

tured. How far simple evacuation of the humours of the eye could be depended on for a cure of simple melanosis is yet to be determined. I prefer the safer plan of removing the sclerotic, an operation by no means difficult. It only requires a light circular sweep of a sharp scalpel to detach the conjunctiva and the muscles from the surface of the sclerotic, and to pass a curved scissors behind, to divide the optic nerve, and the eye drops out—if the eyeball is much distended, its contents may be previously evacuated by a puncture. This will, however, prevent a satisfactory examination of the growth.

(*To be continued.*)

ART. VIII.—*Suggestions relative to the Employment of the Tincture of the Sesquichloride of Iron in Puerperal Peritonitis, Iritis, and allied disorders.* By THOMAS P. HESLOP, Physician to the Queen's Hospital; Professor of Physiology, Queen's College, Birmingham.

DURING the past nine or ten months I have administered the steel tincture with excellent effects, in cases of epidemic angina membranacea, though at present altogether unrecognised. I use this term, not in the restricted sense in which it has been employed by a few writers, as Gölis; but as expressive of a species of sore throat, attended with fibrinous exudation on the buccal mucous membrane, fauces, and nares, more or less frequently extending into the air-passages proper; moderately contagious; intensely adynamic in its general manifestations; constantly accompanied by severe and even fatal hemorrhages; for the most part attacking those who have for some time previously been out of health, and especially those whose hygienic environments are open to criticism.

I was led originally to hope that this powerful tincture would prove of service in that fearful malady, by observing its alliance with erysipelas, to which also attention has been drawn by some of its earliest delineators; the tendency to hemorrhages; and, above all, the bad effects of all remedies of a depressing nature. The results achieved by the medication which I entered upon last August have raised a belief in my mind that in some allied disorders, attended with the exudation of a plastic fibrine in great quantity, epidemic, contagious, highly adynamic, and, for the most part, resisting all known remedial measures,—the same medication might, mayhap, prove of service.

From the particular branch of the profession which I practise, I have very rare opportunities of putting my views to the test of experiment, so have no resource but to take the somewhat unusual course of urging a trial of a special mode of dealing with these fatal disorders, that mode not having hitherto been the subject of my own experience.

It is rarely indeed that any physician, however instructed, or however experienced, can feel that amount of confidence in the utility of a proposed therapeutical measure as to entitle him to lay it before the profession without having previously employed it himself. Still more rarely can he be warranted in predicting with certitude its effects. We have, unhappily, no such definite and universal laws in medicine as in astronomy; we cannot predict events with a sure reliance on our science. The circumstances which may completely baffle our hopes, and bring to nought our anticipations, are too numerous and too little understood not to make us ever doubtful of the strength of *à priori* reasonings, until actual experience has given them validity. But it should be remembered that analogical argument has proved to be of signal service in the past history of medicine, both in reference to diagnosis and therapeutics, just as it has availed much in political and social science.

I shall not enter here upon a detailed account of the treatment of diphtheria or membranous angina, by means of the local application of dilute hydrochloric acid, and the internal administration of tincture of sesquichloride of iron, conjoined with stimulants and careful nourishment of the patients. I have recently, though at present in a fragmentary manner, placed my views upon this subject before my professional brethren in the columns of a London journal; and Mr. Houghton, of Dudley, has sent some illustrations of the same mode of practice to the same journal, which will shortly be published. That fearful disease has been epidemic over a considerable portion of England for the last twenty months, and has been peculiarly prevalent in the midland district, of which Birmingham is the densely populated centre. During the whole of that period I have enjoyed the most favourable opportunities of studying the disease; and while my success in its treatment during the first twelve months of the time was no greater than that of my neighbours, or than that of our French confrères, whose efforts to cope with this, to them familiar, malady have been confessedly baffled—I have during the past eight or nine months obtained results of a nature so remarkable as to induce me to state, and often to reiterate in the consultation

room, that I am unacquainted with a severe affection, which, when treated promptly, answers with equal rapidity and equal certainty to the endeavours of the physician.

The disorder attacks the weak—those subject to conditions usually predisposing to pestilential maladies, overcrowding, bad air, imperfect sewerage, bad water, damp houses; persons recently the subject of other affections, more or less severe, as scarlatina, measles, albuminuria, diarrhœa, erysipelas. It is contagious, and, like the last-named disorder, may be sporadic or epidemic, idiopathic or traumatic. It is characterized by a peculiar exudation, totally without a tendency to organization, and is occasionally attended with a disintegration of the invaded structures, leading to hemorrhage and abscess, as in scarlatina or erysipelas, or gives rise to a pultaceous putrilage, like the interior of the womb or the uterine appendages in general, in the most malignant forms of puerperal metritis or peritonitis. How much does all this remind us of that series of symptoms and phenomena which most authorities have agreed to term “puerperal fever”!

