The above case proves, however, that, in certain instances at least, we have in the forceps an aid that obviates any extension of wounded surface.

AMAUROSIS AND STRABISMUS FROM ASCARIS LUMBRICOIDES.

By JABEZ HOGG, M.R.C.S.,

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FROM a record of cases, carefully tabulated and extending over many years, I find that strabismus in young children is more frequently due to the irritation of intestinal worms than is generally stated in manuals of eye diseases. It is, however, quite an uncommon thing to find reflex amaurosis and strabismus associated in one and the same person, and arising from the same cause—the presence of worms. In the case I am about to narrate there is one other feature which renders it of more than ordinary interest. My little patient, barely three years old, was, when she came under my care, the intermediary hostess of three kinds of entozoa—namely: oxyurides (the little thread-worm), tænia (tape-worm), and ascaris lumbricoides (round worm). On searching through the medical journals, I have not met with a parallel case, and I have discovered only a very few cases of reflex amaurosis from worms, one of which, narrated by Dr. Burgers, was published in the BRITISH MEDICAL JOURNAL of 1862. A still smaller number of cases have also been reported in which, it is said, death has resulted from the perforation of the intestine by ascaris lumbricoides. It is said that the three kinds of worms named by me will not exist together. It is difficult enough to account for their presence in the intestine of so young a child, and belonging as she did to the middle class of society. Polluted drinking-water is the carrier of filarise, and this might have been unwittingly used by the nurse to mix with the milk which formed the staple food of the child. It is known, too, that the ova and embryos of parasitic worms will occasionally undergo a passive migration; that is, direct from intestine to intestine, and without passing through an intermediary host. It is quite possible, therefore, for embryos to be conveyed in the blood of the mother to the foetus *in utero*, and not reach their final stage until some months after the birth of the child. In my case, there was no history of the kind; the mother is quite certain she never was afflicted with worms, but, curiously enough, on going back another generation, the grandmother had passed several tape-worms after she was married. When Mrs. D. consulted me about her child's sight, the ordinary symptoms of worms were mostly absent. Her sleep was not disturbed; she had no nasal irritation; no craving for food of any kind; disliked meat, and had a small and capricious appetite; her daily food consisted for the most part of milk and bread and light sweet puddings. She was spare in body, weak in her legs, and her movements were consequently slow, passing from one chair to another by touch. This the mother attributed to the loss of sight, which had now persisted for more than a year. Her speech was very defective; her vocabulary consisting of a few unintelligible sounds, just sufficient to make her wants known to her nurse, and no more. When placed in front of a strong light, the eyeballs rapidly moved upwards, the irides being concealed by the upper lid. From this cause, and that of the persistent squint, I was quite unable to make any ophthalmoscopic examination. I, nevertheless, came to the conclusion, not shared in by anyone who had previously seen the child, that the strabismus at all events was symptomatic of worms. I accordingly prescribed anthelmintics, commencing with scammony and jalap, which, after the administration of a second powder, gave the first intimation of the correctness of my diagnosis, as it brought away a large number of ascarides. My next remedy, filix mas, dislodged a portion only of a tape-worm, eighteen inches long; other portions came away some days afterwards; and I next prescribed three-grain doses of santonin at bedtime, to be followed by a full dose of castor-oil the following morning. This treatment proved very effectual; the first powder brought away five or six large lumbrici. In the course of the following fortnight, five or six and twenty round worms, measuring from four to eight inches in length, were expelled; the relief obtained by the little patient was most gratifying to behold. Two months have elapsed. She is recovering her sight, and the strabismus has entirely disappeared. Her bodily health is quite changed for the better; she is strong on her feet, can walk a considerable distance, and has gained in intelligence and in speech

—is, in fact, an altered child. From the large size and strength of the female lumbrici, I should not have been surprised if perforation of the intestine, in one so young and delicate, had taken place before I succeeded in dislodging all the worms.

CLINICAL LECTURE ON CERTAIN OPERATIONS ON THE EYE.

By C. BELL TAYLOR, F.R.C.S. AND M.D. EDIN.,
Surgeon to the Nottingham and Midland Eye Infirmary.

GENTLEMEN,—Of the operations you have seen, there are three only to which I wish to call your attention. The first of these was the case of stenosis of the lachrymal duct, which was dilated without slitting the punctum. This is easily accomplished with the probe which I have had modelled by Messrs. Weiss, on the pattern of Weber's canaliculus knife (Fig. 1), and the results, as you may imagine, are much more satisfactory than when the sucker-like function of the punctum is permanently destroyed, as in the usual operation, by conversion into an open channel.

Fig. 1.

