

Circular, Narrow, or Crescentic Ulcer.—This form is frequently seen in connection with acute inflammation of the conjunctiva, especially in old, cachectic habits. The ulcer consists of a narrow line of ulceration, extending round the cornea to greater or less extent, near to its outer margin; it is deep and very narrow, its edges ragged and opaque, the opacity extending to some little distance on either side in the substance of the cornea. This variety of ulcer may extend completely round the cornea, and occasion the loss of vitality of that structure.

Superficial, Extensive, Transparent Ulcer.—This is attended with comparatively little suffering; there is but little vascularity or pain, and scarcely any intolerance of light. On examining the eye obliquely, the loss of surface becomes evident; it is usually somewhat irregular, but quite transparent. This form of ulcer is most common in young persons.

Small, Shallow, Transparent Ulcer.—The ulcer, instead of extending over a considerable surface, consists of a mere shallow, transparent, circumscribed excavation, frequently called a dimple; many of these heal without a renewal of substance, and without occasioning opacity; hence the shallow dimples or depressions on the cornea. They occur under the same circumstances, and are attended by the same symptoms, as the extensive transparent form.

Chronic Ulcer with Opaque Secretion.—Many authors have imagined that this form was dependent on the precipitation of lead on the surface of some ulcer existing on the cornea; but as it presents a peculiar set of symptoms, and may exist where no particle of any metallic collyrium has been employed, this is a very improbable explanation. We see it chiefly in adults; it is chronic in its character, without much active vascular action, presenting small, round, or oval patches, which may exist on any part of the corneal surface, extending very slowly, and, after attaining a certain size, remaining quite stationary, their surface being covered with a thick, opaque, whitish or buff-coloured secretion; a few enlarged trunks pass over the cornea to the edges of the ulcer. It resists treatment for a length of time, and invariably occasions a dense leucoma by cicatrization. Mr. Tyrrell imagines the secretion to be calcareous.

Irritable Ulcer.—This is a small, ragged ulcer, without much opacity, and with little accompanying inflammation. It occurs in middle-aged individuals, where the health is much deranged. Its chief symptoms are great intolerance of light and severe pain, aggravated in paroxysms; the digestive organs are disturbed, and the nervous system irritable and readily excited.

Strumous Ulcer.—We may define this to be an ulcer produced by, and attended with, strumous inflammation. It is confined al-

most exclusively to children, and frequently follows the bursting of phlyctenulæ on the cornea; it presents a diversity of appearances at different stages, being active or slow, superficial or deep, accompanied usually with considerable vascularity: thus immediately after the bursting of the phlyctenula, it is a mere depression or transparent dimple; this may extend, forming a ragged, opaque, chronic ulcer, or with great activity quickly perforating the cornea, and causing prolapsus of the iris, or even the evacuation of the lens and part of the vitreous humour, followed by collapse of the tunics.

Traumatic Ulcer.—This simply refers to the producing cause, and not to the subsequent symptoms, which are modified by the constitution of the patient; but the most frequent form is the acutely-inflamed ulcer. The shape of the ulcer would here depend on that of the wound, and the nature of the producing body.

Sloughing Ulcer.—An ulcer in connection with sloughing of the cornea is seen in two different forms: first, where a slough produced by other causes is being separated by the process of ulceration; secondly, an ulcer specifically sloughing—one, namely, which is attended with the formation and detachment of mortified portions of cornea. The first variety scarcely needs any description; an ulcer forms, as in the detachment of sloughs in general, around its margin, gradually deepening until the dead are completely separated from the living parts; when this is accomplished, healthy action succeeds, and the ulcer cicatrises. The second is seen only in feeble, cachectic patients. Here small ulcers, unattended by much vascular action, make their appearance on the cornea; during their progress, whitish or ash-coloured sloughs, in thin layers, are thrown off, for a time rendering the ulcer clear and transparent.

Healthy Ulcer.—We may diagnose this variety by its appearance and symptoms; it is attended with no excess of vascularity; its edges are bluish-white; there is little or no pain; and healing, with diminution of the size of the cavity, proceeds gradually. It is seen in favourable cases of wounds of the cornea, after the separation of a slough, and in the favourable termination of inflammatory and other varieties of ulcers.

EDWARD HOCKEN.

Exeter, Sept. 9, 1840.

MALT IN DYSPEPSIA.

To the Editor of THE LANCET.

