

mindful attorneys; but in those high marts of natural law, the Temples of Medical Science. It is for the public good that medical candidates should offer at all vacancies for coronerships. Attorneys—experience has lamentably shown, and Ireland is specially studded with illustrations—are never pricked to the execution of their duties by the spur of public observation. Attorneys are elected coroners, and there they *sit*, untroubled, ungalled, unstimulated, unnoticed by the public; careless if unnoticed, insolent if reproached, afraid to be touched,—in point of fact, shrunk from as holders of the very whip which should be administered on their own backs.

And now, while Dr. CORRIGAN is at work in Dublin, armed with this case, let the freeholders of Cheshire read the present sample of attorney-inquests before going to the poll for the election of a Coroner in that county, who is to stand between them and the murderers who first execute their victims, and then write "SUICIDE" on the beam.

CLASSIFICATION OF ULCERS OF THE CORNEA.

To the Editor of THE LANCET.

SIR:—No division has hitherto been made of ulcers of the cornea, which embraces all the varieties of those affections as seen in nature,* and as such would tend much to the elucidation of the subject, and the adaptation of treatment to individual cases; I have endeavoured, however imperfectly, to supply the deficiency.

It has, I think, been rightly stated, that all forms of ulceration are dependent on inflammatory action; but the degree and form of the process, taken in consideration with the constitutional powers and pecu-

* The most practical division of ulcers of the cornea, as yet made by authors, is the following:—Mr. Tyrrell notices the chronic ulcer with opaque secretion, and then states that an ulcer must be in one of the following states—healthy, inflammatory, or indolent; finally, he makes the addition of the sloughing.—Vol. i., pp. 246, 250, 257.

Mr. Middlemore makes a division into "extensive superficial ulcer of the cornea," "circumscribed deep ulcer," "ulcer of the cornea with irregular and ragged edges," and "crescentic ulcer."

liarities of the patient, constitute their main difference, and form the basis of treatment.

Ulcers of the cornea are met with of the following varieties:—

1. Acutely inflamed ulcer:
with ceratocele,
penetrating.
2. Circular, narrow, or crescentic ulcer.
3. Superficial, extensive, transparent do.
4. Small, shallow, transparent do.
5. Chronic, with opaque secretion.
6. Irritable ulcer.
7. Strumous ulcer.
8. Traumatic ulcer.
9. Sloughing ulcer.
10. Healthy ulcer.

On each of these several varieties I would make a few observations.

The acutely-inflamed ulcer is one of the most common forms, originating in the exciting causes of other forms of inflammation, and seen in connection with aquo-capsulitis, from blows, &c. The conjunctival and sclerotic vessels are more or less deeply injected, in proportion to the activity and violence of the accompanying inflammation, which is always severe; and frequently vessels are seen to run over the corneal edge to the superficies of the ulcer. The general and local symptoms are severe: the former consist of febrile disturbance; the latter symptoms are pain in the eye and over the brow, great intolerance of light, and profuse lachrymation. As regards the character of the ulcer, its edges are usually ragged and uneven; it extends rapidly, perforating the layers of the cornea, being more extensive superficially than deeply, in general decreasing in extent from above downwards; hence the ulcer is funnel-shaped. Its extension is attended with increase in all the symptoms until it reaches the membrane of the aqueous humour, when frequently its progress is stayed for a time or permanently, and in this stage the capsule is protruded forwards into the ulcer, constituting

Hernia Corneæ, or Ceratocele.—Here is a condition showing the existence of the capsule, which in its protruded state resembles a vesicle.

From this stage the ulcer may proceed or cicatrise; in which latter condition it constitutes healthy ulcer, which will be noticed subsequently. Frequently, however, the aqueous capsule is perforated, and the iris protrudes.

Perforating Ulcer.—When the cornea is perforated, the aqueous humour is evacuated, the anterior chamber, for the time, is more or less abolished, the iris falls against the inner surface of the cornea, and some part protrudes through the ulcer. In respect to prognosis, it is of material consequence what part of the iris protrudes, since frequently no adhesion, or displacement of the pupil, results, when the pupillary aperture is not engaged, and *vice versa*.

