NOTE ON THE PROVINCE OF COUNTERIRRITATION IN DISEASES OF THE EYE.

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MANY diseases of the eye are of a specific character, and require specific remedies; many are of a degenerative character; many are successfully treated only by operative interference. My experience teaches me that counterirritation is the great remedy for inflammatory diseases. In proportion as the inflammatory element predominates over specific and diathetic elements, so is the utility of a second, not too near and not too distant, inflammation. The more acute and destructive the inflammation, the more striking and rapid the effects of counterirritation.

Gonorrhoeal ophthalmia, purulent ophthalmia, purulent ophthalmia of infants, are frequently destructive to sight; gonorrhoeal ophthalmia very frequently so. As a rule, all these inflammations may be checked instantaneously by a broad horse-shoe of smart counterirritation to the forehead, temple, and cheek. Acetum lyttæ, nitrate of silver, or iodine, may be used. The effect may be maintained by fresh applications within or without the first circle.

A young farmer was recently sent to me with gonorrhoeal ophthalmia. The chemosed conjunctiva projected beyond the lids half an inch; the cornea was wholly opaque, and in patches yellow. I applied acetum lyttæ (glacial) freely over the forehead, temple, and cheek. In forty-eight hours the chemosis and copious discharge had almost disappeared, and the cornea had regained sufficient transparency for the vision of large objects.

An infant with purulent ophthalmia, and completely opaque cornea, was brought to me. A narrow zone of counterirritation restored transparency in twenty-four hours.

The treatment just described is much more certain and rapid than any nitrate of silver treatment, however assiduously conducted. In the more chronic inflammations of the ocular surfaces, the chronic counterirritation (if I may so call it), in the form of a seton or a mild horse-shoe, if appearance be not very important, is certainly more efficient than any other treatment. More than this; every strictly inflammatory disease to which the human frame is liable is more quickly subdued by counterirritation, if the locality and the agent be judiciously selected, than by any other remedy—rest being, of course, the necessary attendant of all remedies. I have spoken of counterirritation as the best remedy; other remedies need not be excluded, whenever the surgeon considers them necessary.

OBSTETRIC MEMORANDA.

LABOUR INDUCED BY UTERINE INJECTION.

By EDWARD GARRAWAY, Esq., Faversham.

A LADY, aged 27, with some narrowing of the antero-posterior pelvic diameter, who had aborted twelve times, went on with her thirteenth pregnancy. It being considered expedient to induce labour at seven months and a half, a silver catheter attached to a flexible tube was passed well up and swayed to and fro between the cervix uteri and the membranes, so as to separate them rather freely. A pint and a half of warm water was injected, producing no pain, only a feeling of distension. On withdrawing the catheter, not a drop escaped. In an hour afterwards there was a rigor, with vomiting, pain, and an escape of water. The os was dilating, but very rigid. Twenty minims of Battley's solution were given and repeated; in six hours the head was on the perineum, and in another hour delivery was accomplished.

The interesting features in this case are the large amount of water that was thrown into the uterus, the absence of any discomfort occasioned thereby, and the prompt and powerful action it induced. So far as I could judge, the patient would have borne another pint or two. My injection clearly went to the fundus uteri and remained there.

In a discussion held some since at the Obstetrical Society, upon a paper by Professor Lazarewitch of Charkoff in Russia, advocating the injection of the fundus uteri, Dr. Greenhalgh characterised the proceeding as dangerous. He had injected the uterus once only, and alarming symptoms followed; and he had been informed by a former President of the Society of another case in which the death of the patient ensued, a lady in whose case he had twice before brought on premature labour by rupturing the membranes. Professor Lazarewitch quoted twelve cases, in all but one of which pains began immediately, and, with one exception, resulted favourably. In the exceptional case, how-

ever, he stated that death was in no way due to the operation. The largest quantity of water which the Professor injected was six ounces. In my own case, I intended to have injected till the patient felt uncomfortable; but, after throwing up thirty ounces, I considered it would be indiscreet to tax her toleration further. The child survived, and the mother convalesced remarkably well.

REPORTS

OF
MEDICAL AND SURGICAL PRACTICE IN
THE HOSPITALS OF GREAT BRITAIN.

GUY'S HOSPITAL.

DISLOCATIONS OF THE HIP-JOINT.

(Under the care of Mr. BIRKETT.)

CASE I.—A small, but healthy man, 36 years old, was admitted 5th January, 1870, on account of the following injuries, reported by Mr. R. W. Murphy. He was engaged in clearing manure from a doorway, when the door, which was supported by props, falling, knocked him down and lay across both his thighs. He was also struck from behind by a weight of falling manure. On admission, soon after the accident, a dislocation of the head of the right femur into the thyroid foramen was detected by the house-surgeon. He was much contused on the back and loins also. The house-surgeon reduced the dislocation by manipulation when the man was fully under the influence of chloroform. The limbs were maintained in the extended posture. The next day, the man complained only of pain about the hips, loins, and back, which was much aggravated by a troublesome cough. Of the injured hip-joint, he made no complaint, and even pressure over the articulation did not hurt him. Slight flexion could also be performed without pain. In three weeks, he walked well.

CASE II.—A muscular, healthy man, was admitted in November 1869, having fallen from a height of sixty feet to the ground. In the fall, he struck upon the roof of an outhouse. The left side of the chest was severely injured. The right hip-joint was dislocated, the head of the right femur being lodged in the ischiatic notch. The bone was easily replaced in the acetabulum by the house-surgeon, *without* chloroform. The man survived the injury but a brief period.

Next day, an examination after death showed fracture of all the ribs on the left side, except the first and last, and laceration of the lung. When the gluteus maximus of the right side was reflected, a large quantity of blood was seen clotted beneath it; both the gemelli and quadratus femoris muscles were lacerated. The superior and posterior part of the cotyloid ligament, together with a long piece of the bony brim of the acetabulum, were detached, and the torn capsular ligament was lying loose. This ligament was torn through all round the joint, with the exception of the strong anterior part called ilio-femoral. The ligamentum teres was torn away from its attachment to the fossa in the acetabulum.

LONDON HOSPITAL.

ORANGE-PIP IN TRACHEA: REMOVAL.

MR. COUPER lately operated on a somewhat unusual and interesting case of foreign body in the trachea. Elizabeth W., aged 2½ years, was brought to the hospital suffering from considerable dyspnoea, and with the history that she had had a cough for some days. On questioning the mother more closely, it appeared that urgent dyspnoea had come on suddenly while the mother was carrying the child upstairs. The child at the same time was sucking an orange. The difficulty of breathing continued for about twenty-four hours before the child was brought to the hospital. While in the receiving-room, the child vomited, bringing up the remains of an orange. When the finger was placed over the trachea, some small hard body could be felt to hit against the larynx during expiration. Under these circumstances, Mr. Couper performed tracheotomy. The pip of an orange at once presented, and was easily removed. A stitch was inserted into the trachea, and the external wound closed. The child breathed through the mouth. The child has had no bad symptoms since. The stitch broke away on the following day.

LOCUST-BEAN IN TRACHEA: REMOVAL.

In another case, three years ago, Mr. Couper removed a locust-bean from the trachea of a child about four years old. The child was brought to the hospital suffering from great dyspnoea, which had come on suddenly while the child was sucking a bean. In his case, too, a