This subject has recently undergone a lengthened, but by no means exhaustive, discussion in the Academy of Medicine. One of the most accomplished members of the French school, and particularly conversant with every form of diphtherite, has declared that all the multiform phenomena of puerperal fever are met with in other states,—“en dehors de la puerpéralité.” He avers of these phenomena, that they exist “chez le fœtus, ainsi qu’il résulte de la thèse de M. Lorain, qui, dans l’épidémie qu’il a observée, a trouvé, à l’autopsie de sept ou huit fœtus, morts dans le sein maternel, des fausses membranes fibreuses dans le péritoine; il les retrouve chez le nouveau-né dans certains érysipèles, certaines phlébites, dans le muguet grave, dans la péritonite, la pleurésie, les abcès articulaires qui surviennent chez les nouveau-nés placés dans les hôpitaux ravagés par la fièvre puerpérale; il les poursuit encore chez la femme au début du travail, alors qu’il n’y a point encore de plaie, de porte d’entrée ouverte au virus, ou même pendant l’époque menstruelle. Poussant plus loin l’analogie, il rapproche de ces faits ceux que M. Velpeau, M. Tessier, ont signalés chez les opérés, et que tous les chirurgiens connaissent à merveille. Dans la fièvre puerpérale, comme dans la fièvre des blessés, on trouve en effet les abcès multiples, les inflammations purulentes des séreuses, les phlébites, les érysipèles, *les diphthérites*, analogues à la pourriture d’hôpital; d’un autre côté, les symptômes de la fièvre puerpérale, aussi bien que les lésions

que nous venous de rappeler, s'observent également chez les hommes atteints de traumatisme."—*Speech of M. Trousseau*^a.

One by one, the honourable Academicians expressed their distrust of any remedial measures hitherto advised. M. Cazeaux contented himself with "according, nevertheless, a certain degree of confidence in calomel, in very small doses, until a copious salivation is induced." M. Bouillaud, differing from his colleagues in many points, so fully recognises the inefficacy of treatment, "in the greatest number of cases," that he leaves out its discussion.

It may not be wholly true that this disease resists every known plan of treatment. I, with many others, have seen, sufficiently often, useful results from the employment of turpentine, internally and externally; detergent vaginal injections, calomel and opium, and a stimulant medication in general, to induce me to pause before assenting to a proposition so injurious to the efforts of our predecessors. But enough is admitted on all hands, concerning the resistance of a severe case of the malady, especially when epidemic, to all our therapeutic proceedings, to warrant the statement, that this is a morbid condition, which, more than almost any common disease, demands a re-consideration of its *modus medendi*, and justifies even a bold experimentation.

Arguing, then, from the general history of the maladies, the vital and pathological peculiarities of the sufferers, and in view of the sad results of the present treatment of puerperal fever, I venture diffidently to suggest a trial of the same measures in it, which I have found so beneficial, so eminently curative, in diphtheria. I have given in this disease to an adult about 25 minims of the London tincture of sesquichloride of iron every two, three, or four hours, and have conjoined a few drops of dilute hydrochloric acid. I have also applied daily, sometimes twice a day, by means of sponges, a solution of hydrochloric acid, but little weaker than the dilute acid of the London Pharmacopœia, and have always enjoined the regular use of weaker gargles of the same acid. This, with the constant administration of stimulants, beef tea, milk, and jellies, has constituted my treatment, and I repeat here what I have already stated in other quarters, that since I have become aware of the value of this medication, nearly ten months ago, I have not lost one case^b.

I believe it will be found of the utmost service to imitate

^a Archives Générales de Médecine, Mai, 1858.

^b This is not so *strictly* true as at the time of writing the above statement.

every branch of this treatment in puerperal fever, with the exception, perhaps, of the stronger hydrochloric acid application. But even of this exception I am doubtful. So far as I know, obstetricians have never made an ocular examination of the walls of the vagina and uterine neck in puerperal fevers. And there are, unquestionably, good reasons for interfering as little as possible with these parts, under such or any conditions. Yet it is likely to be of great value, both in reference to diagnosis and treatment, could we become assured of the presence of diphtheritic exudation here. Under such circumstances I should not hesitate to treat the vagina with as little ceremony as the fauces, and boldly apply to its walls the dilute acid, as before mentioned. It must be remembered that the subsequent decay of these nitrogenous materials, exposed to the conjoint influences of air, heat, and moisture, is a fruitful source of the putrescent fœtor so well known in the chamber of the diphtheritic and puerperal patient, and assumes the highest importance when considered in relation to the possible resorption of these noxious substances.

But, at all events, whether the fluids trickling from the vagina or stagnating in that passage arise from the débris of the uterine walls, an actual exudation on their inner surface, or, as I believe in many cases, from these combined with aplastic deposits on the vaginal walls,—I entertain the opinion that weak injections of hydrochloric acid at frequent intervals, and administered by a competent person, with effective instruments, will be found a valuable aid to the obstetrician. I may be permitted to observe that solutions of nitrate of silver are likely to be of as little service here as I have found them to be in the analogous affection of the throat. They should be discarded from the treatment of these disorders.

