

ciples, or carrying with it some contamination, which has either been generated within the body, or received into it from without—is not already present. It is well known that the period when local diseases, undoubtedly of constitutional origin, arise, is very different in different persons and different constitutions, and that in many instances the constitutional affection long remains smouldering and unheeded, till some external cause, perhaps one which would have proven a trifle in ordinary circumstances, serves to excite a local disturbance of the most formidable description—so formidable, indeed, that the signs of a constitutional or blood-disease are probably lost to the eye of the practitioner in those of the secondary and local affection.

We have no hesitation, when phlebitis gives rise to ophthalmitis, in saying, that pus-cells, being taken up from the inflamed vein and circulating with the blood, are arrested in the capillaries of the eyeball, and give rise to inflammation of the choroid and iris, secondary abscess in the vitreous and aqueous cells, inflammation of the ophthalmic veins, and a sympathetic affection of the orbital tissues, including the conjunctiva.

In Mr. Prichard's cases, we hesitate a little in concluding, that by absorption of the scarlatinous virus into the blood, and by ulterior changes in this fluid, the local disease of the eye is produced.

When we meet with ophthalmitis, then, showing itself suddenly, after some trifling wound, or without any prominent exciting cause, our suspicion should be roused, that so serious and so rare a local affection may depend on a contaminated state of the blood; or, at any rate, that ocular phlebitis has almost certainly ensued.

Such a series of cases as Mr. Prichard narrates seems, at first sight, to support Dr. Von Gräfe's idea, that the diphtheritic affection of the eye is in itself contagious. I do not believe that it is really so, but only that such an exciting cause as scarlatina or variola, being propagated from person to person, may give rise to a succession of cases of inflammatory destruction of the eye. Dr. Von Gräfe's dread of the one eye inoculating the other with diphtheritic inflammation I regard as equally groundless.

CASE OF HYDROCEPHALOID DISEASE.

By CHARLES WILLIAM GRAHAM, M.D., late Surgeon, Edinburgh Regiment of Militia.

NEAR eleven o'clock on the night of March 26th, 1841, I was urgently requested to visit a little girl of Mr. M.'s, two years and a half old. She had been under the charge of a medical gentleman here for the two previous days, so that I did not exactly learn what treatment she had received, except that some doses of calomel, and several domestic enemata, had been administered.

On examination, I found that the child had no pain on pressure being applied to the region of the stomach and bowels, though there was the most urgent desire for cold water, which was immediately rejected. The skin was cool; the pulse 88, soft, and moderately full; the tongue thickly coated to the point, and red round the edges. The bowels were confined; there was constant picking at the nose and angles of the mouth; and the child awoke suddenly screaming from short sleeps; the countenance was occasionally flushed; the urine was high coloured and scanty. I recommended the application of a sinapism, for half an hour, over the region of the stomach, thereafter a small tablespoonful of castor oil, and to be repeated if the bowels were not relieved.

March 27th, 8 A.M. The symptoms continued as at last night's visit, with the addition of strabismus, dilatation of the pupils, grinding of the teeth; the pulse was small, and very feeble; the face pale and collapsed. The child had suffered two or three convulsive seizures. She had passed two dark-coloured, offensive evacuations after the second dose of oil; but the stomach still continued very irritable, with great thirst. I gave her a teaspoonful of sherry in the form of negus, and ordered a blister to the region of the stomach, the extremities to be wrapt in warm flannel, and to have every hour and a half eight drops of the compound spirits of ammonia, alternated with twenty drops of brandy in arrowroot. Absolute rest was enjoined, and orders were given that the child should on no account be raised into the erect posture. At noon, the convulsions had greatly increased in violence and frequency, and were of longer duration, with constant tossing of the arms, and general restlessness. Two drachms of assafœtida were directed

to be dissolved in eight ounces of boiling water; and, after being strained, half of this solution was thrown into the bowels. This acted like a charm, for the fits ceased immediately, and never returned; vomiting also ceased. The ammonia and brandy in arrowroot were continued.

5 P.M. The symptoms continued as at last visit; the pulse was 124, small and feeble; the surface warm; the breathing occasionally stertorous and suspended.

9 P.M. There was no alteration. Three drops of laudanum were directed to be given every six hours along with the brandy and ammonia.

March 28th, 8 A.M. She had passed rather a good night. I got her, with some difficulty, to show me her tongue, which was very red, and somewhat fiery; the thirst was abated; but there was continual tossing of the arms; the eyes were half closed and turned up; the pupils contractile; pulse 118, soft and rather full; the bowels not opened since yesterday; and the urine was passed in bed. The blister had risen well. Directions were given to continue the ammonia and brandy, increasing the dose to ten drops of the former and thirty of the latter; and to discontinue the laudanum.

1 P.M. There was no change in the symptoms. The treatment was continued.

9 P.M. The symptoms had become greatly aggravated since last visit. She had all the appearance of sinking fast; the extremities becoming cold, as well as the nose and cheeks; she was still able to swallow. The brandy, etc., were ordered to be given more frequently, and warmth applied to the limbs. I returned at 11 P.M., and remained during the night.

March 29th, 2 A.M. My little patient lay in a comatose state, from which I could not rouse her; the powers of deglutition seemed to be nearly gone, as the arrowroot and brandy ran from the mouth. I sent for the following mixture: Compound spirit of ammonia ζi ; croton oil 50 drops. With this liniment the nape of the neck and back part of the head were well rubbed for ten minutes. Shortly after she began to complain of pain, and frequently applied her hand to the part that was rubbed with the embrocation. I got her now to swallow a little arrowroot and brandy; afterwards she fell into the same dozing state for four hours, when she was again rubbed, and had some nourishment given her.

7 A.M. She seemed more sensible than I had seen her for the last two days; squinting continued, however, along with dilatation of the pupils. The pulse was 106, more full, and improving in strength. Two drachms of castor oil were ordered to be given in beef-tea, and the ammonia, etc., at intervals of four hours.

10 A.M. The bowels had acted well; the evacuations were copious, dark, and offensive.

2 P.M. The strabismus was gradually going off, and the eyes and countenance were assuming their natural appearance.

9 P.M. The pulse was 96, becoming stronger; she had had another alvine evacuation, neither so dark nor so offensive. She took the beef-tea readily. The brandy and ammonia were discontinued.

March 30th. She passed a good night; the squinting was completely gone; the features were more expanded, and the countenance was cheerful and lively; the tongue was very fiery; the appetite rather keen, and she was continually calling for bread. Two drachms of castor oil were given; and the beef-tea was continued. From this date my little patient, by strict attention to the bowels, and mild nutritious food, progressively improved, and was soon restored to her wonted health.

REMARKS. I could adduce many similar cases of this very singular morbid affection; but suffice it to say, that they were all subjected to the same treatment as the one now recorded, and attended with equal, though unlooked-for, success.

To the writings of Drs. Abercrombie, Marshall Hall, and Gooch, and the work of Drs. Evanson and Maunsell, I certainly feel much indebted for the knowledge I have obtained of this disease. The similitude of this affection to *hydrocephalus verus* is so great, and so strongly marked, that it may be very readily mistaken for, and treated as such by the general practitioner; and this is one of the chief reasons that induces me at present to direct attention to a subject which, there is reason to believe, is not very generally understood.

It is a fact which cannot be denied, and should ever be borne in mind, that there are diseases which, while they have a great resemblance to each other, arise from the most opposite causes; and it is not to be wondered at, therefore, that the brain should become affected in a manner so remarkably similar, from the two opposite states of overfulness and of deficiency of blood.