which involved the whole shaft of the fibula for about an inch, was removed in fragments. The wound was then filled with iodoform, and dressed with a large pad of salicylic silk. This dressing was not removed for a week. The wound was then almost closed, the redness and oedema had entirely disappeared; the dressing was renewed as before. In another week the wound was perfectly healed, and the child practically well.

2. In private practice, and more especially in country practice, it often happens that it is impossible to adopt antiseptics in their entirety, and the spray is often of necessity omitted. Under these circumstances it is important to use an antiseptic whose action is prolonged for a considerable time. It is in this class of cases that poisoning caused by the absorption of iodoform is most to be feared; the drug must therefore be employed sparingly, and rubbed with the finger over the whole of the raw surface; indeed it is unnecessary to use a large quantity, as a small amount seems to answer every purpose. I have not as yet seen any evil arise from its use when applied in this manner. It might be supposed that healing by the first intention would be prevented, but this is not the case, as I have seen many cases treated in this way heal immediately in whole or in part. The treatment of small abscesses, whether connected with enlarged lymphatic glands or simple in their origin, is much facilitated by an iodoform dressing. The abscess having been opened its cavity is filled with the powder and a salicylic silk dressing applied; this need not be disturbed for a week, when it can be renewed if necessary. The advantages of this method of treatment in out-patient hospital practice are obvious; the results obtained are excellent.

3. Ordinary antiseptic dressings are, as is well known, inapplicable in operations near any of the natural orifices of the body, and also in the operation of colotomy and others of a like nature. In these cases iodoform may be used either in powder or mixed with glycerine in the proportion of one part to eight. In a patient on whom I recently opened the colon in the left lumbar region this use of the drug was found of great service. In another case, after tying a large mass of hæmorrhoids, I found that separation was delayed beyond the usual time; but the putridity which usually occurs under these circumstances was entirely prevented by painting with the mixture of iodoform and glycerine mentioned above.

4. Iodoform may be used as an adjunct to other antiseptic dressings in two ways—either to purify the skin, or to increase the antiseptic power of the dressing employed. The importance of having the skin surgically clean cannot be too strongly insisted upon, the presence of organisms on the skin being one of the most frequent sources of wound infection. This has been particularly insisted on by Dr. Ogston, who has shown that micrococci are found in great numbers in the ducts of the sweat-glands, and that dangerous consequences may supervene owing to micrococcus infection. With the object of reducing this risk to a minimum I have lately used a thin iodoform ointment or pomade, using it as an inunction to all parts in the neighbourhood of the wound. By adding tragacanth powder to glycerine, in the proportion of twenty or thirty grains to the ounce, a convenient basis is obtained, to which iodoform can be added in any desired proportion; a drachm to the ounce seems to answer every purpose. With the object of increasing the power of the dressing employed, iodoform may be used freely external to the wound. The dressing is applied in the following manner:—The operation having been completed with the usual antiseptic precautions, a strip of gauze is dipped in carbolic water and sprinkled thickly with iodoform; this is applied to the edge of the wound over the sutures. A handful of salicylic silk is then taken, and about a teaspoonful of iodoform is poured upon it; this is placed over the end of the drainage-tube. If it is probable that the discharge will be large in amount, the skin is powdered with iodoform. A pepper-box may be conveniently used for this purpose, and silk freely used wherever it is expected that discharge will collect. A pad made of silk placed between gauze, and large enough to overlap the wound for eighteen inches in every direction, is then fixed to the part with gauze bandages; the edges are secured with elastic webbing or with strapping. A first dressing applied in this manner need not usually be disturbed for from five to eight days, and subsequent dressings may be left even longer. This mode of treating wounds is in practice found to answer admirably, and this is what we would expect on theoretic grounds, for it fulfils two conditions of primary importance:

it keeps the wound and its discharges aseptic and enables it to be kept at rest. An enlarged experience may possibly make me change my opinion as to the value of iodoform; at present I consider it a perfectly safe and reliable antiseptic.

Leeds.

ON A CASE OF HÆMORRHAGE FROM THE MOUTH, NOSE, AND LUNGS.

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I THINK the following case of hæmorrhage, from its rarity as well as from the several interesting features which it possesses, is worth recording. I therefore venture to narrate it in as brief terms as the case will admit.

