the hearsay evidence, derived from a college gyp or bed-maker, as on the direct testimony of the highly-gifted and veracious Scotch Dub himself. Our readers will scarcely give Roderick credit for being "so agreeable a rattle," and we shall, therefore, quote the passage to which we allude. After having touched upon the vice of unchastity, and stated that "whenever a multitude of young single men are gathered together, they are sure to devour, like locusts, all the frail purity (the frail purity!) of the neighbourhood, he proceeds to the vice of drunkenness:

"As to the second vice, drunkenness—we ourselves went from an English University to a Scotch one, and surely we never witnessed at the latter such long, hard, deep drinking, as we did at the former. Our old bed-maker used to tell us (and we saw enough to know that she was not romancing) that she always came about four o'clock in the morning to see in what condition her masters came home; they were generally brought—but we will not repeat the scenes which she described."

We will not bear so hardly upon Roderick, as to call upon him to name the English College, which was the scene of his youthful excesses, before he went to get dubbed at a Scotch University. He saw enough, to know that she was not romancing! We take it for granted, he wishes to have it believed that he tossed off his bottle with the best of them; although, undoubtedly, the passage does admit of another construction, and, if we were inclined to be malicious, we might infer that, when Roderick assisted at these scenes of riot at an English University, he was not one of the company. But he will not repeat the scenes his bed-maker described to him! Admirable discretion! Exquisite application of the figure aposiopesis! The quos ergo in Virgil is tame to it. It is plain that the Scotch Dub has not been at an English University, in whatever capacity he might have figured there, for nothing. That his forbearance on this occasion, however, does not arise from excess of delicacy, may be inferred from the following well-imagined, and laughable anecdote, which he introduces by way of exposing the folly of Lord Dudley, Sir James Mackintosh, and Mr. Brougham, who have permitted the establishment in Gower Street to be called by a designation at once so recondite and absurd as an "University."

"A sailor out of Lord Nelson's fleet, who was one morning parading a sea-port town with his girl, called at a druggist's shop for some blue unction and red precipitate. As they were going out, the girl said to him, 'Is this a druggist's shop?' On which Jack, pulling up his trowsers, and looking mightily wise, answered—'Yes, that's the common name; but the proper name is a lapidary!' meaning a laboratory."

"Blue unction and red precipitate!" "A lapidary! meaning a laboratory!" And this is the material which, to say nothing of its decency, Mr. Brodie takes for wit; the material put forth—proh pudor!—by the publishers of the Edinburgh Review, to expose, by the force of its sarcasms, and the playful felicity of its illustrations, the ignorance and bad taste of Lord Dudley, Sir James Mackintosh, and Mr. Brougham!


This is the second work on diseases of the eye, that has fallen under our notice within the last six months; a circumstance which gives us much satisfaction, because it is indicative of an increased, and we trust increasing, attention to a department of surgery, which, until within the last few years, has been utterly neglected. It
is true, that we have many valuable detached treatises; but,—and we record it with something like a feeling of humiliation,—no British author has yet produced a systematic and comprehensive work on diseases of the eye. Ophthalmic affections seem, indeed, almost from time immemorial, at least in this country, to have been regarded as something extraneous, or not appertaining to surgery; and hence the treatment of diseases of the eye has been abandoned to quacks—would that we could say it were entirely rescued from their hands now! We should but insult the understanding of our readers, by attempting to demonstrate that ophthalmic diseases are not without the legitimate pale of surgery—that the principles derived from a knowledge of anatomy, physiology, and pathology, are as applicable to the organ of vision as in the treatment of disease in any other part of the frame. There is a trite remark, which we have somewhere met with,—that the pathology of the eye is an epitome of all the diseases of the body. In truth, so varied are the structures of the eye, that the observation certainly does hold good to a great extent: as the component parts of the eye are analogous to those of the body generally, so are the diseases essentially similar—swayed by the same laws—their treatment regulated by the same principles. Strange enough, then, that the diseases of this organ should be detached from the study of surgery generally. Mais quels fruits pourroît porter cette branche, étant séparée du tronc? Shrewdly inquires the celebrated Louis. It is gratifying, however, to observe, that a knowledge of diseases of the eye is now regarded as an essential part of a medical student's education. If he require any assurance that such knowledge is not incompatible with the highest attainments in every other branch of surgery, we need but refer to the lectures of Mr. Lawrence.