The second was an exceedingly obstinate case of trichiasis and entropion specially affecting the upper lid. The patient, aged 49, who had travelled a considerable distance in the hope of relief, has been twice operated on elsewhere without lasting benefit, and was so blind on admission that she could not get about alone. In these cases I make a perpendicular incision at each extremity of the lid, evert it, and connect the two incisions by a deep cut on the inside right down to the cuticle, just within the roots of the lashes, as in Burrow's operation. (Fig. 2.) I then take a piece of skin from the upper lid, and, retaining a broad pedicle, transplant it into the wound thus made. The approximation of the edges of the gap in the upper lid by sutures everts the lashes, and the transplanted skin effectually prevents any return to their abnormal situation.

Fig. 2.

I devised this operation some years ago, and have never known it fail to cure this obstinate and most distressing affection. The flap, prior to transplantation, is outlined in the accompanying woodcut.

The third case was one of cataract, in which the lens was, as you saw, removed without excision of any portion of the iris; and, in calling your attention to these patients, permit me to remind you that the ideal of success in cataract extraction, the success without restriction, the success which has nothing to fear for the future is in language which I quote from Suarez de Mendoza:—"Extraire tout le cristallin opaque sans perdre une goutte d'humeur vitrée, obtenir une cicatrisation régulière sans enclavement iridien ni capsulaire, une pupille nette et sans la moindre opacité, en conservant l'iris mobile et libre de toute synéchie."

Such, gentlemen, were the indications which have been fulfilled in every particular, under singularly adverse circumstances, in the patient you have just seen, who is 73 years of age, and who, as you have noticed, presents that peculiar complexion, the result of heart disease and impeded respiration, which is known as "blue skin." She is also very deaf, and strangely irritable. I operated upon her here on March 18th; and on the 20th, two days later, owing to some dispute with the nurse, she

insisted upon leaving the hospital, which she did without seeing me, so that the after-treatment usual in such cases was not carried out at all. Now, as you see, the eye is absolutely perfect, the pupil central and movable without the slightest adhesion or trace of capsule, and the incision so placed that it requires careful scrutiny to detect its site.

I have lately operated upon upwards of seven hundred cases of cataract without iridectomy, and must say that the result of my experience (which is now very considerable, both with and without excision of the iris) leads me to the conclusion that iridectomy, as a part of the operation of extraction, ought to be reserved for complicated or exceptional cases.

THE TREATMENT OF HÆMORRHAGE IN FIBRO-MYOMATA BY HYDRASTIS CANADENSIS.

By HENRY T. RUTHIERFOORD, B.A., M.B., Cantab., M.R.C.P.,
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HYDRASTIS *Canadensis* as a hæmostatic agent in various uterine disorders does not seem to me to have met with as cordial an acknowledgment, in this country at least, as it deserves. In France, Germany, and America the drug has had extended trials, and the published results are most satisfactory.

In the following five cases of uterine fibroids hydrastis was used with success:—

CASE I.—R. B., aged 38; married, but has had no children. For the last five months she has noticed a swelling in the stomach, which is slowly increasing. Catamenia are irregular and too frequent; they last one week or longer, the quantity being very profuse and much greater than formerly. She has constant dragging pains in the abdomen. Micturition is frequent. On vaginal examination an irregular hard nodulated fibroid tumour was found occupying the left iliac fossa, reaching almost to the umbilicus and passing to the right of the median line. The fundus uteri could not be distinguished. On April 2nd, 1886, the patient was ordered a mixture containing twenty minims of the tincture of hydrastis, to be taken every four hours. A great improvement in the patient's condition immediately set in, and after continuing this treatment for some time, the patient discontinued coming to the hospital as she considered herself well.

CASE II.—Mrs. M., aged 46; childless. Complains that for the last ten years her abdomen has been gradually enlarging. Her periods have always been profuse, lasting sometimes for three weeks. On examination the anterior lip of the cervix was hard and greatly enlarged. Occupying the left side of the abdomen was a hard irregular fibroid tumour, reaching as high as the umbilicus and extending outwards to the flank. Uterine sound passed five inches. On April 2nd, 1886, the patient was ordered fifteen drops of tincture of hydrastis thrice daily. On June 18th an improvement had set in, "the catamenia are regular; duration five days; quantity moderate." At this visit liquor strychniæ and calumba were added to the hydrastis. The patient has had no more floodings.

