a drainage-tube has been left in, it should be removed on the second day.

CASE I.—Mr. A., aged 23, residing in Leeds, a member of a learned profession, suffered from varicocele on the left side, neuralgia of the left testicle, and constant aching. He was hypochondriacal, and said he was quite unfitted for work, on account of his depressed mental condition. The operation was performed under eucalyptus-air; healing by first intention occurred, and the patient was out in a fortnight. He is now quite well, physically and mentally, and I constantly see him in active work. There is no visible scar where the wound was, and nothing to indicate that there has ever been an abnormality.

CASE II.—Mr. W., a colliery-proprietor, residing near Leeds, consulted me for a gleet discharge, "prostatic," from which he had suffered for several years, and for which various operations had been done. He had, associated with a large varicocele, neuralgia of the left genito-crural nerve, dragging pains, atrophy of the left testicle, and intense mental depression. After treatment of various kinds, without much improvement, I advised and performed excision of the varicocele. The operation was followed by a slight hydrocele, which disappeared after three months. The patient reported himself after six months, looking quite a different individual, having lost his nervous symptoms and his gleet discharge, and being quite free from pain. There was no sign of the hydrocele, and the testicles were of normal size. He was then about to marry.

CASE III.—Mr. B., a schoolmaster, residing in Bramley, suffered from such intense nervous debility, that he felt quite unable to carry on his duties, and had thoughts of suicide. His attention was morbidly centred on a large left varicocele, which had apparently caused atrophy of the left testicle, as it was only half the size of the right. He complained of neuralgia and dragging pains. I advised operation, to which he consented. The wound healed by first intention, and he returned home in a fortnight. He reported himself after three months, saying, "I am quite a new man, and my work is a pleasure." In place of a large soft pulse, pale face, dilated pupils, cold clammy hands, and general want of briskness, he stepped sharply into my room, looked happy, had a firm good pulse, and plenty of red blood in his cheeks, and warmth in his hands.

CASE IV.—G. E., aged 19, wished to go into the army, but could not pass because of a left varicocele of considerable size. It caused a dragging and aching pain, but not so much as to require treatment, had it not been for his wish to enter the service. He had been twice operated on by ligature, without relief. Excision was performed in the usual way, but, unfortunately, he displaced the dressing the first night, and the wound suppurated; the inguinal glands inflamed but did not suppurate. He was discharged cured in five weeks.

CASE V.—F. P., aged 24, was admitted to the Infirmary, with the usual nervous symptoms, and neuralgic and dragging pains. Excision was performed, and he was discharged cured in a fortnight.

CASE VI.—J. W. R., aged 30, was operated on by me in April, 1884, for double varicocele, by subcutaneous ligature; this was followed by slight orchitis, which soon subsided. He returned in six months with the varicoceles quite as large as before operation. He had in the meantime been suffering from syphilitic orchitis. His discomfort necessitated something being done, hence I excised both varicoceles in October. The wounds healed kindly, and he had no pain; but the orchitis returned in the right side, and required specific treatment.

CASE VII.—J. H. was admitted to the Infirmary, suffering from left varicocele on August 18th. The operation was done on August 21st, and he was discharged cured September 7th, 1884.

CASE VIII.—J. W., aged 20, was admitted to the Infirmary on account of dragging and pain in the left side of the scrotum, due to a large varicocele, which was excised under eucalyptus-air on April 2nd, 1885. He was made an out-patient in twelve days.

CASE IX.—J. W., aged 32, was admitted into the Infirmary on January 1st for a large left varicocele, which caused a dragging pain, and prevented him from lifting. Excision was performed on January 9th, neither sutures nor drainage being employed. He was discharged cured in ten days.

CASE X.—A. W., aged 44, was admitted December 8th on account of severe left genito-crural pain, apparently dependent on a large left varicocele, which was excised on December 10th. The wound healed by first intention, and he was discharged in a fortnight.

The description of further cases would be tedious; but the foregoing will, I trust, serve to illustrate the safety and efficiency of complete excision, if done strictly antiseptically.

A NOTE ON SO-CALLED LEAD-NEURITIS.

By C. S. JEAFFRESON, F.R.C.S. Eng.,

Surgeon to the Northumberland, Durham and Newcastle Infirmary for Diseases of the Eye.

DR. OLIVER'S very interesting and instructive clinical lecture on lead-poisoning leads me to make a few remarks upon the ocular symptoms in these cases.

It is upwards of fourteen years since this special form of neuritis was introduced to the profession, and perhaps it is time now that our knowledge upon the subject should be passed in review, and we should see whether the experience gathered during this period tends to confirm or weaken previous impressions as to the reality of the disease. When professional notice was first directed pointedly to its symptoms, I was professionally connected, and had been for some time, with one of the largest lead-works on the Tyne. The question interested me much at the time, and I made numerous observations and notes upon the cases that came under my care. Since then, I have had many opportunities of following up the subject; and I must own that I am somewhat sceptical as to the existence of any special form of neuro-retinitis which may be said to depend directly upon lead-poisoning.

