annual loss is 830, or that of a strong infantry regiment. About 1870, it became a question if the alterations in the system of recruiting did not throw an inferior class of men into the service, their physical qualities giving a lower standard than obtained under the old system. I find that, in the first decade, of 209,763 civilians examined, the rejected for diseases of the heart, arteries, and veins were 60.6 per 1,000; and in the second decade of 364,187 civilians examined, the rejected for the same grounds were 42.8 per 1,000. This would seem to indicate a stricter examination in the former period; but be this the case or not, we have but 126,297 recruits passed in the one decade, and 248,873, nearly double, in the second; and from this fact alone, the area of selection being limited, the opinion may be held to be well founded that the standard of physical qualification on entrance is likely to fall rather than to rise.

A consideration not to be overlooked is that of age. In 1880, of 64,866 men abroad, 47,261 were between 20 and 30; 13,865 between 30 and 40; 2,294 under 20; and 1,446 above 40. In 1875, of 64,618 men at home 41,289 were between 20 and 30; 23,347 between 30 and 40; 3,444 above 40; and 12,771 under 20. These ages are favourable, though the number at home under 20 is higher than desirable, the period of training being doubly trying to an immature recruit.

I have now to place before you some information on the diseases, functional and organic, which soldiers contract; and have for this purpose constructed a table—Table II—showing for the ten years from 1864 to 1873 the diseases which have caused the admissions, deaths, and invaliding in the army at home and abroad, which exhibits at a glance the principal disabilities from which soldiers suffer. These ten years are taken for the following reasons: before 1864, the information afforded, in respect especially of invaliding, is not very complete; after 1873, from 1874 onwards, a species of atrophy, the atrophía inopia, has affected the Blue Books, which no longer give the constituents of a group of diseases, but present twenty-four (lately enlarged to thirty-three) statistical abstractions, in place of that definite classification and individualisation of disease which distinguished the earlier statistical reports. With your permission, I will make a few observations on this table.

[To be continued.]

A SUCCESSFUL CASE OF GASTROTOMY FOR INTES- TINAL OBSTRUCTION.

By ALDER SMITH, F.R.C.S., M.B.Lond.,
Medical Officer to Christ's Hospital.

THE extreme rarity of a successful issue to the operation of gastrotomy, undertaken for intestinal obstruction, leads me to publish the following interesting case.

On January 2nd, at 11 P.M., Mrs. S., aged 53, a ward-matron at Christ's Hospital, who previously had been in good health, was seized with acute pain in the abdomen, which soon settled about the median line, just above the umbilicus. This was followed by sickness in about two hours; during the night, she was in great pain, and vomited a bile-stained fluid four or five times.

When first seen on the following morning, January 3rd, she was in such pain, that I immediately injected a quarter of a grain of morphia subcutaneously; and, as the sickness had ceased, gave her a black draught, and ordered hot fomentations to the abdomen. The pain was acute and paroxysmal, and near the situation of the gall-bladder; so that, at first, I thought the case was one of gall-stone colic.—2 P.M. The draught was only retained an hour, and was then returned. Mrs. S. was still in great pain; the abdomen was normal; there was no tenderness and no swelling. I gave her a quarter of a grain of morphia subcutaneously.—4 P.M. The sickness had ceased, and Mrs. S. was only in slight pain. Some castor-oil was ordered.—10 P.M. The castor-oil was returned in an hour, and the bowels had not been relieved. A quarter of a grain of morphia was given subcutaneously.

January 4th. Mrs. S. had slept most of the night, and was in very little pain; she had had no sickness since last night; she had retained some milk and beef-tea. As the pain was comparatively slight, and the sickness had ceased, I determined to try one more dose of castor-oil before deciding that the case was one of obstruction.—3 P.M. The oil was retained two hours, and then returned. The pain in the abdomen was increasing, but, in other respects, Mrs. S. did not appear to be seriously ill. The tongue, temperature,

and pulse were normal; the abdomen was not distended; there was only slight tenderness about the umbilicus, and no tumour was to be felt. The case now appeared to be one of intestinal obstruction. A quarter of a grain of morphia was given subcutaneously, and an injection ordered by the rectum, consisting of a quart of gruel with castor-oil; nothing to be taken by the mouth but iced water and a little beef-tea, and fomentations and poultices to the abdomen.—10 P.M. The injection was retained half an hour, a few small pieces of faecal matter being returned with it. Mrs. S. had just vomited matter, not faecal, the first time since the morning. This sickness was not caused by food or medicine. She was not in much pain; the abdomen was in the same state. A fourth of a grain of morphia was given subcutaneously, and I left a quarter of a grain to be taken in the night, if she were in pain.