Circular, Narrow, or Crescentic Ulcer.—This form is frequently seen in connection with acute inflammation of the conjunctiva, especially in old, cachectic habits. The ulcer consists of a narrow line of ulceration, extending round the cornea to greater or less extent, near to its outer margin; it is deep and very narrow, its edges ragged and opaque, the opacity extending to some little distance on either side in the substance of the cornea. This variety of ulcer may extend completely round the cornea, and occasion the loss of vitality of that structure.

Superficial, Extensive, Transparent Ulcer.—This is attended with comparatively little suffering; there is but little vascularity or pain, and scarcely any intolerance of light. On examining the eye obliquely, the loss of surface becomes evident; it is usually somewhat irregular, but quite transparent. This form of ulcer is most common in young persons.

Small, Shallow, Transparent Ulcer.—The ulcer, instead of extending over a considerable surface, consists of a mere shallow, transparent, circumscribed excavation, frequently called a dimple; many of these heal without a renewal of substance, and without occasioning opacity; hence the shallow dimples or depressions on the cornea. They occur under the same circumstances, and are attended by the same symptoms, as the extensive transparent form.

Chronic Ulcer with Opaque Secretion.—Many authors have imagined that this form was dependent on the precipitation of lead on the surface of some ulcer existing on the cornea; but as it presents a peculiar set of symptoms, and may exist where no particle of any metallic collyrium has been employed, this is a very improbable explanation. We see it chiefly in adults; it is chronic in its character, without much active vascular action, presenting small, round, or oval patches, which may exist on any part of the corneal surface, extending very slowly, and, after attaining a certain size, remaining quite stationary, their surface being covered with a thick, opaque, whitish or buff-coloured secretion; a few enlarged trunks pass over the cornea to the edges of the ulcer. It resists treatment for a length of time, and invariably occasions a dense leucoma by cicatrization. Mr. Tyrrell imagines the secretion to be calcareous.

Irritable Ulcer.—This is a small, ragged ulcer, without much opacity, and with little accompanying inflammation. It occurs in middle-aged individuals, where the health is much deranged. Its chief symptoms are great intolerance of light and severe pain, aggravated in paroxysms; the digestive organs are disturbed, and the nervous system irritable and readily excited.

Strumous Ulcer.—We may define this to be an ulcer produced by, and attended with, strumous inflammation. It is confined al-

most exclusively to children, and frequently follows the bursting of phlyctenulæ on the cornea; it presents a diversity of appearances at different stages, being active or slow, superficial or deep, accompanied usually with considerable vascularity: thus immediately after the bursting of the phlyctenula, it is a mere depression or transparent dimple; this may extend, forming a ragged, opaque, chronic ulcer, or with great activity quickly perforating the cornea, and causing prolapsus of the iris, or even the evacuation of the lens and part of the vitreous humour, followed by collapse of the tunics.

Traumatic Ulcer.—This simply refers to the producing cause, and not to the subsequent symptoms, which are modified by the constitution of the patient; but the most frequent form is the acutely-inflamed ulcer. The shape of the ulcer would here depend on that of the wound, and the nature of the producing body.

Sloughing Ulcer.—An ulcer in connection with sloughing of the cornea is seen in two different forms: first, where a slough produced by other causes is being separated by the process of ulceration; secondly, an ulcer specifically sloughing—one, namely, which is attended with the formation and detachment of mortified portions of cornea. The first variety scarcely needs any description; an ulcer forms, as in the detachment of sloughs in general, around its margin, gradually deepening until the dead are completely separated from the living parts; when this is accomplished, healthy action succeeds, and the ulcer cicatrises. The second is seen only in feeble, cachectic patients. Here small ulcers, unattended by much vascular action, make their appearance on the cornea; during their progress, whitish or ash-coloured sloughs, in thin layers, are thrown off, for a time rendering the ulcer clear and transparent.

Healthy Ulcer.—We may diagnose this variety by its appearance and symptoms; it is attended with no excess of vascularity; its edges are bluish-white; there is little or no pain; and healing, with diminution of the size of the cavity, proceeds gradually. It is seen in favourable cases of wounds of the cornea, after the separation of a slough, and in the favourable termination of inflammatory and other varieties of ulcers.

EDWARD HOCKEN.

Exeter, Sept. 9, 1840.

MALT IN DYSPEPSIA.

To the Editor of THE LANCET.

SIR:—Having used grains of the hordeum vulgare, after they have been malted, in some cases of dyspepsia, with a most beneficial effect, I shall feel obliged if you will make mention of it. I was first led to try them in the case of a gentleman troubled