That lead-poisoning was an occasional cause of blindness, was common knowledge to the profession years before the ophthalmoscope came into use; but I believe it is due to Mr. Jonathan Hutchinson that this special form of neuritis finds its place in the index of most of our text-books, although the information they give is of the most meagre and sketchy nature. Here I would point out how extremely ready the profession are to add new maladies to the already long list with which they are provided, especially if the new-comer have the benefit of being introduced to the world of disease by a man of position and repute. He is welcomed, and takes up his position often unchallenged. Other writers copy what has been previously written of him, and thus he is handed down from generation to generation. It so happened that, at the time Mr. Jonathan Hutchinson published his paper, in the seventh volume of the *Royal Ophthalmic Hospital Reports*, Dr. Clifford Allbutt had in preparation his work on the *Ophthalmoscope in Medicine*. He introduced Mr. Hutchinson's paper *verbatim* into this work, which attracted much attention, and had a very large circulation; and, since then, lead-neuritis and neuro-retinitis have acquired an established position.

Now, I think if lead-poisoning were capable of producing a special form of inflammation of the optic nerve and retina, we might reasonably expect to meet with cases of this kind in the out-patient department of our ophthalmic hospitals. We are here surrounded by numerous lead factories, and we not unfrequently see cases in which the effects of lead are manifest in the optic discs and papillæ of patients, as a secondary, but never as a primary or independent condition. We are never applied to by patients suffering from slight symptoms of lead-poisoning, who exhibit neuritis and neuro-retinitis which we could call of a specific kind. Ten or twelve years ago, I passed in review a large number of the hands, both male and female, engaged at the largest lead works here; and, although many exhibited the blue line, significant of saturnine poisoning, I found no case of neuritis or neuro-retinitis. Latterly, I have repeated this experiment upon a large number of female hands (who are most prone to suffer), and in no case could I discover either neuritis or neuro-retinitis.

But, if lead-poisoning is incapable of producing a specific neuro-retinitis, it frequently brings about conditions in which neuritis is common. The renal affection is, of course, well known; and, no doubt, in many of the cases, this is the cause of the neuro-retinitis, although the albuminuria may not be a permanent condition. Another condition, however, and one to which all ophthalmic surgeons would attribute considerable importance, is the suppression of the catamenia. Dr. Oliver, in his lecture, says nothing upon this question. Yet, as far as my experience goes, this is one of the first and most important symptoms of lead-poisoning in females, and it is one in which, quite independent of any specific action of lead, neuro-retinitis and papillitis are not uncommonly developed. Cases of papillitis, in females suffering from suppression and great irregularities of the menses, are coming much more frequently before our notice. The third condition, which, to my mind, plays the most important part in the development of papillitis in cases of lead-poisoning, and to which most of these cases are, to my mind, due, is the tendency to sudden effusion into the ventricles of the brain and subarachnoid space in case of lead-poisoning.

I have seen not a few cases in which the ophthalmoscopic sym-

ptoms were only developed contemporaneously with the cerebral disturbances, and I believe they are but the mechanical expression of increased intracranial pressure. I have, on more than one occasion, seen patients who were suffering from acute symptoms of lead-poisoning, whose discs I had examined in the morning and found normal, the same evening became the victims of the most acute cerebral symptoms. Violent epileptiform convulsions, dilated pupils, blindness, exhibit a well marked "Stauungs-papilla," or choked disc. I have known these patients pass into a semi-comatose condition, and remain so for several days, and then gradually recover, with impaired mental faculties and different degrees of blindness.

The pathology of these cases, as far as vision is concerned, I believe to be entirely due to mechanical causes; and the amount of impairment of sight is exactly in proportion to the duration of the intra-ocular pressure, and the amount of secondary neuritis which the strangulation of the disc may bring about. The extremely short time in which, in these cases, a normal disc may be observed to pass into a condition of the most intense congestive oedema, to my mind, excludes the idea of a specific neuritis, and is a convincing argument in favour of Mang's theory of the production of optic neuritis by distension of the intravaginal sheath space.

I think, then, that most of the so-called cases of lead-neuritis may be accounted for upon other grounds than the specific action of lead; and that, at all events before this cause is admitted, other more common causes must be excluded. In the notes of the cases detailed by Mr. Hutchinson, the question of renal disease and menstrual suppression is not touched upon. One, the case of Kate M., was known and seen by me in its earliest stage, and it was undoubtedly one in which the eye-symptoms were due to rapid intracranial effusion.

I regret that I have no time to enter more fully into this question; but I hope this note may lead to an expression of opinion from others who have had special opportunities of seeing large numbers of cases.

EMBOLUS OF THE BASILAR ARTERY.

By CHARLES M. CHADWICK, M.B., M.R.C.P.,
Physician to the Leeds Public Dispensary.

THE following case appears to be worthy of record, as one which is rarely seen in practice, and perhaps of still further interest from the fact that the *post mortem* examination revealed no signs which would lead to any definite conclusion as to the origin of the lesion.