On February 2nd, 1881, I was asked to see a man whom I had previously attended, and who had for some months indulged rather freely in tipping. On this occasion he was suffering from nervous symptoms as well as from a cough, the result he said of a cold caught some days before. He came of a healthy stock; all his brothers and sisters as well as his father and mother were living; the father has, however, of late years suffered from chronic rheumatism and from occasional attacks of bronchitis. The patient, who was married, was thirty-six years of age, and in comfortable circumstances. He looked ill, had lost flesh and strength, and was much depressed in spirits. His cough was troublesome, and his expectoration was frothy and slightly tinged with blood. A physical examination of the chest disclosed some râles at the apices of both lungs, especially at the apex of the left lung, over which there was a little dulness on percussion. The sounds of the heart were normal; the pulse was 80 in the minute, and weak; the temperature of the body was a little under 100°. The temperature and the pulse did not vary much for the first few weeks; but when the prostration was great the pulse increased in frequency, especially on exertion or on emotion. The urine was healthy, but the whole digestive system was much deranged. The patient's food consisted for the most part of beef, mutton, bacon, bread, tea, and coffee. Sometimes he ate a little vegetable on Sundays, but he told me that he was "no vegetable man." On the 6th my attention was drawn to the patient's mouth in consequence of his complaining of pain and tenderness in it. On examination I found the mucous membrane of the gums and mouth, extending to the pharynx, red and swollen. Spots could be seen on the gums and on several parts of the mouth darker and more congested than the surrounding parts, from which a little blood was escaping. The bleeding slowly but persistently increased, and, to make matters worse, the mucous membrane of the nostrils about the 12th of the month assumed the same kind of hæmorrhagic action. From this time the hæmorrhage from the mouth, nose, and lungs continued almost uninterruptedly, without increasing or diminishing to any great extent, until the 28th, when it received a check, but the hæmorrhage in its gradual decline lasted ten or twelve days longer. The blood which escaped from the patient's mouth was diluted with a watery fluid, as if ptyalism was taking place at the same time. The blood from the nose, although watery, was richer in red particles than that coming from the mouth; nevertheless, it rarely formed clots, even when the nostrils were plugged. It was difficult to ascertain with exactness the amount of blood which came from the lungs, but it was not great. The greater quantity flowed from the mouth, and the loss of blood from it was chiefly instrumental in producing anæmia, which from day to day became more pronounced. This was not a case of hæmophilia, as neither the patient nor any of his immediate relations has at any time been subject to recurrent hæmorrhage. From the dislike the patient had for vegetable food it might naturally be supposed that he was suffering from scurvy, and to a certain extent this probably was the fact. Still the affection differed from well-marked scurvy in the absence of bleeding from the stomach, bowels, bladder, and kidneys, and also in the absence of ecchymosis and petechiæ on the skin. The disease differed also in some respects from scurvy in the length of time the bleeding continued; for if the affection had been scurvy pure and simple, the hæmorrhage would hardly have been so rebellious to treatment. The bleeding was the outcome I believe of three causes, which had been operating on

the patient at the same time—namely, a consumptive cachexia, an alcoholic cachexia, and a scorbutic cachexia, all these states of the system combining to produce a morbid condition of the blood conducing to hæmorrhage. Cases resembling this, doubtless, were frequent enough when hard drinking of undiluted stimulants was more the fashion than it is at the present time, and when scurvy was prevalent in the land; but since scurvy, like ague, has almost disappeared from the country the examples of hæmorrhage of this kind which present themselves are few and far between.

In a case similar to the one under consideration, in which a suspicion exists of a scorbutic taint, great attention should be paid to the proper selection of kitchen physie. This patient was ordered to take in the way of food broths, beef-tea, bread-and-milk, mashed potatoes with butter, green vegetables, and milk or lemonade for drink. I consider there are no better antiscorbutics than good potatoes and milk. I have observed that those who live for the most part on potatoes, milk, butter, and eggs, and who partake of flesh meat perhaps once a week, are healthy and robust, and singularly free from skin disease. I think a dietary of this kind preferable as a giver of health and strength to one composed of bread, tea, coffee, and fat bacon. People who live much on tea and coffee would do well to eat frequently with these beverages potato-cake, a most delicious tea-cake when properly made and cooked; a palatable cake suitable for diabetic patients can also be made by treating grated raw potatoes in a way that removes the starch from the gluten. In some skin diseases potato-juice diluted and flavoured is of considerable value as a therapeutic agent.

In the way of treatment by drugs, the patient took at the outset gallic acid and fluid extract of ergot in a mixture. This failing to stop the bleeding, he next took the liquid extract of vinca major and tincture of larch. Anæmia coming on, he was ordered in succession iron, alum, solution of the pernitrate of iron, and a mixture composed of tincture of muriate of iron, chlorate of potash, and quina. This combination answered well, and was taken for several weeks. Lastly, he took for a month or two chloride of calcium in a mixture. He used several astringent gargles; but the gargle that answered best was a solution of perchloride of iron, glycerine, and water. This solution was also used for plugging the nostrils.

