the urine; and as there may be no morbid alteration of structure either in the urethra or neck of the bladder it will be done with the greatest facility till the cure is effected. The bowels are to be kept open at the same time.

The principle by which the surgeon is to be guided with regard to the frequency of passing the catheter is, that the bladder must never be suffered to be abormally distended. The usual times recommended for drawing off the urine are night and morning; but in some cases it will be necessary to do so three times a day or oftener.

The principal objection to the frequent introduction of the catheter is the irritation produced in the urethra; and when the catheter produces this effect, it has been proposed to obviate it by suffering a gum-catheter to remain in the bladder properly secured, to prevent its displacement. When the patient is confined to his bed, this might easily be done, but few can walk about with it; and if they can do so, the advantage of horse exercise must necessarily be lost; when, however, there is no hope of restoring the expelling power of the bladder, the plan of wearing a catheter will be very useful.

During the first five days of drawing it off, the urine will probably flow through the catheter very slowly, and the first symptom of amendment will be the expulsion of the urine with greater force, and a perceptible action on the instrument; and sometimes also there will be considerable pain felt on the expulsion of the last drops of urine, from the bladder contracting upon the catheter.

The bladder may recover itself in a week or two; sometimes from eight to fourteen weeks are required. But when there is no amendment observed in four or five months, a cure can hardly be expected.

Sometimes there is an intermission of the complaint for a day or two, when it returns, and this variableness may occur to the patient several times during the cure.

The diet should be temperate and nutritious, and if the person has been accustomed to wine it should not be absolutely forbidden. Exercise on horseback may be taken with advantage; cold bathing, or the local application of cold, may be used. Blisters may be applied to the sacrum, and friction with a strong solution of camphor upon the groins and region of the bladder may be also of service.

Bark and preparations of iron may be administered when the system is weak, but it is uncertain whether they in any degree accelerate the cure. Electricity will not be found of great use, and it occasionally produces a bloody discharge. These remedies, however, are not to be so much relied upon as the catheter, which must be continued till the bladder can empty itself by its own natural efforts.

Temporary retention of urine, where there has been no previous habit of retaining the urine, will be sometimes speedily relieved by applying cold water to the penis and perineum, to the legs and feet, and by endeavouring to void the urine in a cold situation. Towards the end of the cure bougies may be advantageously used, which do good probably by stimulating the neck of the bladder.

Retention may also be occasioned by common paralysis of the bladder, the sphincter remaining in a natural state. This is an uncommon cause of retention, though the symptoms are nearly the same as in the preceding kind. There is usually a slight degree of uneasiness about the neck of the bladder, and the propelling power is below the natural standard, from a defect of nervous energy.

The catheter must be introduced as recommended in the former case; and as the urine will not always flow through it, from the muscular coat of the bladder not possessing any contractile power, it is necessary to press upon the abdomen to evacuate the fluid.

Friction, with camphor and blisters, might be of service, though the grounds of hope are less evident in this species of the disease than in the former. The patient may remain ten minutes in a bath heated to 110° with benefit; bark, and the cautious use of the powder of cantharides, three times a day, have been also found benefical. By these means the power of the bladder will probably be in some degree restored.

(To be continued.)

ON THE EFFICACY OF THE SULPHATE OF BEBEERINE IN STRUMOUS OPHTHALMIA.

By Henry Llewellyn Williams, M.D., Edin., M.R.C.S.E., Surgeon to the Beverley Dispensary, Fellow of the Botanical Society of Edinburgh, &c.&c.

Scrofulous affections are most certainly on the increase; nor is this so much to be wondered at, when we take into consideration the existence of many things likely to favour and promote such complaints,—such as an enlarged population, without a proportionate increased means of support, and the close unhealthy houses in which the children of the poor are huddled together in a state of abject filth. It is not, however, the object of this paper to enter upon a discussion of the cause of affections of this nature being more frequent than they formerly were; suffice it to say, such is the case.

Of scrofulous affections, none are more frequent and troublesome to contend with than strumous ophthalmia, occurring generally between the periods of infancy and puberty. In our large towns it is so common an affection, that of ten cases of inflammation of the eye, eight will be of this kind. It is known by several different names: thus it has been termed pustular, from the appearance of a number of minute pustules upon the surface of the organ; it has also by Dr. Mackenzie been called phlyctenular ophthalmia, as he believed it to affect the conjunctiva not so much as a mucous

membrane as a continuation of the skin. It is a disease, as its name implies, intimately connected with the scrofulous constitution, the external marks of which every medical man is acquainted with. The fair complexion, the thin integument, the distinctness with which the ramifications of the cutaneous veins are seen, the short and thickened upper lip, the red or sandy hair, are some of the most prominent features of this state of constitution.

