suffered also from orchitis, so much so that this complication was rather the rule than the exception. In the case of a little boy about seven years old there was very severe deep-seated abdominal pain, which I could not avoid referring to some inflammation of the pancreas; it came and went very suddenly; there was no inflamed testicle here. But in one case the brain symptoms were so severe that I think a few notes about it will be considered worth recording.

Mr. M. S.—, aged thirty-five years, corn factor &c.; fair health except tendency to headaches and sluggish bowels. On Friday afternoon, Sept. 19th, he complained of a swollen neck and a feeling of slight malaise. I found the parotid gland of the left side very tender and enlarged. Ordered a mixture of citrate of potash, liquid diet, and local application of poultices. On Tuesday, the 23rd, I saw him again. He had treated the matter rather lightly, and, feeling better on Monday, he had attended a market about ten miles off, and had driven some distance in an open trap. He thought he had taken a chill, and had shivered. I found his right testicle swollen and tender, and the parotid swelling almost gone. He complained of thirst and very severe frontal headache. Temperature a little over 100°. I ordered him to rest in bed. The next day I found him restless and anxious, the headache most acute, "all over his head." He had not slept at all. Bowels not acted; urine scanty; temperature 103.5°; very thirsty. He complained of severe precordial pain, which was, however, relieved by a mustard poultice. At 9.45 P.M. the same evening, although a purgative had acted on the bowels once, he was much worse; the eyes were injected; pupils both contracted; headache intense; a little excitable, but not delirious; temperature 104.5°; pulse 120, hard and bounding. My friend, Mr. Charles Walls of Burgh, saw him with me about half-past eleven the same evening. We ordered fifteen grains of bromide of potassium to be added to each dose of the mixture he was taking. Cold-water cloths were continuously applied to the head. The next morning he was still suffering from acute pain all over the head. He had not slept; he showed some tendency to ramble. Temperature 105°. The cold cloths seemed to increase the pain; we therefore ordered hot sponges, wrung out in hot water, to be used instead, continually, and after an hour this greatly relieved the pain. No sickness, except after a dose of castor oil; another dose was retained. Soda-water and milk at intervals. On the evening of the 25th the temperature had fallen to 103.5°. Hot sponges still continued, with hardly any interval. Still feeling of nausea, but retains the soda-and-milk. The room was kept darkened, straw laid down thickly outside the house as the slightest noise troubled him. During the night he slept a little, and at my first morning visit on the 26th I found the temperature barely 102°. Hot sponging continued all day. Bowels open. Pulse 100, intermittent 1 in 13.—27th: Temperature 100.5°; pulse 84. Still headache.—28th: Temperature subnormal (97°). From this point he made a continuous but slow recovery. The headache continued, but was always relieved after the hot sponging.—Oct. 7th: Can walk a little about the room.—20th: Out of doors; says he feels quite well.

I have recorded this case at some length, as, although brain symptoms are alluded to in connexion with mumps in some text-books, I cannot find any detailed cases. In this case there was nothing more acute than usual when the parotid gland was first inflamed, but there was most certain evidence of a chill contracted while suffering from the slight feverishness which always occurs in mumps.

Wainfleet, Lincolnshire.

SYMPATHETIC OPHTHALMIA OCCURRING FOURTEEN YEARS AFTER RECEIPT OF THE ORIGINAL INJURY.

BY GEORGE F. HELM, F.R.C.S.,

OPHTHALMIC SURGEON TO THE ROYAL CORNWALL INFIRMARY.

