ing the blood upon the orifice of the open vessels, until spontaneous coagulation takes place, is a popular and not unfrequently a successful mode of arresting hæmorrhages.

Much discrimination is necessary in the choice of the agent best adapted to all the circumstances of individual cases. In hæmorrhages occurring after extraction of teeth, and where the flow is confined to the alveoli, an unirritating solution of metallic salts, and the plug with compression, I should think equal to any emergency. The plug I would recommend is cork, properly adapted to the alveolus, and left sufficiently large above to secure pressure from the antagonist teeth. If necessary, a groove might be made in the cork to embrace the lips of the gums at their junction with the alveolar processes, and thus secure compression to all the wounded parts. It will readily be inferred, that where the hæmorrhagic diathesis exists, I am no advocate for the cautery or for caustics. In the absence of nervous energy the capillary arteries cease to secrete, the cautery and caustics, therefore, can have no effect except that of chemical decomposition, and which, as in Mr. Craig's case, will add to the evil by denuding a larger surface, and exposing the mouths of a greater number of vessels.

I remember at one period, before my attention had been much directed to this subject, I extracted a molar tooth from the jaw of a flabby, leucophlegmatic man, about thirty years of age, who I afterwards learned had nearly lost his life some years before by a similar operation, the bleeding having continued on that occasion nearly four days. The tooth I pulled out was not difficult of extraction, nor did any considerable hæmorrhage follow for nearly eight hours afterwards, at which time the oozing had increased to an alarming extent. I learned that cold water, the scrapings of down from an old hat, cobwebs, and various other popular remedies, had been resorted to without any beneficial effect. I washed out the socket with tincture of myrrh, after which I introduced a pointed piece of lunar caustic, which I pressed firmly down to the bottom of the cavity, and allowed it to remain in a short time. I then applied a compress firmly over the teeth and gums, and left my patient. About six hours afterwards I was again summoned to attend him, when I found the bleeding still profuse, and the patient very weak from loss of blood. I used the nitrate of silver freely, as on the former occasion; I then stuffed the socket with soft putty, applied pledgets of lint soaked in an astringent lotion once more round the teeth and gums, administered an opiate, bound both jaws tightly together; and on leaving my patient I expressed my uneasiness to his friends, and requested that they would send for me if the bleeding appeared through the compresses.

I had been but a short time at home when it was found necessary that I should return. Appearances had now assumed a dangerous aspect; the bleeding was unchecked; the man's countenance was collapsed, deadly pale, and expressive of great anxiety. His pulse was small and thready, his extremities cold, and his breathing hurried. My own state of mind at the moment was anything but enviable. I tried all the stimulants and astringents I could think of, some with partial and others without benefit. I had no faith in the actual cautery more than I had in the lunar caustic, and it had signally failed. I was hesitating whether or not I should take up the carotid, when it occurred to me that I had used with decided advantage the tincture of the muriate of iron in fungous bleedings. I lost no time in procuring and applying it: the result exceeded my most sanguine expectations. The blood which was effused between the gums and cheek instantly coagulated, and that within the socket was converted into a gluey plug. There was no return of the hæmorrhage afterwards, and the patient gradually recovered his usual state of health. Since the above period I have used the tincture of the muriate of iron in many similar, although much less formidable, cases, and with unvarying success. I have great satisfaction in bearing testimony to its safe and efficient styptic qualities.

Were I treating a case now such as the above, I would in all probability resort to the use of the cork plug, and which, with the aid of such a powerful auxiliary as the tincture of the muriate of iron, would preclude all anxiety in my mind as to the result.

I am of the opinion that we have much to learn regarding the changes which the blood undergoes in disease, and the relation which these changes bear to certain morbid conditions of the constitution. Modern researches tend to prove that cancer, fungoid disease, and the whole tribe of malignant growths, are but depositions from diseased blood. As this fact becomes more obvious by deeper research, so will our pathological knowledge and remedial resources increase, and the subjects of idiosyncrasy and diathesis, now so enveloped in mystery, be elucidated, and the "tendency to morbid action" more easily obviated.

Edinburgh, Lawn-market,
March 12, 1842.

SCROFULOUS CORNEITIS,

SUCCESSFULLY TREATED BY TURPENTINE.

By HENRY OBRÉ, Esq., Surgeon.

