

this operation, and for some hours after, a free use was made of a decoction of seneka, as a stimulant diaphoretic. Her respiration began to improve immediately on vomiting, and at the end of about four hours, it was comparatively good; the skin open, natural warmth restored, and the circulation equalized. The patient was then put upon the use of the following powder: R. Pulv. Ipecac. Comp., scr. j; Hydrarg. Chlorid. scr. j; Camphor. Pulv., grs. xij. M. Ft. chart. No. vj. One to be taken every four hours; a free use to be made of the decoction of seneka in the intervals, and the bowels to be moved after twenty-four hours.

The emetic did not produce purgation. No paroxysm of difficult breathing returned. In forty-eight hours my attendance ceased. I know of no other emetic substance that would have effectually met such a case. Ipecacuanha, sulphate of zinc, &c., would have proved too feeble at best; tartarized antimony would, I conceive, have been hazardous, from its nauseating and sedative effect, setting aside the uncertainty of its procuring emesis in any reasonable dose, and the almost certainty of its producing exhausting catharsis. I repeat, then, that in this form and condition of croup, my experience furnishes me with no substitute for the *turpeth mineral* as an emetic.

In the more inflammatory and less paroxysmal forms of this disease, with decided arterial excitement and hot skin from the commencement, tartarized antimony, as a nauseant and emetic, may be, and undoubtedly is, with certain limitations, preferable. Still I must say, that in all stages and conditions of this disease, where the equalizing and revellent effect of emesis is alone desired, I have never regretted having used the *turpeth mineral*, in preference to all other emetics.

These remarks might easily be extended to the use of this remedy in some other forms of disease, and especially in some of the anginose affections. The hints above given will, however, enable the experienced physician to determine its applicability to such conditions.

It remains only to say a few words upon the peculiarity of this substance as an emetic, and upon some of the objections urged against it. In the first place, the promptness and certainty of its operation belong to no other substance within my knowledge. It has seldom, if ever, failed to vomit efficiently, when administered in a proper dose, in any of the various conditions of the stomach, and of the system, in which I have given it. It usually acts in ten or fifteen minutes, and the dose should be repeated at those intervals, if the first fail, which rarely happens. In efficiency and revellent power, it is not, perhaps, quite equal to the tartarized antimony; it is, however, vastly superior, in these respects, to ipecacuanha, or any other substance known to me. In safety, it is greatly superior to antimony. Its emetic operation usually continues from an hour to an hour and a half, accompanied and followed by none of the distressing nausea, prostration and depletion of antimony; but, on the contrary, leaving the patient with the invigorated feeling arising from equalized warmth and circulation. In its emetic operation it has seldom, never, in my recollection, been accompanied or followed by catharsis.

I have never known it to be violent, nor otherwise than entirely safe in its operation, although I have given it in much larger doses than are usually directed; nor I have I ever seen salivation follow its use as an emetic. So safe do I consider it, that in urgent cases I have not hesitated to put my patient under its full emetic operation, two or three times within twenty-four hours; nor have I seen ill consequences result from such practice. I am inclined to think that the dose should be somewhat larger than is usually recommended. From two to three grains may be given to a child two years old, and repeated in ten or fifteen minutes, until emesis is produced. If the first dose fails, the second usually acts as soon as it touches the stomach.

#### CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

##### SCIRRHUS OF THE EYE-BALL.

Dixon Hutchinson, aged 50, cabinet-maker, of Sunderland, a stout, well-proportioned and healthy-looking man, of the sanguineo-nervous temperament. Admitted January 1st, 1846, with great enlargement of the left eye-ball, apparently from the deposition of a malignant tumour. The natural appearance of the eye is altogether destroyed. A ball of hard scirrhous-feeling matter enveloped in a capsule, which has much the look of the sclerotica, (only of more dusky and injected hue,) with engorged and tortuous veins ramifying over it, and covered by the conjunctiva, fills up completely the orbit, and projects from under the protection of the eyelids, which cannot be made to cover it. Its visible surface is slightly irregular from little lobular elevations, and when the upper eyelid is raised, a circular circumscribed portion of it, resembling in every respect an opaque cornea, is seen to have a whiter and more pearly colour, as if the remains of the front of the eye were there situated, compressed, from being forced forwards by the tumour.

*History.*—Was engaged fourteen years ago in fitting up a house, where, for nearly a whole day the left side of his face was exposed to a current of cold air coming through an open door, from a little after which time he has had successive attacks of inflammation of that eye at varying intervals. A year after this the eye became by degrees totally blind, but did not in the slightest change from its naturally lucid appearance until three years after, when a more than usually severe inflammation rendered it opaque. A few months after this had a portion of the iris and cornea removed without any benefit, and the eye remained a little collapsed from the operation, until two years ago, when it began to project, and has by continued increase, attained its present size. Has occasional pain of the orbit and left side of the head when much excited, or on exposure to cold; no affection of the other eye; no glandular swellings, and is in perfect health. To have milk diet, a warm bath, two compound rhubarb pills every night, and warm water fomentations frequently to the eye.