J. Q.— came to me on Dec. 20th, 1886, complaining that the sight of his left eye was not so good as it used to be. The right eye was injured fourteen years ago by a portion of a bullet. He was marking at the time he received the injury at the rifle range where shooting was going on. This eye diverges, and is evidently the subject of traumatic cataract. The patient has never felt any pain in it, but it has always felt tender when pressed. A

present it does not look at all inflamed, and he says it is in no way different from its ordinary condition. The left eye was quite well ten days ago, but since then he has noticed a fog or smoke to be always present before his eye. There is no pain in it now, nor has he ever had any pain. The eyeball is prominent, and the conjunctiva red; but it was not so yesterday. The pupil acts, but sluggishly, and is somewhat oval. There is some slight ciliary injection. He has been compelled to give up his work—that of a carpenter. Right eye: Vision is totally destroyed. Left eye: Vision = $\frac{1}{2}$; reads J. 2 at twelve inches. There is no improvement with any lens for distant vision. Tension in each eye is below the normal. The ophthalmoscope shows some keratitis punctata. I told him that his left eye was suffering from sympathetic ophthalmia, and advised that its fellow should be removed. This he declined. In April, 1887, he found his sight failing so fast that he went up to Moorfields, where his eyeball was removed the next morning, I believe from Tenon's capsule, and a glass globe inserted. V = $\frac{1}{2}$. To continue to use atropine as ordered, and to wear dark glasses. He continued on and off to use atropine for a couple of years or more, during which time his vision has declined to $\frac{3}{8}$, and to all appearance the vision will continue to get worse. He now, in June, 1890, complains of great discomfort in each eyeball, so I admitted him into the Royal Cornwall Infirmary, in order to remove the glass globe from the right eye. I found that this was no easy matter to accomplish, for the globe was sunk so deeply in the orbit that I could hardly reach and hold such a slippery glass globe. Moreover, it was so tightly and closely enveloped by very tough tissue that it was only after great difficulty that I was able to slip it out of its capsule. A few days later he expressed himself as feeling quite relieved from the uncomfortable feeling which he had complained of in each eye. His vision, however, remains now (November, 1890) at $\frac{3}{8}$. Pupil is insensible to atropine; anterior chamber is shallow and iris dotted over with deposits of lymph. The eyeball, when examined after removal, contained some osseous deposit in the choroid, as well as a piece of lead—the cause of all his subsequent trouble. The moral of this case is one which has been so often preached to unwilling ears—viz., the necessity for insisting on an early removal of the injured eye; but the uneducated are slow to listen to advice the exact *rationale* of which they cannot understand. And, moreover, this case shows that hardly any lapse of time gives security against a liability to sympathetic ophthalmia. The glass globe had probably nothing to do with keeping up the destructive process which had already begun when it was inserted, but its presence added much to his discomfort, for he has been quite free from any pain ever since I removed it.

Marazion, Cornwall.

LOCAL DEPLETION OF THE CERVIX UTERI.

BY ALEXANDER DUKE, F.R.C.P.I., &c.,

EX-ASSISTANT MASTER, ROTUNDA HOSPITAL; GYNÆCOLOGIST, STEEVENS'S HOSPITAL, DUBLIN.

TAKING blood from the cervix uteri, though not so much practised as formerly, is still a valuable aid in some gynæcological cases. I now never puncture the cervix, as the same advantages can be gained by scarification—viz., merely drawing the end of a rounded sharp knife across the os and cervix, which gives rise to no pain, and has the great advantage of safety, as I have seen severe hæmorrhage follow puncture. When the part looks congested and blue, instead of the ordinary light pink, or mother of pearl, as some describe it, I make it a rule to take a little blood by scarification; and I use nothing to check bleeding, as this always ceases when enough blood has flown, as shown by the altered colour of the part. In cases of stenosis and flexion, when there is any considerable difficulty in passing the sound, I scarify the part, and when bleeding ceases I have never failed to introduce the sound or point of my dilator. I learned this proceeding from noticing how relaxed the uterus and cervical canal become after hæmorrhage from that organ. If more blood is wanted when the bleeding has ceased after scarifying, I fit a sponge into a holder large enough, when moist, to tightly fill the cylindrical speculum, and by moving it up and down, I, in the speculum, produce a vacuum, and thus cup the cervix. I have found this a useful proceeding in cases of amenorrhœa