

ed without inconvenience for one hour and a half or two hours; formerly he could not retain his urine for more than a few minutes. Blister still kept open, and *tinct. fer. mur.* continued.

16. The recovery of the patient may be now considered as completed; the command over the bladder is nearly perfect, and a very few days will suffice to enable him to be discharged. This case illustrates the marked benefit derived from blisters applied immediately over the injured part, when the spinal marrow has suffered from slight concussion. It may also throw some light on the mode by which urine is retained in the bladder during the state of health. Anatomy proves that the urinary bladder is not furnished with a sphincter, and that the urethra is equally destitute of muscular fibre; the nerves of the bladder are derived partly from the hypogastric plexus, and partly from the sacral; those filaments which pass to the neck of the bladder, and the muscles round the commencement of the urethra, are principally derived from the latter plexus; is it not then probable that these muscles have a considerable share in enabling us to retain our urine, since injury to the spinal marrow, which can only affect the spinal branches distributed to these muscles, is sometimes followed by incontinence of urine?

If it be true, as Magendie asserts, that contraction of the levator ani is the chief mean by which the urine is retained in the bladder, we have an additional argument from this circumstance; for all the nervous filaments distributed to the levator ani near the urethra, are exclusively derived from the sacral plexus.

MONOCLEPSIS.

To the Editor of THE LANCET.

SIR,—I have searched all the books to which I have access on diseases of the eye, but cannot meet with a description of any case attended with symptoms similar to the following, which has been under my care for the last fortnight, and an account of which I now send, for insertion in your much-esteemed Periodical, in the hope that some of your ingenious correspondents may be induced to favour the public with their opinion on it, and at the same time make known whether experience or reading has furnished them with any example of the kind, adding to their account a statement of the medical treatment and results.

John Frost, carrier, aged 48, of a stout make and rather plethoric habit, on his return from Exeter market, was seized with such a dimness of sight that he could not discern

any object at the distance of a few yards, and was unable to keep on the road without holding by the end of his cart, though it was only about three o'clock P.M., and the day quite fine and clear. Before reaching his home, however, he found that on closing, or covering, *either* eye with his hand, he could see sufficiently well with the other. I was sent for to his house next morning, and found that he could scarcely perceive even the lines of a book when both eyes were open, but that on closing either of them he could read distinctly every word.

These symptoms were accompanied with considerable pain in the forehead, and a full, quick, and rather hard pulse; being a stout man, I took from the arm about 24 ounces of blood, gave him some compound *colocynth pills*, with a grain of *calomel* in each; two to be taken every three hours till the bowels were freely opened, and directed a blister to be applied to the back of the neck at bed-time. Next day I found the pulse softer, the pain of the head gone, but no alteration in the sight, either for the better or worse. In this state he continues, entirely free from pain, but still under the necessity of wearing a bandage over one eye, without which he cannot even see to walk. *Errhines*, and a little *spt. etheris sulphurici*, applied to the eyes twice a day since the application of the blister, always afford him *temporary* benefit. I cannot discover the slightest irregularity in the motions of the iris; the pupils seem neither more dilated nor contracted than they ought to be; the humours appear perfectly transparent and healthy, and there are no traces of either irritation or inflammation to be perceived. Whether the above anomaly portends the commencement of amaurosis, or is to be considered merely as resulting from a temporary weakness or relaxation of nervous power, I shall leave to the determination of the learned; but I cannot help thinking, that it strongly favours the opinion of those who advocate the existence of some *fluid essence* circulating in the course of the nerves, the influx of which, in this case, seems insufficient for supporting the action of both eyes at once, but enough when directed upon *one* of these organs to render vision complete.

I am, Sir, your most obedient servant,

WILLIAM REED, Surgeon.
Kentisher, near Collympton, Devonshire,
October 20th, 1831.

CUPPING IN ASPHYXIA AND CHOLERA.

To the Editor of THE LANCET.

SIR,—My attention having been recently directed to the subject of suspended animation from drowning, &c., with a view of