Let me urge that the experimenter should dispel from his mind all notions of heat of skin, thirst, loaded tongue, being antagonistic to the employment of the steel tincture. I have had abundant evidence that these, with delirium and other serious symptoms more or less connected with the febrile condition, in no degree contra-indicate its use. On the contrary, all these symptoms have yielded in diphtheria, and, as is notorious, in erysipelas, with a rapidity which has surprised me. The remedy must be administered with unflinching hand, and must be steadily persisted in until the case terminates in well-established convalescence, or the contrary.

I fear that the suggestion of a preparation of iron in a febrile disorder will raise grave doubts in the minds of most persons who have not given some reflection to the subject. To them

I would say, is not erysipelas a pre-eminently febrile disorder, foudroyant in its character, formidable and sudden in its onset, more like some of the worst forms of puerperal fever, in this latter point of view, than almost any other disorder? And yet no one who has given a trial of this particular preparation in the former affection entertains a doubt that its use is one of the most valuable gifts of modern inquiry.

I caution my readers against the opinion, so likely to be entertained, that this is an iron preparation merely. I do not know that any other salt of that metal could be substituted for it. Every thing is against such a supposition. We are too apt to imagine the base of a given salt to be the sole source of therapeutic power in that salt, though it requires but little acquaintance with pharmacology to become convinced that bicarbonate of potash, nitrate of potash, and iodide of potassium, respectively possess qualities which render the substitution of any one for another generally impossible. But, again, the particular preparation in question is allowed to be productive of effects which may be fairly termed peculiar to it. Two especially may be here alluded to—namely, that produced by its administration in spasmodic stricture of the urethra, and that resulting from its employment in certain forms of aneurism. We are unaware, at present, of any other iron compound that can be substituted for it, in these conditions.

On these grounds, very briefly entered upon, I ask my brethren who enjoy the requisite opportunities, to seek to combat, by a safe though powerful agent, a disease which may still be with propriety termed the scourge of lying-in hospitals, and the terror of private families. If it shall prove ineffective, it is in the highest degree probable that it will not prove injurious, and such an experiment cannot, at all events, be fairly subjected to the charge that it prevented the administration of medicaments of such recognised utility—that the chances of the recovery of the patient were appreciably diminished by such a proceeding.

I shall add but a few words upon the treatment of some forms of iritis. It is well known that there are cases of this disease occurring in the syphilitic state and in various asthenic conditions of the organism, which either primarily forbid the employment of mercury, the grand remedy, as at present taught, for fibrinous exudation—or which happen to arise during or soon after full mercurialism has been induced, and, therefore, contra-indicate, *ipso facto*, the further use of that drug. It is hardly necessary to state that it is in these conditions turpen-

tine has been found so valuable—a fact of great interest in reference to the previous portion of this paper.

Eight or nine years ago a patient was admitted into the General Hospital of this town, labouring under aggravated syphilitic lepra. He was treated with mercury, until its full constitutional effect was produced. The eruption disappeared, but an intense iritis almost immediately supervened. He was now placed upon turpentine, which realized all that its most ardent advocates have declared. The exudation was absorbed, and the integrity of the eye maintained. The patient subsequently became afflicted with one of the most severe phlegmons below the deep fascia of the neck which I have ever seen. But he finally escaped with his life, and with health apparently fully restored.

Now it is in such cases as this that I should push the steel tincture with the utmost freedom. I anticipate the greatest advantage from its use. The exudation may be got rid of, I believe, and the mercurial anemia combated at the same time.

I have recently observed the disappearance of the fibrinous film from vesicated surfaces in a case of diphtheria, and the complete arrest of its production under the use of this remedy, in the course of forty-eight hours after its first administration.

It is probable that there are cases of diphtheritic iritis having no connexion with any other infection, just as Von Gräfe has so ably proved there are cases of diphtheritic ophthalmia of an epidemic character, as lately observed by that distinguished ophthalmologist in Germany. Reasoning from my experience of the more common forms of the infection, I should imagine that the treatment above indicated would be found here of great value.

In conclusion, I beg my readers to enter upon a course of observation of the points alluded to, without prepossession, other than that which is inseparable from the human mind in its pursuit of truth, and to favour their brethren with a conscientious record of the results obtained.

ART. IX.—*Removal of the Superior Maxilla for Disease of that Bone, at the Kilkenny County Infirmary.* By Z. JOHNSON, A. M., F. R. C. S., &c. &c., one of the Surgeons to that Institution.

THE publication of those surgical operations which are more formidable and more rare, with a faithful account of the result, and the experiences of the operator, seems to have been