sible. On any attempt to read, the eyes began to water and pain ensued, and this in spite of the use of various convex glasses, which she thought made matters rather worse. There was manifest hypermetropia, $\frac{1}{30}$; v. = $\frac{2}{30}$. Ordered to use +20 for reading and all near work, and a douche with iced water. The patient was highly nervous and hysterical, and suffered from menorrhagia. January, 1878. She had been under occasional observation ever since the last report; the glasses had been changed several times, but no improvement had taken place.

CASE III.—Mrs. S., aged 47. November, 1875. The eyes had been irritable and more or less painful for two years; and during the whole time near work had been almost impossible, in spite of the use of glasses of various strengths. Menstruation was irregular, but had not ceased. There was manifest hypermetropia, $\frac{1}{30}$; v. = $\frac{2}{30}$. She was using glasses +30, but was ordered to use +18 for reading, etc., and the douche with cold water. At the end of a week, she complained that the eyes ached worse than ever, more especially after using the glasses; they were, therefore, changed for +24 with slight benefit.

CASE IV.—Mrs. H., aged 46. January, 1876. She was in delicate health, and menstruation was irregular. She complained that for a year the eyes had been painful and uneasy at all times, but more especially on any attempt to read or work. She had used glasses without benefit. The eyes were normal in every way; v. = $\frac{2}{30}$. She was ordered to use +36 for reading and work, and the douche with cold water; and was warned that the difficulty would probably last some time, in spite of treatment. For the next eighteen months, no improvement took place; but she then began to appreciate her spectacles, and in January 1878 could read and work as well as she had ever done.

CASE V.—Mrs. S., aged 48. February, 1876. She had worn glasses for some time, but could see well until the last eighteen months. During that time, she had suffered from headache, with irritability and pain in the eyes, greatly aggravated by attempting to work or read. She had been in no way relieved by using glasses. There was manifest hypermetropia, $\frac{1}{15}$; v. = $\frac{2}{30}$. She was ordered to use +11 for reading and work. No improvement took place.

CASE VI.—Mrs. G., aged 47. June, 1876. She was a nervous, rather hysterical woman. Her eyes had been irritable and painful for more than a year; and she had had to discontinue reading and near work almost entirely, on account of the pain in the eyes, which was in no way relieved by spectacles, of which she had had several pairs. There was manifest hypermetropia, $\frac{1}{30}$; v. = $\frac{2}{30}$. She was ordered to use +16 for reading and working. No improvement resulted whilst the patient remained under treatment.

CASE VII.—Mrs. C., aged 47. August, 1876. Both eyes had lately become irritable, more especially the left, which was at times extremely painful. She could neither read nor work for any length of time. She had used glasses without benefit. Menstruation had nearly ceased. The ophthalmoscope showed some venous engorgement of the retina. She was ordered +40 for reading and working, and the douche with cold water. This patient gradually improved, and in November 1877 could read and work without difficulty.

CASE VIII.—Miss L., aged 47. December, 1876. The eyes had been irritable and painful for the last two years, during which time she had scarcely been able to read or work at all. She had tried several pairs of spectacles without benefit. There was manifest hypermetropia, $\frac{1}{30}$; v. = $\frac{2}{30}$. She was ordered to use +20 for reading and working. At first there was no improvement; but, by persevering with the glasses, aided by frequent assurance that she would get well, recovery eventually took place.

CASE IX.—Mrs. F., aged 50. January, 1877. The eyes were irritable, painful, and at times bloodshot; she was unable to read or work for more than a few minutes; v. = $\frac{2}{30}$. She was using convex, 30, glasses. The ophthalmoscope showed some engorgement of the retinal veins. She was advised to persevere in the use of the glasses she had, but not to use the eyes for any length of time, or near work.

