of long hours in school may be minimised; but the importance of fresh air, exercise, and out-of-door occupations and relaxations must not be overlooked, not only from their influence in maintaining the general health and tone of the system, but from the condition of rest given to the ocular muscles by looking at out-of-door and moderately distant objects.

In a report on the education of the young in Alsace-Lorraine, extracts from which have been published in some of the medical journals (*Lancet*, October 7th, 1882), it is stated that boys of thirteen years of age have, on an average, about eight hours' study a day. It would be too much to suppose that any mechanical arrangements of desks or windows could neutralise the effect upon eyesight, as well as upon the general health, of such an amount of close application at the very time of life when growth ought to be most active, and the physical development most carefully fostered; and it causes little surprise when we read, further, that amongst the young men who have of late years passed the educational standard that qualifies them for voluntary military service, no fewer than 80 per cent. were physically unsuited for the army, whilst the extreme prevalence of myopia has long been well known. Higher culture is too dearly purchased at such a price as this, and there does not appear to be at present any fear that our youth will be subject to such a discipline, the tendency is rather the other way; but since it can be clearly demonstrated that, even under our own mild educational system, myopia does arise during school-life, and under conditions that are well known and apparently removable, it becomes a matter of special interest to all those engaged in educating or training boys for the navy or mercantile marine to make themselves acquainted with the circumstances under which short sight may be induced, and how it may be best prevented.

ON SOME RECENT METHODS OF TREATING GRANULAR LIDS.

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THE difficulties attending the effectual treatment of granular conjunctivitis (trachoma) have been demonstrated by long experience. They are found almost equally formidable, whether the disease be recent or of long standing, acute or less severe; and thus we naturally turn with avidity towards any new remedy that may be recommended.

I venture to lay before the members of the Association a summary of my recent experiences of the treatment—first introduced into Europe, from the natives of Brazil, by De Wecker of Paris (*Annales d'Oculistique*, pages 86 and 211)—inoculation by jequirity (the *Abrus precatorius* of the natural order Leguminosæ).

The seeds, which are extremely hard and tough, are first broken and freed from their shell. They are infused for two hours in cold water, in the proportion of 1 to 50; by this time they are so softened as to be easily pounded up, after which they are soaked in the same water for twenty-two hours more. The solution now requires only careful filtration to be ready for use. It is applied to the everted lids, or, when this is impossible, between the lids, thrice daily, till a severe conjunctivitis, of a purulent or diphtheritic type, is produced. I append a brief summary of certain cases, which may indicate, to some extent, the relative value of this and other methods of treatment.

CASE I.—A. B., aged 10, was admitted into Guy's Hospital on account of sago-like granulations on the conjunctiva of both lids of each eye. There was considerable pain and photophobia. The corneæ were clear. The disease was of ten months' standing only. Following a recent suggestion of Galezowski, the left eye was treated by excision of the much diseased oculo-palpebral fold; but, for the right, the mitigated nitrate of silver stick was used freely. On the fourth day, both were treated with the stick, and this was continued for two months. At the end of this time, the improvement was greatest in the unoperated eye. But, as the sago-like granulations were still there, together with some pain and photophobia, it was decided to treat with jequirity. After the ninth application, there was chemosis, with some increase of pain. The inner surface of the lid was lined by a thin lympho-purulent layer, which could be readily detached without causing bleeding. At no time was there a free purulent discharge from between the lids. On ceasing the inoculation, the inflammation gradually subsided, till, one month later, the pain and photophobia were gone. Sago-like granulations are, however, still present, though in diminished number.

CASE II.—W. B., aged 17, sailor, was admitted into Guy's Hospital on December 6th, 1882. The left eye was normal, but the right was severely affected with trachoma of both lids, and great corneal vascularity. For the first two months of his stay in the hospital, he was treated with bi-weekly applications of mitigated nitrate of silver stick, after the performance of syndectomy. The improvement of the lids being but slight, and the cornea still retaining its vascularity, it was decided to use jequirity. After the seventh application, there was severe pain, with abundant transparent, slightly yellowish, scalding discharge. A thin membranous, or so-called diphtheritic-looking layer, lined both lids, to within two millimetres of their free edge. For the last two nights he had no sleep, on account of the pain and discomfort. The inoculations were now ceased, as the membrane was still becoming thicker, though the conjunctiva was never edematous. On the seventh day, the layer was soft and purulent-looking; and from this time it gradually disappeared. There was, however, never any great amount of purulent discharge. Henceforward the eyes gradually improved till, one week later, he went to a convalescent home. Six weeks later, his eyes and general condition were much improved. The iris and pupil were now for the first time visible through the cornea. There were, however, still some sago granulations on the conjunctiva.

CASE III.—C. H., aged 15, a pallid undersized girl, had had trachoma of both eyes for nine years. On admission, both corneæ were vascular, and only semi-transparent. The palpebral conjunctiva in each eye presented, besides occasional areas of cicatricial tissue, some sago-like granulations. She had pain and photophobia one year ago. She was treated as an in-patient, for five weeks, by Mr. Bader, with injections of ointment of yellow oxide of mercury beneath the lids, from which she received benefit. She was re-admitted on October 17th, 1882, when mitigated nitrate of silver stick was applied every fourth day. At the end of two months, she went out somewhat benefited. On March 17th, she was re-admitted, as the right eye had somewhat receded, being now considerably injected. The left eye, on the other hand, had improved since her discharge. Inoculation with jequirity was now tried, but did not take well, producing only slight so-called diphtheritic infiltration, and afterwards scanty purulent discharge. She was sent out very considerably improved, notwithstanding that a considerable number of vascular granulations still remained.

The result of these and other cases shows that, in jequirity, we have a drug of decided value. Though it does not, in ordinary cases, immediately destroy all the granulations, it diminishes very considerably the pain and photophobia, and has a decided influence in clearing the cornea. Nor does it appear to affect this tissue injuriously, in which respect we must admit it to be decidedly superior to inoculation from cases of ophthalmia neonatorum. At first, I had considerable hesitation about introducing cases of inoculation with jequirity into the general eye ward; but I have not found that it makes any difference to the progress of other cases, whether operative or not. Though precautions against contagion have naturally been taken, we have not succeeded in inoculating into the sound eye the ophthalmia produced by this agent.

CASES OF PENETRATING GUNSHOT WOUND OF THE ABDOMEN.

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THE following examples of the above injury may prove of interest when read with Professor George Buchanan's case published in the BRITISH MEDICAL JOURNAL of March 31st. They both came under my notice in the Hull Infirmary, during the years 1879-80; and I am indebted to my friend Mr. Craven, under whose care they were, for permission to record them.

J. T., aged 36, chief engineer on board a steamship, was admitted into hospital on September 11th, 1879. Whilst examining a loaded revolver on board his ship, one of the barrels exploded, and the contents were lodged in his abdomen. He was brought some distance in a cab, and arrived at the hospital half an hour after the occurrence of the accident. He walked to his ward, and was at once placed in bed. On examining the abdomen, a clearly-cut linear wound, with slightly inverted edges, was found two inches below the umbilicus, and two inches to the left of the middle line. The patient complained of considerable pain all over the abdomen; his skin was cold and moist, breathing short, pulse small and very rapid. In order to ascertain the precise direction taken by the bullet, a probe was cautiously passed into the opening, and it was at once deflected to