tions of themselves have liberated the organ from its unnatural situation.

Mr. Spencer Wells "had upwards of twenty cases of childbirth noted after his ovariectomy cases, and in none had uterine adhesions led to any unusual difficulty". Such, however, he admitted, might obtain as a direct effect; "for Sir J. Simpson", he stated, "had recorded a case where the pedicle of an adherent fibroid outgrowth had been ruptured by the uterine contractions".

Dr. Holman "thought it was a matter of clinical experience that, in cases where there had been peritonitis and pelvic cellulitis, there was increased tendency to *post partum* hæmorrhage. All practitioners must have met with many cases in which the uterus did not contract and expel the hand, and in which the hand had to be left in the uterus for some time after the separation of the placenta. In such cases, if there were this atonic inert condition of the uterus, it was quite possible that adhesions might assist the inertia of the organ and aid in the production of the hæmorrhage; and that, if the adhesions were so strong, they would not be broken down until the uterus was pressed down by the hand externally."

Dr. Cleveland "could not conceive how adhesions formed during pregnancy could be of such strength and firmness as not to be separated when the uterus contracted after the birth of the child. Further evidence was, he thought, required before adhesions could be regarded as an efficient cause of retained placenta or *post partum* hæmorrhage."

Such evidence I have sought to adduce by the recital of this, the only case which has as yet come under my notice of adhesions of the gravid uterus as a cause of *post partum* hæmorrhage.

IRIDECTOMY VERSUS SÄMISCH'S OPERATION IN HYPOPYON ULCER OF THE CORNEA.*

By R. S. HUDSON, M.D., Redruth.

IN the early part of 1871, my attention was directed to a paper in the *Royal London Ophthalmic Hospital Reports*, by Pagenstecher of Wiesbaden, which highly praised Sämisch's operation for certain indolent ulcers of the cornea. It happened that at that time I had seen two cases, which, in spite of the orthodox treatment by tonics, such as quinine, instillation of atropine, fomentations, and pressure bandages, had terminated unfavourably—one in staphyloma, the other in rupture of the eyeball, with subsequent atrophy—and I resolved to give the operation a fair trial on the first opportunity. We had not long to wait, inasmuch as the district in which I practise furnishes a considerable number of the traumatic forms of the indolent hypopyon ulcer. Many of our miners are pale and anæmic from their underground occupation: the air which they inhale while at work is highly carbonised by candle or powder smoke; ventilation at certain stages is impracticable; and those of low vitality are liable to ulceration of the cornea, when the cause has been so trivial as the imbedding of a piece of tinstone, or granite, or quartz, in the anterior epithelial layer. Sometimes the injury is more severe, and I have known the foreign body to enter the true corneal tissue, and even project into the anterior chamber; but this is more likely to occur when the violence arises from blasting operations, rather than the more common cause, viz., the use of the "pick". The blacksmith at the mine is usually visited when the man comes to surface, and probably the larger proportion never consult a surgeon. In some, it may be that the remedy is worse than the original injury; for, in obstinate cases, we find that the cornea has been abraded for a considerable distance around the offending body. It is clear, at any rate, that miners are peculiarly prone to injuries of the cornea; and a few of these, after the lapse of a week or so, present a greyish ragged ulcer in the seat of the injury, with swollen edges and surrounding opacity. In some cases, there is not much pain; in others, ciliary neuralgia of a severe character. In a large number, there is hypopyon; and, if the progress of the ulcer be not arrested, it generally ends in rupture, with protrusion of the iris, staphyloma, or atrophy. It is most intractable to treatment, and is frequently rapid in its destructive course. Sämisch has called it the "ulcus serpens" or "creeping ulcer"; but this name more accurately describes an ulcer of similar character and tendencies, which occurs in aged decrepid people, but without any definite history of injury. His operation is now well known, and needs no description on my part. Regarding the benefits of the operation, I can speak with confidence; very seldom is an anæsthetic required, and then only with very nervous or excitable patients. In itself, it is not very painful; and all these cases with severe

