diseased cornea. Through this incision the lens and some vitreous humour were evacuated. The globe of the eye was now reduced to a smaller size than natural, and then the flap of the cornea was snipped off. The patient complained of slight uneasiness in the head on the evening after the operation, to relieve which leeches were applied. No inflammation supervened, the eye being only slightly reddened. The orifice made in the cornea was filled with coagulated blood, and in a few days he was completely free from the inconvenience which the staphyloma had occasioned. The orifice gradually contracted, leaving a fistulous opening, through which aqueous humour was occasionally discharged.

Case.—A gentleman had a very large staphyloma, which involved the sclerotic coat as well as the cornea. It became the source of considerable pain, and prevented the eyelids from closing during sleep, and was so unsightly, that its removal became urgent.

I made a small lunated incision through the cornea, when the aqueous humour, which, was in considerable quantity, spurted out, and I pressed through the opening a small portion of vitreous humour and lens. The evacuation of these was sufficient to reduce the globe to about its natural bulk, and I cut off the flap of the wound. The operation created very little pain, and only slight inflammation. On the third day, fearing the eyeball might remain too large, I reopened the wound with a curette, and readily squeezed out the vitreous humour in sufficient quantity to reduce the eyeball to what I deemed a proper size. The redness abated in a few days, and this patient afterwards wore a glass eye with every advantage.

It can never be too strongly impressed on the mind of the young practitioner, that the most rational and effective modes we possess of treating diseases, are in accordance with, or in strict imitation of, the process which nature employs for the same purposes, as it ought to lead us to inquire and observe on all occasions what those means are, and how they are to be assisted or imitated by art.

GALVANIC ELECTRICITY IN PARALYSIS.—M. Marianini has indicated a means of applying galvanic electricity to the cure of paralysis and paraplegia. A current should be passed across the limb, during many days, or even weeks; not a continuous current, but rapid successive discharges of a battery, at first weak, but gradually augmented. He states that by this method he obtained many cures.—*Dub. Journ.* Nov.

CASE OF

PURPURA HEMORRHAGICA

TREATED WITH TONICS.

By J. W. MACNEE, Surgeon, Glasgow.

THE interest generally attached to the consideration of purpura hemorrhagica, induces me to forward the particulars of a case of this disease, which was lately under my care, for insertion in the pages of *THE LANCET*. The treatment adopted in this instance was, in some respects, different from that most commonly recommended. Tonics, as will be seen on perusing the report, were liberally administered, and, as it appeared to me, under very warrantable circumstances. At present, authority seems to run in favour of an antiphlogistic plan of treatment, but it should not be forgotten, that cases may occur, and that which I am about to submit to the consideration of the profession is one, where an opposite plan of treatment was followed by the happiest consequences. Had depletory measures been adopted, I have no doubt the result would have been very different. It may be almost unnecessary for me to add, that nothing is more distant from my intention, than to think of recommending the tonic plan of treatment in every case. My object is merely to show by experience, and not by mere speculation, that the disease exists under varied forms, and requires in different persons the exhibition of different remedial means. The day is fast disappearing, or, rather, has disappeared, when medical men were content with treating the name instead of the symptoms of a disease, and there are few things that more strikingly exemplify the necessity of being guided by circumstances, and not by preconceived ideas in the practice of medicine, than the consideration of purpura hemorrhagica. The remark of a late writer on the subject is worthy of being borne in mind, "that in the treatment of cases of purpura, we are not to be guided by the name or external appearance of the disease, but by diligent attention to the symptoms, and more especially to the state of the functions and the habit and constitution of the patient."—*Dr. Goldie in the "Cyclopædia of Medicine."*

Case.—On the 20th of August I was requested to see Mrs. H—, aged 28; I found her suffering apparently from a common bilious attack. She had head-ach, foul tongue, with a bad taste in the mouth, without being thirsty; face flushed,

bowels irregular, motions of a dark colour, and the pulse 90, and by no means full.