W. E., aged 21, a collier, was first seen by Mr. Stericker, Senior Resident Medical Officer at the Leeds Public Dispensary, on the morning of December 8th. He was a pale, fairly nourished young man. At one time, he was somewhat intemperate; since marriage, nine months ago, he was said to have been quite steady. There was a history of marked loss of hair about two years ago; otherwise, no history pointing to specific disease. There had been no miscarriage, and no child. Two brothers and two sisters were alive and well. He had always had good health.

The patient was quite well, and at work, till two days before the attack, when he was said to have complained of pain at the back of the head. It being Saturday night, the patient took a strong purge of senna, salts, and liquorice. On the following day, he got up; he appeared much better, and his appetite was good. Towards evening, his wife went out for a few minutes, and, when she came back, he was "all of a heap" in the arm-chair, and could neither speak nor walk. He signed to her that he wanted to go to bed. He was carried upstairs, and never moved his position, spoke, or showed any further signs of consciousness, till his death, which occurred fifty-six hours later. It was said that he once drew up his legs and slightly moved his right arm.

When seen, the patient was lying on his back in bed. The skin was covered with a copious sour-smelling perspiration; the eyes were semi-closed, and the pupils (partially dilated) reacted well to light. The deep reflexes were increased, the superficial well marked. There was well-marked ankle-clonus. The right arm was semi-flexed over the chest; the legs and left arm were extended. The temperature was 100.2; pulse, 98; respiration, 20. The patient was continually uttering a wailing sound, tears running down his cheeks; and the facial muscles were contorted as in ordinary crying. Any irritation, such as pricking, or twisting the hair about the temple, would produce this at once; and, in the latter case, the head was turned towards the side where this was done; the facial muscles of the same side were contorted. The mouth could not be opened; the tongue was motionless; the lips and mouth were covered with sordes. Any attempt to allow fluids to run down was followed by coughing and choking.

The patient remained in the same state; the breathing became more laboured, the pulse more rapid and feeble, and he died "quite quietly" fifty-six hours after the attack.

Post Mortem Examination, conducted eight hours after death.—All the organs were found to be healthy. The heart was not enlarged; the valves were entirely free from vegetations; the left ventricle was contracted. The veins in the meninges were congested, and at the anterior extremity of the basilar artery was a small rounded clot, increasing its calibre at this point to the size of a small pea, and plainly visible before opening the vessel. On opening the vessel a round clot, black internally and colourless externally, was seen.

REMARKS.—The *post mortem* appearance, the age of the patient, and the sudden onset, would lead to the determination that this was a case of embolism; while the reported pain in the back of the head, and the absence of signs in the heart indicating embolus, would lead to the supposition that thrombus was the cause of the occlusion. Had the occlusion occurred at the proximal instead of the distal extremity of the vessel, death would have been either immediate, or much more rapid, from asphyxia.

NOTE ON VIBURNUM PRUNIFOLIUM IN ABORTION.

By W. MACFIE CAMPBELL, M.D., Liverpool.

SINCE the publication of Dr. Wilson's paper in the *Liverpool Medico-Chirurgical Journal* of January, 1885, I have had the opportunity of testing the use of viburnum prunifolium, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely endorse the good opinion he has formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine-treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pain, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscarriage; and although I have so far only the notes of six cases, of which five were successful, yet, these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to the viburnum. The case of failure was my first.

CASE I.—Mrs. B., two months pregnant, had discharge of blood, with uterine action. She was treated in the usual manner, with opium and rest for two days, when extract of viburnum, in two-grain doses, three times a day, was ordered. There seemed no effect upon the pains, the os continued to dilate, and the uterus was soon empty. Perhaps the dose was too small; at any rate, I had lost two days, which I take to be the reason of the failure.

CASE II.—Mrs. H., pregnant for the seventh time, two months and a half, was awakened by a gush of water early one morning, followed by a bloody discharge. On examination, the os was soft and dilatable. She was kept in bed, and given at once three grains of extract of viburnum every four hours. There was no return of bright blood, and the discharge gradually ceased. The relief to the pain after the first dose was in this case very marked.

CASE III.—Mrs. B., in her sixth pregnancy, one night during the fifth month was awakened by the "breaking of the waters," the escape being sufficient to saturate her night-dress and bedclothes. This was followed by pains. I saw her in the early forenoon, and gave three grains of the extract three times a day, and there were no further symptoms.

CASE IV.—Mrs. G., in the fifth month of her second pregnancy, had a bloody discharge, with uterine pains. The same dose was used, and with the same good result.

CASE V.—Mrs. W., in the second month of her sixth pregnancy, had already had two miscarriages. Two grains of extract of viburnum, three times a day, gave relief, as also a month afterwards, when the same threatening symptoms appeared.

CASE VI.—Mrs. S., first pregnancy, fourth month. This case was particularly interesting from the fact that miscarriage had been imminent in her case at each monthly period. The first and second attacks occurred in America, when she was given viburnum, and her medical man provided her with a large store of the liquid extract, which he told her was unknown in England. She had an attack at sea, and in due time in Liverpool, and was pleased to discover that

¹ In repeated large doses it is apt to give rise to headache.