ciliary neuralgia obtain relief after twenty minutes or half an hour—just time to allow of the smarting caused by speculum and instruments to subside. I have had eighteen cases in which I have performed the operation; some I have lost sight of owing to death or emigration, others I meet with occasionally; in only one has the sequela of staphyloma occurred, against which Mr. Brudenell Carter warns us, and in this case I could not expect any other result, owing to the meddlesome curiosity of the man's wife. No surgical operation offers more brilliant results than iridectomy in certain ulcers of the cornea, such as the phlyctenular on the point of bursting, when pain and inflammation cease as if by magic. We are now agreed as to the superiority of iridectomy over every other plan for reducing intra-ocular tension; but I hesitate to employ it in the "hypopyon ulcer", inasmuch as it is a much more grave operation than the corneal incision of Sämisch, and I think it good surgery to choose the less violent of any two methods which are represented as equally effective. Against the possible risk of a "weak cicatrix", after Sämisch's incision, you must weigh the following considerations which an iridectomy involves:

1. More pain, rendering an anæsthetic more desirable;
2. Risk of injuring the lens, if the patient be unruly;
3. Risk of secondary iritis or iridocyclitis; the inflamed irides of old decrepid people being soft and rotten, portions may (even when great care is taken) be left to mix with the lymphoid pus in the anterior chamber.

I have written the above notes, giving my experience in this common but neglected disease of the eye, with the view of learning the experience of gentlemen present at the section. I am not wedded to Sämisch's operation; and if any surgeon, who has opportunities for watching his cases year after year, confirms the dread of staphyloma and enucleation of the eyeball, already referred to, I should consider it my duty to return to iridectomy in such cases, and abandon the corneal incision through the base of the ulcer, with which Sämisch's name is so honourably connected.

CHLORIDE OF AMMONIUM IN THE TREATMENT OF HEPATIC DISEASE.*

By WILLIAM STEWART, M.D.,
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IN 1869, when stationed with my battalion in Rangoon, British Burmah, I first made known the value of chloride of ammonium in the treatment of hepatic congestion and tropical hepatitis. In a pamphlet published in 1870,† I brought the subject prominently to the notice of the profession in India; and in subsequent papers in the *Madras Monthly Journal of Medical Science* and the *Indian Medical Gazette*, I gave the result of further clinical observation and experience, and ventured on an explanation of the general and special action of the medicine on the congested or inflamed liver. Since then, the subject has received the attention of a number of careful and skilled observers, and at length the chloride of ammonium, having "obtained a great and well deserved reputation in India and other tropical countries, for the treatment of hepatic congestion, has been found to be of great utility in this country as well as in India" (Murchison, *Clinical Lectures on Diseases of the Liver*, second edition, London, 1877).

But although the power of chloride of ammonium to subdue hepatic congestion and bring about healthy action in the inflamed or functionally disordered liver is now fully recognised in India, as well as by some among us who have made the diseases of the tropics a special study, I fear its influence is still inadequately realised by the general profession in this country. Under these circumstances, with your permission, I will give a short account of the remarkable train of effects following the ingestion of the medicine in cases of hepatic congestion, as met with in India and other tropical climates, with a few cases in illustration, in which the characteristic and special symptoms produced by the drug have been recorded.

In active congestion of the liver, the special and characteristic action of the medicine will be found to be more marked than in cases of chronic hepatitis, for reasons which will be apparent from a consideration of its *modus operandi*.‡ The dose necessary for its full therapeutic effect is twenty grains, and the only condition which contraindicates its use is the existence of a dry and hot skin in cases of hepatitis. Under such circumstances, its use should not be commenced till the skin is rendered moist by the administration of some simple diaphoretic

* Read before the South Wales and Monmouthshire Branch.

† *Chloride of Ammonium a Specific Therapeutic Agent in the Treatment of Hepatitis and Abscess of the Liver*. Rangoon: 1870.

‡ For an explanation of its therapeutic action, see my paper in *Madras Monthly Journal of Medical Science* for March 1872.

* Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Bath, August 1878.