partly solid and partly fluid, was found in the cavity of the peritoneum. The surfaces of this membrane did not look inflamed. On examination, a laceration was found at the root of the great omentum, near its attachment to the small end of the stomach. The omentum was here a good deal contused; and several small rents existed in it, both in the descending part and in the part passing on to the colon. In one of these, a large artery was found laid open; and, by pressing on the part, grumous blood could be made to start up from the divided vessel. The viscera of the abdomen were all uninjured and healthy.

SOUTH LONDON OPHTHALMIC HOSPITAL.

I. PARALYSIS OF THE SIXTH NERVE: OPERATION.

Under the care of J. ZACHARIAH LAURENCE, Esq.

MARTHA H., aged 30, applied at the South London Ophthalmic Hospital on February 16th, 1859. About eighteen years ago, she was driving herself down a steep hill in the country, when the horse ran away: she jumped out of the cart, but her feet got caught in its step, and she was in this way dragged head downwards from the top of the hill to the bottom. She was picked up insensible, and bled a great deal from the mouth, throat, and ears. She ultimately recovered completely; but the right eye was noticed to "turn" about four and twenty hours after the accident, and continued so ever since, notwithstanding an operation which, she states, was performed on the eye in 1852. The right eye was now inverted to a degree not often seen; the plane of the cornea being turned at right angles to its normal position. She possessed the power of moving the eyeball slightly in every direction, but outwards. Closure of the left eye imparted no additional mobility to the distorted one. Her vision with this eye was practically useless, from its malposition.

March 19th. Mr. Laurence divided the internal rectus muscle: this was found hard and thickened, and grated distinctly under the scissors. On now attempting to evert the eye by means of a forceps, it was found as immovable as ever; and further examination showed it to be bound down by adhesions so numerous and so extensive, that it became necessary to lay bare the sclerotic to a degree that no surgeon would have dared to do in a case of ordinary strabismus. The eyeball was then kept in a central position by a ligature passed under the conjunctiva, and fastened by strips of plaister to the temple. This gave way during the night, and the eyeball was then found considerably inverted again. In fact, in the course of the case, several such ligatures had to be reinserted.

April 22nd. All traces of the operation are gone. The eye now turns in, as it would from a moderate squint; but the patient is so satisfied with the great improvement of appearance and vision, that she does not wish any further operation for the present.

REMARKS. This was probably a case of paralysis of the sixth nerve from intracranial extravasation. The strong and extensive adhesions noticed in this and other recorded cases are analogous to the adhesions formed in the elbow and knee-joints, when these have remained in one contracted position for any considerable period.

II. ACUTE RHEUMATIC OPHTHALMIA: RECOVERY UNDER MORPHIA TREATMENT.

Under the care of J. Z. LAURENCE, Esq.

Sarah S., a middle aged woman, was admitted to the hospital on November 3rd, 1858, suffering from a severe attack of acute rheumatic ophthalmia. The sclerotic was intensely injected, the conjunctiva slightly: the "sclerotic zone" was well marked. She suffered such intense shooting pain, as to render her quite sleepless: this pain she referred to the eyeball, eyebrow, and infraorbital region. Her vision was not materially impaired, excepting by the excessive pain, which seemed to affect also the sight of the sound eye.

She was ordered to foment the eye frequently with warm water, and to take a quarter of a grain of hydrochlorate of morphia every third hour.

November 6th. She took the morphia regularly up to 4 p.m. yesterday, when she took the last powder. Towards the evening of the 4th, the pain in the eye began to abate: now, the severe shooting pains have entirely left her; she experiencing only an aching in the eye when it is exposed to the light. The sclerotic vascularity has considerably diminished.

The eye now rapidly recovered under the treatment of an ordinary case of conjunctivitis.

REMARKS. Mr. Laurence has now treated a number of cases of inflammation of the sclerotic and iris by morphia, without the use of mercury or blood-letting (usually employed in these cases). He finds that the majority yield to this very simple (morphia) treatment, especially those in which intense pain is a prominent symptom; but that a certain number of cases remain, in which the old plan of treatment is the better to pursue.

ROYAL BERKSHIRE HOSPITAL.

CALCULUS IN A CHILD: ALLARTON'S OPERATION.

By W. W. MOXHAY, Esq., Surgeon to the Hospital.

FREDERICK W., aged 8, the subject of stone for some time, was operated on by the median section, made in the way directed by Mr. Allarton, on April 11th, 1859, at noon. The stone was ovoid in shape, very rough, and spiculated; it measured, round its longest circumference, two inches and a half. The wound made was hardly an inch in length. The operation was done under chloroform, and occupied about three or four minutes. Ten minims of tincture of opium were given immediately.

9 p.m. The finger has been passed three times into the bladder, each time followed by a gush of urine. A slip of oiled lint was now passed. The laudanum was repeated.

April 12th. He is quite easy. There is some slight swelling about the wound; no abdominal tenderness; pulse 124.

April 13th. Some urine passed by the natural channel.

April 14th. The urine comes chiefly through the wound. Pulse 104. He was allowed to have beef-tea.

April 15th. Pulse 94. He was allowed meat.

April 16th. There is a little oedema of the scrotum.

April 17th. Pulse 94. The bowels have acted; a large lumbricus has passed. The oedema is nearly gone.

April 23rd. He has passed most of the urine by the natural passage for the last two or three days. The wound is quite healed.

April 26th. He was discharged from the Hospital, convalescent, on the fifteenth day after the operation.

I may add my testimony to the truth of the statement Mr. Allarton makes in his book, that the anxiety about the case ceases, or, at any rate, that it is very slight indeed, after the operation. About the operation itself there seems to be no difficulty.

Original Communications.

ON THE ÆTIOLOGY OF ASTHMA.

By HYDE SALTER, M.D., F.R.S., Fellow of the Royal College of Physicians, and Assistant Physician to Charing Cross Hospital.

Two kinds of Causes of Asthma: I. Causes of the Paroxysms: Respiratory Causes; Alimentary Causes; Nervous Causes; Psychological Causes. II. Causes of the Disease: A. Organic and Acquired; B. Constitutional and Inherited. Conclusion.

THE ætiology of asthma is undoubtedly the most obscure and difficult part of the whole subject.

The causes of asthma are of two kinds; the causes of the paroxysms, and the causes of the disease: the one the immediate provocative of the paroxysm, the other the original and essential cause of the asthmatic tendency. And this division is strictly natural, the two kinds of cause being entirely diverse: the cause of the paroxysm not producing the disease, and the cause of the disease not producing the paroxysm.

As for the causes of the paroxysms—the immediate excitants of the asthmatic spasm—they are plain enough. The experience of every asthmatic gives him very certain information on this point. It is of the essential cause of the disease—that which has originally rendered the individual an asthmatic, that obscure something that disposes him from time to time to fall into the asthmatic state on the occurrence of the exciting cause of the attacks, the *fons et origo mali*—that I speak, when I assert the difficulty of the subject.