matory complaint. A great many cases that you see are nothing more than inflammation of the liver with the incidental symptom of jaundice. I dare say, that a part of the liver is inflamed in the neighbourhood of the ducts. In this case the colour of the skin was of a bright hue. There are various shades in jaundice, and when the yellow is of a bright cast, the prognosis is so far favourable. When the colour is of a greenish yellow, it is more probable that the patient will not get well. When there is a dark green hue, there is usually some disease or other of the liver, and the patient generally dies. This was pointed out by Dr. Baillie, and I believe his observation is correct. This man was 34 years of age, and admitted on the 10th of September, but had been poorly more or less for some months. He was attacked with acute pain at the right part of the epigastrium, accompanied by weakness; and when he came in, I found there was tenderness on pressure, both at the right hypochondrium and the epigastrium, so that he clearly laboured under inflammation of the liver. The eyes were yellow. His motions were white, and the urine like porter; but if you turned the edge of the vessel aside, you saw that it was of a bright yellow colour. He had a pricking sensation of the skin throughout the body. It is very common to hear patients labouring under jaundice complain of an intense itching of the skin. They say they could tear themselves to pieces, and very often it is so severe, that it amounts to pricking and tingling.

Treatment.—Now I had no doubt, that by treating this case simply as hepatitis,—inflammation of the liver, I should cure him. He was cupped to twenty ounces on the right side, took five grains of calomel every night, and was purged with salts and senna in the morning. I need not detail the particulars of the case. The pain on the right side went away in two or three days, and the patient would not allow that there was anything the matter with him, though his skin was still as yellow as a guinea. You find that after you have cured the proximate cause, and removed all obstruction (after you find the stools pretty bilious; in fact, containing a quantity of bile), the patient will still be yellow. The bile has got into the blood, and it will be some time before it can escape, and therefore this man after he had lost all his pain, felt himself quite well, and after the stools contained a due quantity of bile, still made high-coloured urine, and was yellow throughout the skin. After a few days only, the yellow declined. You are continually plagued by patients relative to their being yellow. When you are quite satisfied, from the appearance of the motions, and from the ge-

neral improvement of the feelings, that you have removed the proximate cause. This man was exceedingly contented, for although he was yellow, he would not allow that there was anything the matter with him. Finding himself so comfortable, he fancied he looked as well as other people. You observe that this man did not see yellow. It has been said that patients with jaundice see yellow, but I have only twice witnessed this occurrence. I believe that when it does take place, perhaps the patient has a little inflammation of the eye round the cornea, so that red vessels traverse it. There is blood conveyed there, and the quantity of bile in the blood affects the sight of the eye. I knew one person who saw yellow with one eye and not with the other, because one only was inflamed. A gentleman told me the other day, that he had a patient who died with jaundice, and who saw yellow, but who had no inflammation of the eyes, and in that case he found that the humours of the eye were yellow. This is an uncommon event, but sometimes it does occur, and then the patient sees yellow. The gentleman who informed me of this case was formerly a pupil here, and is now settled in the country. He wrote me an account of it, knowing that it would interest me. The man, he said, saw yellow in a very remarkable degree, and the aqueous humour, at any rate, was perfectly yellow. I do not know whether this has been observed before. In the two cases of yellow vision which came under my care, there were decided marks of an inflammatory state of the external parts of the eye.

CASE OF

PHLEGMONOUS ERYSIPELAS.

ABSENCE OF SLEEP FOR FIVE WEEKS.

By S. T. CHADWICK, Esq., Wigan.

J. D., a groom and gardener, a hale man, ætat. 58, having enjoyed uninterrupted good health, was on the 14th of July assisting to unload a quantity of timber, when a log fell, and lacerated the integuments from the ulnar side of the palmar surface of his right hand, to the second joint of the fourth finger. The wound was dressed, and proceeded favourably until the 22d of July, on which day he went a few miles from home, got wet to the skin, and remained in his damp clothes until bed-time. That night he was awoken by lancinating pains proceeding from the wound up the arm, and became exceedingly cold. The pain and uneasiness kept increasing for three days.

