ship to the part inflamed. We are not yet able from anatomical considerations to fix on these regions, and it is only clinical experience or experimental investigation that will serve as a guide. Thus I am convinced that irritation produced in the eyelids has a much more subtle influence in altering the vascular condition of an inflamed eye than an irritant application to the temporal or postaural regions. I have often had cases that had been subjected to the application of fly blisters to the temple or behind the ear, or even had a seton introduced over the zygoma, with comparatively little benefit, but where blistering of the eyelid was followed by rapid and marked improvement.

If you will bear with me I would like to describe a method of counter-irritation that has been employed in Edinburgh for, at any rate, above thirty years, and which is to my mind by far the most efficient. It consists in moistening the skin of the upper lid, and then rubbing a stick of lunar caustic three or four times across the moistened surface. Within a few minutes a burning pain is experienced in the lid, the skin becomes reddened and the lid oedematous, while the epidermis at the part to which the caustic was applied presents an ashy grey tint. The severe pain lasts from half an hour to an hour, but the surface of the lid remains tender to the touch for two or three days. The oedema speedily subsides. A black crust, consisting of the deadened epidermis tinted by the silver, forms on the surface, but is cast off in the course of six or eight days, and leaves no permanent mark behind. I am willing to admit that some of the beneficial effect may be attributable to the rest of the eye and freedom from friction produced by the oedema of the lid, and also in part to the circumstance that the tender surface of the lid prevents the patient constantly rubbing the eye, but I am inclined to view the intimate nervous relationship between the lid and the globe as the main explanation of the great advantage that results from this form of counter-irritation. Let general physicians and surgeons who stand in doubt as to the utility of blisters observe for a few weeks their value in eye cases, and I think they will soon have their doubts resolved.

ANTISEPTICS.

As regards the determination of the value of various antiseptic substances, the eye affords a field for inquiry unequalled by any other part of the body. A healing process that will suffice for all purposes in a wound of the skin may in the cornea leave so dense a cicatrix as materially to diminish or entirely frustrate the beneficial result of an operation. To obtain a perfect result the tissues during the healing process must remain aseptic. Hence the extensive investigations that have already been made by ophthalmic surgeons—investigations that have materially advanced the knowledge of the profession as to the relative value of different antiseptics.

In connection with this matter I may be allowed to refer to my experience of the antiseptic properties of nitrate of silver—a substance which unfortunately, on account of its irritant properties, its liability to decomposition, and its tendency to stain, may never be extensively employed as a simple antiseptic. Its antiseptic virtue, however, I can fully substantiate from the following experience.

Many years ago I was surgeon to the Edinburgh Eye Dispensary, in which institution at that time the surgeon occupied a seat in front of a desk on which were stationed various bottles containing solutions for application to the eyes. Among others there were three bottles with solutions of nitrate of silver of different strengths, that of 10 grains to the ounce being the one most commonly used. Each of these bottles was furnished with a camel's hair brush, which was allowed to remain in the solution. Most cases of conjunctival inflammation that were at all severe had a little of the caustic solution applied to the conjunctiva, and in all cases the same brush was used. Now in these days cases of purulent ophthalmia, particularly in the infant, were not very rare, and I have often, in applying the nitrate of silver, brushed off some of the purulent secretion, replaced the brush, with the septic matter attached to it, in the bottle, and in the course of a few minutes used the same brush and solution to a simple conjunctival case. Yet in no instance did inoculation occur. I confess I was taken aback the first time I saw my late colleague, Mr. Walker, act in this way,

but he assured me he had done it for years without any bad result, and my observation afterwards confirmed his.

This experience led me to put considerable faith in the employment of nitrate of silver solution in the early stage of septic inflammation following an operation, from which application I have in many instances obtained considerable benefit. This, however, like almost all of our most efficient antiseptics, only acts on the surface, and does not readily sink into the tissues, and, as it were, follow after the septic germs to destroy them. No doubt pyoktanin solution (for the introduction of which agent into practice we are indebted to an oculist) does penetrate the tissues, but it appears to be a feeble antiseptic, and thus fails to effect the wonderful works ascribed to it when first brought forward. I am, however, inclined to attribute considerable beneficial effects to its employment in some cases of sympathetic ophthalmia, and think this drug worthy of being further tested, perhaps in considerably stronger solutions than are usually recommended.

REST; ATROPINE; MASSAGE.