REMARKS.—Such cases might be multiplied to any extent, but the nine given will serve as illustrations. They are all instances of a class of patients in whom the ocular symptoms are probably dependent on the condition of the uterus. All were women about the age—the youngest being forty-four, the eldest fifty—at which the climacteric takes place; and, in all who were asked the question, it was found that menstruation was disordered. In those who remained under observation long enough, recovery took place as soon as the critical period was passed. Mrs. B. (Case II) is still under observation, and still suffers from menorrhagia; but I believe that she will eventually recover. Mrs. J. (Case I) was myopic, but to such an extent ($\frac{1}{30}$) that she may possibly at some time require convex glasses for reading and working; for some years to come, however, owing to the fact that she

has not to begin to accommodate until an object has approached within twenty inches, the range will be quite sufficient to enable her to see at a conveniently near distance. Five cases were hypermetropic; but this, as a rule, is no bar to the successful employment of spectacles. All one has to bear in mind is, that patients who are hypermetropic, and have never taken to spectacles until presbyopia has far advanced, will not thank one for giving them glasses which neutralise the whole of the hypermetropia and presbyopia as well. If one orders glasses which are a little stronger than those which neutralise the manifest hypermetropia, and so give a little help to the accommodation, the patients will be much better satisfied. The age of the patients whose cases are reported, as well as being that at which the change of life takes place, is also that at which glasses are first required for reading and near work. Most persons arrived at this age go to an optician and get a pair of spectacles or eyeglasses which meet all their requirements; but the class of patients alluded to get one pair after another without relief. They at length consult an oculist, who prescribes spectacles, but with no better result; they are dissatisfied, and consult some one else, but without obtaining relief; and so they wander, from consulting room to consulting room, or from hospital to hospital, for some four or five years, without being in the least improved. But at length a change comes. The patient finds a pair of glasses with which she can see, and he who has been last consulted gains the credit of having worked a wonderful cure. Nothing of the sort, however, is the case. The change of life is past, and with the cessation of the menses the ocular symptoms have disappeared.

The practical point one has to consider is, how shall one treat these cases? The ophthalmoscope, beyond demonstrating anomalies of refraction, and in some cases slight engorgement of the optic disc and retina, shows no morbid change and gives no indication for treatment. Many of the patients are strong healthy women, who, with the exception of the eyes, appear to suffer in no way. The surgeon should explain the nature of the case, and endeavour thus to gain his patient's confidence. He should order weak convex glasses of a blue or neutral tint, and have them decentrated inwards, so as to act as diverging prisms, and thus take off strain from the internal recti muscles. He should also see that the glasses fit properly, recommend out-door pursuits, and prohibit as much as possible reading and near work, especially by artificial light, order cold applications to be used with an eye douche, adopt any medical treatment which may be called for, try to divert the patient's attention from her eyes, and assure her that she will eventually recover.

THE THERAPEUTIC VALUE OF SALICYLIC ACID.

By ALEXANDER BOGGS, M.D.,

Late of Her Majesty's Indian Army.

SINCE the publication of the very important communication of Professor Germain Sée at the Academy of Medicine, about a year ago, on the therapeutic value of salicylic acid, I have been induced to adopt the remedy in my practice; and the results have been so encouraging in the following cases that I have felt it a duty to make them public. I have selected one from each of the worst that came under my observation.

CASE I was that of an English young lady, spinster, aged 22, who had lately arrived from England, and who was laid up with rheumatic fever, accompanied with pain and swelling in all the joints, heart unaffected. I put her at once under a course of the salicylate of soda in doses of one *gramme* about every hour, until she took ten *grammes*, or about one hundred and fifty grains a day. After the first twenty-four hours, there was a marked improvement as regards the intensity of the symptoms, and on the fourth day the patient felt so well that she was able to sit up in bed. The medicine was continued in gradually diminished doses until she took only three *grammes* a day, and she was completely cured in three weeks, when she returned to England. I, however, recommended her to continue the remedy for at least three months longer at three *grammes* a day, and I lately had a letter from her to say that she had had no return of the pains. She had had two previous attacks of rheumatism, each of which confined her to her room for nearly three months under other treatment.