We have run on so far, that we fear it will be suspected we have taken the title of Mr. Stratford's book merely as a peg on which to hang a dissertation. To proceed, however, with our analysis.—The work consists of about two hundred pages; of these, one-fourth is devoted to the anatomy and physiology of the eye, and the remainder to a consideration of the diseases and treatment. Of the former part, it will be sufficient to remark, that it is concise, and, at the same time, perspicuous and accurate: the description of the nerves supplying the eye and its appendages, is excellent.

After some general remarks on inflammation, the author proceeds to treat of the diseases of individual parts—and first of the tunica conjunctiva. He objects to the term "strumous ophthalmia," preferring to designate the disease known under that term, by the name of irritable inflammation, and for the following reason:

"Scrofula is so vague a denomination, and is so difficultly defined, that I think it would be preferable to have a more precise and definite term for this affection, than to confound it with all the various symptoms of the above-mentioned disease."

Diseases of the lachrymal gland form the next subject of consideration, and then affections of the excretory parts of the lachrymal apparatus are brought under view. The misapprehension and want of information on these subjects, which prevail generally, are truly lamentable; under the term fistula lachrymalis has been included a variety of affections totally different from each other. We scarcely need observe that if we are to attach any precise meaning to words, the term fistula is only applicable to certain cases, those in which there is an ulcerated opening (difficult to heal) in the lachrymal sac. The various diseases described by our author are as follow:—

Contraction of the Puncta.—This, in general, is the result of chronic inflammation producing a swelling and thickening of the cellular substance around the punctum, or of the lining membrane itself.

"If the defect is recent, we should attend to its exciting cause, which is generally at-
tended and kept up by an affection of the palpebral margin; if this be removed, the complaint generally subsides: but should these means fail, and the disease have lasted a considerable time, we should open the punctum with a fine point, and then introduce a fine probe, which should be allowed to remain for a short time. This operation should be repeated daily, the size of the probe being gradually increased until the obstruction is removed, and the punctum resumes its natural size and office.

Dilatation of the Puncta.—This form of disease commonly occurs in old people, with more or less relaxation of the lower lid, and not unfrequently accompanied by some eversion. It may be partially relieved by attention to the general health, and the use of mild astringent applications.

Inflammation of the Sac.—The progress of this disease is thus described:—

“It generally commences as a small, hard, and very painful tumour, situated at the inner angle of the eye, about the hollow of the lachrymal bone; it is of a red colour, nearly the size and shape of a small bean, and generally attended with acute pain, especially when pressed. The inflammatory action may soon spread to the neighbouring parts: now the papille appear shrunk, and the puncta are obscured; while the nostrils feel dry, and the tears fall over the cheek, in consequence of the compression of the lachrymal passages. As the disease proceeds, a serous effusion is poured out in the cellular texture around the sac, sometimes even spreading to the eyelid; now a severe throbbing pain not unfrequently takes place, and this is soon accompanied by the formation of matter which occurs in the cellular tissue surrounding the sac: at this stage the sac is always filled with a puriform mucus, secreted from the lining membrane, which must always participate in the same inflammatory action. The swelling now quickly increasing, the skin assumes a shining and polished appearance, gradually becoming of a darker colour, while presently we may perceive in its centre a yellowish, pale, softish spot, marking the existence of matter; this, if allowed to burst, soon becomes thinner, until it spontaneously opens, and permits the fluid parts to escape, and the tumour partially to collapse. The discharge from this opening continues a longer or shorter period; at first it is thick and whitish, and should the patient be of an unhealthy habit, it may become more transparent and limpid. The effusion is now soon absorbed, the swelling begins to diminish, and the puncta may resume their natural office, while the wound also soon heals, and generally without leaving any organic change, or permanent impediment, which may prevent the due passage of the tears into the nose.”