As regards the therapeutic effects of rest, little is needed in the way of demonstration. Its value is recognised in all departments of medicine. In the eye we have abundant instances of it, one of the most striking, perhaps, being the restoration of the visual function under dark goggles or shades in those cases where the function of the retina has been exhausted by over-stimulation by exposure to bright glare and the condition of functional nyctalopia has been produced.

The benefit arising from the use of atropine in cases of iritis or cyclitis may, too, at any rate in part, be viewed as illustrative of the beneficial influence of rest effected by paralysing the inflamed muscles.

I might refer to the demonstration of the curative effects of massage by the promotion of absorption in chronic scleritis and some corneal opacities, to the evidence of the value of iodides in tertiary syphilis, as seen in specific inflammatory affections of retina and choroid, or of salicin in rheumatic inflammations of sclerotic or iris; but I think I have advanced enough evidence to prove that ophthalmology has already rendered considerable service to general medical and surgical therapeutics, and that the eye is a most favourable field for the investigation of many therapeutic problems. What has been in the past will be in the future, and I trust the day may never come when specialities shall not remain in closest touch with each other, and all with general medicine and surgery.

PREGNANCY AFTER GASTRO-JEJUNOSTOMY.

By B. J. MASSIAH, M.D.,
Manchester.

In April, 1892, a lady asked me to see her gardener's wife, E. D., aged 38, who was very ill with indigestion. I found her emaciated by three years of pain and vomiting, apparently due to pyloric obstruction. She had a dilated stomach and a tumour above the navel, the size of a fist, that felt like scirrhus. She had had two children and three miscarriages; menstruation had become scanty, and ceased two months previously; otherwise she had been healthy. I sent her to the Manchester Infirmary, to Mr. Wright, who did gastro-jejunosomy. He found that the tumour was pyloric, with secondary nodules in its neighbourhood. After five weeks she was sent to the Barnes Convalescent Hospital for a fortnight and then went home. A month later I saw her there, and noted that she was as thin as ever, with a prominent belly and a tumour in the umbilical region beneath the scar of the operation.

In October she went to a seaside convalescent home, where she was seen by the doctor but not examined. A month later she came home, and sent word that her legs were swelling, so I thought that she was near her end; but about a week later she sent to say she had been confined with a boy. I was astounded and went to see her. I asked her when she found that she was pregnant; she replied, "Not till baby was born." Only one neighbour had remarked, "she thought that Mrs. D. was carrying a little one," and Mrs. D. replied, "I wish it was so and not a tumour inside that is getting bigger." She had felt no movements, only

tightness and fulness which she supposed was wind. Since the operation she had been without pain, but had had constipation, flatulence, and heartburn; for this she took almost daily after breakfast a teaspoonful of bicarbonate of soda in a tumbler of hot water, and vomited. She had felt better and had done her usual housework.

She was cleaning the hearth that November afternoon, when she felt a pain in the stomach that caused her to lie on the sofa. After a few more pains there came a gush of fluid, and she thought that a "wind and water tumour inside her had burst"; but, as the pains continued, she sent for a midwife that lived near, who said that the pains seemed like labour pains, and who stayed with her half an hour, when a small, fully developed child was born, much to her surprise, and greatly to the astonishment of the father, who, on coming from work, found that he had another child to support.

Since delivery she has had no pain and has rarely vomited, occasionally after taking broth. She suckled the child for a fortnight only, and after the second month she began to gain flesh, strength, and colour. Now, eleven months after the birth and twenty months after the operation, she is plump, rosy, and strong, free from gastric symptoms but careful in diet. The tumour has shrunk to the size of an egg, and feels dense and hard, lying immediately beneath the scar, just above the navel, movable to any side, and deeply attached. She seems practically well and so does the baby, whom she speaks of as "a rough one." The neighbours call it "the cancer baby."

Mr. Wright remarks that it is evident that the opening between the stomach and bowel remains patent, and answers all purposes.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

WHEN MAY SYPHILITICS MARRY?

No more important question could be asked than this, raised by a review in the *BRITISH MEDICAL JOURNAL* of October 14th; and, in reply, I will give a note of some cases.

