

desired. The hæmorrhage did not return, and when the plug came away a few days later there was a firm healing surface beneath. The strength of the patient was rapidly restored.

From this time onwards I have substituted warm milk for alcohol in every case of hæmorrhage I have been called to treat, and I am satisfied that the new treatment is safest and soundest. I give one more illustrative example because of the extreme character of the symptoms.

I was called urgently in the night to meet my friend, Mr. Milson, of St. John's-wood, in the case of a gentleman who was bleeding profusely from the roof of the mouth. The patient was suffering from specific disease affecting the palate and superior maxillary bones; the bony part of the roof of the mouth was, indeed, a necrosed shell. Through an opening in this dead bone, arterial blood began suddenly to pour, and by the time that we arrived five pints of blood, as I found by after measurement, had been passed into one basin, while much more had been lost which could not be measured. We lifted the fainting man from his bed on to a couch so as to get at the mouth more readily, and we at once firmly plugged with styptic colloid and cotton-wool, after passing styptic ether, by the spray tube, freely into the bleeding cavity. In this manner we stanch the bleeding completely. We gave the patient warm milk, but no stimulant. At this juncture we had the advantage, and what is always an unqualified pleasure, of a consultation with Mr. (now Sir) James Paget. He advised that our firm plug should be left in its place, and he independently and earnestly supported our practice of withholding alcohol. Four days later, owing to the separation of the plug, the hæmorrhage recurred as profusely as before, and a new plug would not hold. I therefore, *in extremis*, cut round the margin of dead bone with a dentist's saw, and turned out the necrosed structure altogether. Then we were able to see and secure by torsion two bleeding arteries—*anterior palatine* or *branches* from them,—and by further use of styptic spray and plug again stanch the bleeding, this time for good, but not until a further loss of at least from five to six pints had been sustained. We followed once more the plan of feeding with milk and of withholding alcohol altogether, and with a success that was without a check. The symptoms of fever, of reaction, of dyspepsia, of nervous restlessness, of sleeplessness, were all saved; the wound healed soundly, and the return of strength progressed rapidly to perfect recovery.

(To be continued.)

ON A PECULIAR APPEARANCE OF THE CONJUNCTIVA IN SOME CASES OF NIGHT-BLINDNESS.

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My attention, during the last two years, has been directed to an appearance of the conjunctiva occurring in several cases of night-blindness, which, so far as I have been able to ascertain, does not seem to have been hitherto described; I trust, therefore, that a short account of some of the cases may not be considered altogether uninteresting.

Walter D—, four years of age, was brought by his mother to me at the Eye Dispensary on June 13th, 1874. She stated that ten days or a fortnight previously, when out with him one evening, as it was beginning to get dark, she noticed he could not distinguish between the road and the foot-path, so that he kept slipping off the causeway, but was always better when he came near the gas-lamps. At the time of his coming to me he was unable, as evening set in, to recognise even his mother only a few feet distant. He was a hearty, strong-looking boy, and had always been so. His parents also appeared healthy. The pupils of both eyes were somewhat dilated. The ophthalmoscope yielded merely negative results: no deposit of pigment in retina nor diminution of its arteries. In the conjunctiva, however, at a short distance from the cornea on either side, was a small, glistening, greyish, and somewhat square-shaped patch. It apparently consisted of a number of minute bubbles, freely moving with the conjunctiva, and

which were easily dispersed on pressure, but always re-appeared after a variable period of some hours. These patches were more marked on the temporal side of either eye. He was ordered cod-liver oil and steel. On July 11th the mother reports him as "quite recovered. He sees perfectly well at night now, and the conjunctival patches are entirely gone." I saw this little boy two or three months ago, and found that he had continued well, having had no recurrence of the night blindness.

Hugh S—, aged seven, came under my care May 15th, 1875. He had been observed not to see well at night for a fortnight, when his father had him in the garden at dusk, and instead of keeping to the ordinary path, the boy was walking into a deep pond. In many other ways also his inability to see well at night had been noticed. Both pupils were moderately dilated. The ophthalmoscope disclosed nothing abnormal in the fundi oculorum. Patches similar to the last case, only larger, were found in the conjunctivæ of both eyes, disappearing also on pressure, and more developed on the temporal side. This was the second attack. Last year at the same time he was under observation. The patches in the conjunctivæ were then much more marked, and it was on account of having noticed them that his mother brought him for advice. On being questioned, the presence of hemeralopia was easily and clearly established. The patches then were triangular in shape, with their bases turned towards the cornea, and occupying the space between the lids. He recovered, and was well up to the present attack a fortnight ago. He was now ordered cod-liver oil and steel. His mother, however, taking him away for change of air, he did not make his appearance for some time, but when seen at the end of July was entirely recovered, the conjunctival patches having disappeared as his vision at night improved.

