the operation, though not always in an inverted position. Such cases may be treated by incision and the nitrate of silver, or, what is simpler and less painful, laying hold of the surrounding skin and cutting out a V shaped portion with the root of the lash.

ART. VI.—Remarks on diffuse Inflammation occurring in the Exanthemata, with Cases, where the Vaccine Vesicle was attacked by it. By Gerald Osbrey, A. M. M. B., Licensiate of the Royal College of Surgeons, Ireland; Physician to Mary's Dispensary.

TO THE EDITOR OF THE DUBLIN JOURNAL OF MEDICAL SCIENCE.

Sir,—In your Journal for the month of November, 1843, I find, in the review of Dr. Henry Kennedy's work "On the Epidemic of Scarlatina which prevailed in Dublin from 1834 to 1842 inclusive," that there are certain extracts from that work in which allusions have been made to cases in my paper on Diffuse Inflammations occurring during attacks of Scarlatina, published in Dr. Graves's System of Clinical Medicine. As I think that Dr. Henry Kennedy is in error with regard to some remarks he has made on these cases, I shall feel obliged by your inserting in your forthcoming Number this paper.

Your obedient Servant,
Gerald Osbrey.

Feeling deeply thankful to Dr. Henry Kennedy for the very favourable notice he has taken of my paper, I heartily hope that he will consider the following remarks as made merely for the purpose of correcting what I imagine to be an error, and not in any way as intended to detract from the merit of his highly instructive work.

The following are the passages which I wish first to remark on:—"Dr. Osbrey has alluded to three cases where sores on other parts of the body closely resembled hospital gangrene; nothing
of this sort came under my notice: in every instance I saw the edges were deeply undermined, so much so as always to fall inwards, and in this respect to make a marked distinction between the two diseases. Were I to compare the process of sloughing with any other I have seen, I should say it bore a very close resemblance to the usual progress of cancrum oris.

"Another remarkable complication which was seen by Dr. Osbrey, was in a case where, together with the sloughing of the neck, like hospital gangrene, sloughs formed on either cornea, which rapidly extended, and involved the other textures of the eye."*

From the latter of these passages, in consequence of a mistake in the location of the words, it would seem that I described the sloughing of the neck as resembling hospital gangrene, whereas it was the disorganized structure of the eye which I stated presented the appearance of that destructive disease. In the original passage in my paper: in Dr. Graves's work the words are: "In each of these three cases the appearance of the part, when destroyed, closely resembled hospital gangrene."† This mistake however is merely verbal. From the former passage, however, it would appear that Dr. Henry Kennedy considers the circumstance of the edges being undermined in the sloughing ulcers occasionally occurring in scarlatina, as constituting a marked distinction between such ulcers and hospital gangrene. By referring to Mr. Samuel Cooper's Surgical Dictionary it will be found, on the authority of that very learned and experienced surgeon, that the edges of ulcers are undermined in the advanced stages of hospital gangrene; his words are: "As the disease advances the integuments are undermined and slough; and hemorrhage from small vessels is a common occurrence."‡ Again, from the authority of the same writer, even if it be ad-

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* Dr. Henry Kennedy on the Epidemic of Scarlatina, pp. 14, 112.
† Dr. Graves's System of Clinical Medicine, p. 530.
‡ Cooper's Surgical Dictionary; 7th edition, p. 761.