elle jamais se coucher la tête basse sans avoir quelque peine à respirer." The following observation is made by Gernet:—"Incrustationem vero similem ei, quam in cartilaginibus sterni deprehendimus, in alio larynge perspeximus, in quo præter cricoidem et aryténoidas cartilagineas etiam asperæ arteriæ, annuli simili crusta investiti deprehendebantur, ita tamen, ut cartilagineas ipsas, sub crusta dilutescentes, accurate perspicere potuerimus."

(To be continued.)

ON THE APPLICATION OF COMPOUND TINCTURE OF IODINE AS A REMEDIAL AGENT IN CASES OF TRICHIASIS, DISTICHIASIS, AND ENTROPIUM.

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THE imperfect success attendant upon the operations usually performed for the relief of these affections, or in truth the complete absence of permanent benefit, has often been a source of regret to myself, and doubtless to many others. In the majority of cases in which operative measures have been resorted to, either by the removal in various ways of a portion of the integument, or by the more delicate operation of Professor Jäger, performed by dissecting out the bulbs of the offending cilia, the patient is reduced, after the lapse of a few months, to his former condition, and is again obliged to resort to the removal of the lashes as the only method of obtaining relief. I was accidentally led to the use of the remedy which I wish now to suggest to the profession, in the hope that, after giving it a trial, they may find the result as satisfactory as I have done.

John B—, aged twenty-three, living at Brixton, and working in a market-garden, was sent to me by some friends on March 20th, 1856. He had from birth been affected with ptosis of the right eyelid, apparently depending upon an atrophic condition of the levator muscle. On the lid being raised with the finger, it remained so for some minutes. The vision was not impaired, neither was there any discordance between the two eyes. As the unsightly appearance was a constant annoyance to him, and also hindered him from getting employment, he was desirous of having some operation performed; but having seen no benefit result from the excision of a portion of the skin in similar cases, I objected to do so, and decided on trying the effect of nitric acid, and desired him to come to me next morning to have it applied; but in the mean time I forgot all about it, and when he was shown in I had no acid at hand. I had to keep an appointment, and could not spare time to send for any; however, not liking that he should consider his journey a fruitless one, I applied some compound tincture of iodine which I had on my table, simply as a placebo. I told him to come again the following day, and took care to provide myself with the acid. However, on seeing him, he greeted me with "My eye is better, Sir;" and I found the lid really had contracted in some slight degree. Instead therefore of applying the acid, I repeated the application, and desired him to come again next day. The improvement still continued; I therefore determined to give the tincture a trial, and painted the lid with it each alternate day. At the expiration of three weeks the lid remained contracted, and he could keep it open without difficulty. I applied it twice at intervals of a week, and then, finding the function of the lid was no longer impaired, discontinued the treatment. I saw him again in a fortnight; the discoloration of the skin had disappeared, and he retained complete control over the lid, being able to open and shut it with as much freedom as the left. A month passed before I again saw him, and he continued well. I desired him to call again in three months' time. This he did not do; and making inquiries of my friends respecting him, I found that, having got drunk and lost his place, he had enlisted. The regiment I failed to discover, but the fact of his being accepted affords evidence as to the success of the case. The application did not affect the eye unfavourably, neither irritation nor redness being produced, nor did he find the pain severe.

I attribute the beneficial effect of the iodine in this case to its action on the skin, contracting the muscular fibres, to the undue laxity of which must be ascribed the evil.

Success in this instance induced me to try the same remedy in cases of trichiasis and entropium, with the view of counteracting the atonic state which accompanies, and I believe induces, the affection. I consider the inversion of the lashes merely as an effect, not the primary cause. The muscular fibre becomes relaxed; the skin sympathises; the lashes turn in and irritate the eyeball, which becomes painful and inflamed; the cornea is rendered opaque; the sight permanently impaired; and thus the disease goes on, palliated by the extraction of the lashes, or for a time arrested by the excision of a portion of the lid.