CASE III.—D. B., aged 47, married, has had three children and several miscarriages. Complains of a swelling in the left side of the abdomen, which was first noticed some months previously. Her periods are regular, but very profuse, lasting sometimes fourteen days. Has had several attacks of metrorrhagia during the last three months. During March, 1887, she had three severe attacks of hæmorrhage. On examination, a copious sanguineous discharge was present. The whole uterus was enlarged, the uterine cavity measuring four inches. To the left, and above the fundus uteri, was a hard rounded fibroid tumour, which passed into the pelvis. On April 15th, 1887, she was ordered twenty drops of hydrastis in an ounce of quassia, thrice daily. At the end of a fortnight the sanguineous discharge had greatly lessened, and soon ceased. On June 24th my notes say: "Flooding entirely ceased." On January 20th, 1888: "The patient still continues free from floodings; periods regular, not as profuse as formerly, duration shorter."

CASE IV.—S. S., aged 51, married, has had four children, consulted me in April, 1887, for "bleeding from the womb, which has continued off and on since December, 1886." Menstruation was quite regular until Christmas, the flow lasting a week and being rather profuse. On examination a fibroid tumour was

found occupying the anterior and left lateral wall of the uterus. The new growth rose about an inch above the fundus uteri. The uterine cavity measured 3½ inches. The patient was ordered a mixture containing bromide of potassium and ergot, but a fortnight after her first visit "the hæmorrhage was still excessive." On May 20th, as the flooding still continued, a mixture of bromide of potassium and twenty drops of hydrastis was ordered to be taken every four hours, with the result that the flooding soon ceased. On July 1st my notes say: "Slight pinkish discharge at times only." The mixture was continued, and, on October 14th, my notes say: "The last catamenial period came on on October 9th, lasted five days, was not profuse." The patient is regular every month. There was no trace of malignant disease in this case, though the possibility of such disease was suggested.

CASE V.—E. C., aged 36, married, has had seven children, complains of flooding which first began with each menstrual period, but is now almost constant. For some time past has noticed a lump in the right side of the abdomen. For the past six weeks has been flooding very severely. On examination, the uterus was enlarged and rose above the pubes. The whole organ was large and bulky. On the right, and in front of the uterus was a fibroid the size of a cocoa-nut, occupying chiefly the right iliac fossa. On September 2nd, 1887, a mixture of bromide of potassium and ergot was ordered, with a pill of cascara sagrada. The metrorrhagia was lessened, but not stopped. On September 30th, as the ergot did not control the hæmorrhage, a mixture of hydrastis and bismuth was ordered. The floodings now ceased, and on December 30th my notes say: "Floodings have ceased for a considerable time. Patient considers herself well." To these cases others might be added, in which hydrastis checked the hæmorrhage immediately, but their narration would be a repetition of the foregoing.

The two most reliable preparations of this drug are the tincture, in doses of fifteen minims to one drachm, and the fluid extract in doses of fifteen minims to half an ounce. I have invariably used the tincture with very satisfactory results. As regards its action on the human body, if we may judge from experiments made on rabbits, it would seem to be a vaso-constrictor in ordinary medicinal doses, while in large or toxic doses it is a dilator. Fellner, in a series of experiments made with this drug on rabbits, noted uterine contractions; and according to Wilcox these contractions are "unaccompanied by the distressing cramps of ergot or the flooding from the alternate contractions and relaxations." Woltering confirms the favourable results obtained with this drug by Fellner and others, and mentions cases in which the uterus measured, in one case eight centimètres, in another nine centimètres, and hæmorrhage was an alarming symptom. The hæmorrhage soon ceased on the administration of hydrastis, and the condition of the patient was greatly improved. Schatz denies its action on the muscular fibres of the uterus, but gives as one of the indications for the use of the drug hæmorrhage due to submucous fibroids. Pallin has used this drug with good results, not only in uterine fibro-myomata, but in other conditions in which hæmorrhage has been the chief symptom; but his results in five cases of fibroid tumours are not altogether conclusive, as other drugs were ordered with the fluid extract. In the cases I have recorded above, while hæmorrhage was decidedly controlled by the use of hydrastis, its effects upon the size of the tumours were nil, at least so far as I could judge, and I was careful to note this point as accurately as possible. The administration of ergot causes in some patients an obstinate constipation, and frequently brings about derangements of the digestive tract. Hydrastis, on the contrary, can be taken continuously for a considerable time without any ill effects, and will be found to improve digestion and act as a stomachic tonic. Ergot again frequently causes painful uterine contractions, while patients to whom hydrastis is administered are entirely free from these pains.

Many patients with uterine fibroids come to us complaining of the excessive hæmorrhage which is slowly but surely draining their system; the size of the tumour seems to cause them no inconvenience as in Case II, where the tumour had been noticed for ten years, and were it not for the menorrhagia and metrorrhagia we might perhaps never see them. Many patients, again, will not submit to the treatment by electrolysis, as the process occupies too much of their time, and the ultimate result of this method of treatment does not appear to them to compensate in a sufficient way the time they will have to devote to it; in some