The following interesting family were under the care of my colleague, Mr. Gillott, with whom I examined them, and to whom I am indebted for permission to make use of them. For some time, and in several cases, he has noticed this condition of conjunctiva.

Mrs. G— brought her little boy J., aged six, in March, 1875, on account of his inability to see properly, and for stumbling over things at night. He had been similarly attacked last year. The conjunctivæ presented patches like the preceding cases, but instead of there being two in either eye there was but one, and situated at the outer side. She said that her other children were similarly affected as night approached, and noticing on going home patches on their eyes like those in the boy J., she brought them all at her next visit. There were two boys and two girls, besides a baby in arms who was quite well, making in all, with the boy J. previously mentioned, five suffering from hemeralopia. Their ages were, W., ten years; E., eight years; J., six, similarly attacked last year; H., four years; F., three years. With the exception of J. none had so suffered before. All presented conjunctival patches like the cases before described, disappearing on pressure; but in each eye there was only one patch, and that on the temporal side. The mother, a very intelligent woman, gave satisfactory evidence as to the presence of hemeralopia in each of them. The pupils in every case were moderately dilated. Ophthalmoscopic examination disclosed nothing abnormal, except in one or two, where we thought the retinal vessels looked a trifle veiled, as if there were some small amount of retinal effusion. Towards the end of May they had all perfectly recovered. The conjunctival patches had entirely disappeared. They were as healthy-looking and rosy-cheeked children as one would find in any family.

These cases will suffice, without mentioning others, to illustrate the conjunctival appearance spoken of. None of the cases above described presented any marked changes in the fundus oculi; for although in one or two we thought there appeared some veiling of the vessels, it was so slight as to be doubtful. Certainly none exhibited the amount of retinal haze, dilatation, and tortuosity of veins mentioned by Quaglino* as constantly seen in cases of acute (simple) hemeralopia. There was, however, the dilatation of pupil and tendency to recurrence often described. As to the peculiar appearance of the conjunctiva, I have never seen the like in any other condition than hemeralopia, and, since my attention has been directed to it, have found it in every

* Hemeralopia, by Quaglino. (Ophthalmic Review, Oct. 1866.)

case of simple hemeralopia which has come under my observation; all of which, however, have been children. The patches appear to commence with the disorder, and to disappear as vision at night improves. Quaglino, in the paper before referred to, states that "there is no external alteration of the ocular membranes, except some varicose subconjunctival vessels, deficient brilliancy and liveliness of the cornea." On the other hand, Bitot* describes a pustular condition round the cornea in an epidemic he witnessed, and which he thought pathognomonic of the disorder. Netter,† however, who had observed the same epidemic, was not of that opinion. Mr. Soelberg Wells‡ also, who has noticed a similar appearance in cases of night-blindness caused by exposure to the burning sun of the tropics, thinks it only a "thickening and desiccation of the conjunctival epithelium from exposure to intense heat." The cases I have briefly detailed had not been exposed to any great heat, and, as I understand it, the appearance I have described is different from that mentioned by the writers referred to. In these cases the epithelium did not appear thickened, nor was there any pustular eruption; but there were what seemed like tiny bubbles, which dispersed on being pressed.

The cause of the hemeralopia in these cases appears very uncertain. They were all the children of healthy and, apparently, strong parents, who were of the better artisan class, who lived comfortably, and no doubt their children were well fed and well attended to. An interesting point is, that all the children mentioned here came from one large district of Sheffield; which, however, is loftily situated, and is, I believe, generally considered healthy. Other cases have come before me from quite a different locality.

Sheffield.

ON OVERWORK.

