March 23rd. The wound was thoroughly healed. I saw this patient about a month ago; and she is perfectly well and strong.

FARRINGTON GENERAL DISPENSARY.

A CASE OF SYPHILITIC PEMPHIGUS.

Under the care of R. WILLIAM DUNN, Esq.

THE infant in this case was the offspring of syphilitic parents, but both were supposed to have been quite cured of the disease by mercury and iodine. There were no external signs of syphilitic disease on either parent; and the mother, while pregnant with this child, felt in much better health than usual. This was her second child. The first I treated for hereditary syphilis quite successfully on the non-mercurial plan; it is now three years old, quite well and fat. The infant in this case, a few hours after birth, first shewed signs of the disease, the hands and feet being of a violet tinge, with little elevations upon them. Twenty-four hours after the birth, these elevations had increased in size.

Nov. 21st, 1865. I first saw the child forty-eight hours after its birth. Upon examining it, I found that the palmar surface of the hands and plantar surface of the feet were covered with bullæ of different size and shape, from a pea to a sixpence, filled with a milky fluid, the skin around them being of a violet colour. There were no spots on any other part of the body. The child was continually crying; but took its food pretty well. I ordered it half a teaspoonful of castor-oil.

Nov. 22nd. The bullæ had increased in size, the largest ones being on the soles of the feet, and were now filled with a straw coloured fluid. I ordered it to have five minims of cod-liver oil and five minims of wine of iron three times a day.

Nov. 25th. Most of the bullæ had burst and discharged their contents. Those that had not done so were filled with a straw-coloured fluid. The nails on the fingers and toes had become dry and wrinkled, and had commenced to exfoliate at the roots. Where the bullæ had burst, the epidermis had peeled off, leaving the dermis in an inflamed state, discharging a thin white fluid. The child cried a great deal, did not take its food well, and was becoming thinner. I ordered spermaceti ointment to be applied; the hands and feet to be washed with oatmeal gruel; and the oil and steel wine to be continued.

Nov. 28th. The epidermis had quite peeled off the palms of the hands and the soles of the feet, leaving the dermis in an inflamed state, discharging a dirty white coloured fluid. Ulcerations were present on the toes, fingers, and the sole of the left foot, not deep, the one on the sole of the foot being of about the size of a threepenny-piece.

Dec. 2nd. The dermis was still red, but there was not so much discharge. The ulcerations were healing, except on the sole of the foot. The child had some syphilitic psoriasis on the chin. The face was assuming an aged appearance. The child did not improve at all; it did not cry so much, and took its food pretty well.

From this date until December 12th there was no change in the symptoms; the feet and hands improved, but there was no improvement in the infant's general health. On this day it commenced to snuffle; the bowels became irregular; it refused food; the face was very aged in appearance; the nails on both fingers and toes were nearly off; the child was very fretful. It gradually got worse, and died on December 17th.

Original Communications.

ON THE TREATMENT OF STRABISMUS WITHOUT OPERATION.

By C. HOLTHOUSE, Esq., Surgeon to the Westminster Hospital, and to the Surrey Ophthalmic Hospital, etc.

[Continued from page 359.]

IN my last paper, I stated that the natural tendency of most of the paralytic forms of strabismus was to recovery; and this renders it difficult to determine how far the treatment which may have been adopted has conduced to this result. If we can clearly make out a history of rheumatism or syphilis, then, by directing our remedies to the removal or correction of these constitutional conditions, we may succeed in curing, or at least hastening the cure of, the paralysis; but, if the cause of the paralysis be apoplectic, whether within the cranium or in the orbit, our remedies can have but an indirect and less specific influence over the result. For what does such a term imply? First, the rupture of a blood-vessel; secondly, the effusion of blood; thirdly, in some cases, not merely the compression, but the laceration, of nerve-tissue. Treatment may have prevented such an attack; but, the mischief being done, what good, it may be argued, can be expected from medicine? Without claiming too much for our art, we must not despise or underrate its influence in promoting the removal of these blood-extravasations, and so hastening recovery. I by no means hold with those who advocate a purely expectant treatment; and, although I have for years past taught the doctrine which has been lately so much vaunted and claimed as the offspring of Trousseau, I have not done so without qualification. Undoubtedly, in those forms of paralysis which originate in cerebral softening—the breaking down of nerve-tissue—much must not be expected; but in vascular congestions, and even in blood-extravasations to a limited amount, we can as certainly promote and hasten their removal, as we can do the more fluid effusions and extensive congestions of dropsies. The beneficial effects of moderate and occasional bloodletting and purging, as depletive and derivative remedies, and as producing a condition of the system opposed to the plethoric—a condition in which the molecular changes in the tissues and organs go on faster, waste and repair take place more rapidly, and effused fluids are more quickly absorbed, is one which, it will hardly be disputed, must be favourable to the removal of paralysis depending on blood-extravasations. Let it not be imagined, however, that I am forgetful of a possible preexistent condition of the blood-vessels which may have led to their rupture—a state which calls for measures apparently the reverse of those I have just recommended. I say apparently, because they are really not antagonistic, but supplementary to each other.