January 5th. She passed a quiet night, and had no sickness. There was still pain near the umbilicus. I gave a fourth of a grain of morphia, and ordered another large injection to be used. At 2 P.M., Dr. Andrew and Mr. Savory saw the case in consultation. The injection used this morning returned without any faecal matter. Some beef-tea had been retained in the stomach; she had had no sickness. The tongue, temperature, and pulse were normal. The abdomen was a little more distended than yesterday, and there was slight tenderness near the umbilicus, but no tumour to be felt, no tenderness in the right iliac fossa. She was ordered to continue the morphia, and only to have iced water, and a very little beef-tea. A fourth of a grain of morphia was given subcutaneously.—11 P.M. Mrs. S. had not been sick, and was comparatively easy. She had some morphia at 6 P.M.. Tongue clean; temperature 98.4°; pulse 90. A fourth of a grain of morphia was given subcutaneously.

January 6th. She had had a quiet night; no sickness. The pain was the same; the abdomen was slightly distended; nothing to be felt. She had been taking five minims of tincture of opium every hour since 4 A.M. Temperature 98.4°, and pulse 88.—10 A.M. I passed a long stomach-pump tube as far as the transverse colon, and very quietly injected four pints of warm olive-oil. This caused a little pain, but it was retained; I gave one-sixth of a grain of morphia subcutaneously. There had been a free discharge of urine up to the present time.—3 P.M. Most of the oil was returned in half-an-hour, but no faecal matter came away with it. Dr. Andrew saw the case, and it was considered one most suitable for the operation of gastrotomy, as the cause of the obstruction, from the history, seemed undoubtedly to be a twist, band, or internal hernia, and a fatal result seemed inevitable unless the patient were relieved by an operation.—5 P.M. Mrs. S. had lately vomited three-quarters of a pint of thin offensive faecal matter; this was the first sickness since the night of the 4th. The abdomen had been rapidly swelling since the morning, and was very much distended with flatulence. The patient's appearance was quickly changing, and she had the marked look of one suffering from strangulated hernia.—8.30 P.M. During the last few hours a consultation was held, and consent obtained for the operation to be performed. The abdomen was greatly distended; the patient was deeply under morphia, with pin-hole pupils; temperature 98.6°, pulse 90. The apartment was ordered to be kept at 65°, and the air to be moistened with steam. Mr. Savory operated at 9 P.M., Mr. Howard Marsh kindly assisting us. All the instruments were thoroughly washed in carbolic lotion (1 in 40), and afterwards dried; the operator's hands and the patient's abdomen were likewise washed and dried. The greatest cleanliness was observed, but no steam carbolic spray was used, and no carbolic lotion, or other irritant, was allowed to enter the peritoneal cavity. The abdominal cavity was opened by an incision extending from the umbilicus to the pubes, and the intestines were found to be much distended with flatus. They were rapidly traced downwards until a portion of the ileum was found tightly nipped by some band or constriction; below this was seen the flaccid and empty intestine. On pulling this portion of the ileum, and breaking through a band, a loop of strangulated intestine came out. This portion was intensely congested, of a deep claret colour, and so tightly nipped, that gangrene must soon have supervened if the operation had not been performed. As soon as the constricted portion was found to be pervious to flatus, by gently squeezing a small quantity through the narrowed part, no unnecessary exploration was made as to the exact cause of the constriction, but the intestines were at once returned. A little blood-stained fluid was removed by clean and new sponges from the abdomen, and the wound was rapidly closed with silk and silver sutures. There was very little bleeding, and no vessels had to be tied. The dressing consisted of lint soaked in carbolic oil (1 in 40), long strips of plaster, and a broad flannel band-

age. A quarter of a grain of morphia was given subcutaneously directly the patient recovered from the chloroform. Iced water only was ordered, and five minims of tincture of opium every hour; the temperature of the room to be kept at 65°.—12 P.M. She was very easy and quiet; had had no sickness since the operation and had slept occasionally.