Scrofulous ophthalmia is most prevalent from the time of weaning to about the age of eight. There is usually only *slight* redness of the conjunctiva, sometimes confined to that lining the lids, occasionally extending to the covering of the globe. There is always great intolerance of light; little prominences or pustules form on the surface of the conjunctiva generally; a few vessels collected into little bundles are seen proceeding from the same point of the circumference,—more frequently from the angles of the eye than from any other point,—towards the cornea, and at their termination, the small elevations which have obtained the name of pustules, are discernible. They are more frequent at the junction between the sclerotic and the cornea, or near that line. These pustules may become absorbed, and leave behind a temporary white speck; often they break, and form ulcers. When these ulcers are situated beyond the cornea, they are of little consequence, but when on the cornea, they call for more attention, as danger may result in two ways,—either by penetration of the cornea, permitting the escape of the aqueous humour and prolapsus iridis; or after cicatrization has taken place, a permanent white spot may remain, which will interfere more or less with the patient's vision, according to its size. I may be permitted to take this opportunity of cautioning practitioners against the indiscriminate use of acetate of lead, as a collyrium in this affection, for I have seen more cases than one where the ulcer has become the seat of a white deposit of sulphate of lead, from the employment of this wash, and which, of course, results in permanent opacity. The great intolerance of light is a very prominent symptom of this disease, and sometimes it is really the only symptom that manifests itself; the child will skulk all day in dark corners, so great is its dread of the approach of light. If brought to the window, he holds down his head, and presses his hands or arms before his eyes. Children affected with this disease carry it legibly written in their physiognomy. The child's brow is knit and contracted, and those muscles of the face are instinctively called into action, which tend to exclude the light without quite shutting out the perception of objects. When it is attempted to open the eye, it is accompanied by profuse lachrymation. The tears pass partly over the skin, which they sometimes inflame and excoriate; frequently pustules arise, and produce a discharge, which, forming a crust on the cheek, often extends to the forehead and temples. This *crustea lactea* is very characteristic of the scrofulous habit.

The treatment hitherto found of the greatest benefit, after the free evacuation of the alimentary canal, has been counter-irritation, combined with tonics. Leeches in a very acute attack may be sometimes necessary; but generally by reducing the system, when it will not bear reduction, they have tended rather to retard than promote recovery.

Dr. Mackenzie has strongly recommended the use of quinine as the best tonic, in which opinion he is supported by Mr. Lawrence, who says he has frequently seen it act "quite like a charm;" in these cases no one will therefore question the utility of tonics. It is my purpose in this communication to draw the attention of the profession to the superiority of the sulphate of bebeerine* to the sulphate of quinine, not only on account of the moderate price of this drug as compared with quinine, which is in itself a strong recommendation, especially in dispensary practice, but also, because, according to the testimony of Dr. Douglas Maclagan and others, it is better adapted to some constitutions and affections than quinine, not being so liable to excite the circulation or affect the nervous system. The following case, one out of many that I have had under my care, will illustrate its beneficial effects:—

STRUMOUS OPHTHALMIA TREATED BY THE SULPHATE OF BEBEERINE; CURE.

J. L., eight years of age, was seen on the 17th of July, the child presented all the characteristic features of the strumous diathesis. He was much emaciated. His mother informed me he had a similar attack two years previously, since which time there has been some intolerance of light. The conjunctiva lining the lids was very vascular; the margin of the cornea of the right eye presented a number of minute phlyctenulæ. He was ordered a purge with calomel and rhubarb, a blister behind the ear, and warm water to the eye.

20th. The appearance of the eye much the same; the other becoming affected. To repeat the purge, and take two grains of sulphate of bebeerine night and morning. Strict attention to his diet insisted on.

23rd. Blister behind the left ear, as the corresponding eye presented two or three well-marked ulcers on the cornea. To continue the bebeerine.

27th. A lotion was ordered with two grains of sulphate of alum to the ounce, which was alternated with the sulphate of zinc. He continued to take the bebeerine upwards of three weeks; after that time, he was discharged cured, the ulcers being healed, and the intolerance of light quite abated.

* For an account of the medicinal properties of bebeerine, see Dr. Douglas Maclagan's papers on the subject, in the "Edinburgh Medical and Surgical Journal," April, 1845; also "Monthly Journal of Medical Science," August, 1843.

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.
Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE IX.—EXHUMATION IN SUSPECTED POISONING.

Post-mortem examination. Body much emaciated, and muscles feel soft and flabby to the touch. Considerable livid blueness over abdomen, which is most intense

* Continued from page 546.