he passed some more scybalous matter both yesterday and to-day, after having an enema.

21st.—Felt more comfortable and cheerful, although the tympanitis is very considerable.

22nd.—Had two doses of the compound decoction of aloes and infusion of senna, with two enemata, which were followed by great increase of tympanitis and uneasiness from the feeling of distension, for which he had a dose of musk, without relief; but he derived much comfort from friction of the abdomen with camphorated oil.

23rd.—The aloetic draught and the enema were repeated this morning, without effect in moving the bowels. As great distress was felt from the tympanitic distension, friction with the camphorated oil was repeated, and a bandage was put round the abdomen, which gave great comfort.

25th.—The aloetic draught and enema again repeated, which brought away some scybala yesterday morning. The tympanitis so much increased this morning that he could not bear the bandage. Took a pill containing two grains of calomel and four of aloes. He expressed a wish to have some curried mutton, which he ate with great relish; and he passed up a quantity of flatus from his stomach afterwards. Mr. Solly saw him in the evening, along with Mr. Trustram, without my knowledge, and, I was informed, passed several bougies up the rectum to the extent of seven inches.

26th.—There was little apparent change in the early part of the day, but towards evening he became exceedingly weak and restless; pulse 120. When the matter on the larger bougie which was passed up the bowel last night was examined by the microscope, it was found to contain cancer cells.

27th.—Passed a bad night. Dr. Robert Ferguson saw him in the afternoon, and fully corroborated the diagnosis which I had given, and recommended nothing but rest and nourishing diet, until there was some indication of returning tone to the system. With regard to the operation for artificial anus, he said it never was justifiable in this case, and that it never could become so during the patient's life.

29th.—Passed a good night after seeing Dr. Ferguson, and was much comforted by his visit. There has been little change in his symptoms except that the tympanitis has slightly diminished, and his bowels were moved yesterday morning by an enema. Mr. William Fergusson saw him this afternoon, along with Mr. Solly; and after carefully examining him, he agreed with the diagnosis I had given, and disapproved of the operation, stating it was not a case for it, because it was most probably a malignant growth pressing upon, and contracting the calibre of, some part of the bowel; in consequence of the very distended condition of the ileum, which rendered it liable to be injured; and from the risk that the patient would die during its performance. He remarked that there was a scybala in the rectum, and suggested the application of electricity, with the view of promoting the peristaltic motion of the bowels; and observed that afterwards it might be advisable to introduce a small elastic tube up the rectum, for the purpose of allowing the confined air to escape.

30th.—The bowels moved in the morning by an enema, and thin feculent matter and a scybala as large as a walnut came away. I was therefore surprised, on entering the patient's room, to find Mr. Trustram administering electricity to him. It seemed to have no other effect than to fatigue him, and his pulse was rapid and feeble. At four o'clock, four hours after the electricity had been applied, violent pain came on, but it was subdued by opiates; and he calmly died at eleven o'clock, being quite sensible to the last.

Autopsy, sixteen hours after death.—Present: Drs. Wardell, Branson, and Bell; and Messrs. Hicks and Trustram. (Mr. Trustram performed the operation.) Body not much emaciated. Abdomen very much distended, the skin looking tense and shining; percussion at all parts of its surface eliciting a clear tympanitic note. On opening the abdomen at the mesial line, confined air instantly escaped from the cavity of the peritoneum with a loud whistling sound. The incision being continued towards the pubis, from a pint to a quart of yellowish turbid serum poured out, and was followed by semi-fluid feculent matter, at once denoting that perforation of the bowel had at some part taken place. The stomach was flaccid and empty, and thrust high up beneath the diaphragmatic arch and the false ribs. The ileum was exceedingly distended with air, so much so as to present a semi-transparent appearance. At various parts of its course were patches of arborescent injections, evincing the turgid condition of the mesenteric vessels; and at some segments a pinkish inflammatory blush was observed. The descending colon was partially adherent to the abdominal parietes by organized bands of lymph, which from

their degree of tenacity were not referable to the recent attack of peritonitis. The colon throughout its course was filled with air. Its muscular coat was not hypertrophied, nor its mucous coat atrophied. It contained some feculent matter of the consistency of thick gruel, but no scybala. At the descending portion, and a little above the sigmoid flexure, was the place of perforation, the hole being punched, round, and about the size of a pea. From it flowed a thin fecal fluid; and into the cavity of the peritoneum a considerable quantity of the same fluid had escaped. The sigmoid flexure, lying in situ, presented at its anterior aspect a thinned, shining, bag-like appearance; it was quite empty; and this pouch formation which it had assumed coincided with the circumscribed spot at the left hypogastrium which was so tender and painful to the patient when the peritonitis commenced. On passing the hand downwards into the pelvic cavity, a large abnormal mass about the size of the fist was distinctly felt. The rectum, sigmoid flexure, and part of the descending colon being removed, it was evident that the upper part or third of the rectum and the opening into the sigmoid flexure were the seat of the morbid product, which was deposited in the annular form, infiltrated into the submucous areolar tissue, feeling hard and scirrhous when pressed upon by the finger at its peritoneal covering, and soft and pulpy when thus examined at the mucous membrane, manifesting the ordinary characteristic of cancer of the large bowel. The lower two-thirds of the rectum showed the muscular coat to be highly developed. The bowel at the diseased part was *not occluded*, feculent matter passing freely through it; but its calibre was encroached upon.

