Seventh. On the contrary, ardent spirits dwarf intellectually, morally and physically the nation that uses them to excess.

Eighth. Hence we should not classify all liquors as equally prejudicial to man. On the contrary, admitting a human instinct, we should allow the reasonable and free use of some stimulants and discourage the use of others.

Ninth. We should in this country cultivate everywhere the grapevine and permit the use of lager bier. We should open our ports to a free trade in mild, "unfortified" European wines, at least until we can make sufficient of our own to satisfy the necessities of our people.

Tenth. We should do everything we can to restrain the use of ardent spirits as a beverage, by moral suasion and if need be by stringent law. We should close "grogshops."

Eleventh. Moral suasion and education in the horrors of intemperance, too much neglected of late, I fear, in our pursuit of law as a prevention of intemperance, should be inculcated.

Twelfth. Inebriate asylums should be established for the reformation of dipsomaniacs, and repeated drunkenness should be punished as a crime.

Thirteenth. The seller of liquor to a known drunkard should be signally punished, and the offender should be made to pay the expenses of crimes or injuries resulting from the intemperance of his victim.

Fourteenth. All adulterations of liquor should be punished signally and promptly as a high crime against society.

Fifteenth, and finally, it would be the greatest blessing to this community if by large cooperative work by capitalists, Holly Tree Coffee Houses could be everywhere opened. In these good food and good coffee and tea could be prepared cheaply for the people. These could be placed side by side by the two thousand grogshops that now disgrace our city. Our correspondence proves that a great gain for temperance would be the result of such a movement.

A FATAL CASE OF OTORRHEA.

By Geo. W. Gay, M.D.

Mrs. X., aged 33, had scarlet fever when a child; this was followed by a purulent discharge from the right ear. With the exception of an occasional abscess in this ear, she has enjoyed fair health till the summer of 1870, when, soon after the sudden death of her only child, she began to have sleepless nights, and violent headaches, of a supposed neuralgic character. She was very melancholy, and in the early autumn the headaches became almost constant. She was in her fourth pregnancy. Her strength and appetite were poor and her spirits unusually depressed.

Dec. 27th.—I was called, and found her suffering from an ordinary attack of acute gastric catarrh. Nausea, vomiting, and a severe headache confined to the right side. Pulse, 70; no fever. Could not lie on right side, as headache was made worse. Had a blister behind right ear. She took small doses of bicarbonate of soda and oxalate of cerium for nausea and vomiting; had hot applications to head, and bromide of potassium at night.

Dec. 28th, evening.—Passed a restless night. Had a severe throbbing pain in right ear this A.M.; easier now. External meatus red, swollen and very sensitive to the touch. Can lie on right side. Nausea and vomiting subsiding. Sat up and had her bed made to-day. 8 t. d. Liquid diet and bromide of potassium at night.


Dec. 31st.—Pretty comfortable till last night, when she had severe pain along right side of lower jaw; not much pain in ear. Pulse, 88; thirsty; stomach quiet. Beef tea and wine.

Jan. 2d, 1871.—Had a good day yesterday and a comfortable night, but pain came on in right ear again this morning. She is chilly at times, and sweats some when asleep. Pulse 100, and of good strength. This P.M., she became excited by bad news, and pain in the ear became worse than ever; much relieved by chloral. Does not feel as strong as she did yesterday. Motions of feces active. Cold applications to head, and heat to feet. Stop quinine, as it seems to increase the headache.

Jan. 4th.—Has been afraid to take opiates on account of the nausea and headache, which have always followed their use, but yesterday morning she was persuaded to take an eighth of a grain of sulphate of morphia with one grain of oxalate of cerium, and she had an excellent day and night. This morning the headache began again, and the pain was most severe in occipital region. A slight purulent discharge made its first appearance from right ear to-day. Had a severe chill this P.M., followed by sweating and prostration. Syringe car
A FATAL CASE OF OTORRHEEA.

with a warm and weak solution of carbolic acid. Morph. sulph. p. r. n.

Jan. 6th.—Headache for past twenty-four hours has been much relieved by leeches to temples, followed by fomentations. Slept well last night. Pulse 100; some fever; skin hot, especially in palms of hands and soles of feet. No chills. Morphia, given when chills threaten, seems to modify and occasionally to entirely prevent them. Takes food and stimulants well. Bromide of potassium and ammonium at night.

