

FOREIGN SUBSTANCE IN THE EYE.

[We are obliged to the writer of the following Communication, which certainly describes an interesting case, and we have no recollection of a similar one on medical record.—ED.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—This morning Mr. Joseph K. Merrick, of Franklin, Delaware County, N. Y. applied to me for advice concerning his left eye, which had been discharging a thick white pus for two years. Mr. Merrick had applied to several physicians for advice, some of whom had treated him constitutionally, and one had recommended and practised electricity.

Upon raising the eyelid, a small substance resembling bone fell out. I suspected necrosis. Upon examining the substance, however, I inquired if he had ever put an eye-stone into his eye; he affirmed he had, and upon a close examination, to our mutual astonishment, this substance proved to be the identical thing.

From this case two profitable inferences may be drawn.

First, that any foreign substance, including the eye-stone, should never be introduced under the lids for the purpose of attracting smaller substances from the folds of the conjunctiva; because the larger substance is capable of producing, and often does produce, a greater irritation than the lesser. Several instances of acute and long-continued inflammation have occurred in my practice, from the ridiculous prescription of an eye-stone; some of these prescriptions have been recommended by physicians.

The second inference which I would draw, is that great injury is often suffered from a superficial view of a case, and especially in diseases of the eyes. In the case before us, if the eye had been properly examined, the cause would have been removed when the irritation was first perceived, and thus a continued and painful disease of two years standing might have been prevented.

When the stone was applied to the eye, Mr. M. supposed he lost it, and thus the true situation of it was unknown.

I am, Sir, yours respectfully,

RICHARD KISSAM.

Hartford, Ct. Sept. 15, 1834.

CASE OF APHONIA SUCCESSFULLY TREATED.

BY W. A. GILLESPIE, M.D. LOUISA CO., VA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called to a negro woman, the property of a Mr. Smith, several miles from my residence. She was supposed by her owner to be laboring under pulmonary consumption, and upon my first visit I seriously feared that would be the event of her case. The most prominent symptom was a loss of the voice. She could not articulate a single word, and it was with great difficulty she could whisper loud enough to be

heard. She had been in this condition several weeks. She was a robust, healthy-looking woman, and her general health had yet suffered but little. She complained of pain about the larynx, extending to the upper part of the sternum. There was a slight cough, but little expectoration, and she complained of tenderness on pressure of the larynx. From these symptoms, I judged chronic or sub-acute inflammation of the larynx to be present. She was put upon the antiphlogistic regimen, was bled and purged, and took diaphoretic powders with small doses of calomel. Blisters were applied over the larynx and trachea and repeated, and to them I attribute the chief part of the cure. They were continued longer than the other means, and under their use the woman perfectly recovered her voice—the cough disappeared, together with the pain and tenderness in the larynx and trachea, and she has for a period of two years since enjoyed good health.—Had this case been neglected or improperly treated, the consequences might have been serious. The inflammation which I judge was present, would probably have ended in ulceration of the mucous membrane of the larynx and trachea, and have extended into the bronchia— hectic fever and the usual symptoms of pulmonary consumption would have followed in the train, and inevitable death would have been the consequence.

September 10, 1834.

SAL JOVIS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I send you an extract from Quincy's Dispensatory, 12th Ed. Lond. 1749, Part 2, p. 87, as an answer to the queries of your correspondent "W. W." respecting the "Sal. Jovis," or Acetate of Tin.

"Take any quantity of calcined tin; put it into a matrass with as much distilled vinegar as will rise four fingers breadth above it: let it digest three or four days, and stir it in that time often. Then pour off the liquor and put on more three or four times. Filter all the liquors together, and evaporate about two thirds. Then let it stand in a cool place, and it will shoot into salt on the sides of the vessel. Evaporate the liquor again, and continue to repeat the same operation until all is obtained, just as in making sugar of lead."

E. A.

Randolph, Sept. 18, 1834.

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SPURZHEIM'S BRAIN.

THE brain of the late eminent and distinguished medical philosopher and phrenologist, Dr. Spurzheim, is now in the possession of Dr. William Grigg, at his room in the Boston Athenæum, carefully sealed up in