zoster being bilateral, instead of on one side only, is not even mentioned. "Unilateral herpes" is the name by which it is sometimes known; and the recognition of the almost invariable rule of its attacking but one side of the trunk, extremities, or face, is of great diagnostic value in contrasting it with catarrhal or simple herpes, which attacks one or both sides indifferently. In the comparatively few instances on record of bilateral herpes zoster, the eruption, as in the above case, is not on exactly the same level; but the cutaneous nerves attacked on one side are on a higher or lower level than those on the other side.

A CONVENIENT OPHTHALMOSCOPE FOR STUDENTS AND PRACTITIONERS.

By ARTHUR H. BENSON, F.R.C.S.I.,

Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

THE instrument of which the accompanying woodcut gives a fair idea, was designed to meet the requirements of the students attending St. Mark's Ophthalmic Hospital, Dublin. As it possesses, I think, some novelty of design, and is a more useful and efficient instrument than any of the cheaper ones at present in use elsewhere, I venture to draw attention to it.

A student's ophthalmoscope, as also an ophthalmoscope for all general purposes, should possess, as far as possible, the following qualities.

1. *Portability.*—It should be light and compact, so as to allow it to be always carried without inconvenience.

2. *Simplicity.*—It should be as free as possible from complicated mechanism, and should not consist of separable parts liable to be lost or mislaid.

3. *Cheapness.*—It should be so cheap that no medical man should be without one.

4. *Efficiency.*—By this I mean that it should be sufficiently perfect to fulfil all the ordinary requirements of an ophthalmoscopic examination, both of the fundus and of the refraction of the eye.

Since the method of testing refraction by retinoscopy has so completely taken the place of the erect image method, the elaborate and expensive series of lenses incorporated in the so-called "refraction" ophthalmoscopes (Wecker's, Landolt's, Fox's, Nettleship's, etc.) have

become almost useless; and although the specialist may still wish to possess one of these beautiful pieces of mechanism, he will find that the instrument I am about to describe will fulfil the necessities of ninety-nine per cent. of his cases.

My ophthalmoscope consists of a plane and a concave mirror of the same size and curvature as those in Landolt's. The glass in both mirrors is perforated, the hole in the plane mirror being made somewhat larger than that in the concave one. The frame is made of black horn, cut into much the shape of the old fashion double eyeglasses, with a joint in the centre to permit its folding up. Behind the concave mirror is a clip for holding the lenses (as in Liebreich's), for direct examination in cases of ametropia.

When using the instrument, one mirror is held in the hand, whilst the other is in front of the eye; thus the necessity for a handle is obviated, and the unpleasant and disturbing reflections experienced in using Nettleship's reversible mirror are avoided. The ophthalmoscope, when folded, measures only two inches and a quarter in length, and an inch and a quarter in breadth, and weighs (without the lenses) less than half an ounce. It is fitted into a small soft leather case, which also contains pockets for the four small lenses, and for one

large convex lens two inches in diameter; the latter, for use in the inverted method, etc., will perhaps be more conveniently kept separate, as the case will then lie quite flat in the waistcoat- or watch-pocket, taking up no more room than an ordinary *pince-nez*. My custom is to carry the large lens in a chamois bag. The lens has a hole in its periphery, through which a loop of string is passed; this enables me to hang it, when not in use, on my wrist, or on a button of my coat, instead of laying it down where it is liable to be scratched and mislaid. This is especially convenient in working in the out-patient department.

The advantages which I claim for this ophthalmoscope are its "portability," its "simplicity," its "cheapness" (about 5s. 6d.; large lens, 2s. 6d.), and its "efficiency." I need not here restate the advantages of the plane mirror in retinoscopy, which have already been laid down by my friend and colleague Mr. Story (*Ophthalmic Review*, August 1883), and are now accepted; nor need I say how incomparably better, for all purposes, is the large inverting lens, than the small ones sold with Liebreich's instrument. The ophthalmoscope is so light that, even if it falls, it is unlikely to be injured; and, when folded, both the glass surfaces are protected, so that the soft leather case keeps it in safety. It was made for me by Mr. George Prescott, of 9, Merrion Row, Dublin.

THE TREATMENT OF VASCULAR HYPERTROPHY OF THE NOSE.

Read in the Section of Medicine at the Fifty-Second Annual Meeting of the British Medical Association.

By J. HERBERT STOWERS, M.D.,

Physician to Department for Skin Diseases, North-West-London Hospital.

OCCASIONALLY, allied to acne rosacea, we meet with instances more or less severe of hypertrophy of the nose. Apart from cutaneous disorder, cases occur in which simple passive congestion of the organ exists, attended with troublesome subjective symptoms, as tenderness, throbbing, irritability, etc.

I am not aware that any special treatment has been advocated for the above, neither do I know that in any published treatise vascular hypertrophy of the nose is fully dealt with.

