rectum, and not causing the patient great pain by over-distension of the sphinctors."

The "*Phenol Sodique*" is a French name for an article made and sold in Philadelphia. It is simply a solution of impure carbolic acid. The term "*Ceratum Taralinum*" is an ignorant man's effort to construct a Latin name without knowing the language. The article to which it is applied is a blackish, untidy looking *unguentum picis liquidæ*, or tar ointment, but probably not made according to the official directions. Druggists inform me that it is sold as a proprietary article under the name "taroid."

A recent addition to these "systems of rectal surgery" consists in exploring the anus for the little pockets in the mucous membrane which exist normally just above the external sphinctor, pulling them down with the blunt hook, and splitting them down with the Sims' knife. Another addition consists in cutting off the little projections, or caruncles, which are often found at the same part, under the preposterous claim that they are very injurious to the patient. The operators call these organs "pockets and fringes."

The possibilities of deception in this field are unlimited, since the patient can neither see the "pockets and fringes" for himself, nor dispute their alleged pestiferous influence. This practice originated in a paper read before a Society of irregulars, entitled "Rectal Pockets and Fringes." That the paper may be properly estimated I will recall to memory here the structure of the lower rectum, as described by authors, both in anatomy and surgery: Morgagni described, what any dissector can see, a reticulated columnar structure of the mucous membrane just above the external sphinctor. These ridges, or "columns of Morgagni," resemble the *columnæ carneæ* of the inner walls of the heart, but are very much smaller. Occasionally a probe will pass behind one of the columns, as under a bridge, but generally they are merely adherent pilasters, or ridges, running longitudinally but somewhat branched. They are described not only by Morgagni, but by "Curling on the Rectum," "Allen's Human Anatomy," "Kelsey on the Rectum," etc. Kelsey says, p. 10: "Between the lower ends of the *columnæ recti* (columns of Morgagni) little arches are stretched, forming pouches. They are more developed in old people, and may retain small pieces of feces, and give rise to suppuration and abscess."

Curling says, p. 6, that between the lower ends of these *columnæ recti* "the mucous membrane is slightly dilated, variously in different subjects, but in many to such an extent as to form small sacs, or pouches; and in the spaces between them there is a series of short projecting columnar processes about three-eighths of an inch in length."

The latter are analogous to the *carunculæ myrtiformes* of the vagina. The writer of the paper seized on these "pockets and fringes," as he called the pouches and caruncles, and declared that "our current literature contains little or no mention of them." In spite of the fact that they are natural organs, and therefore must have a use, he asserts that "they are more prolific of mischief than you would believe,"

and that "nowhere, so far as" he is "aware, are they well described or properly noticed," hence he advocates their destruction. The author of this paper, boldly claiming old and well known anatomical facts as almost a new discovery of his own, excited a good deal of controversy among the members of the Society, some supporting his claims and practice, and some roundly denouncing them.

The truth is that these structures are natural, and should be let alone in ordinary cases, but, like other organs, they occasionally become diseased, and require surgical interference. The itinerants, however, have added the "pockets and fringes" to their stock in trade, and believe that whenever they are found the pockets must be split down and the caruncles, or "fringes," cut off. For this purpose the blunt hooks and the Sims' bistoury have been added to the wonderful little box, which enables them to "accomplish operations with but little skill."

The plan of treating fistulæ by injections of peroxide of hydrogen, followed by other antiseptics, is in principle the same as the iodine method formerly in vogue, which fell into disuse because of its uncertainty. There are no statistics to show whether this modification will do any better, but there can be no harm in trying it. It will probably be found, like the iodine plan, to fail in a large proportion of cases, but yet may sometimes be useful. It is obviously adopted for the itinerants, because their average ignorance is such that it would never do to trust them with the the operation by incision. I shall be glad to receive letters from any physicians who have opportunity to know of the actual results.

No. 6 Sixteenth Street, Chicago.

RECURRENT HÆMORRHAGE INTO THE ANTERIOR CHAMBER.

Read before the Chicago Society of Ophthalmology and Otology, December 14, 1886.

BY BOERNE BETTMANN, M.D.,
OF CHICAGO, ILL.

Cases of concussion of the eyeball with subsequent hæmorrhage into the anterior chamber are not uncommon. Such occurrences are frequently noted in our journals, and are alluded to in text-books as uninteresting matters of fact. The case I wish to bring to the Society's notice differs so much from the ordinary ones that its presentation need not be prefaced with an excuse.

On May 19, 1886, Mr. and Mrs. W. hurriedly entered my office with their little daughter Ettie, aged 4. They informed me that the child, whilst playing "Indians" with her comrades, was struck in the left eye by a projectile propelled from a toy gun in the hands of a boy. The projectile was a piece of a twig of a tree, its end was apparently smooth, to judge by the appearance of the contused lid. The stick could not be found. The propelling force was a broad band of rubber kept tense by a wooden trigger. The gun was within a few feet of the eye when the accident occurred, three-quarters of an hour before I saw the patient.