January 7th, 9 A.M. She had had a quiet night, sleeping most of the time; passed urine at 4 A.M. She had no sickness, and was in no pain, except when flatus came up. The tongue was clean; the abdomen was still greatly distended, but not tender. Some offensive wind had passed upwards during the night. The opium had been continued every hour. Temperature, 99.3°; pulse, 100.—5 P.M. All was perfectly quiet. One ounce of beef-tea was given.—10 P.M. A considerable quantity of flatus was passed by the rectum this evening. The abdomen not so tense; there was no tenderness, no sickness. She was still deeply under opium, which had been continued every hour. Temperature, 100.2°; pulse, 92.

January 8th, 9 A.M. She passed a good night, and felt quite easy. Plenty of flatus had passed. She has only had iced water, and the opium, during the night. Tongue clean, but red and dry. Temperature, 100.2°; pulse, 88.—9 P.M. She was in the same comfortable state, and was still deeply under opium. She had had three teaspoonfuls of Brand's beef essence, and iced water, during the day. The opium was continued every hour. Temperature, 100.2°; pulse, 88.

January 9th, 9 A.M. She had had a restless night from flatulence; a large quantity of flatus had been passed; she had had no sickness. Temperature, 100.8°; pulse, 92.—3 P.M. The wound was re-dressed by Mr. Savory, with carbolic oil. It was all healed by the first intention, except a very small portion of the edges of the skin, about one inch. There had been no oozing of fluid, and the first dressing was only marked by a little blood-stained fluid. All the sutures were removed to-day, except one silver one. The edges of the wound were secured by long strips of plaster. There was no inflammation of the wound, and the abdomen was much less in size, and there was no tenderness on pressure.—9 P.M. She was much relieved by the dressing. She had only had iced water, and a few teaspoonfuls of Brand's essence during the day. Opium was given every hour. Temperature, 99.4°; pulse, 88.

January 10th, 9 A.M. Patient had a good night; the abdomen was much less. Temperature, 99°; pulse, 84. I ordered 5 minims of laudanum to be given every three hours, and Brand's essence and arrowroot alternately, every two hours.—9 P.M. She had had a comfortable day, and was in no pain. Temperature, 98.8°; pulse, 88.

January 11th. Much flatus was passed during the night. The wound was dressed again this afternoon, and the remaining silver suture removed; all was firmly united, except the edges of the skin for about one inch. There was only a very little discharge on the lint. A little brandy was given to-day. Temperature, 99.4°; pulse, 92, in the morning; and temperature, 92°; pulse, 88, in the evening.

January 12, 9 A.M. Temperature, 98.6°; pulse, 84. The opium was stopped this morning.—9 P.M. Two small solid motions were passed naturally this afternoon. Temperature, 98.4°; pulse, 80. The abdomen was rapidly regaining its normal size.

January 13th. Temperature, 98.4°; pulse, 76. Two motions were passed during the day.

January 14th. Temperature, 98.4°; pulse, 80. She was very much better to-day. The abdomen was nearly of normal size; there was no tenderness. The wound was again dressed; it was all but healed. The bowels were open twice. Bread-and-milk and custard pudding were ordered.

After this, she made steady progress towards recovery. On February 5th she was able to walk out, and on the 17th she left town for change of air; perfectly well, but thin.*

REMARKS.—These notes show, I think, the value of an early diagnosis, of the avoidance of strong purgatives, and of the treatment by opium before and after the operation; as well as the possibility of the wound of abdominal section healing by the first intention, with entire absence of peritonitis, without the use of the carbolic-spray during the operation, although the intestines were exposed and freely handled. In many cases of intestinal obstruction, so much has been given and done, and the patient is so exhausted before an operation is suggested as "the last chance," that there is but little hope of avoiding a fatal peritonitis. In this case, the absence of sickness for forty-eight hours, prior to the vomiting just before the operation, and the deep narcotism of the patient, greatly helped, I believe, the favourable result.