Chronic passive congestion leads to connective tissue increase, and to the production of lasting deformity; indeed, examples of such must be familiar to all. I do not contend that cases of long standing can always be cured by the method I propose, especially when the apex is pendulous, or bulbous, but in acute rosaceous acne, simple passive congestion with enlargement, or fibro-cellular hypertrophy, I would commend with much favour the adoption of the plan described by the title "multiple punctiform scarification."

Hebra, years since, suggested that for the more effectual treatment of erythematous lupus, a bundle of scalpels should be tied together, to enable many, more or less deep, punctures to be made perpendicularly to the surface in the skin by one movement of the hand.

At the instigation of Dr. Sangster, physician to the skin-department of the Charing Cross Hospital, a convenient instrument has been devised whereby the necessary number of minute double-edged steel blades can be included in one handle. Such an instrument I am enabled to show you at this time.

The intense congestion of the skin in rosaceous acne I had often permanently relieved by local depletion, but it was not until I was familiar with this instrument that I learnt the lasting benefit resulting from frequent blood-letting in this and more aggravated states. After the congested organ has been thoroughly fomented with water, as hot as it can be borne for several minutes, it should be held, and somewhat compressed, between the left thumb and finger of the operator, and then rapidly punctured with the instrument (two or more blades of which are "guarded" to prevent too deep insertion), perpendicularly to the surface, from base to apex. The compression considerably reduces the pain attendant upon the procedure.

It must necessarily be at the discretion of the practitioner in what cases, and how often, this plan should be adopted and repeated.

Although the number of punctures must vary with the severity of the case, the narration of three cases under my care, permanently benefited, will, I hope, be useful and instructive. These were respectively under treatment seven months, seven months, and five months, and the corresponding number of punctures in each case were 15,750, 11,150, and 52,200. The average number of punctures tolerated at one sitting will, of course, also vary with the sensitiveness of the part and the endurance of the patient. I have found by experience that from 500 to 3,000 is about the average, for, necessarily, the process is

followed by temporary inflammatory swelling, which, however, soon subsides.

The average interval I have allowed to elapse between each operation, has varied from five days to a fortnight, and the quantity of blood abstracted from one to three drachms.

Smearing the surface with vaseline, and protecting from the outer air, especially in cold weather, is the only additional treatment needed, besides such internal remedies, saline aperients, alteratives, etc., as the general condition of the patient may indicate. I may add, I have seen no complication, or untoward symptom, result from this method. The use of alcohol must be emphatically denied.

I repeat, in all instances, lasting and satisfactory results have been procured, and are attributable to the local depletion, which allows recovery of tone of vessels, the contractibility of which has not been permanently destroyed, and also to the invisible scarring which, by after-contraction, reduces the vascularity of the skin. This after-scarring is hardly discernible.

I regard this method as capable of preventing cellular, and fibro-cellular, hypertrophy, which results from long continued passive vascular congestion of the nose.

CASE I.—Elizabeth W., aged 42, single. Duration, five years. She had frequently taken spirits for alleged "weak heart." Debility, dyspepsia, and dysmenorrhœa. Total, 15,750 punctures, distributed over fifteen sittings, and a period of seven months. Commenced January 1883. Result permanent and satisfactory.

CASE II.—A surgeon, suffering from acne rosacea and vascular hypertrophy. Duration, eighteen years; commencing at the age of 15. He had suffered from atonic dyspepsia. In twelve separate sittings, extending over a period of seven months, 11,150 punctures; commenced January 1882. Result permanent and satisfactory.

CASE III.—Patrick P., aged 50. Plethoric; health good. Duration, six years. Very abstemious. Total, 52,200 punctures, included in twenty-two separate operations, over a period of five months. Commenced December 1882. Result to present, permanent and satisfactory.

A POINT IN THE TREATMENT OF PURULENT OPHTHALMIA.

Read in the Section of Ophthalmology at the Fifty-Second Annual Meeting of the British Medical Association.

By EDGAR A. BROWNE, M.R.C.S. Eng.,
Surgeon to the Liverpool Eye and Ear Infirmary.

In purulent ophthalmia, the indications of treatment are (1) to wash away the infective material as thoroughly and as early as possible; (2) to render the conjunctival epithelium and secretions as nearly as may be aseptic.

Too much stress cannot be laid on the necessity for securing the most perfect fulfilment of the first of these conditions. On this head, all practical surgeons are agreed. The intensity of an attack is greatly modified by the period at which the first thorough cleansing takes place. We frequently have the opportunity in gonorrhœal infection of forming a rough estimate of the virulence of the discharge by inspection of the penis, and it must have occurred to most of us to have noticed that cases in which the urethral inflammation has been at its height have, when cleansed immediately on discovery, been less violent in their course, and less disastrous in their results, than milder cases which were at first neglected. But the configuration of the upper lid renders thorough cleansing extremely difficult, and perfect antiseptics is, of course, impossible. The main difficulty lies in reaching the upper sulcus. If, in a case of moderate severity, without much swelling, we evert the upper lid, and carefully press the conjunctival *cul-de-sac* into view, by means of a probe, we often find, even immediately after a dressing, that this important portion of the mucous tract has neither been effectually cleansed by the washing, nor affected by the astringent. In other words, the strongest focus of infection receives the weakest treatment. To obviate these disadvantages, I have employed a lid-irrigator, which enables us to throw a stream of pure or medicated water into the sulcus for any length of time we please.

