amongst the out-patients all conjunctival inflammation had disappeared, and vision was excellent.

Purulent Ophthalmia; Eye saved.

CASE 20.—A young medical man, in syringing an infant with purulent ophthalmia, received some drops of the discharge into his own eye. Inflammation quickly arose, and became developed into a severe attack of the same disease. Mr. Poland and myself were requested to see him, and found tumefaction of the lids great, chemosis high, purulent secretion profuse, and pain distressing, but the cornea sound. We prescribed the strong nitrate of silver drops, calomel in repeated doses, radiant scarification, leeching, and constant ablution with poppy-water and alum. This plan was persevered in guardedly, and with modifications as the violence of the disease was overcome, the earliest opportunity being taken of lessening the mercurial, and of exhibiting quinine and nutritious diet, as the patient's constitution was delicate. The scarification was performed anew on two or three successive days. At one time, ulceration seemed actually commencing, but the cornea resumed its normal aspect and transparency, without any distinct structural change, the inflammation, pain, and swelling declined, the integrity of the organ was preserved unimpaired, and the gentleman was dismissed into the country convalescent. It is due to the two friends who tended this patient indefatigably, night and day, and zealously carried out the prescribed plan of treatment, to say, that his recovery with perfect vision was greatly attributable to their self-devotion.

To any one conversant with the usual course and effects of purulent ophthalmia—who will take the pains to peruse the above cases attentively, they will, I believe, convey their own lesson. They demonstrate clearly, that treatment conducted on a certain definite system, far from being precarious in result, exercises very uniformly a distinct remedial power; so that, *neute and formidable* though it be, the disease is entirely amenable to this system, if the remedies are put in operation before destructive changes in the cornea have actually commenced. In a word, it is apparent, that even in the severest cases (subject simply to this condition) the loss of vision need only be a very rare exception, rather than the rule. I must, however, postpone further comment till another opportunity.

ON THE TREATMENT OF ACNE ROSACEA.

By JAMES MORRIS, M.D. LOND., F.R.C.S.

ACNE ROSACEA has, perhaps, received a sufficient share of attention to necessitate some apology for writing on the subject. My apology must be sought in the recommendations which I have to give with respect to its treatment. Those who dip into the literature of this disease will have no reason to complain of the paucity of remedies recommended, and the copious list is generally preceded by some discouraging presage, under the head of prognosis; thus Rayer says, "Cuperosa is curable when the subject of it is young, the eruption recent and slight, and the pustules not very numerous. On the contrary, when it shows itself in adult age, is connected with chronic affection of the digestive organs, or when it is hereditary, of long standing, and of large extent, the best treatment rarely succeeds." Schedel calls it "an obstinate disorder, and in many cases incurable;" Erasmus Wilson finds it "very intractable;" and Dr. Copland considers the "treatment generally unpromising."

It would seem that in all this the disease is but supporting an ancient reputation, for Falstaff is made to say to Bardolph—"Do thou amend thy face, and I'll amend my life." As considerable confusion has arisen in the works of dermatologists, by unnecessarily increasing the number of species of acne, in order to remove any doubt to which form of the disease I am referring, I quote a description by Erasmus Wilson, from his popular work on the Skin, the comic vein of which must be pardoned on account of the accuracy of the picture. After proposing for the complaint the new synonym of the "besieger," he says, "It begins, for example, by very slowly throwing up a mound of red skin, and for months, perhaps, goes no further; then we see a chain of low barrows, extending to another mound in the act of rising; sometimes two chains passing in different directions, or perhaps a mound in the distance, which the chain goes to meet. These operations are always remarkable for their slowness, but not less for their certainty of success, for wherever the skin is hemmed in by these pimply ridges, it is as deeply red as the pimples them-

selves; and after a time, when the whole nose, probably, and a considerable extent of the adjacent face is covered by them, both the latter and the intermediate skin are marked by large veins, which spread out their branches like tributary streams of a large river. Occasionally, small collections of yellow matter form upon these pimples, but this is by no means their common character. They preserve a heightened colour under all circumstances, but undergo a change having relation to the state of the blood flowing through them. Thus, for example, when the circulation is active, they are fully distended and brightly red; while, in cold weather, or under the influence of causes which retard circulation, they are bluish or even livid in hue."