Closely connected with the treatment of these apoplectic paralyses, are their diagnosis and prognosis. I have already, in previous papers, spoken of the former: let me say a few words on the latter. Assuming the paralysis to have an apoplectic origin, is it possible to prognosticate the result? Were we able, in any given case, to say that the symptoms arose solely from blood-extravasation, uncomplicated with injury of the brain or nerve-structure, we might form some estimate of the amount of the hæmorrhage by the number of muscles implicated in it.

the paralysis; and this would also afford us a further clue to the time required for its removal. Inasmuch, however, as we never can know how far the nervous structures may have been injured, our prognosis must necessarily be guarded. In Case II, where the paralysis was confined to a single muscle, and the history pointed to a limited apoplexy, six weeks sufficed for the restoration of function. In the case about to be narrated, the history, so far as it was obtained, led also to the inference that the cause of the paralysis was apoplectic, but more extensive and intracranial; and complete recovery did not ensue till nearly three years after the first seizure. The case is, unfortunately, very meagrely taken, but is valuable, if only for the purpose of proving that the duration of the paralysis, within certain limits, does not form a barrier to successful treatment, or forbid us holding out hopes of recovery to the patient.

CASE V. Double Divergent Strabismus, with Partial Ptosis of both Lids, of Two Years' Duration: Cured. Caroline P., aged 43, dressmaker, fresh coloured, and not unhealthy-looking, came under my care at the Ophthalmic Hospital, Southwark, on January 7th, 1861, with the following symptoms, for which she had previously been under treatment at two hospitals for nearly twelve months. There was partial ptosis of both upper lids, and double divergent strabismus. In the right eye there was, in addition to paresis of the levator palpebræ muscle, a similar affection of the inferior rectus; but the other ocular muscles were not appreciably affected. The pupil acted well; and the vision and accommodation of this eye were good. In the left eye, there was complete paralysis of the internal rectus, and partial paralysis of the levator palpebræ and of the superior rectus. The pupil, though of medium size, acted sluggishly. The accommodation was imperfect; the vision misty.

History. The patient stated that the paralysis had existed for about two years, without having been preceded or accompanied by any fit, pain in the head, or giddiness. She had, however, been much reduced by what she termed bleeding piles; i. e., there had been hæmorrhage from the rectum for three or four years before the paralytic attack, and sometimes to a considerable amount; and it was on the stoppage of this discharge that the above symptoms of paralysis appeared. Menstruation was scanty, but regular. She had no leucorrhœa, and had never had syphilis or any disease of the generative or urinary organs. She had had one child, which lived only three weeks.

Treatment. This consisted in her taking, simply as a tonic and aperient, three times a day, a drachm of solution of bichloride of mercury in an ounce of decoction of cinchona; and gr. v of blue pill with colocynth, as an aperient, twice a week.

March 8th. The above medicine had been taken regularly since the 7th of January, and I had seen the patient once a week; and to-day there was observed, for the first time, some increase of power in the left rectus internus. The cornea could be moved inwards just beyond the centre.

July 1st. Up to this time, there had been a very slow yet decided increase in the power of the paralysed muscles. The ptosis was less, and both globes could be more freely rotated in the direction of the paralysed muscles; but the patient complained of feeling very weak and nervous. There had been no visible mercurial effects produced. She was directed to leave off the medicine for a time; and, as a placebo, a five-grain galbanum pill was prescribed every night.

Oct. 7th. She complained of loss of appetite and debility, and there was no marked improvement in

the condition of the eyes. I therefore prescribed a draught of infusion of quassia and camphor mixture, each ʒiv , three times a day. After taking this a week, she arose one morning with her eyes perfectly straight; the ptosis had disappeared, and all confusion of vision had vanished. She was discharged well on the 31st, having had no relapse. All traces of paralysis had disappeared from both eyes, and their movements were perfect and in unison.

It would be easy to multiply examples of the paralytic forms of strabismus, whether simple (i. e., depending on the loss of power of a single muscle), or complicated by the symptoms due to the implication of several, as in the case last narrated. I might also have adduced examples in which the result of treatment was less favourable than in the cases cited. On the whole, however, after looking over a large number of paralytic cases that have been either under my own treatment, or fallen under my observation in the practice of others, I think we are warranted in generally giving a favourable prognosis, and that we should not be in a hurry to resort to operative measures.

In my next communication, I purpose treating of the non-paralytic varieties of strabismus.

[To be continued.]

ON THE USE OF BLOOD AS A MEDICINE.

By GAETANO DE PASCALE, M.D., Nice.

MY only object in these few lines is to call attention to the use of blood as a curative and restorative agent; if not quite new, hitherto little employed, especially in England.

Probably one of the chief impediments to a more general use of the remedy is the preconceived aversion which most people entertain at the idea of drinking this fluid.

Dr. Desmarts of Bordeaux recommended the use of warm blood, fresh from the vessels of the newly killed animal, especially for persons affected with phthisis. The ancients, as well as our modern physicians, chemists, and microscopists, confined their researches to the investigation of the several constituents of the blood; and the results of numerous analyses have not been uniform, on account of the different processes employed.

Iron has been used from the earliest ages as a tonic; I may say, as a very martial remedy. But, since Berzelius and Brande discovered the peroxide of iron in the red corpuscles, it has been thought that, in all cases in which we observe the anæmic state, indicated by debility, pallor of the face, arterial murmurs, etc., there is deficiency of this peroxide; consequently, iron has been looked upon as the tonic *par excellence* in these diseases.

But it is easy to understand that any preparation of the laboratory, either alone or in combination, is not to be compared with the iron elaborated and mixed by Nature with other principles in the form of animal blood; for only the living organism can so combine it as to be most easily assimilated. Thus, in diseases termed anæmic, from a defect either in the quality or quantity of the blood, it will be more rational to try to supply to the system the combined constituents of blood, than either of its separate ingredients, such as iron. If we call this mineral tonic and restorative, because it is able to restore the energy of the patient by improving the condition of his blood, how excellent a tonic, how still more restorative, must be animal blood, containing, as it does, all other principles essential to nutrition.