Mr. Stratford expresses his opinion that the inflammation commences in the “ligamentous texture,” but that it soon implicates the surrounding tissues. It is seldom, he says, that the ulcerative stage produces a direct opening in the sac, hence the quick subsidence of the disease, and rapid closure of the wound. The treatment to be adopted, is the application of leeches, the employment of cold, and the exhibition of purgatives. If the disease proceed to suppuration, its speedy termination must be encouraged by warmth, and an early and free exit given to the matter, to prevent its burrowing under the skin.

Acute Inflammation of the Mucous Membrane.—The symptoms, says the author, are precisely similar to those evinced by inflammation of the ligamentous texture of the sac, and is only to be distinguished by the attendant conjunctival inflammation.

Chronic Inflammation of the Mucous Membrane.—It is this form of disease which gives rise to so many unpleasant results. Its progress is slow, often increasing imperceptibly, without causing much pain or inconvenience. One of the first symptoms is an increased secretion of mucus lodging in the sac, and forming a small tumour. As the result of continued inflammation, a thickening of the membrane takes place, and gives rise to stricture of some of the passages.

“This may happen at any part, but the most frequent spot where it occurs is at the termination of the sac in the ductus nasalis, or about midway down the duct itself. These passages having continued more or less pervious for a considerable time, gradually become narrower, and the stricture more confirmed. Now the sac is greatly distended, so that upon the application of the least irritation, an accession of inflammation is produced, which, implicating the ligamentous structure and neighbouring parts, is attended with considerable pain,
the effusion of serum takes place, the skin covering the tumour assumes a dark red colour, and very soon the formation of matter occurs immediately under the integuments. The sac now, as a consequence of its distention, quickly proceeds to ulceration, permitting the escape of its contents, so that now we have the only stage of these complaints, to which the term of fistula lachrymalis is applicable: its adoption in every variety of these diseases creates great confusion, and is apt to lead to wrong ideas upon the subject."

The treatment in the first stages of this complaint must be pursued in reference to the chronic affection of the membrane. Strict attention must be paid to the general health, with the cautious use of stimulants, as ung. hyd. nit., vinum opii, &c. A great source of mischief, and one general error in practice, which we have had abundant opportunities of witnessing, is the use of instruments under these circumstances. Permanent closure of the canal is not so frequent an occurrence as is generally imagined; if attention be paid to the means calculated to relieve the chronic inflammation of the mucous membrane, and to change the vitiated secretion of the meibomian glands, we shall, for the most part, find that the disease may be cured without the use of instruments. But if this treatment is found to be ineffectual, we may suspect that a stricture exists, and for the treatment of this, Mr. Stratford recommends the introduction of a probe at the punctum. He gives the following directions for its use:—

"In passing the lachrymal probe, which is a silver wire slightly bulb'd at the point, and flattened at the further extremity, often having a turn to accommodate it to the form of the brow, we should hold it tightly between the two fore fingers and the thumb, then selecting the inferior punctum; should this be closed, we may, by insinuating the point of a pin, readily dilate the orifice, so as to admit the probe. Now placing the finger upon the temporal surface of the orbicularis muscle, so as to make the ciliary margin tense, and slightly evert the lid, then holding the probe in a perpendicular direction, we shall generally be able to enter the punctum. Sometimes, however, we may see it spasmodically retracted, so as to create an obstacle to the attempt: having entered the punctum and perpendicular canal, we should turn the probe at right angles, that is, in an horizontal direction, and pass it along the lateral canal, until we find it strike against the bone, which is easily distinguished by the resistance it occasions. Now, when the point is fairly within the sac, by a greater turn of the instrument, we again elevate it, and carry it gently outwards and downwards in the course of the nasal duct, until it touches the floor of the nostril, or superior spongy bone. When about to enter the sac, if we do not carry it home before we attempt to rise it, or if we suffer the point to recede in that movement, we generally find that the point will catch in some membranous fold, and we shall certainly be foiled in our attempt to enter the sac: having overcome this difficulty, we shall then be generally able to accomplish the passage. Should we, however, meet with any other difficulty, we shall generally be able to pass the instrument (unless it be a confirmed stricture,) by rolling the probe between the finger and thumb."

