

had been tried, died in the manner related by Mr. Goodwin, on the 5th or 6th day, or sooner. The only case that I have seen of this kind, was a healthy strong man, above thirty years of age, who called in no medical assistance until the third day, when he was in a hopeless and most dreadful state, low delirium, pulse scarcely perceptible, a glossy eye, tongue brown and hard, inability of articulation, skin of a dry burning heat, and all over of a dark copper colour, the whole body furnishing a most noxious fœtor. His throat could not be examined: he died in six or eight hours. This poor man's symptoms for the first thirty hours had, as far as I can learn, nothing in them of peculiar malignancy. After walking a few miles and drinking a little, he was taken in the evening with a cold chill and head-ache; was afterwards very hot; throat stiff, not very sore; and he thought himself but slightly unwell all the next day. I know not why we may not be allowed an opinion, that the active and timely exhibition of proper remedies would have saved him from so quick and shocking an end.

It would greatly assist us in estimating the value of Mr. Hamilton's paper on Scarlatina, to be informed whether he has met with any fatal instances from the immediate effects of the disease, or whether the cases he has given us should be regarded as comprising a summary of his whole experience on that head, and as warranting a conclusion, that his practice has been attended with universal success.

I believe there are not a great many people, at the present time, who do not think the antiphlogistic plan of treatment as successful, in most cases of Scarlatina Anginosa, as what is called the stimulating and antiseptic; and I am convinced there are none who, after a fair trial, will hesitate to pronounce it, in the first stage of every case, far preferable. If such a trial should, in the least degree, be furthered by the recommendation here given, it will be highly gratifying to the wishes of,

Gentlemen,
Your most humble and obedient Servant,
SENEX.

February 12, 1811.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

AS you have been pleased to notice, in your last number, my communication to Mr. Brooks of a very rare occurrence;

viz. the serum of the blood of the colour and consistence of milk, I thought a few particulars of the case would be also acceptable to you.

The subject of this singular appearance in the blood, is _____ a labourer in the Ordnance department at this place, aged thirty-five, of a thin spare habit of body, and sallow complexion; addicted in the early part of his life to spirituous liquors; latterly to ale or porter.

He first complained of a pain in his left side on the 14th of June, 1810, which, appearing more of a spasmodic than an inflammatory nature, was treated with aperients, fomentations, and volatile liniment; which it yielded to in a few days. Since that, he informs me, he had been subject to loose stools, and transient pains of the same side; but never had recourse to any medicine for these complaints. From his description, the stools must have been of the dysenteric kind. He was not bled for this first attack.

Nov. 24, 1810. In the morning, he came to my house complaining of a return of the pain of his left side. Recollecting the former treatment, I ordered him immediately an aperient draught of the pulv. jalap, comp. the fofus com. and liniment ammon. which he used. In the evening I was sent for to his lodgings. The draught had operated, the fomentation and liniment had been applied. He was rather worse. The pain was very severe, chiefly seated in the middle of the left hypochondrium, extending from that, forward, as far as the cartilago ensiformis, and backward, to the vertebræ. There was little or no tension of the part, but the pain was increased by pressure made along the edges of the costæ spuria. He was obliged to bend himself forward to ease the pain, by relaxing the abdominal muscles, and could only lie on his right side, suffering greatly by any attempt made to alter this position. From his first attack in June, he has never been able to lie easy on his left side. He had neither nausea, nor vomiting, nor pain of stomach; no dyspnæa, cough, or any pulmonic affection; and the right hypochondrium was free from any uneasiness. Symptomatic fever had taken place. I could not discover any enlargement of the spleen, but all the symptoms were evidently referred to the region of that viscus. The pulse was rather small, or contracted, quick and frequent; tongue whitish, but moist; skin dry, but not very hot. He was immediately bled to the extent of fourteen or sixteen ounces, and the pulse rose accordingly. The stream of blood was full and *florid*, but on reaching the bason I was surprised to observe a whitish appearance forming, like a cloud, on the surface of the blood, which made me suppose that there had been some milk in

in the bason ; but I was soon satisfied to the contrary. The bleeding gave relief. He was ordered pulv. antim. with nitre and digitalis in powder, the saline mixture and an anodyne at bed time, the fomentation and liniment to be repeated. Before I left his chamber, I was surprised to see the serum like so much milk, with the crassamentum floating in it.