In discussing the appropriate treatment of this affection, one most important question meets us at the outset. Is it or is it not generally symptomatic of disease of the liver? And this question resolves itself into two, which require separate consideration. First, does it frequently accompany serious disease of the liver? To this I think it must be answered that the association is not rare. The second question is, what relation does it bear to the hepatic affection? To this I would reply merely that of accidental coexistence. This distinction has not been adequately attended to. That the association with disease of the liver cannot be very infrequent is to be inferred partly from the impossibility of otherwise accounting for the general belief that the two maladies are in some way related; and, besides that, I have myself seen two unmistakable instances of this connexion. I find Dr. Copland saying, "A rosacea often precedes serious disease of the liver, more frequently coexists with it, and most commonly indicates a congested and obstructed state of this viscus. It is needless to multiply quotations, but many such are to be found. This doctrine appears to have controlled the treatment in a most mischievous manner, and it has done so the more effectually that, in as far as coexistence is concerned, it is founded in fact. Thus, the author above quoted recommends bloodletting, leeches to the liver, thighs, and feet, liquor potassæ, with many other things, but he makes no mention of tonics. Ambrose Paré went further; he advised copious bloodletting—a proceeding doubtless capable of blanching the reddened parts: besides taking blood from the basilic vein, the forehead, and the nose, he recommends leeches over the face, and cupping between the shoulders; but all this may perhaps have been moderate in his time. That the suppression of this eruption is not followed by any injurious effect upon the liver, is inferred on these grounds: besides curing a considerable number of cases where the liver was unaffected, the patients, with scarcely an exception, enjoyed afterwards better health than they had done before. I have also cured the eruption, with only the simplest precautions, in two cases of hepatic affection, the occurrence of jaundice, with induration and enlargement of the liver, together with other symptoms, removing all doubt from the diagnosis; and certainly no unfavourable effect was manifested upon the disease, the patients having remained long afterwards under my observation. Moreover, acne rosacea is now recognised as a disease of the sebaceous follicles; it is indeed probable that the fatty secretion of these follicles may to some extent relieve the liver; but it may be fairly asked which is likely to give most relief, an inflamed or a healthy gland? We know that in glands the first sign of subsiding inflammation is generally restoration of the natural secretion, and the effect of the treatment proposed for this affection is not to suppress the sebaceous secretion, but to restore it to a healthy state. Rayer, who connects his cuperosa with chronic gastro-enteritis, adds—"Its dependence on an affection of the liver is more rare and difficult to ascertain, notwithstanding the old and repeated assertions to the contrary." Plumbe disbelieved even the association with disease of the liver, though he says, "In the only case I have met with, where hard drinking did not form part of the habits of the patient, an extraordinary appetite, not of the most delicate kind, was well known to exist." This last, I think, is not borne out by later experience. He recommends, however, a "tonic plan," which, he says, he "had followed with pretty uniformly successful results." My own cases lend strong support to this recommendation of Plumbe; and though it would be rash to affirm that such cases require depletive treatment, yet they must be in very small proportion to those requiring tonics. Now, purgatives are useful adjuncts in females: where the disease has been accompanied by leucorrhœa, a frequent occurrence, striking benefit has been derived from the use of iron mixture with compound decoction of aloes. In several instances palpitation, and, in one, morbus cordis, from previous rheumatism, were associated with the eruption. The local treatment is of the highest importance, and the agent which I wish to place more prominently before the profession for this purpose is sulphur. I advocate its claims with

the more freedom, as it is no new remedy, and has obtained weighty suffrages in past years. Thus Rayer says—"Cold sulphureous applications, *en douche* and *en arrosoir*, are very efficacious in restoring the skin to its natural state." Other similar opinions might be added. In one remarkable instance this application readily effected a cure after the patient, a lady, had suffered the vexation of the complaint for twenty years, and had undergone an immense variety of treatment without benefit, ending with the homœopathic; in other cases the same result speedily followed after four and six years. It would seem that the sulphur works its way into the sebaceous follicles, where it probably dissolves to some extent in the oily secretion. It has been recommended as an internal remedy, in which case it might reach the same position, as it is eliminated by these glands when taken for any period. The form in which I have invariably used it is recommended by Mr. Erasmus Wilson for the treatment of acne in general. In my hands it has appeared to possess little, if any, influence over the punctated form; while for the rosaceous variety it appears to be the remedy. It is as follows:—A drachm of camphor is pulverized with alcohol; twice as much milk of sulphur is then added, (Mr. Wilson recommends sulphur sublimatum;) afterwards distilled water, to render it sufficiently liquid for use. This lotion is smeared with the finger over the face freely at night, and more sparingly in the morning; the effect is generally very soon apparent, and is often most striking. The *lac sulphuris* often contains as much as sixty per cent. of sulphate of lime; this does not appear to interfere with the action of the remedy. This preparation is preferable, on account of its minute subdivision, which makes it less irritating, and also for its whiteness. The use of this lotion should be persisted in for a considerable period if the blotches return; and if the surface be thus preserved in a healthy state, Nature will gradually restore the deeper-seated structures to their normal condition. It does not appear to lose its efficacy by continued use. In conclusion, this annoying malady cannot be concealed; it obtains little commiseration; and if it be rendered in any degree a rare spectacle by the general adoption of what the writer believes to be an improved treatment, he will have amply attained his object in writing this paper.

Park-street, Grosvenor-square, 1855.

ON A CASE OF GUN-SHOT WOUND.