Jan. 7th.—A little excitement this A.M. was followed by a severe chill. Quin. sulph. gr. j. every two hours. Milk, ice cream and wine.

Jan. 10th.—Has been fairly comfortable to-day. Pulse 110. Great prostration. Begins to complain of sore throat and difficulty in swallowing. Tongue dry, with a white, cheesy coat. Abdomen tympanitic. Uterus quiet. No motion of child felt for several days. Enema infusion of assafoetida.

Ice to eat. Instead of wine, to have brandy and aromatic spts. ammonia.

Jan. 12th.—Easier yesterday, with pulse at 100. To-day, pulse 112. Prostration severe. Mouth and throat sore. Tonsils and adjacent parts red and swollen. Muscles of neck stiff and sore, but there is no swelling externally. No chills for some days till this morning. Slight cough, with frothy sputa. No physical signs of trouble in chest. Headache moderate and not confined to any part. There is still a slight fetid discharge from right ear. No tympanitis. Continue food and stimulants.

Jan. 14th.—Pulse 108 in the morning, 120 this evening, and intermittent for the first time. Resp. 26 to 36. Was unconscious for a short time this P.M., but now is bright and hopeful. No delirium or convulsions. Pupils contracted and sluggish. Comfortable.—requires an opiate twice, daily.

Jan. 15th.—Pulse 108, fair strength. Respiration 20. At midnight, was attacked with a sharp pain in right shoulder, relieved by morphia. This pain came again this P.M., and electricity was tried without effect. No chills. Throat not so sore.

Jan. 17th.—Comfortable yesterday, but to-day began with a severe chill. She is exceedingly "tired" and restless. Whole body very sensitive to the touch. Palms and soles hot and dry, almost burning; and required constant bathing. Mouth and throat dry, and covered with aphthae. Can open mouth to only about one-third the natural extent. Neck still sore and stiff. Headache mostly confined to occiput.

Jan. 18th.—Pulse 96 to 102; intermittent. Resp. normal; two chills last night, none to-day; there were indications of one, but a hypodermic injection of morphia and a whiff or two of ether quieted her. There is a hard, ill-defined swelling over right sterno-mastoid. No edema or fluctuation. No more tenderness than over any part of head or neck. No swelling or tenderness over mastoid process. Can neither move her head nor allow it to be moved without great pain. Mouth and throat better. Restlessness is extremely severe when not under the influence of opiates. Headache better.


Jan. 20th.—Delivered, this morning, of a six months child, which showed slight signs of life. Labor lasted about two hours. Uterus contracted well. No hæmorrhage. Has had the most comfortable day she has seen for a month; none of that terrible restlessness which has troubled her so much. Pulse ranges from 100 to 120. Can open her mouth better, and takes more nourishment. Ear discharges a little occasionally; no pain in it. There is some muttered delirium at times. No paralysis or convulsions. Pupils alike, contracted, and slow to the stimulus of light; moderate photophobia. Sleeps considerably, and is refreshed by it.

Jan. 21st.—At 1, A.M., the old unrest came back again, worse than ever. Pulse 120 and weak; skin hot and burning; greatly relieved by olive oil inunctions. Lochia natural. To inhale chloroform occasionally when very uneasy.

Jan. 22d.—Much worse. Semi-conscious most of the time. Resp. moaning. She complains of pain all over body when roused, and especially on right side of head. No pain in ear for several days. Head drawn to right side. Right eye projects about a line; lid oedematous. Pupils same as usual. Kept quiet with chloroform.

Jan. 23d.—All the above symptoms aggravated. Groaning and screaming continually, when not under the chloroform. Takes stimulants and nourishment fairly.

Jan. 24th.—Conscious and comfortable for a short time this morning, then came the restlessness and pain as severe as ever, and she was kept under chloroform the remainder of her life. She died at 2, P.M., Jan. 24th, thirty days after taking to her
bed. There was no paralysis of motion or sensation during her sickness, nor were there any convulsions. Dr. L. Richmond, of Derby Line, Vt., was with her constantly during the last two weeks of her life, and almost everything was tried which promised even temporary comfort. Opium and chloroform were her best friends. Chlo-

ral, bromide of potassium, belladonna, con-
nium, cannabis indica, valerian and many other drugs were tried with very little benefit. There was no autopsy.