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To hit off the happy medium between over- and under-work is no easy task even to those who have the necessary knowledge, on the one hand, and the liberty to arrange their own scheme of occupation, on the other. But for one person who is injured by doing too much, I quite believe with Dr. Wilks that many may be found who are sustaining serious damage from not having enough mental stimulus. The listless vacuity in which so many of the well-to-do classes spend their lives, the want of any incentive to exertion, and the absence of any attempt at real thought which the widespread prevalence of ready-made opinions in our periodical literature directly encourages, must cause more or less degeneration of intellectual power. Under these conditions the brain gradually loses its healthy tone, and although quite equal to the daily calls of a routine and uneventful existence, it is unable to withstand the strain of special sudden emergency, and when a heavy load of work is unexpectedly thrown upon it in its unprepared state, then we see all the worst consequences of what may be called overwork develop themselves. It is no uncommon experience to meet with cases in which damage has been done to the bodily constitution by indulging too recklessly in athletic exercises and active physical exertion when the muscles have become flabby and feeble from disuse. A man accustomed to sedentary pursuits takes suddenly to boating or running, or the horizontal bar, and, if he escapes straining his heart, he is certain to make himself stiff and uncomfortable. Or he has been told that there is nothing like Switzerland for reviving the faded Londoner, so, without the slightest attempt at preparation, he devotes himself enthusiastically to climbing ice-peaks and traversing snow passes; and, when his brief holiday is over, he comes back, worn and jaded, and astonished to find that the glacier air, which has proved so beneficial to many, has done nothing for him.

* Gazette Hebdomadaire, 1863.

† Gazette de Paris, 1863. Bitot and Netter are quoted second-hand, as I have been unable to refer to the originals.

‡ Treatise on Diseases of the Eye.

Now the fault here lies in the want of proper preliminary training. Even as we do not prescribe quinine as a tonic until we have ascertained that the digestive functions of our patient are in good working order, so it is most improper for anyone to attempt active muscular exertion without bracing up the previously unused muscles by carefully graduated exercise. And in mental operations the same analogy holds good. If the brain is not habituated to the constant gymnastic influence of steady work, it is liable to give way or suffer more or less injury from any sudden and spasmodic effort. If, on the other hand, however, its healthy nutrition is ensured by the free supply of pure blood and the due balance between destruction and repair, we shall find ourselves in possession of an organ which will bear almost any amount of steady strain, so long as certain conditions are fulfilled. So long as a brain-worker is able to sleep well, to eat well, and to take a fair proportion of out-door exercise, it may safely be said that it is not necessary to impose any special limits on the actual number of hours which he devotes to his labours. But when what is generally known as worry steps in to complicate matters, when cares connected with family arrangements, or with those numerous personal details which we can seldom escape, intervene, or when the daily occupation of life is in itself a fertile source of anxiety, then we find one or other of these three safeguards broken down. Probably the man of business or the successful advocate cannot shake himself free from his business thoughts at night. Slumber becomes fitful and disturbed. The sympathetic system, unsettled by the mental strain, brings about various defects in nutrition; the appetite fails, and the vigour of the nervous tissues is no longer able to withstand the endless round; and then we meet with the sleeplessness, the dyspepsia, the irresolution, the irritability, and the depression which are among the chief miseries of those whom we are in the habit of saying are overworked.

Now, THE LANCET has lately laid before its readers some interesting statements which would lead us to believe that damage is being done to many boys in preparatory schools by the strong competition imposed upon them by the entrance examination to the larger institutions, and by the ambition of their masters, who hope to derive profit and honour from their success. This is indeed a serious consideration, and the possibility of a large section of our most promising lads being thus mentally stunted in early life would demand instant interference did we deem the charge fully proven. Now, with all deference, I would venture to express my opinion, based on some experience, that although we must not neglect so timely a warning of probable rocks ahead, there is no specific evidence of present injury. During my residence at Rugby I was in medical charge of several preparatory schools where the educational standard was very high, and where the success was proportionate when the boys came to be drafted off into the big school. I may truly say that no case was brought under my notice during the space of three years which I could in any way trace to overwork. And this I attribute to the perfect manner in which the counterbalancing conditions of health were sustained, the good food, satisfactory hygienic conditions, ample time for recreation and active sports, and frequent holidays. Boys of that age do not fret or worry over their work—they throw it off in their intervals of repose, sleep well, eat well, play well, and so do not suffer. Depend upon it, it would be little to the credit of any proprietor of a private educational establishment were he to neglect the laws of health, and send his boys home enfeebled and worn out from too heavy mental strain.

As regards the larger public schools the same remarks apply, and I met with very few instances at Rugby of any bad consequences from overwork; and in the three or four well-marked cases which came under my care I was enabled to detect some other equally operative cause which predisposed to the seizure. Thus one lad, ambitious of distinction both at classics and football, had undergone violent physical exertion whilst exhausted by study, and the supply of nerve-force, not being available for this double strain, gave way, and a sharp feverish attack ushered in long-continued mental prostration. A second boy, who suffered from a precisely similar attack, had been sitting up late at night, and suffered some anxiety about a future prize; and a third lad, who completes the catalogue, had also consumed the midnight oil to an undue extent. But, as a general rule,