CASE II.—A French lady, aged 30, married and mother of four children, had for several years been subject to rheumatism, and, after having passed through the hands of other physicians, became a patient of mine about eight months ago. Her sufferings were very great, and her heart was evidently implicated. I prescribed the salicylate of soda as above; but the patient, who is the wife of a French pastor, objected to the remedy, as she said she had heard of fatal accidents occurring

from its employment. After some persuasive argument, however, she consented to take the drug; but she had hardly taken six doses, when she complained of headache and ringing in the ears, accompanied with nausea and a burning sensation in the stomach. This appeared to confirm the misgivings she entertained against the remedy; but, feeling somewhat relieved in other respects, she was persuaded to go on with it. This she did in the same doses, and in three days she was repaid for her perseverance, as she was greatly relieved of all the urgent symptoms—pain, swelling and fever. The medicine was suspended for a day and then resumed, as in the preceding case, in gradually diminished doses. For the last six months, she has been taking three *grammes* a day with intermissions of about a week in each month, and she has so much confidence in the remedy, that she is afraid to leave it off entirely. I have, however, advised her to take only one *gramme* a day for an indefinite period, in hopes of warding off another acute attack, if not of effecting a permanent cure. Indeed, the patient herself, who is a very intelligent lady, believes she never will be radically cured of her rheumatism, and, comparing her present to her former condition, she feels as well as she can expect to be; but, what she appreciates most, her general health is much improved, and life more enjoyable than it has been for years.

CASE III.—About three months ago, my *conciierge* (porter) consulted me for a lumbago, to a periodical return of which he had been subject for years. In the previous attacks, all the known remedies had been tried, but with little or no effect in cutting short the disease; time alone, he thought, effected a cure. Being cognisant of the rapid cure of a patient under my care whom I had treated with salicylate of soda, whose case I shall presently describe, he felt himself encouraged to apply to me for advice. I immediately put him under the same treatment, and gave him a prescription for thirty *grammes* of the salicylate of soda divided into thirty papers, of which he was to take ten a day. After the first twenty-four hours, he was so relieved, that he did not consider it worth while continuing the medicine. I, however, persuaded him to do so, and he took the remaining twenty packets in four days, at the end of which time he was perfectly free from all pain, and has continued so up till now.

CASE IV is the one I have referred to above. It is that of a young gentleman aged about 27, who was laid up with one of the severest attacks of sciatica I have met with in all my practice, whether here or elsewhere. The patient was literally rivetted to his bed, as the pain was so great that he was afraid to move. He had had several previous attacks, all of which occurred in Algiers, where he had served in the army, and for which the usual remedies were employed—quinine in large doses, bromide of potassium, chloral, opium, iron, blisters upon blisters, electricity (both the induced and continuous currents), actual cautery, etc.—all of which had no influence whatever upon the course of the malady. As in the preceding cases, I prescribed the salicylate of soda in *gramme* doses (ten a day), and in less than twenty-four hours the patient was able to move in his bed. On the third day, he was able to sit up, and walked about his room in less than a week. Being anxious to be relieved of his sufferings as soon as possible, the patient took the medicine with scrupulous punctuality, as he had heard of the wonders effected by the "new remedy". He was, however, very nearly giving way, owing to the dizziness caused by the drug, which he said was almost intolerable; but of the two evils he preferred the latter, particularly as he was assured of its being very transitory. After having taken thirty *grammes* in three days, he took thirty more in five days, and then he was recommended to take three packets a day for some time. This he neglected to do, and about four months after he had a recurrence of the malady. The attack, however, was very mild, and yielded to the salicylate in three days in doses of six *grammes per diem*. This was in May last; and, fearing lest he should have another relapse, the patient has persevered with the medicine, taking at first three *grammes* a day, and latterly one *gramme per diem*, which he has wisely resolved to continue for some months as a precautionary measure. I have lately met him again, and he assured me he never felt better for a long time past.