A CASE OF SYMPATHETIC OPHTHALMITIS SETTING IN SEVENTEEN DAYS AFTER EXCISION OF THE OTHER EYE.

By ERNEST D. BOWER, M.R.C.S.,
Ophthalmic Surgeon to the Gloucester General Infirmary.

EXAMPLES of sympathetic ophthalmitis coming on not many days after excision of an injured eyeball, the good eye at the time of the operation being, to all appearance, perfectly sound and free from inflammation, are fortunately extremely rare; in fact, it is only quite recently that attention has been drawn to the possibility of such an occurrence. No account of it is to be found in any of the text-books that I have consulted, and very few instances of it have as yet been recorded. I have not been able to find reports of more than about a dozen cases, and nine of these were collected and commented upon by Mr. Nettleship, who, some little time ago, drew special attention to this subject; since then, Mr. Adams Frost, Mr. Anderson Critchett, Mr. Simeon Snell, and Mr. Lloyd Owen, have each recorded one case.

That the condition must be an exceedingly rare one can scarcely be doubted, when two men of such large experience as Mr. Soelberg Wells and Mr. Critchett had never seen a case. Mr. Wells, in his treatise on *Diseases of the Eye*, page 222, says: "I may state that, so far as I am aware, no instance has been recorded in which sympathetic ophthalmia ever attacked an eye after the injured eye had been removed, if at the time the other was still quite unaffected." And the late Mr. Critchett, as recently as last May, at a meeting of the Ophthalmological Society of Great Britain, was reported to have said that "he had not himself encountered cases where sympathetic ophthalmia came on after enucleation; indeed, he had believed enucleation was a sure preventive."

It is, indeed, hardly possible to imagine anything more distressing to both surgeon and patient than the occurrence of the condition I am about to describe; and it seems to me, therefore, to be not only advisable, but a positive duty, that every case of the kind should be carefully recorded.

CASE. Ellen Butler, aged 10, a healthy, well nourished girl, was admitted into the Gloucester Infirmary on October 7th, 1882, suffering from a wound of the eyeball.

Eight days previously to admission into the hospital, she was cutting a stick, when the knife slipped and penetrated the eye, dividing the cornea vertically in the middle of the lower half, the cut extending into the ciliary region for a distance of about two lines, wounding the lens, and enclosing between the edges of the wound a portion of the iris.

When first seen, the eye was very red and inflamed, there being also considerable lachrymation and slight photophobia, but no pain, and no increase of tension. The lens was becoming opaque, there were symptoms of iritis, and vision was reduced to the mere perception of light. The other eye was not affected.

It was decided that excision of the injured eyeball should be performed at once; unfortunately, however, the father of the child objected to this; and it was not until October 13th (nearly a week later) that his consent was obtained. On that day, the eye was removed in the usual manner, there being nothing special to note about the operation, and the other eye being then to all appearance perfectly sound and free from inflammation.

After enucleation, the eye was cut open and examined: the lens was wounded, but the iris and cornea presented a particularly healthy appearance, there being no exudation of lymph, nor any hemorrhage into the vitreous body. The wound of the conjunctiva quickly healed, and, on October 28th, the patient was discharged well.

I regret now that the good eye was not examined with the ophthalmoscope either before or after the excision of the injured eyeball; but, for the future, I shall not omit to do this, as it is, I suppose, just within the range of possibility that the appearance of the disc might have given some evidence of the coming storm.

November 8th. The patient was brought again to the Infirmary, complaining that her eye felt weak, and watered a good deal, that the sight was misty, and also that she had great difficulty in reading ordinary sized print. Her mother stated that she first noticed something was wrong two days after the girl was discharged from the hospital. She did not, however, pay much attention to it then, as she thought that it might be merely a little cold.

On admission, the eye looked red and watery, but not to any marked degree; the conjunctiva was of pinkish tinge; there was also slight photophobia, and much lachrymation, especially if any

* May 1st. Mrs. B. has now quite recovered, and has resumed her usual duties.