THERE are few diseases of the eye that are more tedious in their progress, or more uncertain in their results, than scrofulous corneitis;

it is a disease at one time sudden in its attack, at another slow and insidious. The eye soon becomes averse to light; the head is held down with the eyelids constantly closed, to prevent the smallest admission of light. The cornea and sclerotic fall into an indolent chronic state of inflammation; the cornea is generally quite opaque, so that day from night frequently cannot be discerned. In this state the patient often remains weeks, and even months, until not only the sufferer, but the medical attendant, is fatigued by the tediousness of the cure; and every remedy that is proposed for this complaint in the voluminous works of ophthalmic writers, has been tried over and over again. I have repeatedly tried different modes of treatment both by depletion and tonics, and have as frequently found one as successful as the other, and as often both a complete failure. Finding this to be the case, and my patient lingering on in a state of uncertainty, I made trial with turpentine, having seen it of much benefit in other chronic ophthalmic diseases, and was pleased to find it have control over this disease also; in illustration of which I subjoin the following cases, which have occurred at the period of life this disease is most frequently to be found. In publishing the following cases, I have no wish to arrogate to myself to be the first to use turpentine in this disease, having no doubt of its being used by other surgeons; turpentine certainly has a most extraordinary influence over many chronic diseases of the eye.

CASE 1.—Martha Davis, thirteen years of age, became a patient at the Marylebone Infirmary, Dec. 22, 1839, having inflammation of the eyes for five weeks, but not suffering pain, her parents did not consider it requisite to have medical advice until the present period. On separating the eyelids, the cornea was observed to be quite prominent, almost approaching to staphyloma, of a dull hazy appearance, studded with numberless spots resembling minute ulcerations. The cornea is surrounded on its inner margin by a deep zone injected with red blood, formed by vessels running towards the cornea from the direction of the palpebræ, which are kept constantly closed; and the child states she has not been able to open them, or bear the slightest admission of light for the last three weeks. She was directed to take mercury with chalk, in small doses, combined with one-sixth of a grain of opium, every three hours, until the mouth became slightly affected by the mercury. On the 24th, the mouth not being sore, calomel in grain-doses was substituted for the other medicine, which she continued until the 29th, before the desired effect was produced, when it was discontinued in frequency. She does not appear the slightest improved; indeed, she holds her head more down, and lachrymation is profuse. She continued in this

state until Jan. 8th, when, not having made much progress, spirit of turpentine in half-drachm doses was prescribed three times a-day. On the 12th a marked improvement had taken place; she opened the lids almost quite wide, and turn towards the light; lachrymation much lessened; the enlarged vessels continued to diminish; and the cornea became daily more pellucid and natural in size until the 20th, when no morbid appearance remained, except slight milky haziness of the cornea, which was soon removed by dropping into the eyes a solution of caustic.

CASE 2.—Mary Denton, aged 23, has been ill with inflammation of the eyes for about a month; the right more particularly is affected; the vessels of the conjunctiva and sclerotic are much enlarged, and injected with red blood radiating in a zone surrounding nearly the entire of the inner margin of the cornea. The left eye presents the same appearance, but in a diminished degree; the cornea has a clouded appearance; there is much intolerance of light; the general health good. This patient was placed under the influence of turpentine, a drachm being administered three times a-day.

26. The urine became tinged with blood. Linseed-tea to be drunk in large quantities, and the turpentine continued at the same time.

Feb. 1. The eyes are now not much troubled by the admission of light; the left is nearly well, but the right continued in the same state. The turpentine to be increased ten minims at each dose. From this time the reddened state of the cornea and sclerotic gradually subsided; the cornea became bright, and continued daily to improve until the end of the month, when she was considered quite recovered.

Did I consider the efficacy of turpentine in this disease require further proofs than the narration of the above cases, I might increase their number, having notes of numerous others which have been treated on the same plan; but there being so much similarity in their symptoms, treatment, and results, it would be a mere repetition of the above cases. In other cases I have not depended entirely on the administration of turpentine, but occasionally used local bleeding, either by cupping or leeches, with opiate collyria, and have seen great benefit in very extreme cases of intolerance of light from the internal use of narcotics.

TRAUMATIC TETANUS

TREATED BY MEANS OF FREE BLEEDING.

To the Editor of THE LANCET.

SIR,—If you think the following case of traumatic tetanus of sufficient interest to occupy a place in your valuable periodical, its