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.,

Consulting Surgeon, Royal Westminster Ophthalmic Hospital.

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