In conclusion, I may add that the patient was under treatment for about three months, and at the end of that time he seemed to be in fairly good health; and in this state he continued till he had occasion to leave home a short time ago, when, one morning, in the town to which he had gone, he was found dead in bed. A post-mortem having been made, the lungs presented a most engorged appearance; the heart was enlarged and very flaccid, being quite empty of blood; the left lung was thoroughly adherent to the walls of the chest, the right lung partly so; and the bowels much inflamed.

Lincoln.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF CYSTICERCUS IN THE EYE.

(Under the care of Mr. BOWATER VERNON.)

FOR the following notes we are indebted to Dr. W. J. Collins, ophthalmic house-surgeon:—

A. F. R.—, aged six, a fair-haired, blue-eyed child, the daughter of a labourer living at Holloway, was recently seen at the hospital. The following notes were taken:—She has been suffering, according to the mother's account, from severe headache and night screaming for the last six months, and it has been noticed that the child squinted with the right eye, and has been in the habit of rubbing

or covering that eye with her hand. Has not had any fits. The external appearance of the eyes is normal, with the exception of slight external strabismus of the right eye, but she can fix an object with either eye. The media are clear, the tension normal; the vision of the left eye = $\frac{5}{6}$, of the right $\frac{5}{6}$. On examination with the ophthalmoscope a brilliant white reflex from the posterior pole of the right eye is at once discerned, and on closer examination a sharply defined subglobular mass, about six or seven times the size of the optic disc, is made out, set in the fundus to the outer side of the disc, but projecting into the vitreous and overlapping and obscuring the inner third of the area of the optic papilla. The outline of the mass is more or less circular everywhere, except at the upper and outer part, where it is rectangular. Along the outer and lower border is seen a crescentic area of a greenish-grey colour, but shading off into healthy fundus, and over which small vessels run, and then dip down to pass beneath the white mass, under and through which a very tortuous artery can be seen. Again, at the lower and inner part the retina is raised and detached over a small area of hemispherical shape, as if stretched over some subjacent mass. The optic disc is in a state of intense hyperæmia with effusion, and exhibits a striated woolly appearance; while its vessels are large and tortuous, and in parts buried by the effusion and proliferated fibres through which they run. The diameter of the cystic mass is estimated at nine or ten millimetres, and it is in a plane anterior to the retinal vessels. Nothing, certainly, resembling a head, hooklets, or suckers can be made out, and no spontaneous movements have been observed during any of the many examinations which have been made of it. The remainder of the fundus is healthy, with the exception of two or three hyaline, streaky, and slightly pigmented patches in the choroid. The fundus of the left eye is natural. The child has suffered from threadworms, but there is no history of tapeworm, and a dose of male fern failed to bring any away. The girl has no special predilection for pork, but has partaken of it at various times.

Remarks by Mr. VERNON.—There is not much room for doubt as to the diagnosis, although the movements of the cyst, or the display of the creature's head, which have been relied upon in the previously recorded cases were wanting to make it perfectly clear. No movements were noticed, although the child has been for some weeks under close observation, and the only indication of a head was afforded by a portion of the cyst being more opaque than the rest. Neither could the exact relation of the cyst with the retina be determined; no vessels could be traced upon its surface, although one retinal vessel could be seen through the transparent portion of the projecting vesicles. The general aspect, however, gives one the impression of extensive adhesion to the coats of the fundus. The history of nearly all the cases on record warrants the conclusion that sooner or later this child will lose her eye. The parasite as it grows and shifts its position is likely to excite more or less irritation, soon to be followed by choroidal changes and disorganisation of the vitreous humour, entailing the loss of the globe. Vision would probably be destroyed at an early stage, and even the safety of the other eye threatened; so that all treatment should be directed to the removal of the cysticercus by an operation. In cases where the animal has been situated in the anterior portion of the eye or was visible within the pupil, so that it could be reached from the front, the method of operating was tolerably clear; but when it is situated in the fundus as well as firmly attached there, the steps of an operation are not so clear or so well laid down. In more than one case on record a cysticercus has been removed through an opening far back in the sclera. Of the remarkable instance published by Liebreich as occurring in his own practice, unfortunately all details are wanting. In von Graefe's cases (and the great oculist's experience appears to be altogether exceptional), the results were such that he laid down rules for guidance in the future, indicating his opinion that the extraction should be attempted through an enlarged pupil subsequently to the removal of the lens. In all the recorded cases where an operation was performed, the diagnosis of the case admitted of no doubt whatever; the parasite could be seen to project considerably, and to move within the vitreous chamber; and in nearly all of them there was considerable pain and irritation. In the case of this child, not one of the indications for interference is present, and the operation of making an incision of some extent in the sclerotic, followed by the introduction of forceps or hook, even if the cyst were