TWO CASES OF EXTRACTION OF A CYSTICERCUS FROM THE HUMAN EYE.

Shown at the Berlin Medical Society, Nov. 22, 1871, by Dr. J. Hirschberg. Translated for the Journal, by B. Joy Jeffries, M.D., from Virchow's Archiv, 1871.

The first case was interesting from the difficulty in operating, the second from the complete success of the operation. In the former the worm was deep in the vitreous, in the latter in the anterior chamber.

In the first part of November, 1871, a woman, 23 years old, applied to me. She was healthy and sound otherwise than that for the last year she had suffered from some defect of vision of the right eye, which at present allowed only fingers to be counted with difficulty at a short distance. The globe was unaltered, and in the still transparent vitreous I found a large, quite active cysticercus. As we know, such an eye must be lost, and there is even danger of sympathetic trouble in the other.† Thrice I have been forced to enucleate an eye holding a cysticercus, and thus had opportunity of demonstrating the anatomical changes produced by the parasite; and I have expressed the opinion that in all these cases, when advanced, this operation was preferable to attempts at extraction. In my present case, however, the conditions seemed sufficiently favorable, and the retention of the form and shape of the globe so important for the woman, still young, that I decided on extraction according to Graefe's plan.

The patient was lying, without anaesthe-
tic, on the bed. I made the lower sclerotic section as if for cataract extraction, then did an iridectomy, opened the anterior capsule largely and evacuated the perfectly transparent crystalline fully and slowly. (Upon the last great stress should be laid.) I then let the patient sit up, and entered the vitreous with a little hook by which I drew, with great difficulty, the worm in its surrounding membrane forwards till it was seen by the eye. The patient's head was now bent downward whilst I depressed the edge of the wound, when the entozoon slipped out. The wound healed prima inten-
tione. Now, on the thirteenth day, the eye is perfectly quiet and its form completely retained.

The second case is in a certain way important in reference to the topographical seat of the cysticercus. The presence of the worm between the lamellae of the cornea was stated by Appia, based on a briefly related observation.† This, however, was doubted by competent authors.† My observation shows how an intra-lamellar (corneal) position of the worm may be simul-
acted, when the animal, living free in the aqueous humor, occasionally fastens itself to the cornea. It is of interest also to notice that both parasite and host were relatively young—the former twelve weeks and the latter two years.† (Comparing the size of the entozoon in this and the former case with the sizes given in my previous accounts, and we shall get an approximate idea of the relations of growth of the cysticercus in the human eye.)

In March, 1871, a small boy was brought to my clinic who had suffered from inflammation of the left eye for three months. The mother had noticed a white spot upon it for the last four weeks. The eye was unaltered in size and shape, but showed marked pericorneal injection, as in severe iritis, a disease as we know that scarcely occurs spontaneously at so early an age.

The cornea was clear and its anterior sur-
face regular. In its centre was a grayish spot of about 1" diameter, which lateral illumination showed to be a delicate spheri-
cal vesicle with central white spot. In front of it was certainly a thick layer of corneal tissue; whether a thinner layer also was behind it, could not at once be decided. The aqueous humor was muddy, the pupil small and still undilated three quar-
ters of an hour after instillation of a solu-
tion of atropine. I attempted at once to extract the worm under chloroform. On

† Compare this Archiv xiv. Also Knapp and Moos, Arch. für Augenheilkunde, ii. Also, Sitzung. bericht. berl. Med. Gesellschaft.

† Archives d'Ophthalmologie, par Jamain, July and August, 1868.
† Zeitschr. für Ophth. Handbuch, i. 228. Note 2. Wecker, Book i, 435. Appia's idea would not tally with the theory that the cysticercus germ reached the inside of the eye through the circulation. Compare the author's remark of the literature of this subject in the Wiener Medic. Rundschau, Jan., 1870.
† Graefe's Archiv, 12, 2, 174. He found in his 80 cases of intracocular cysticercus (among 80,000 patients) that the youngest host was 8 years old. I extracted a cysticercus from the lower lid of a child 3 years old. Berl. Klin. Wochenschrift, 1870.