attempt were made to discern small objects. The pupil was contracted and irregular, there was some lymph thrown out at its upper and inner margin, also slight turbidity of the aqueous humour, but no pain, nor any increase of tension. Vision = $\frac{1}{2}$, and she read No. 5 (Jäger) with difficulty. She was ordered atropine drops (gr. ii to 5j) thrice daily, forty drops of liquor hydrargyri perchloridi three times a day, and a leech to the temple.

On the following day (November 9th), the eye looked decidedly better. The pupil was widely dilated, the conjunctiva not so red, and there was also less lacrymation. An entire ring of lymph could be clearly seen adherent to the anterior capsule of the lens, occupying the site of the pupil before it was dilated with atropine. With the ophthalmoscope, the fundus could be seen, but not very distinctly, there being some haziness of the media; the disc appeared a little pink in colour, and the margin slightly blurred.

November 10th. Vision = $\frac{3}{8}$. There was slight haziness of the retina, the veins were full and tortuous; the details of the fundus were rather more distinct than on the previous day. She had no pain.

November 15th. The ring of lymph was much less distinct, the margin of disc clearer, the veins still rather full, the pupil well dilated.

November 20th. Vision = $\frac{3}{8}$. The ring of lymph was fainter; the disc was still a little pinker than normal; the veins less swollen. The atropine and mercury were subsequently discontinued, and the last note is December 30th: vision = $\frac{3}{8}$, and reads No. 1 (Jäger).

The only trace of the attack left is an exceedingly faint circular line, the remains of the exudation of lymph, which can only be observed with the ophthalmoscope; the pupil, however, is perfectly free from adhesions, and the eye appears in all respects to have completely recovered.

THREE PRESCRIPTIONS FOR HABITUAL CONSTIPATION.

By J. MORTIMER GRANVILLE, M.D., M.R.C.P.

SOME apology may appear necessary for these "prescriptions," more particularly as it is likely that some of my readers will think I am scattering suggestions on subjects which do not, at first sight, seem to be at all closely related. I am, however, led to infer, from a very large and continuing influx of letters connected with the prescriptions for gout and rheumatism, that the hints thrown out are appreciated. Under these circumstances, I cannot hesitate to give the following formulæ for use in chronic or habitual constipation, than which few common maladies cause more trouble to the general practitioner, or are less readily relieved by treatment.

Still preserving what may be called the "nervous" standpoint, it is, I am convinced, indispensable to regard persistent inactivity of the bowels, when not demonstrably due to other causes, as the result of, either defect of peristaltic action; deficient glandular secretion; or, interruption of the *habit* of periodic evacuation.

1. When there is a lax and torpid condition of the muscular coat of the alimentary canal, we get food retained in the stomach or intestines until it ferments, or sometimes "decomposes," with the result of distension, pain mechanically induced, and either eructations or incarcerated flatus. I have recently seen a very considerable number of cases in which this last mentioned trouble had been so great, and at the same time so masked, as to have given rise to the impression that grave disease existed; whereas every anomalous symptom has quickly disappeared as soon as the muscular tone has been restored, and the contents of the bowel have commenced to pass naturally on their course. The essential fault is partial, in some instances almost complete, loss of the reflex contractility of the muscular coat, so that the presence of ingesta at any part of the canal does not excite the intestine to contract and propel it onwards. It is worse than useless to employ ordinary aperients in such a condition as this; they only irritate, without strengthening, the nerves on the healthy activity of which everything depends. When, therefore, this is the form of "constipation" which requires treatment, I give a prescription something like the following; and it is, in the majority of instances—of course nothing is uniformly—successful.

R. Sodæ valerianatis gr. xxxvi; tincturæ nucis vomicæ ℥i; tincturæ capsici ℥xlviij; syrapi aurantii ʒiss; aquæ ad ʒvj. Misce, fiat mistura, cujus sumatur cochleare magnum ex aqua ter die semihorâ ante cibum.