Eliza M—, aged thirty, residing in King-street, Soho, had suffered from in-growing of the lashes for six years. She assists her husband in his business as a tailor, and the only way in which she can keep at work is by having the lashes constantly cut. This in a measure abates the evil; but as it causes them to grow more strongly she is never free from suffering. She came under my care in consequence of an attack of rheumatic ophthalmia, which being relieved, I advised her to have treatment for the affection of the lid. This she consented to; but wished it to be postponed until after her confinement, which was near at hand. When she got about again she came to me, and I found her worse. Greater debility had caused the lid to become inverted more completely, and her suffering was proportionately increased; and in spite of all the cutting, she was quite unable to work. I painted the tincture carefully over the surface of the eyelid, applying it first on the 12th March, 1857; it was continued daily until the 27th, and with intervals of two or three days until April 15th, at which time she ceased to attend, being perfectly relieved. I saw nothing more of her until May in this year, when she came in great fright, telling me that, two days before, she had felt her eye troublesome, and "feared it was going to be bad again." On examination, I found there were no grounds for alarm, the cause of the pain being an eyelash which had got turned in from rubbing the eye. I everted the lid and removed it; and in compliance with her entreaties, gave her a brush with the tincture. Three days afterwards she came again, quite free from annoyance; and I ascertained that during the period which had elapsed since her first attendance she had remained able to work in comfort, and had not once removed the lashes.

Mrs. B—, the wife of a gentleman residing in Westmoreland, came under my care in May, 1857. She had suffered for nine years from entropium of both eyes, affecting both the upper and lower lids, and was in continual pain, quite unable to bear the least light, sitting usually in a darkened room, and, when out of doors, wearing a thick veil and shade. Her health was much impaired, probably from want of exercise and continual suffering. Her medical attendant had urged her to undergo an operation, and advised her coming to London for that purpose; but the natural dislike to such measures, and unwillingness to leave her family, had caused it to be put off from year to year, till quite unable to bear longer the constant misery, she came up determined to submit to anything that offered hope of relief. On my first interview I was inclined to regard it indeed as a forlorn hope. The entire series of lashes were turned in upon the eyeball, which was reddened and inflamed, there was constant discharge of hot irritating tears, and on both corneæ were nebulous patches. On more particular examination, I discovered in both lids a complete secondary row of lashes, and on the right lid an additional clump of hair growing above the inner row; this acted as a scrubbing-brush, and proved the most obstinate foe I had to contend with. The skin of the lids was unusually lax, and lay in absolute folds, and even when raised with the fingers, they still overhung, so that the lashes were not removed from contact with the eyeball. The natural treatment in this case was, of course, excision of a large portion of skin; and this, I believe, would have afforded temporary relief, but I as firmly believe the relief would have been *only* temporary, for I have watched many cases in which the operation has been performed with benefit, which yet in the course of a few months have, from the skin stretching to its original extent, become as bad as ever, and the patient again obliged to resort to the frequent extraction of the lashes. I deemed it, therefore, right to tell her this, expressing also my unwillingness to perform an operation the result of which I could not look forward to with confidence. She cheerfully acceded to my wishes, not the less so I think as all cutting would be dispensed with. On the 11th of May I first applied the tincture, attending also to her gene-

* De Siccatio Senilis Affectibus; *Diss. Inaugur.*, p. 4. Lips., 1753.

ral health, which was completely broken down. I made the application at first on alternate days, but towards the termination of my attendance, daily. In a fortnight there was a perceptible improvement; and in a month she could bear the light without discomfort. She remained in town seven weeks, leaving sooner than was intended on account of the illness of one of her children, and before I considered her fit to do so. I have not since had the opportunity of seeing her, but have had frequent accounts of her progress. One received during this month states that the eyes continue relieved, that she can bear exposure to light, though sometimes annoyed by the tuft of hair on the right lid. The pain experienced from the application of the iodine was, in this case, singularly variable, at times being scarcely felt, at others almost unbearable. I could, however, trace a marked connexion with her state of health.

C. L.—, aged twenty-one, living in Drury-lane, had suffered from trichiasis for eleven years, during the last five of which she has been under my own observation, constantly needing the extraction of the lashes to enable her to work at all. She usually attended once a week, and sometimes more frequently. In June last I proposed to her to try this plan, and she consented. It has been applied at intervals of two or three days. The cure is not yet complete, but she appears progressing towards recovery, and has not needed the extraction of the lashes.

I should mention that these cases are not the only ones in which the plan here advocated has been adopted with complete success; in others it has been commenced, and benefit produced, but the treatment not continued long enough for the cure to be completed. The chief objection I have found is the unsightly colour of the paint, but this is remedied by allowing a deep shade to be worn, thus concealing the eyelids.

I have the less hesitation in laying this suggestion before the profession, since it must be conceded that the old methods have practically failed, and the innovation which I advocate is, at the lowest estimate, far from dangerous, and can besides urge in its favour the plea of success.

Grosvenor-street, August, 1858.

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. MARY'S HOSPITAL.

DISEASE OF THE TESTICLE AND ITS COVERINGS, ORIGINATING IN A KICK FROM A HORSE TWENTY YEARS BEFORE; CASTRATION; RECOVERY.

(Under the care of Mr. COULSON.)

