standard of hardness, density, and elasticity, and their other physical conditions, except those of position and of form, the alteration of these latter produces a distortion, which is usually persistent throughout the life of the individual.

It has been imagined that rickets is a disease peculiar to England; but the statistics of French writers, and the number of squalid, rickety forms seen running in the streets of Amsterdam, show that the populations of other countries do not entirely escape this fearful malady. If we search for the causes by which the disease is generated, we find that it most frequently occurs among persons living in low, dark, damp, filthy cellars, and ill-ventilated and over-crowded dwellings, such as may be found in many parts of this metropolis, where they are not only ill-fed and ill-clothed, but are also denied the enjoyment of a due supply of the great physical agents of life,—namely, light, heat, pure air, and water. When a great number of persons live in the circumstances just mentioned, it cannot excite surprise that their constitutions should be subject to various derangements, and amongst them to that of rickets. Cases of this kind, however, occur in the families of the opulent, who are exempt from the ordinary disadvantages just described; and hence, a large field of inquiry is laid open. What are the exact external conditions, and internal predispositions, which are necessary to engender this specific form of disease, is a problem yet to be solved, in order to do which effectually, we must acquire more knowledge than has hitherto been obtained.

Several authors have classed mollities ossium with rickets; but there are many phenomena peculiar to the former; such as the later period of life at which the attack commences, the urgency of the symptoms, and the pathological and physical conditions of the bones, which do not become pliable and bend, as in rickets, but break under a slight force. Moreover, in mollities ossium, the microscope shows that the Haversian canals are much more enlarged than they are observed to be in rickety subjects. The morbid conditions of the bones in mollities have been minutely examined by Messrs. Dalrymple, S. Solly, Paget, and others, to whose excellent observations the reader is referred; this subject being introduced here merely to give the author an opportunity of expressing his dissent from the opinion, that the pathological conditions of the system in rickets and in mollities ossium are identical. Fortunately, the latter is a disease of comparatively rare occurrence, and therefore of less interest, at least, in a general point of view.

In the treatment of rickets, a course of constitutional, as well as of mechanical, remedies is required. With respect to the former, although it may be impossible to trace the disease to its source, and to pronounce whether it originated in a defective action of the vital forces, or in the defective quality or quantity of the materials acted upon by these forces; yet the symptoms themselves being well defined, there is no reason why the practitioner should not do much to alleviate, where he cannot entirely remove them. In this, as in most other diseases, it is of great importance to place the patient under the most favourable circumstances with respect to external influences;—that is, if possible, to give him the full benefit of living in a healthy situation, with a free circulation of air. The diet must also be generous, and adapted to the digestive power of the patients, and their peculiar idiosyncrasies. Many have at times a loathing of solid animal food, and will partake only of milk and farinaceous substances. When the mesenteric glands are enlarged, the administration of mercury and chalk with rhubarb, in small doses, is found useful. In order to restore the power of the assimilating and absorbing system, the author has found the preparations of iron combined with iodine very beneficial. When diarrhoea is frequent, it should be arrested in the early stage by mild astringents; and, when nervous irritation and want of sleep are urgent, sedatives judiciously administered will be desirable. As it would, however, be impossible to propose any treatment, except in outline, that might be found generally applicable, it would be useless to dwell on the effects of particular remedies in these affections; they must be selected in each case according to the pathological condition of the patient.

The mechanical treatment of this disease will be considered in succeeding numbers, and will embrace the mechanical treatment of distortions generally.

NEW MEDICAL TERM.—Our French neighbours have invented the word *urology*, to signify a dissertation on the urine in its several conditions. The term is rather hybrid in its etymology, having its prefix, *uro*, in a Latin form, whilst its affix, *logy*, is directly of Greek derivation.

Analyses

OF

COMMUNICATIONS IN MS. RECEIVED FOR PUBLICATION IN THE LANCET.

Remarks on M. Morand's Treatment of Scrofulous Ophthalmia. Illustrated by Cases.

By SAMUEL EDWARDS, M.D.,

PHYSICIAN TO THE EASTERN DISPENSARY, AND THE EYE AND EAR INFIRMARY, BATH.

DR. EDWARDS states that his attention had been attracted by an article in the *British and Foreign Medical Review* for April, 1847, being an analysis of a work by Dr. Morand, in which the subject of scrofulous ophthalmia, and its coincidence with inflammation of the pituitary membrane, held the prominent place. The coincidence of the two affections having frequently been forced upon the notice of Dr. Edwards during the past three or four years, in treating a large number of cases at the Bath Ear and Eye Infirmary, he resolved to put in practice M. Morand's plan of treatment—viz., the applying a very strong solution of nitrate of silver to the nasal mucous membrane, and he has found that cases have yielded very rapidly to this treatment, which before had for a very long period resisted numerous other remedies.