The instrument resembles an ordinary lid-elevator, but is rather deeper in the claw, and constructed of hollow plated tubing, instead of wire. It is furnished above with a handle, and behind a small curved nozzle is connected by means of an India-rubber pipe, six or seven feet long, with a reservoir capable of containing about a quart of solution. The limb that passes beneath the upper eyelid is pierced

with six fine holes, through which the fluid issues as a douche. A stop-cock, or spring-clip, is provided to regulate the flow.

In use, the reservoir is filled, and hung up. The surgeon or attendant stands behind the patient, who holds his head slightly inclined over a basin. The elevator is gently insinuated under the upper lid, and the stream turned on.

The points requiring attention are these: 1, it is necessary to ascertain that the orifices are patent; they are liable to become clogged; four in full play are sufficient; 2, the reservoir must be well elevated to give a good fall, and it must be nearly full to give a good pressure. I generally have a cord run over the curtain-pole, or a picture-nail, so as to get the greatest elevation the room will allow. The jets should be about a foot high when the instrument is held free from eyelid. If the play be not free, we do not attain our object. 3. The application must be prolonged; a quarter of an hour for a first dressing is the minimum I should allow myself. In severe cases, a longer period is advisable. The points aimed at are: continuous flow and prolonged soakage. Now, as to the fluid to be employed. An antiseptic that shall be effective, and yet not too strong; a tissue-irritant is required. I have tried a great number of substances at one time and another, but latterly my inclinations have set in rather strongly towards a preparation of trichlorophenol. I was first attracted by an account, in the *London Medical Record* for April 5th, 1883, of trichlorophenol as an antiseptic, by Dr. Dianin of St. Petersburg. He recommended a solution of trichlorophenolate of calcium as an application in erysipelas. But the calcium solution is not fitted for eye-work; it deposits a precipitate; it is not easy to make or preserve at an uniform strength; and some specimens have unaccountably changed colour. With the assistance of Messrs. Clay and Abraham, I have managed to attain a satisfactory solution with a magnesia base. It can be made of a uniform strength of 5 per cent.; it is stable and free from particles.

Trichlorophenol—that is, carbolic acid with three atoms of hydrogen replaced by chlorine—is said to be twenty-five times more powerful as an antiseptic than carbolic acid. I have no means of judging of the truth of this statement. Practically, I find a two per cent. solution amply strong enough for the first applications in gonorrhœal ophthalmia, and one per cent. for average use. It gives rise to a good deal of smarting, which ceases directly the flow is stopped. Some skins are easily irritated by its flow over the cheek; the majority are not affected. The skin may be protected by vaseline if necessary. I use it twice a day, for about a quarter of an hour. In one very severe case I have used it three times a day. As the case progresses, a one per cent. solution is sufficient; in some, a half per cent. In order to test the antiseptic value of the solution, I asked Dr. Alexander to allow a certain number of cases of gonorrhœa to be treated in the Lock Hospital of the Liverpool Workhouse. The method of irrigation was employed by means of an elastic catheter passed into the urethra, and an elevated reservoir. Twelve cases were treated, with an average of nine days' treatment; the longest case occupying eighteen days, the shortest three, one four days, and three of six each. The cures were complete. Some credit is doubtless due to the method of irrigation.

This is, I think, a sufficient test to warrant me in recommending this solution for further trial. No remedy, no method of treatment, can have its real value appraised till it has passed through many hands.

As regards the value of the method of prolonged irrigation, I have no doubt; and I feel justified in recommending the little instrument shown as a convenient and efficient means of employing it.

THERAPEUTIC MEMORANDA.

CUCAINE IN DENTISTRY.

CUCAINE, in my hands, 24 per cent. solution, has been quite valueless in preventing the pain attending tooth-extraction. Applied to the gum several times, at intervals of some minutes, it has partially saved the patient the pain of adjusting the forceps; but the actual extraction, involving, as it does, the fracture of the alveolus and rupture of the vessels and nerve at the apical foramen, has been accompanied with the usual pain attending it. Applied to sensitive dentine, it is not at all certain in its action; and to an exposed, ulcerated, or inflamed pulp, not nearly so effectual as our old remedies, carbolic acid and creasote. The oil of cloves, with which the cucaine appears to have been mixed, will account for the success attending its application in the case reported in last week's JOURNAL.

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