SIR:—Having used grains of the hordeum vulgare, after they have been malted, in some cases of dyspepsia, with a most beneficial effect, I shall feel obliged if you will make mention of it. I was first led to try them in the case of a gentleman troubled

with hæmorrhoids, who experienced great pain and inconvenience whenever the fæces were of too great consistence. Having tried the usual remedies, and obtained only temporary relief, he took daily a tablespoonful of the malt, with excellent effect. I apprehend it will be found a valuable remedy in cases of dyspepsia, where the vermicular action of the intestines is too slow, and the liver torpid, as is so apt to be the case with those engaged in sedentary employments. In one case of this nature, the patient has taken it for two years with great advantage, and is quite partial to the remedy, especially when fresh. I look upon this as of great importance, as it induces patients to take it with regularity. The properties of barley malt are so generally known, that I need scarcely say I consider it acts in these cases as a mechanical aperient, mixing with the food during digestion, and rendering it of a proper consistence. I am, Sir, your obedient servant,

R. L. BEAN, M.R.C.S.
King's College Chambers, Strand.

MALFORMATIONS.

ABSENCE OF THE PLEURÆ.—ABSENCE OF A PORTION OF THE INTESTINES.

To the Editor of THE LANCET.

SIR:—I shall be obliged by your insertion in THE LANCET of the following case of absence of the pleuræ:—

This malformation was found in a girl, 13 years of age, who died, on the 8th of last July, of inflammation of the brain. As reports were abroad that she had been ill-used, and that the disease of which she died had been brought on by external violence, an inquest was held on the body. Mr. Kingston, of this town, and his assistant, Mr. Clark, had attended her in her illness, but as Mr. Kingston was then from home, I was requested by the coroner to undertake the post-mortem examination for him. Mr. Clark assisted me. After examining the head, the appearances in which satisfactorily proved the death of the deceased from natural causes, we opened the chest; the heart was in its natural position, and both it and the pericardium quite healthy; the latter contained rather more than the usual quantity of serous fluid.

On examining the lungs I could find no pleura; both lungs were universally, but not very firmly, attached to the interior of the chest and to the surface of the diaphragm and pericardium by a thin uniform layer of healthy cellular tissue; not the slightest trace of a serous membrane could be discovered. At first I very naturally thought that the adhesion was the result of inflammation, but, on closer examination, I soon found that that was not the case; there

were no stringy fibrous attachments, and no contraction of the chest or lungs; the layer of cellular tissue was perfectly uniform throughout, both as to thickness and appearance, passing gradually into and becoming lost in the cellular tissue of the mediastinum. It had altogether a totally different appearance from adhesions, the consequence of inflammation.

The phrenic nerves were in their usual position, and the distribution of the other nerves and vessels appeared to be normal. There was slight pneumonia of one lung in the stage of red hepatisation, and there was also an enlarged bronchial gland behind the thymus converted into cheesy matter; it, however, was quite quiescent, and did not seem to have produced any irritation.

Mr. Clark agreed with me that there were no traces or remains of a pleura, and that no pleura could ever have existed. I inquired particularly of the girl's parents and friends, if she had ever suffered from pain in the side, inflammation of the chest, or anything of the kind, and was assured that she had not. It is rather a singular thing that a month or six weeks before, I had assisted Mr. Kingston in examining the body of an infant, the first child of an elder sister of this girl, that is, her niece, in which we found that a portion of the small intestines was wanting. The child died three days after birth; no meconium ever passed. There was frequent vomiting, and the abdomen was much distended; it was, externally, healthy, and well-formed, but, on opening the abdomen, we found that, just about where the jejunum is generally considered to pass into the ileum, the intestine ended in a large rounded *cul de sac*, nearly the size of the stomach; from this a very small fold of peritoneum passed off to the recommencement of the intestine, at the distance of two inches; the rest of the intestine, and the colon and rectum, were exceedingly small; there was no other malformation. Cases similar to the last, I believe, are not very uncommon, but I think there are very few, if any, cases of absence of the pleuræ on record. I am, Sir, your obedient servant,

JOHN COALES, Jun.

St. Alban's, Sept. 12, 1840.

CHARING-CROSS HOSPITAL.

REMARKABLE ARREST OF DEVELOPMENT IN THE ORGANS OF GENERATION AND IN THE URINARY APPARATUS.

JOHN BATTLE, aged 24, six feet in height, was admitted lately into the hospital, under the care of Dr. Chowne. He is a native of Clopton, in Suffolk. He was admitted under the name of "Elizabeth," having from his childhood worn a woman's dress, and being considered by his neighbours to be of that sex. On first looking at him, and before he spoke,