"During the course of an epidemic in 1841, M. Morand's attention was directed to the occurrence of a swollen and inflammatory condition of the nasal mucous membrane in conjunction with scrofulous ophthalmia, and remarking that many children, prior to attacks of the ophthalmia, had the symptoms of violent catarrh, he was led to believe that an inflamed state of the Schneiderian membrane preceded the ophthalmia. According to the *Review*, Morand remarks:—It results from my observations, that in scrofulous ophthalmia the olfactory membrane participates with the conjunctiva in the inflammation that is set up; that it is especially about the turbinate bones, and in the anfractuositities of the nasal fossæ, that the inflammatory action resides, and that this shows itself in the form of an oedematous engorgement, precisely similar to what is observed in the eyelids. The more I study this disease, the more convinced am I that this is the case. A little attention suffices to show that the redness and tumefactions of the pituitary membrane almost always precede or accompany that of the conjunctiva. This can be more positively determined by means of the speculum auris. On examining attentively the interior of the nasal fossæ, one cannot fail to observe that the redness and swelling of the nostrils, and even of the upper part of the lip, that are so commonly observed in persons of a scrofulous habit, are merely an evidence of the inflammatory action going on in that membrane. It is by proceeding in this way that we can best appreciate the degree and extent of this inflammatory action, the extension of which to the palpebral and ocular mucous surfaces is often very rapid; sometimes, however, it remains for a long time stationary, without showing any disposition to extend."—(*Review*, p. 34.) The caustic which M. Morand employed was the nitrate of silver, either in substance, or in solution, or ointment; it was applied for the first week night and morning; after this every day, and latterly every second or third day. He particularly advises, that, after cauterization, a deep inspiration should be taken, so that the effects should be as extensive as possible.

"The majority of cases that come under my observation" (says Dr. Edwards) "are those that have received treatment for some time previously, and I have found in the majority of them little of that inflammatory redness and swelling spoken of by M. Morand, although in the early stages I have seen this state of matters to exist. In the former I have generally seen a slight discharge of a very viscid mucus, which, by drying, partially blocks up the orifice of the nose; at other times, a mere dryness and swelling of the membrane. I have never found it necessary to use a speculum, as the symptoms above mentioned are sufficient to distinguish it, especially when conjoined, as they very generally are, with a nasal voice, (of course arising from the obstructed nasal fossæ,) and a constant disagreeable sniffing. In two or three cases I have seen evident symptoms of the irritation having extended to the intra-maxillary mucous membrane. In one case that I have met with there existed extensive ozæna, which, with the constitutional remedies I employed for the scrofula, and the local treatment with the thorough cauterization by the nitrate of silver, yielded much sooner than any other case I have previously met with. In this disease (ozæna) lotions of nitrate of silver or sulphate of copper injected up the nostrils

do good; but they appear not to be so useful as the caustic directly applied in substance, or in very strong solution, by the surgeon; such lotions might be rather used as adjuncts. A swelling of the upper lip is a very frequent attendant, and I am sure it has yielded more readily to cauterization of the nose than to any other remedy which I have seen put in force. The reviewer of M. Morand's Essay seems to imagine that 'he may have overstated the frequency of this complication;' but so far as my observation has gone, I feel satisfied that such has not been the case. It is consistent with my experience, that nineteen out of twenty-one patients, as he affirms, suffering from scrofulous ophthalmia, have this complication, and many of these—at least, I should say one-half—have, in a greater or less degree, a swelling of the upper lip, which may be remedied very often by the same treatment. Having now, in a great many cases in the Bath Ear and Eye Infirmary, as well as in private practice, put this plan of treatment to the test, I am desirous of recording my favourable opinion of it, and recommending it for adoption, feeling assured that it will be found, in the majority of cases, more beneficial than the application of stimulants to the eye itself, by occasioning much less pain, and being more manageable, especially where extreme photophobia exists, which often altogether prevents the efficient application to the eye. The same local and general remedies I have employed as hitherto—namely, blisters, collyria of anodyne remedies, of the bichloride of mercury, of sulphate of copper, &c.; the internal use of iodine especially, quinine, iron, and alkalies, and, in fact, the other general remedies adopted for scrofula. I have not had much experience of the powers of the caustic in preventing relapses; but two cases it has now completely cured for more than three months, in which, for a twelvemonth prior, there was never freedom from the disease in one or the other eye—the one becoming affected on the other being relieved. I can confirm the statement made by Morand, that an increased irritation in the nasal mucous membrane will occasion an increase of that in the eye; and as, not unfrequently, the commencement of scrofulous ophthalmia is traceable as secondary to the irritation of the nose, there are, I conceive, reasons why this plan of treatment in such cases should be most beneficial."

The following cases, in support of M. Morand's and his own views, are instanced by Dr. Edwards:—

"CASE 1.—A young gentleman, aged nine years, had for two years frequent attacks of scrofulous ophthalmia of the left eye; during the last five months he had been little, or not at all, benefited by the general and local means I employed, both of which have been such as are directed by the best authorities on diseases of the eye. In the middle of April, 1847, the left nostril appearing extensively irritated, (as in fact it had been ever since his eye became affected,) I determined upon employing the nitrate of silver to it, which I did, in solution, (a scruple to an ounce of water,) extensively over the nasal fossa: this was repeated every day for a week, when a great improvement was manifest; the photophobia was so much less that he could open his eye without aid, to allow me to examine it, even in a considerable light. The caustic was then continued every other day for ten days, and after that twice a week for a fortnight, when my patient was quite restored; a slight patch of opacity of the cornea, however, remaining. As I have before remarked, I employed the same general remedies as in other cases, but discontinued any direct application to the eye, except an ordinary collyrium containing bichloride of mercury and wine of opium.