On July 25th, I was called in, and found high febrile symptoms. The wound had suppurated, but now was quite dry, having a sloughy appearance, and emitting an offensive odour; the hand and wrist much swollen and inflamed; the inflammation takes the course of the absorbents towards the axilla. I ordered the following,

℞ *Ext. colocynth.* gr. x;
Submur. hydrargyri gr. v; *divid. in ij pil.*;

to be taken immediately, followed by infus. of senna and salts, the latter to be repeated, if necessary, in eight hours; effervescing draught every three hours, with $\frac{1}{4}$ gr. *antimonii tartarizati*; twelve leeches to the wrist, and eight to the hand; the bleeding to be encouraged; after that, a bread-and-water poultice, above which cloths kept constantly moist with *liq. plumb. subacetatis* ʒij; *aqua Oij*; *ft. lotio.*

26. Had passed a very restless night; no sleep; symptoms increased in severity; thirst insatiable; bowels still unmoved; wound presents the same appearance as yesterday; the swelling and inflammation more extended. The medicines and other remedies of yesterday to be repeated. The poultice and lotion afford relief. In the evening bowels had been freely moved. Ordered the following draught at bed time:

℞ *Tinct. opii gtt. xxxv*;
Aqua cinnamom ʒiss; *ft. haustus.*

27. The opium had produced unpleasant symptoms; increased thirst, pain in the head, and a stultified appearance. No sleep. Thinks he is worse; pain insufferable; the pulse full, hard, and quick, as at first; partial perspiration on the chest and thighs. On opening the wound, there was a slight demarcation perceivable between the healthy and the dead parts. I made an incision on the back of the hand, when a small quantity of grumous, unhealthy-looking pus escaped, followed by a little blood. Arm more swollen, and inflammation extending as high as the insertion of the deltoid muscle; axillary glands painful and enlarged. Should the bowels be moved during the day, to take *Batley's liq. opii sedativ.* xxv gtt. in *camph. mistur.* ʒiss, at night. Continue the effervescing mixture, and, if required, the cathartic mixture. Twelve leeches and poultice to the arm.

28. Had passed a better night, having had intervals of ease, but no sleep; pulse more soft; bowels moved twice yesterday; less thirst: pain in the head gone; skin rather moist. A little healthy pus discernible at the edges of the wound; slough separating; a discharge of sanious fluid from the incision; the swelling and inflammation of the hand and arm abating. Cont. as yesterday.

29. Improved; less pain; still no sleep; very little thirst; bowels moved three times since yesterday; swelling and inflammation rapidly abating. *Cont. remedia.*

31. General health much improved, but the stomach a little deranged by the antimony, for which reason it was now discontinued. Omit the anodyne at night; slough detached, leaving the wound quite clean. The incision discharges freely, though still of a sanious character; resinous ointment and poultice applied.

Aug. 2. Says he is much improved, though still feels the pain at times; wound begins to fill with healthy-looking granulations; the incision nearly healed. Poultice and lotion to be discontinued. Continue dressing the wound with resinous applications every morning, over which apply a roller. In lieu of the effervescing mixture he began to take the following:—

℞ *Sulphatis magnesiz* ʒj;
Sulphatis quinin. gr. xvij;
Aquæ puræ ʒxij;
Acid. sulph. dil. ʒiss; *ft. mistura*
cujus sum. ʒij *ter in die.*

Commenced taking a little animal food.

13. Saw him to-day walking out; finds himself much improved; but he thinks sleep has entirely left him, for which he can give no reason.

Sept. 6. Wound healed, and pain entirely gone. About this time a slight inflammation appeared on the flexor side of the wrist, which was not dispelled by either leeches or repellent lotions, but entirely disappeared with a blister.

26. Quite well, but still has had no sleep.

The length of time this man has been without sleep is remarkable, when it is considered, that for the greater part of the time he had neither pain nor the slightest uneasy sensation to account for its absence. I remember about eight months ago, attending a gentleman along with Dr. Stuart, an eminent practitioner of this town, who was the subject of a severe attack of pneumonia, for which he was bled to a great extent, and took the tartar emetic in large doses without its creating the slightest nausea. When and while he was convalescent, sleep had absented itself from him so long, that it was with the greatest difficulty anodyne medicines were withheld from him. Dr. Stuart thinks, that when antimony has been persisted in for a great length of time, he almost invariably finds the patient complaining of want of sleep.

Wigan, Nov. 2, 1832.