By WEEDON COOKE, Esq., F.R.C.S.

THE following case of gun-shot wound appears to me to possess some interest at the present time.

Louis V—, aged twenty-five, was admitted into the Royal Free Hospital December 23rd, 1854. The patient is a fine, handsome, well-built man, a native of Italy, and formerly an officer in the revolutionary army of Garibaldi. In the siege of Rome he received a bullet wound of the thigh, which healed kindly, no injury to the bone having accrued; as well as a sabre wound of the scalp, which also healed well. He subsequently entered the American service, and whilst engaged in Texas received a bullet wound in the upper part of the sword arm. This was about nineteen months since. The ball, which entered about an inch below the head of the humerus, apparently passed round the inner side of the bone, escaping the large vessels, and emerged close to the anterior border of the scapula. The wound caused by the entrance of the ball was never healed, and several small pieces of dead bone have come away at intervals during the last few months.

A few days ago he fell down stairs and struck his arm, causing it to bleed considerably. The hæmorrhage, which ceased after a time, has recurred at intervals ever since, being generally induced by the slightest motion. A probe passed into the anterior wound impinges on a portion of the shaft of the humerus, which is quite rough, being apparently bare and denuded of periosteum; the introduction of the instrument caused some bleeding, the blood being florid. The wound caused by the exit of the ball also allows three or four inches of the shaft of the bone to be felt. In neither situation, however, is any portion loose, although he complains of a sensation of pricking on moving the arm. The head of the humerus is separated an inch from the glenoid cavity by (apparently) effusion, causing the coracoid process to appear very prominent. The motions of the joint are very limited. A lotion containing alum was ordered to be applied, with a compress of lint, over the wound, and the arm to be confined by a bandage.

Dec. 30th.—A consultation was held as to the propriety of cutting down and removing as much of the bone as might be necessary. In consequence, however, of no portion being at

present loose, and the probability being that if any operation were attempted at the present time it would be necessary to remove the whole arm, it was decided to leave it, adopting only palliative treatment, especially as all bleeding from the wound had ceased for some days. The arm was enveloped in plaster spread on moleskin, wide strips also being used to confine the arm to the side, the wound of course being left uncovered, to allow of the escape of any matter.

Jan. 15th, 1855.—A very small piece of bone escaped yesterday from the anterior wound. On introducing a probe, a piece of bone was felt beginning to separate.

29th.—Matter was felt pointing two inches below the wound in front. I made an opening, when about an ounce of fetid pus escaped. No other piece of bone has come away. The wound was ordered to be poulticed.

Feb. 5th.—There is a good deal of thickening about the shoulder-joint, and ankylosis appears to be taking place between the humerus and scapula. Bare bone is perceived from each wound. The motions of the joint are more limited than on his admission. The limb is not so painful, and his general health is exceedingly good. He is able to be up, and wear the arm in a leather sling.

Feb. 16th.—The abscess opened Jan. 29th is now quite closed; from the upper opening two small pieces of bone came away yesterday, and the thickening around the dead shaft of the humerus is evidently increasing.

The humerus is unquestionably dead for several inches—how many, an exploratory incision only could indicate with certainty, although the separation of the muscular substance, as shown by the passage of the probe, would seem to point to the extent of the necrosis. The hæmorrhage having been stayed, and no unpleasant constitutional symptoms being present, amputation at the shoulder-joint would have been a cruel sacrifice of such a limb to a man capable by education and intellect of wielding the pen, when no longer permitted to use the sword. The question for consultation therefore was, whether several inches of the humerus might be removed, with a reasonable expectation of its place being supplied sufficiently to steady the arm, and permit a limited use of the forearm. Recorded instances are wanting of such an operation in this or any other country, although it is said that even the whole humerus has been excised in the heroic schools of France and Italy. In this instance the progress of the case towards a favourable termination, by the expectant treatment, argues the humanity and propriety of abstaining from the operation; and the elimination of bone during the last few days gives real hope that the powers of Nature will suffice to build up a new and living wall in the place of the injured and decayed one, rendering once again this valuable member serviceable to its owner, not to the extent naturally desired by his valorous wishes, but far more so than he originally expected.

Upper Berkeley-street, Feb. 1855.

A Mirror

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

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

ST. THOMAS'S HOSPITAL.

HERNIA TREATED BY THE TOPICAL APPLICATION OF ICE.

(Under the care of Mr. F. LE GROS CLARK.)

As further illustrating the treatment of hernia, we propose this week to give some cases treated by the topical application of ice, at St. Thomas's Hospital, by Mr. Le Gros Clark. There are two different indications, it need scarcely be remarked, which may be fulfilled by the use of ice in a local form: one, as an anæsthetic, to remove pain before operation; the other, of still higher moment, to reduce the actual volume of a hernial tumour, so as to facilitate the various manipulations of the taxis and prevent the necessity of the use of the knife altoge-