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.

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 = $\frac{1}{16}$, 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 = $\frac{1}{16}$. 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 = $\frac{1}{16}$. 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 = $\frac{1}{16}$, 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