General Remarks.—It is not necessary to add much to the length of this truly interesting case by making many general remarks in regard to it, as the facts which have been related speak for themselves, and point out how important it is to make a correct diagnosis before rashly entering on the treatment of such cases. Had the operation been performed for artificial anus, which was proposed in ignorance of the history of the case, and harped upon with total disregard to the symptoms which were daily developing themselves, it would have been a source of never-ending regret; for even had it not proved fatal in its performance, which is most probable it would have done under the circumstances, it could not have prolonged life, which would have been rendered more miserable so long as it lasted. This opinion is fully borne out by the post-mortem examination, which not only proved the correctness of the diagnosis, but the utter hopelessness of all instrumental interference.

Tunbridge Wells, June, 1863.

REPORT OF

THREE CASES OF AMAUROSIS PRODUCED BY TOBACCO.

By J. C. WORDSWORTH, Esq., F.R.C.S.,

SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL.

CASE 1.—W. A—, aged twenty-one, a clerk, residing at Liverpool, came to the Royal London Ophthalmic Hospital in 1861, on account of partial loss of sight in both eyes. He is a strong, healthy-looking, rather little man. Has always had excellent health, and never suffered from syphilis. His employment is principally in the open air, as he is engaged in clearing vessels at the Custom House, &c. For some years he has smoked, having gradually increased from two or three pipes per day, until he has reached the enormous amount of a pound to a pound and a half of strong tobacco in the week; and for some time has rarely been without his pipe half an hour in the day. For a long period his sight has gradually failed, till he can only see to read, for a short time, characters of one-third of an inch. Though he has had misgivings that his ailment proceeded from tobacco-smoking, he has continued the habit to the present time, and is now daily becoming more blind.

Both pupils are rather large, but the motions of the irides are active. By means of the ophthalmoscope, both optic nerves appear of brilliant white colour, their areas being enlarged, and their outlines irregularly defined.

CASE 2.—J. M—, aged thirty-six, a railway servant, came to the Ophthalmic Hospital, on account of dimness of sight in both eyes, about June, 1862. He is a tall, muscular, rather

pale man, and says he has always had good health. He is employed as a signal-man, and has been accustomed to beguile his time by smoking all day long. For an uncertain time he has noticed his sight to be gradually failing, and attributed the defect to the use of tobacco. He has still continued to smoke to the present time, and his sight has now become so imperfect that he is unable to attend to his business. He has never had venereal disease of any kind, nor has he used his eyes much for close vision.

The pupils are considerably dilated, and not much influenced by light. The fundus of each eye seems quite normal, with the exception of the optic discs, which appear too large, and irregularly circular, the tissue being quite of tendinous whiteness.

CASE 3.—G. A.—, aged twenty-eight, a butcher, residing in Essex, applied at the Royal London Ophthalmic Hospital, March 25th, 1863, on account of failing sight in both eyes. He is a stout, strong, middle-sized man, having every appearance of health, and says that he has had excellent health all his life. He began to smoke about eight or nine years ago, moderately, but, gradually increasing, has now for some time been in the habit of smoking half an ounce of strong tobacco every day, apparently without any ill effect. About nine months since his sight began gradually to fail, and has continued to get worse to the present time. He has always been temperate as to the quantity of beer, &c., which he has taken, and has never drunk spirit habitually. He is a married man, and has three healthy children. Has never suffered from syphilis, nor has he used his eyes much at any trying occupation. With the exception of both pupils being rather large, and the motions of the irides sluggish, he has no external appearance of any ailment of the eyes. He can only see to read No. 18 test-type (canon) with his left eye, and with the right No. 16 (two-line great primer), word by word; and distant objects are equally indistinct.

The ophthalmoscope demonstrates an atrophic condition of both optic nerves, the inner (apparent) half of each, seen in the reversed image, being quite white and non-vascular; the outer part being redder, and more vascular than normal.