13th. Continues well; troubled only now and then by slight pains of the side of the head. Eyeball extracted. Operation performed in the usual manner;

the outer canthus of the eyelids slit along to the outer edge of the orbit; a suture past through the front of the tumour and held by the operators left hand, so as to have the ball under his control; the eyelids retracted, and the contents of the orbit separated on all sides by a scalpel as close as possible to the bone, the suture thread being used to abduct the eyeball from the side required to be divided; the eyeball then drawn forwards, and a pair of probe-pointed scissors curved to the concavity of the roof of the orbit, made to cut across the optic nerve and the deep attachments. The finger being next introduced it was found that all that remained was soft and healthy, and the orbit which was bleeding very profusely, was stuffed with dry lint, a compress placed on the eyelids, and a firm bandage over it.

*Vespere.*—Easy; hæmorrhage soon subsided after the operation; has slept at intervals.

14th. Slept well; no thirst nor symptomatic fever; plug removed from out of socket, and a piece of lint placed over the eyelids.

16th. No complaint; pain gone; is dressed, and sitting up.

20th. Orbit seen granulating very favourably, and wound of eyelids healed; discharge good and copious.

25th. Going on well; less discharge; appetite keen. Takes the pills, has good diet, and uses a piece of lint to absorb the discharge.

28th. Made an out-patient, as the discharge was very slight, and he felt himself perfectly well.

June. Continues in excellent condition, and without any pain or alteration within the orbit.

The tumour, after its removal, was found enveloped by a capsule of condensed cellular tissue, which surrounded it at every part, and was, in no place, injured by the knife of the operator. It possessed all the characters of genuine scirrhus; was of the size and shape of the orbit; ended rather abruptly behind, where no trace of the optic nerve could be detected; whilst in front a little of the choroid, the optic chambers, and the altered cornea, compressed, and occupying a space of only two or three lines in extent, were the only discoverable remains of the eye, and they were inseparably agglutinated to the surrounding substance of the tumour.

*Remarks.*—The exposure of the side of the face to the current of air was accidental, and often common to both sides; the cause, therefore, of the frequent attacks of inflammation before the sight of the eye was affected, would seem not to have been this, but most probably to have arisen from the presence of the tumour in its incipient state, or, why should the left eye alone have shown such a peculiar predisposition to become inflamed by the application of the slightest exciting causes, and often, indeed, where there were none appreciable. The loss of vision, without any perceptible change in the eye, was no doubt from the optic nerve having become involved in the tumour, and the operation consequent upon the opacity would appear to have been that for artificial pupil, or staphyloma. The growth of this tumour, as is sometimes seen when the tumours appear in moderately young and healthy subjects, seems to have been extremely slow at its commencement, and indeed, until within the last two years, to have scarcely at all made any progress, although it must be remembered that the

collapse of the eye after the operation must have been very favourable to its enlarging without causing anything observable, especially as the tumour was at the most posterior part, and had to obliterate most of the eye before it became perceptible. Although the removal of malignant tumours from the orbit is so generally attended with unfortunate results, yet a favourable issue may be fairly presumed in this; for the complete manner in which it was encysted, without any secondary glandular affection, its successful and entire removal, and its having existed in a dormant state so long without any apparent alteration of the condition of the system, are together, circumstances which strongly encourage the most favourable prognosis, independent of the very pleasing way in which things have gone on since the operation.

## PROVINCIAL

# Medical & Surgical Journal.

WEDNESDAY, JUNE 24, 1846.

As the annual meetings of several of the Branches of the Association are called for the present week, we would briefly remind the members of the advantages of these meetings, as affording to such as may be unable to be present at the approaching Anniversary, an opportunity of expressing their opinions on the various objects and proceedings of the Association. The Branch Associations are every year becoming more important, as constituting so many centres, from which the General Association may collect the views of its members on subjects which interest and concern the whole body of provincial practitioners; and thus be enabled, wherever there is any real unity of purpose among the members, to act with confidence and effect in the promotion of measures intended to benefit them. An extension of the system of Branch meetings throughout the whole sphere of the Association is much to be desired; and we feel assured, that in the promoting of social and professional intercourse, as well as in the attainment of all those objects contemplated at the foundation of the Association, the formation of district branches, and the frequent meeting of their members, will be found most valuable. We hope, therefore, to find, not only that these Branch Meetings will be numerous attended, but that the members of the Association who reside in localities where hitherto no branches have been formed, and which afford sufficient facilities, will speedily unite together, for the purpose of establishing them.

We beg to direct attention to the correction of an error in the announcement made last week of the place of meeting of the Newton Branch. The meeting takes place at the Legh Arms Hotel, *Newton*; not at Manchester, as was stated.