THE following case is interesting in many respects. The disease, which was of long duration, originated from a blow on the testicle, and evidently commenced in the tunica vaginalis. It was confined for many years to that structure, involving at length the proper tunic of the testicle. This organ itself was much less injured than might have been expected; but from the great thickening and distension of the tunica vaginalis, it seems to have been difficult to determine with precision the real state of the testis itself. The rapid manner, however, in which the swelling was reproduced after evacuation of the sac on the 14th of April, led to a suspicion that the tunica vaginalis was one chief seat of disease. This membrane was too much disorganised by chronic inflammation to have been restored to a healthy condition by any mode of treatment, and the removal of the diseased parts appears to have been the only resource. In our "Clinical Records" of to-day is appended a short account of a case of carcinomatous disease, in which a similar proceeding was resorted to by Mr. Cock, at Guy's Hospital.

John H.—, aged thirty-two, a butler and a married man, was admitted on the 12th of April, 1858. According to his own account, the disease originated in an accident at twelve years of age. He then received a kick from a horse, which caused swelling of the right testicle; but as the pain was not severe no medical man was consulted, nor were any means employed to relieve the complaint. On the 4th of April, his child, about three years old, accidentally bruised the patient's scrotum, while in bed; a feeling of sickness immediately resulted, but no pain, until two days afterwards, when the testicle began to swell, and the man experienced great pain in the part, extending to the loin. On the same day he became an out-patient at the hospital. The right testicle was now in a state of acute inflammation, very painful when touched, and grown to about the size of the doubled fist. The house-surgeon immediately opened some of the scrotal veins, and abstracted four ounces of blood. This afforded temporary relief; but as the swelling and severe pain still continued to increase, the man became an in-patient on the 12th. It should be mentioned that he has never laboured under any gonorrhœal affection.

The lead lotion was applied to the part, and calomel was administered until salivation, commencing on the 14th, with the view of inducing absorption of the infiltrated matter. As the tumefied scrotum evidently contained fluid, Mr. Coulson introduced a trocar, and drew off from four to five ounces of a yellowish-brown fluid.

15th.—The swelling of the testicles has decreased, but there is great thickening of the tunica vaginalis, and general induration. To resume the calomel and opium pills.

On the following day, however, fresh effusion and engorgement set in; the testis was as large as ever, and the man complained of pain in the right inguinal region, rendered very severe by any movement. As the swelling increased, notwithstanding the active treatment employed, removal of the testicle was resolved on. On the 28th the patient was placed under the influence of chloroform, when the operation was commenced by making an incision opposite the external abdominal ring; this incision was extended downwards to the bottom of the scrotum. The testicle was now exposed and removed, together with the tunica vaginalis. But little hæmorrhage occurred; the edges of the wound were left to glaze, and then brought together with adhesive strapping. The tunica vaginalis was found to be greatly thickened, being more than an eighth of an inch in several places, and its cavity, capable of containing a large orange, had been filled with cholesterine; the inner surface of the membrane was granular, and covered with purulent secretion. The testicle was situate in front of the sac, and so firmly adherent to the tunica vaginalis that it would have been difficult to dissect it away. It was healthy in structure, but rather smaller than natural. The great thickness of its coats was constituted by an hypertrophy of the mediastinum testis behind and of the tunica albuginea in front.

The patient progressed uninterruptedly towards health, and was discharged cured on the 4th of June.

CANCER HOSPITAL.

SEQUEL TO THE CASE OF FUNGUS HÆMATODES OF THE FOREHEAD; THE NECROPSY REVEALING ITS ORIGIN FROM THE DURA MATER.

(Under the care of Dr. MARSDEN.)

As was to be expected, the remarkable case of pendulous and soft cancerous tumours, which we placed upon record in a previous "Mirror," terminated fatally on the 19th of May, (THE LANCET, vol. i. 1858, p. 479.) An examination of the head, the seat of disease, was made by Dr. Knox, pathological anatomist to the hospital, and the details which are subjoined are full of the greatest interest. The examination made proved the correctness of an opinion given by Dr. Marsden some time before death, to the effect that, had the case been seen earlier and prior to the breaking down of the health of the patient, he might have been relieved temporarily by a bold operation, having for its object the removal simply of the cancerous masses. This proceeding would have been carried through but for the state of weakness to which latterly the patient was reduced.

It would appear from the patient's history that the small tubercle on the forehead could have been none other than that resulting from the perforation of the cranium, and had its origin in the outer or reflected layer of the dura mater, as we saw by examining the various preparations, which are now preserved in the museum of the hospital. Dr. Walshe mentions, in his monograph "On Cancer," that the generality of