CASE V.—The patient in this case was an English woman, aged 32, married, and mother of one child. She had been residing in Paris for about three years, and in the spring of last year she returned to her home in England, in the suburbs of London, where, in a short time, she was seized with sciatica of the right lower limb. She immediately placed herself under treatment; and, not deriving the benefit she expected, she went from one physician to another, who appeared to have tried everything recommended in such cases, but with little or no effect beyond relieving for a short time only the most urgent symptoms. Finding her condition *in statu quo*, she resolved to return to Paris, where she arrived about three months ago, and, her resources being exhausted, applied for and obtained admission into the British Hos-

pital, where she remained more than a month. The usual remedies were employed, but without any appreciable benefit, and she left the hospital to try her luck somewhere else. She then applied to me for a recommendation to a French hospital. I gave her a note to my respected friend Professor Sée, who admitted her into his ward at the Hôtel-Dieu. Here she was thoroughly examined, but no cause could be discovered to account for the existence of the malady. Her previous health was good, she had never had rheumatism, and the only cause she can attribute her present illness to was catching cold in damp lodgings while she was last in England. The affected limb, from the buttock to the knee, was covered with marks of blisters and elevated spots, indicating where the hypodermic injection of morphia was freely employed. Considering that the patient had gone through the classical remedies, Dr. Sée was disposed to begin at once with his favourite remedy, the salicylate of soda, but thought it preferable to keep her under observation for a week or two. In the meantime, he prescribed electricity, and the constant current was employed every other day for three weeks without the slightest impression on the course of the malady. Dr. Sée then resolved to try the salicylate of soda, which was administered in two *gramme* doses three times a day, and in less than a week she was almost entirely free from pain. The medicine was, however, continued with occasional intermissions, and she left the hospital quite well in a fortnight after.

To the above cases I may add that of a lady patient of mine, aged 60, who has for years suffered from chronic osteo-arthritis, or what is commonly known under the name of rheumatic gout. She has been taking for some time one *gramme* of salicylate of soda three times a day, sometimes only one dose a day, sometimes intermitting it altogether, and occasionally doubling the dose according to circumstances, and she assures me that this was the only treatment that has done her any good.

I know of a *pharmacien* who for years had been subject to headache (*migraine*) which baffled all treatment, but since salicylic acid got into vogue in Paris he has been taking one *gramme* of this substance daily, intermitting it occasionally, and he has now been some months almost entirely free from his old complaint.

REMARKS.—These cases, to my mind, more than confirm the conclusions enunciated by Professor Sée in his report to the Academy of Medicine and elsewhere, on the therapeutic value of salicylic acid and its congeners. I myself prefer the salicylate of soda to the basic salt, as being more soluble and consequently more manageable than the latter, besides which it has the advantage of combining the properties due to soda and salicylic acid, a consideration of some weight in gout and rheumatism, and other blood-affections. I generally prescribe the salicylate of soda in solution thus: Sodæ salicylatis ʒj; aquæ destillatæ ʒx. In acute rheumatism and acute gout, four tablespoonfuls to be taken daily in a little water; one in the morning, the second at noon, the third about four in the afternoon, and the fourth at bedtime. After the cessation of pain, the solution is taken three times a day, and after a week it is taken only twice a day. In severe neuralgic affections, I follow the same course, and in chronic cases of rheumatism and gout I prescribe three spoonfuls a day, which are continued until the swelling and pain are reduced, and then two spoonfuls daily for an indefinite period. The medicine agrees best when taken at meals; and should it be followed by nausea, this may be remedied by administering a little strong coffee or a small quantity of brandy and water.

SURGICAL MEMORANDA.

SUCCESSFUL CASE OF WOOD'S OPERATION FOR INGUINAL HERNIA.

THE following notes seem to show clearly that the very excellent operation for the radical cure of hernia, invented by Mr. John Wood, is one which may safely be performed by surgeons who are not specialists in this branch, and also that we may have every hope of success, providing the cases selected are young and in a good state of health. I, in company with other surgeons (many much senior to myself in the profession), have discussed this operation frequently, and have come to the conclusion that it is not practised sufficiently often, considering the slight risk to life and the brilliant results, if the proper cases be chosen. The following notes illustrate a typical case.

J. W., aged 19, healthy, in the end of October 1877, noticed slight oblique inguinal ruptures on both sides after carrying a heavy weight. They were at first reducible, but about Christmas 1877 he found that they were gradually becoming more difficult of reduction, and, though he constantly wore a good truss up to the date of operation, the slightest overexertion caused the herniæ to come down, and on two occa-