On examination I found the following condition: The upper right lid was cedematous and reddened. On lifting it the eye was found bathed in tears and the conjunctiva slightly injected. Cornea normal. The whole anterior chamber was filled with blood. In the lower part it formed a large clot, concealing the iris from view. The pupil was dilated and elongated in the vertical diameter. An ophthalmoscopic examination could not be made. The child was unable to count fingers close to the eye. I ordered cold compresses and instillation of 2 drops every four hours of a 1 per cent. solution of atropine. When I again saw the child, about three hours later, the pupil was dilated *ad maximum*, and the greater part of the hæmorrhage was absorbed. Fingers were readily counted.

On the morning of May 20 but a small clot of blood remained in the lower part of the anterior chamber.

At the next visit, May 21, I learned from the mother that the patient had passed a very restless night, occasioned by spells of sudden intense pain. The first attack occurred in the evening. During a momentary absence of the parent, the child left its bed and ran to the window, which it opened. Hearing the mother return it hastily essayed to regain its bed, but stumbled and fell heavily to the floor. The fall was followed by severe pain in the injured eye. A second attack took place at midnight, and a third early in the morning.

I found the eye in a glaucomatous state. Tension + 1, very marked ciliary injection, anterior chamber full of blood. The eye was rebandaged, and cold applications applied over the roller. A 1 per cent. solution of eserine was prescribed, two drops to be instilled into the eye five times a day.

The child was kept quietly in bed. In the evening I found a great improvement. Tension reduced, but still higher than normal. Hæmorrhage mostly absorbed.

At midnight the child was again awakened by the excruciating pain in the left eye.

The morning showed a return of yesterday's condition; extensive hæmorrhage and increased tension. These sudden attacks of severe pain came on without any apparent restlessness on the part of the patient. Whilst in the midst of a sound sleep it would be suddenly awakened by the darting pains.

I hesitated to reinsert the eserine, thinking that the action of the drug favored a separation of the partly healed iris, which I supposed had been lacerated at the lower border, covered by the blood clot. The child had been kept quiet in bed. Both eyes were bandaged for a time; the right one constantly. Coffee and other stimulants were forbidden. In fact, everything had been done to favor a rapid union of the parts. I decided to try the effects of ergot, and ordered the fluid extract to be given in 12-drop doses every three hours, in order to reduce the action of the heart and permit a sufficiently firm organization of the blood clots in the lacerated blood-vessels. The introduction of this remedy was soon followed by good effects. The blood disappeared entirely, the pupil remained for a long time elongated, but later on resumed its normal shape.

FRACTURE OF CRANIUM; HERNIA CEREBRI; RECOVERY.

BY WILLIAM HENRY, M.D.,

OF HARMON, ILL.

In June, 1886, my little daughter, aged 8 years, while trying to drive a horse running at large, was kicked on the side of the head, the skull being fractured over the posterior superior portion of the right parietal bone, crushing the bone and driving it in, producing compression of the brain.

I was absent from home at the time, and my friend Dr. Burns was called in; his opinion was that she would not live twelve hours. I was immediately telegraphed for, and on arriving at home in a few hours I found the child in a comatose condition, her pulse regular and about 110. I sent for Dr. Burns, and we soon went to work to remove the compressed bone, but after the removal of seven pieces of bone the comatose condition was not entirely relieved. She remained in a semi-comatose condition for five days.

We found the membranes ruptured in the anterior portion of the fracture, and portions of cerebrum oozing therefrom; in all about half an ounce was lost. The edges of the wound were united with stitches, the antiseptic used being a dilute solution of carbolic acid. In a short time the wound began to suppurate, and then became very much swollen. In the meantime I had returned to my place of business, leaving the patient in charge of Dr. Burns, who sent for me again when this last complication arose. I thought it would be best to open the wound in the lowest portion and let out the pus. On his doing so a considerable amount of pus escaped.

I again returned to my place of business, and in a short time Dr. Burns thought that the swollen condition was increasing, and cut the stitches. This caused the wound to gape open, and there soon appeared a hernia cerebri, about as large as a hen's-egg. Seeing this condition Dr. Burns called in Dr. Helm, of Rockford, and Drs. Donaldson and Herb; but they hesitated to advise active interference during my absence. On my return, in a few days, I found the hernia cerebri still increasing, and after a consultation with Drs. Burns and Donaldson I determined to ligate the tumor at its base. I accordingly tied it with silk ligature, drawing the ligature until the pulsation was almost diminished; and in a few days I again tied it, drawing the ligature until all pulsation ceased. It then began to heal under the ligature as the strangulated portion began to die and dry up; and in about fifteen days the tumor fell off, leaving the wound closed and nicely healed.

Harmon, Ill., Nov. 15, 1886.

MEDICAL PROGRESS.

PEPTONE.—DR. LABASTIDE, in the *Gazette des Hôpitaux*, publishes notes of cases showing the good effects of peptone. The first was that of a widow