CASE I.—A vigorous man, of fine frame and healthy parentage, had, at the age of 23, chancre, followed by constitutional syphilis, which evinced all the subsequent characteristics of the disease. A bubo suppurated in the right groin; during a few months he became somewhat thinner and debilitated, but did not discontinue his active business duties. After three months of treatment he had apparently recovered, and the syphilitic eruption passed away. Twenty-one months after this he married a young woman, aged 20, of remarkably good health. She aborted at the expiration of two months. The same happened in a second impregnation. The third impregnation was aborted at the fifth month; there were one or two other abortions at which I did not attend. At length she gave birth to a female child at full period. It was born alive, but died almost immediately after. Next in due course a male child was born, again at full period; it was well formed, and not otherwise remarkable than that the skin was unusually fair and pale. It suckled, and apparently did well during a fortnight; then an eruption, unmistakably syphilitic, appeared, first on the forehead, then on the face and limbs, and the nostrils and fauces were also severely affected; those eruptions were preceded by oppressed breathing, and the child died at the end of the eleventh week. I was not allowed to make a *post-mortem* examination. This deadly syphilitic taint, let it be observed, was made thus painfully evident eight years after the father had chancre, and more than six years after his assumed cure. A child still living was born subsequently, but the teeth plainly indicate that the taint has not died out.

CASE II.—In 1874 a man, aged 40, married a healthy widow, aged 33. In the following year I attended her in a full-period childbirth. The infant, a female, was remarkable only for its fine size and plump figure: it was stillborn. About fifteen months after this I attended her at a similar birth of a large stillborn female infant. The mother had not suffered illness

of any kind, but, though the father did not tell me, it yet was what is termed an open secret that he had had syphilis, and, judging by the character of the stillborn children, I should say not less than three years before.

Very many men retiring from the army, and marrying, have their two or three first children syphilitic. Does constitutional syphilis ever die entirely out? I doubt it; it appears to me to modify in some degree the type of every subsequent disease. I never saw typical rheumatic fever in a man who had suffered constitutional syphilis; and, as to the question when a syphilised man may marry, my answer is that he should never have children; for can we suppose a poison so deadly during, say, five or six years, can then cease to taint, though it cease to commit direct slaughter?

I have known a man impregnate his wife when he was suffering chancre, but before the constitutional eruption; he communicated syphilis to his wife, but impregnated her before the constitutional taint had passed into the system of either. The infant was puny, but in no degree syphilitic.

Milverton.

GEO. CORDWENT, M.D.

RASH CAUSED BY TAKING ANTIPYRIN.

THE following notes of peculiar effects produced by antipyrin are of interest. Miss R., aged 50, has fairly good health. She has been subject at times to attacks of urticaria, and has suffered from neuralgia and migraine, for the relief of which she has on four occasions, and only four, taken antipyrin. On the first occasion of taking the drug (a single dose of 10 grains for migraine) she noticed about four hours afterwards great smarting and burning over the extensor surfaces of the hands and forearms; this was followed in a few hours by a rash in the same situations, and confined to those parts. The rash consisted of dusky red patches of erythema about the size of a shilling; these in a day or two coalesced, till the backs of both hands and forearms were covered with an extensive dusky-red patchy rash, raised, and very tender and painful. The feeling to the patient was as if the parts had been scalded. The rash lasted about three weeks, gradually fading, and leaving a brownish discoloration.

On the second occasion the patient took antipyrin with sal volatile three times a day. On the third day an exactly similar rash appeared, and in the same situations, and ran an identical course.

On the third and fourth occasions a single dose of antipyrin (10 grains) was taken. In about half an hour the pricking and burning were felt, followed in a few hours by the rash, which appeared on these occasions on the side of the forehead and face, as well as on the hands and arms. A blister also formed upon the back of the hand about the size of a shilling. As in the previous instances, the rash remained about three weeks. Except for the local discomfort and pain the patient did not feel ill.

I have noted above that the patient had suffered at times from urticaria. These attacks, though probably allied to that affection, were certainly not examples of urticaria. There was an entire absence of wheals, there was no rapid evanescence or reappearance on different parts, and on one occasion the erythema ran on to vesication. Her attacks of urticaria have been typical and entirely different from the rash described above. I am aware that after antipyrin a measly rash has been observed; the peculiarities in this case are that so small a dose should be followed by such marked and lasting effects; the selection of site in each case is also worthy of note.

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CASE OF FRACTURE OF BOTH BONES OF FOREARM BY INDIRECT VIOLENCE.

I READ in the *BRITISH MEDICAL JOURNAL* of October 21st an interesting case of fracture of both bones of the forearm caused by indirect violence, by Dr. A. C. Dutt, of Whitby. This brings to mind a precisely similar case which occurred in my practice on July 9th, 1893. M. G., a boy, aged 13, was standing on the edge of a boat on the sands, and, overbalancing himself, fell backwards a short distance on to the sands. He felt an acute pain in the left forearm, and when I