2. The second form of constipation, in which there is a deficiency

of glandular secretions, generally, throughout the intestine, manifested by a peculiarly dry and earthy character of the dejecta when the bowels do act, I treat by a mixture such as this:

R. Aluminis ʒiij; tincturæ quassia ʒj; infusi quassia ʒviij. Misce, fiat mistura, cujus sumantur cochlearia duo magna ter quotidie, post cibum.

3. The third form, which depends chiefly on interruption of the natural habit of periodic discharge, often results from repeated failure to move the bowels, in consequence of one or other of the two preceding forms of this trouble. This may generally be relieved by directing a perfectly regular attempt to go to stool, and by the use of the following draught, taken the first thing after rising from bed—not on awaking—in the morning, as nearly as possible at the same hour. It will be observed that it is not an aperient in the ordinary sense of the term. It is, as a rule, neither necessary nor desirable to continue it for longer than a fortnight. In most instances, it will be found to re-establish the normal habit in a week or less.

R. Ammonia carbonatis ʒi; tincturæ valerianæ ʒi; aquæ camphoræ ʒv. Misce, fiat mistura: capiat partem sextam in modo dicto.

CLINICAL MEMORANDA.

TWO DEATHS DURING THE ADMINISTRATION OF ANÆSTHETICS.

H. C., male, aged 54, was admitted to the Bristol Royal Infirmary, December 30th, 1881, suffering from a strangulated inguinal hernia of sixty-four hours' standing. He had vomited almost incessantly from the first, and for the last twelve hours the vomited matter had been fecal. On admission his tongue was moist, his pulse weak but regular, and his aspect somewhat pinched. Chloroform was administered preparatory to an attempt at reduction by taxis, and everything went on well for the first minute and a half, a little over one drachm being inhaled, and this amount was divided into three parts. He then commenced to struggle a little, and his pulse was noticed to have improved, when he was seen to be about to vomit. The vomited matter measured almost a pint, and was stercoraceous and very fluid. Loud tracheal râles were now heard, and the breathing for the first time became embarrassed. He was immediately turned over, when nearly two quarts of fluid were ejected. His pupils were now widely dilated, his pulse failed, and he became cyanosed. Artificial respiration, inversion, cold affusion, and dragging forward of the tongue were at once tried; air entered the lungs freely, there were no tracheal râles, and the pupils became contracted. He now vomited again, or, rather, some more fluid poured out of his mouth. Attempts to resuscitate him were persisted in for over twenty minutes, but without avail. From the first arrest of pulse and respiration, neither heart-beat nor voluntary attempt at respiration was noticed. The first vomit occupied about a minute. The *post mortem* examination showed the heart healthy, aorta slightly atheromatous, kidneys granular, and a small quantity of food, which appeared to be partly digested milk, and which was about as large as a pea, was lodged just below the rima glottidis.

M. T., female, aged 45, who had been in the ward some days with an abdominal tumour, was, on April 19th, 1883, examined under the influence of an anæsthetic mixture consisting of one part of chloroform to three parts of ether. She was known to have chronic bronchitis, and was suspected of phthisis at the right apex. She had taken some beef-tea and egg a short time before the examination. She took the anæsthetic very well, becoming unconscious in three minutes, and remaining so for ten, when her breathing was noticed to be growing shallow, but her pulse, colour, and pupils remained unaltered. She took three respirations, each more shallow than its predecessor, and gave signs of being about to vomit. She was just about to be turned over on her left side, when her breathing stopped, whilst her heart could still be seen acting. Her pulse then failed, her face became livid, and her pupils about two-thirds dilated. Inversion and artificial respiration were immediately tried, and air entered the lungs freely, with a total absence of tracheal râles. The pupils were now noticed to be about three-fourths dilated, and some half digested liquid food oozed out of her mouth. In case any might have entered the larynx, although there was no reason to suspect such an accident, tracheotomy was performed. Artificial respiration was kept up for half an hour, and inhalations of nitrite of amyl, injections of ether, cold affusion, and an emesis of brandy were also unsuccessfully tried, the patient showing no sign of returning animation from the first, with the exception of closing her jaws firmly about five minutes after the commencement