, and the first attack slight, oedematous symptoms have shown themselves with alarming dyspnoea, when, spite of every effort (for a few hours alone have in such cases been the usual period allowed for the resources of art), effusion has taken place so rapidly into the thoracic and abdominal cavities as to destroy vitality. One instance of each case may answer for all.

I was sent for to a fine boy of about five years old, and found him labouring under the comatose state, and directed as well as watched the treatment I had ordered, and left him somewhat better. It was about six in the evening when I saw him, and before daylight he was dead.

The next case was that of a child, of about the same age. His symptoms at first were but trivial, and he was advancing (apparently) towards convalescence. On the fourth night the father came hurriedly, requesting my attendance. He said the boy had eaten a hearty dinner, and appeared in health about two o'clock, but was afraid he was not so well from it. I found the poor little fellow labouring for breath, with oedematous limbs and face, and intermitting, quick pulse; in fact, evidently sinking, and merely struggling for breath. He was a corpse the next morning. This child I examined, and found the lungs, heart, and abdominal viscera overwhelmed by serous effusion; the cellular tissue simply oedematous. All this had been unperceived the morning before the night of the attack and its fatal catastrophe.

Many cases of effusion have not been fol-

lowed by such fatal terminations; in such, convalescence has taken place when time has been permitted for artificial resources, the *oedematous* puffiness becoming *anasarcous*, and the fluid diffused. In some instances the limbs have swollen considerably, as well as the scrotum; and in two instances I let off the serous accumulations by acupuncture, keeping up the remaining stamina by stimuli, with good beef-tea, and other light but nutritious diet. In the majority of cases, however, the assailing power was so strong, as to place at defiance every resource that art could command.

One poor but respectable man lost all his three children, each case varying, as I have mentioned; the elder child having the sudden, dark red efflorescence, and livid face; the infant sinking from swollen glands, producing suffocating inanition; and the other one dying two days since (after an apparent rally), from the rapid effusion on the organs of vitality.

In conclusion permit me to add, that I have witnessed nothing equal to the fearful character of this pestilence, and which, I am sorry to say, has arisen, as all these evils do, from the haunts of the poorer classes, where cleanliness is little known, and where irregular and bad diet is too often found. I have given but a faint outline of this visitation, and which, I have little doubt, has been witnessed, or *will be witnessed*, elsewhere. I am, Sir, yours faithfully,

THOMAS LITCHFIELD.

Twickenham, Nov. 8, 1841.

## VETERINARY MEDICAL ASSOCIATION.

Professor SPOONER in the chair.

THE anniversary meeting of this association was held at the Freemasons' Tavern, on the 8th of November, 1841. The business of the meeting commenced with the distribution of medals and certificates of honour to those among the members and students who had distinguished themselves by essays on medical subjects.

The large silver medal of the association was awarded to Mr. Stevenson, of Whitby, for the best essay on "Purgative Agents."

The small silver medal of the association was awarded to Mr. Fryer, of Kirby Fleet-ham, for the second best essay on the same subject.

Certificates of honour were awarded to Mr. W. C. Spooner, of Southampton, for an essay on "Influenza in the Horse."

Mr. T. Greaves, of Manchester, for an essay on "Indigestion."

Mr. W. Litt, of Whitehaven, for an essay on "The Hock-joint."

Mr. C. Wills, of Belfast, for an essay on "Fistulous Wounds."