Within the last three years I have seen a considerable number of cases of amaurosis, apparently produced by the influence of tobacco. I admit (I need scarcely say) how difficult it is to reduce the etiology of this obscure affection to a demonstration. For, in the first place, amaurosis is attributed to a vast variety of causes, many of which are always more or less in operation; then, again, the disease is dependent on a similar variety of *pathological conditions*; and lastly, our knowledge of the physiology as well as of the pathology of the retina and brain is so limited that we can ill appreciate or define the influence of physiological agents on their structures and functions.

No one can doubt that tobacco possesses properties that are capable of producing great effects on the nervous system at large, nor that the habitual use of it has much influence, of an indirect nature, on the vital reactions. Our only wonder is that the almost universal employment of this powerful agent does not leave vestiges of its influence that are better known and recognised as signs of disease. This may be accounted for to some extent by the rapid cadaveric changes that occur in the nervous elements, thus obscuring or effacing diseased states before we have the opportunity of recognising them.

All the classic writers attribute its full share of causation to tobacco as a source of amaurosis; yet I have not met many that are willing, individually, to allow that they have traced its influence. But it has often happened that the causes of disease are long unrecognised by many, after as full a proof has been made of their reality as possible. For instance, it is recorded of one of the causes of iritis (that everyone now allows) that for many years it was not admitted by men of vast experience that any closer relation than that of coincidence existed between it and syphilis; yet so great has been the revulsion of opinion that some eminent men now seem to think it never occurs except in connexion with that contamination.

I have selected the cases above sketched to illustrate this subject, because they seem to be as free from the unavoidable fallacies that encircle this subject as possible. Many have come under my notice in which I could not find any other cause to account for the conditions; but few so typical of the atrophy of the optic nerve, or so advanced. It is obviously desirable to cite well-marked cases. Many of those observed gradually merged into less definite conditions, and were only corroborative, rather than conclusive. Again, many were so fettered with other complications that I consider them inapposite for my present purpose. All the cases that have come under my observation have (as might probably be expected)

been in males. It will be noticed that only one pathological condition was seen in these three cases—namely, that of white atrophy of the optic nerves. I am not prepared to assert that tobacco produces blindness in this way only; but in all my cases I have recognised this condition in a great or small degree.

I may anticipate that I shall be asked, How can it be that of the hundreds of thousands of smokers, only so small a proportion are affected by amaurosis? I should reply, first, that few probably smoke to such excess the strongest tobacco; in the second place, we are not yet in a position to recognise the smaller degrees of tobacco-disease; and thirdly, as Dr. Mackenzie has aptly observed, only one of five hundred shall become amaurotic, in whom a stronger predisposition to the disease had existed.

Secondary syphilis affects the retina, and leads to amaurosis; but of the thousands affected how few become blind!

Then it has been suggested that I ought to show that amaurosis is most common where smoking is most general. To this I reply, it is impossible so to estimate and proportion the other recognised causes of amaurosis so as to enable us to compare them with the effects of tobacco, and thence deduce any relation. But so far as probability warrants, I think there may be some conclusion to this purpose deduced from the greater frequency of atrophy of the optic nerves in men than in women, (of which I suspect there is little doubt,) though the other causes of amaurosis are more likely to affect the latter—for instance, needlework, &c.

Dr. Mackenzie, in his great work on Ophthalmology, expresses his belief that tobacco is a *frequent* cause of amaurosis, and adds that “one of the best proofs of tobacco being a cause of amaurosis is in the great improvement in vision—sometimes complete restoration—which ensues on giving up the use of this poison,” and cites a very striking case in illustration. With him I agree also in the conviction that tobacco is a common cause of the cases of partial loss of sight that are daily to be found at our hospitals.

Queen Anne-street, July, 1863.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

GUY'S HOSPITAL.

ENLARGED MIDDLE LOBE OF PROSTATE, WITH DISEASE OF
THE KIDNEYS; THE RIGHT URETER DILATED TO THE
SIZE OF THE SMALL INTESTINE.

(Under the care of Mr. HILTON.)

THE three following cases are examples in which the prostate was more or less involved. In the third case an abscess occupied an hypertrophied prostate; whilst in the second case an abscess lay between the gland and the bowel, the bladder being sacculated. In the case under Mr. Hilton's care the middle lobe was greatly hypertrophied, and projected into the bladder. This explains the consequent disease of the kidneys and enlargement of the ureters, especially the right, which had attained to the size of the small intestine.

The parts of the prostate chiefly affected by hypertrophy are ably described in Mr. Henry Thompson's work on the diseases of this gland. He found both lateral lobes and the median portion pretty equally enlarged in 74 out of 123 preparations which he examined; whilst in 19 others, although the gland generally was enlarged, the median part was enlarged to a greater proportion. The latter is therefore the less common, more interesting, and offers a greater obstruction to the flow of urine, the consequences of which are well shown in the following briefly narrated case:—