If the foregoing means are found to be insufficient, and the disease is likely to run on to suppuration, the sac is to be laid open, and, after promoting the suppulsive action for a day or two, we are to proceed in forcing the passage to the nose; by means of a strong silver probe introduced through the wound of the sac, and carried steadily downwards, almost in a perpendicular direction, inclining a little outwards. The author expresses himself strongly in favour of the use of a tube, as practised by Dupuytren, but he thinks it preferable, after forcing the passage with the probe, first to introduce a style, or bougie, so as to accustom the part to the presence of a foreign body, rather than at once to pass the tube. A silver tube, he says, will equally suffice with one made of gold. We can ourselves speak with much confidence of the successful results of this mode of practice.

Having dwelt so long upon the diseases of the lachrymal organs, we must be brief with the remainder of the volume. Treating of inflammation of the sclerotic tunic, the author observes:—

"The causes of sclerotic inflammation are those which can excite a similar disease in other parts of the body, such as the sud.
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der application of cold, when the system is preternaturally heated. This disease frequently accompanies, or even alternates, with a rheumatic affection of the joints, which leads us to conclude, that the inflammatory action is connected with this disease, a position which the similarity of the texture affected greatly tend to confirm."

It is, we believe, now generally admitted, that the sclerotic coat is liable to be affected with rheumatic or arthritic disease.—Colchicum, and, in some instances, the quinine, are the best remedies.

The author, in treating of cataract, takes occasion to reprobate the pursuance of one kind of operation in every instance. In the following sentiment we fully accord with him:—"The operation must be adopted to the kind and variety of cataract, rather than the eye to the operation."

Mr. Stratford, we perceive, has dedicated his work to Mr. Guthrie, conjointly with Mr. Reed, the Treasurer of the Westminster Eye Infirmary, and Sir J. Macgregor. From this circumstance, and from the frequent allusion to Mr. Guthrie, we expected to find some observations upon "certain methods of treating acute and chronic inflammations of the eye, lately adopted at the Royal Westminster Ophthalmic Hospital." However, we do not find that our author sanctions the "certain methods," on the contrary, alluding to the use of a strong solution of nitrate of silver, in the commencement of acute purulent inflammation, he tells us, that he should hesitate to employ it. So would any rational practitioner.

To conclude.—Mr. Stratford's book is evidently the production of a practical man, who writes from what he has seen; hence the descriptions of the various diseases are accurate, and the plans of treatment recommended highly appropriate. The student will find it highly useful. We are sorry that we cannot extend our praise to the plates; without the text, it would be difficult to say what they were intended to represent. The author will do well also, in the next edition, (which we believe will soon be called for) to correct the numerous typographical errors which exist. In looking through the volume, we almost constantly find mucus, written for mucous, erysipelas for erysipelas, vitreous for vitreous, tenea for tinea, and so on.

LONDON MEDICAL SOCIETY.

October 13, 1828.

Dr. Haslam, President, in the Chair.

Pericarditis in a Bullock.—The Double Uterus.—Treatment of Puerperal Mania and Delirium Tremens.

The Minutes of the last meeting were read.

Mr. Lloyd produced the heart of a bullock, which showed, in a very marked manner, the effects of pericarditis. A large quantity of lymph had been deposited on the surface of the organ, which had afterwards become organised. The organisation was put beyond all doubt by an injection thrown into the arteries. Vessels, the length of an inch, were traceable in the newly-formed substance. The specimen furnished evidence also of inflammation having existed in the internal lining of the heart. Circumstances had prevented him from getting so accurate a history of the case as he should have wished, but he promised to ascertain, if possible, whether, at the time the animal was slaughtered, it appeared in good health, and whether the loose pericardium exhibited the same appearance when first seen, that it did when shown to the Society.

Dr. Stewart read a paper from a visitor at the former meeting, containing observations on the history of the double uterus case detailed by Mr. Waller.* The writer of the paper considered that bleeding, in the treatment, would have been preferable to the large doses of opium which were exhibited; the opium, he thought, aggravated the circumstances. The great distension of the uterus prevented its contraction. It frequently happened that a person could not empty his bladder, though it was highly charged; this arose from the over-distension of its parietes, and

* Vide our last Number, p. 55.