Nov. 25.—This morning I found the blood as I had left it, the crassamentum floating in serum of the colour and consistence of milk. The crassamentum, on its upper surface, was cupped and sisy, on its under, of a black red colour, and loose in its texture. He took some pills of rhubarb and calomel, and continued the other medicines ; and, as the pain was still very severe, he was bled again to the same extent, and with exactly the same appearance. A blister was now ordered. In the evening I was obliged to bleed him the third time, and to the same effect. Each of these successive bleedings exhibited the same phenomena.

Nov. 26.—This day he was so much better as not to require bleeding, and the blister had taken full effect. Continued.

27.—Having some return of pain he was bled the fourth time, to about ten or twelve ounces. The blood had now assumed a very different aspect, the serum was of the natural colour and consistence, the crassamentum was, however, still cupped and sisy, but more florid. Continued.

28.—The pain not being entirely gone he was bled the fifth time, to about eight ounces. The blood was now natural, and the crassamentum neither cupped nor sisy. Contin. med. pro re nata.

After this he continued to mend gradually, and as soon as all the inflammatory symptoms had subsided I put him upon a general course of calomel. He has now returned to duty and seems to be better than before his indisposition. I sent a vial of the serum to Mr. Brooks, of Blenheim Street ; and have some still in my possession, which is thicker than it was at first, and emits but very little fœtor.

I here beg leave to correct a mistake in my communication to Mr. Brooks. I there stated “ that the splenitis was the consequence of frequent attacks of intermitten fever.” But on more particular enquiry I do not find that to be the case. His complaints have been rather of the dysenteric kind, which are, in this place, sometimes attended with a symptomatic fever of the intermitten type. The situation of Sheerness being low and marshy causes intermittents to be endemic here ;

here ; and there are many instances of splenitis, both acute and chronic, the sequelæ of these intermittents.

I am, Gentlemen,

Your most obedient Servant,

P. CULLEN, Surgeon.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

BY consulting Mr. Wardross's treatise on fungus hæmatodes, you will find the case of a boy whose eye was affected with this complaint, communicated to him by Mr. George Bell, surgeon in Edinburgh. The frequency of failure in operating on such cases, induces me to lay before your numerous readers the result of that and two others, as encouraging some degree of hope that a complaint, which has hitherto been considered desperate, may be relieved, if not cured, by the surgeon's art.

The boy, Richard Green, to whom Mr. Bell alludes, lives in Carlisle. In the end of the year 1808, he applied to me in consequence of this complaint of his eye. At that time the tumour appeared to be of the size of a large sized plum ; the tarsi were also affected with swelling and discharge, and every trace of the transparency of the eye was lost. It had become of an irregular tuberculated shape, and as the excruciating pain deprived the boy of rest, impaired his appetite, and was attended with great emaciation and loss of strength ; the boy, though nearly seven years of age, not appearing more than four or five, I advised the extirpation of the eye as the only probable means of recovery. To this his parents consented, and the following was the method I pursued. Conceiving that the tarsi might have partaken of the disease, I made a semicircular incision through them, nearly in a line with the edges of the orbit, and then with a dissecting hook, (not quite so much bent as that in common use) pushed to the bottom of the orbit, so as to act like a lever, I dissected out every part contained in it, so that nothing was left but the periosteum. I next filled the vacuity with lint dropped in tinct. myrrh, and endeavoured to draw the divided edges of the eye-lids together by means of ligatures, leaving a small space for the discharge of matter and the extraction of the lint. The parts were kept in this situation for two days by proper compresses and the aid of an assistant,