"CASE 2.—A patient of the Bath Ear and Eye Infirmary, aged five years, admitted June, 1846; has had a most severe attack, in both eyes, of scrofulous ophthalmia; the corneæ (when diminished intolerance of light permits them to be viewed) are seen to be perfectly opaque. Every ordinary remedy has been adopted by myself and others for her relief, but with little benefit, up to June 19th of this year, when the caustic to the nasal mucous membrane was first applied, and which has been regularly repeated up to the 4th instant, when the disease was cured, a certain degree of nebula, of course, existing.

"CASE 3.—A patient of the Bath Ear and Eye Infirmary, aged five years, admitted July, 1846: this has been the most severe case I have met with for a very long time. Up to the 1st of June of the present year, this little patient improved but little; occasionally, for a day or two, slight relief was obtained, but, as certain, relapses occurred. On July 1st, I began the treatment by cauterization of the nasal fossa, which was continued regularly, with as steady and regular an improvement, up to July 31st, when she was pronounced cured. The usual general treatment during this time was had re-

course to. I may remark, that this case was of much longer standing than I have represented it, as she was taken to a neighbouring institution, and treated some considerable time prior to application being made at the Bath Ear and Eye Infirmary.

"CASE 4.—A young gentleman, aged twelve, has had scrofulous ophthalmia in the right eye for nearly six months, during a part of which time he has been under medical care. It is not a very severe case, but still little improvement has taken place. I first saw him on May 1st, when I recommended the caustic to be applied to the nose, which is swollen, and discharges slightly a thin, muco-purulent looking fluid. A grain of sulphate of quinine was prescribed twice a day. The application was continued every other day to the 23rd of the same month, when the eye was clear, and free from all photophobia.

"CASE 5.—A lad, aged nine years, was admitted a patient of the Bath Ear and Eye Infirmary, April 20th, 1847, with severe scrofulous ophthalmia. He was under treatment, but with little amendment, until July 12th, when the plan of local treatment under consideration was first put in practice: this was continued to the 4th of August, when I discharged him cured.

"I had intended to have given a brief outline of several other cases, but I deem it superfluous to do so. I have now treated very many patients upon this plan, and invariably with more success than previously, both as to the rapidity of cure, and, as I firmly believe, freedom from relapses. My colleague, Mr. William Bush, who has kindly assisted me in putting this plan of treatment into effect upon several of the patients of the Infirmary, can bear testimony to the efficiency and value of the practice."

Report of an Arrest of Development in both Right Extremities of a Fœtus.

By G. D. MEADOWS, M.D., Portsea.

"MRS. P.—, aged twenty-seven, an apparently healthy individual, was delivered, March 3rd, 1848, of her sixth child, at the full period of utero-gestation. The infant, evidently strong and likely to live, was of full size; length, eighteen inches; about six pounds and a half weight; but on the right side, the humerus measured in length only two inches and three-eighths, and articulating with the end of this bone were only two fingers, one greatly resembling the little finger, and composed of three phalanges, its whole length but three-quarters of an inch; and another, representing the middle finger, one inch and a half in length. Between these members, a division with an apparent cicatrix, as if the third finger of the hand had been removed, separated the only two fingers present. Thus the parts deficient were the elbow and wrist-joint, the radius, ulna, carpal and metacarpal bones, thumb, and the first and third fingers. The two fingers present were shaped more like claws. Finally, the articulation of the shoulder-joint was equally well developed as on the perfect side. The right femur and hip-joint appeared perfect, and their entire length, four inches and a half, as on the opposite or left side. The muscles, however, have assumed a development more like that of the calf, and to the end of the femur is attached the ankle-joint, with tarsal, metatarsal bones, and phalanges, composing as perfectly formed a foot as on the normal side: its situation is just on a line with the opposite knee, consequently, the deficiency here observable is the knee-joint, patella, tibia, and fibula, and all their investing structures.

"In the history of the gestation, there are no circumstances that throw any light on this deviation from natural structure."

Rebiefus.

The Advantages of Ether and Chloroform in Operative Surgery. An Address delivered to the Hunterian Society. By T. B. CURLING, Esq. London: Highley, 1848. Pamphlet, pp. 36.

Chloroform in the Practice of Midwifery. By E. W. MURPHY, A.M., M.D., &c. Read at the Harveian Society. London, 1848: Taylor and Walton. Pamphlet, pp. 28.

THE discovery and application of ether and chloroform as anæsthetic agents will peculiarly distinguish the present era in a future history of medicine. The avidity with which these agents have been received into use, seems to imply that a need of them must have long been felt; yet their reception has not been more ready than might perhaps have, *à priori*, been supposed, considering