Leeches were applied to the head, and some mercurial medicine was given internally, followed by the sulphate of magnesia in the infusion of senna. Next morning she expressed herself as feeling considerably better, and she was desired to take two common aperient pills at bed-time. 22nd, much worse. The heat of skin was increased, the face much flushed, with a considerable degree of thirst. Under these circumstances measures were adopted, such as appeared to me suited to meet the symptoms, which in this place it would be unnecessary to detail, but no improvement followed. The next morning the pulse was 130 and very feeble, and she had a severe attack of vomiting. No uneasiness was felt in the region of the stomach, but as the bowels were distended with flatus, cloths, wetted with turpentine, were applied to the abdomen, and an enema administered. She had a grain of opium at bed-time.

In this state she continued without any alteration or improvement till the morning of the 27th, and, I need scarcely add, from being unable to detect any active disease in any of the cavities, I felt somewhat at a loss to account for the continuance of the symptoms. During this period she had an occasional opiate to allay the vomiting, and as she complained unceasingly of extreme debility, she was likewise ordered a tablespoonful, every third hour, of a mixture of the carbonate of ammonia; a drachm of the salt, to six oz. of water.

On the morning of the 27th I found her exceedingly feeble and exhausted; her pulse was 150; the expression of face very anxious, at the same time she felt somewhat drowsy and dull of hearing. The pupils were natural, and no uneasiness was experienced on directing the eyes to the light. The bowels had been opened in the morning, and a considerable discharge of blood had taken place from the rectum. It had been passed without any pain, but mixed as it was with other matters, it was difficult to form an opinion as to the precise quantity, but I should think the blood amounted to from one and a half to two ounces. On questioning the attendant, I learned that, the evening before, some red spots had been observed on the fore part of the chest, which, to-day, had increased both in number and size. The chest was now covered with large dark vibices, some equal to half a crown in size, while lower down they were smaller, many, indeed, not larger than a split pea. She felt no pain, breathed freely, and the respiratory murmur was heard quite natural over the entire chest.

Considerable distention of the bowels still prevailed, but no enlargement of any of the abdominal viscera could be detected, and the body, with the exception of the chest, was free from any eruption. Turpentine cloths were applied, and on their removal an enema was administered.

R *Sulphat. Quinin.* gr. xvi; *Acid. Sulphur. Arom.* ʒj; *Aqua* ʒviij. M. Sig., a tablespoonful every third hour, with an equal quantity of port wine.

On the 28th she was no better. The spots had increased in number and size; abdomen more distended; tongue moist and clean; countenance very anxious, and deafness much increased. No difficulty of breathing. A considerable quantity of blood had been passed from the rectum during the night and morning.

She had vomited the quinine, which was attributed to its having been mixed with wine, which was therefore omitted.

Next morning (the 29th) she was much in the same condition. Blood still continued to be passed from the rectum. It was uncoagulated, of a pale colour, resembling in appearance the blood passed during menstruation. On coughing, blood is expectorated. The congestion had increased; the pulse 100; tongue moist; no thirst; very deaf; and gums soft. She had slept well during the night.

On the 30th, I found that no blood had been passed from either the mouth or rectum since the previous morning. She was very feeble, had passed a restless night, and complained much of ringing in her ears. The skin was dry and hot, but the eruption had not extended. She was desired to continue the quinine.

It would be uninteresting from this date minutely to detail the progress of the case. She continued gradually, although slowly, to recover under the use of quinine, and attention to the bowels. The ringing in the ears was for several days most distressing, preventing sleep, and, to use her own words, sounding like distant thunder, but it disappeared as she gained strength, and by the 5th of September had nearly left her. The hearing returned in the same gradual manner. On the 10th of September the vibices were fading slowly, and as she complained of the disagreeable taste of the quinine, she was ordered the carbonate of iron, in drachm doses three times daily. In three days afterwards, the remains of the eruption were entirely gone, and by the 15th she was so well as to be able to walk about. The carbonate of iron was continued, however, for ten days longer.

Glasgow, Oct. 16, 1834.