

ocular defects, among men employed in coal-pits. The oscillating movements are caused by alternating contractions of the recti or oblique muscles, and in all the cases observed by Dr. T. have been horizontal or rotatory.

"This affection," he says, "appears to be analogous to writers' cramp, pianists' and telegraphists' cramp, or the similar affection of the gastrocnemii occasionally observed in ballet-dancers. It may be developed in any or all of the muscles supplied by the third nerve, and is clearly caused by the over-taxing of these organs. The patient makes a great and sustained effort to see in an imperfect light; the muscles engaged in the accommodative strain are overburdened, in course of time give way, and at last, whenever called upon, just as in the analogous cases cited above, become, as it were, agitated and fluttered, escape from the control of the will, and perform irregular motions. It is clear, from these facts, that in all cases in which a considerable degree of exertion of the ocular muscles is required for distinct vision, nystagmus may, under certain concomitant favouring circumstances, be developed. Hitherto the cause of nystagmus has been referred to, and might usually be readily detected in, the eyeball itself; but these cases demonstrate that causes external to the organ, and independent of any structural or apparent functional changes, may occasion all the phenomena of that disease, or, more properly speaking, symptoms of disease. Nystagmus generally persists so long as its cause remains, and, if developed in childhood, may continue even after its removal; but in 'miners' nystagmus' the aphorism *sublata causa tollit effectus* applies, and, as a rule, change of occupation and working in a good light are all that is necessary to effect a cure," supplemented by such auxiliary treatment as may, in each case, appear to be specially indicated.

63. *Method of Improving the Patient's Appearance in the last stage of Ophthalmia Tarsi.*—Dr. SOMERVILLE OLIVER, in a communication to the *Edinburgh Medical Journal* (June, 1875), remarks that "in the advanced stage of ophthalmia tarsi—the stage sometimes termed 'lippitudo'—when the eyelashes have disappeared, and the edges of the eyelids have become rounded, perhaps tumid and everted, after all has been done for the patient that can be done by the usual means adopted in such cases, the unseemly appearance caused by the loss of the eyelashes and the red margin of the lids is still very conspicuous; but it may, he thinks, be considerably lessened by *tattooing* the margin of the eyelids as darkly as possible with Indian ink.

"By using Snellen's eyelid forceps, there can be no risk of pricking the eye itself. Darkening the margin of the lids by tattooing would also mitigate the disfigurement caused by removal of the cilia and their bulbs in cases of trichiasis and distichiasis."

MIDWIFERY AND GYNÆCOLOGY.

64. *Fœtal Heart at an early period of Pregnancy.*—Dr. UNDERHILL related to the Obstetrical Society of Edinburgh (May 12, 1875) the following case:—

"On Sept. 6, 1874, I was asked by my brother, a medical student, to see a woman, Mrs. McGair, æt. 30, multipara, who was ill with fever, in the High Street. I found her a very spare and thin person, suffering from a moderately severe attack of typhus fever. She said she was several months pregnant—about three or four—but could not tell exactly. The abdominal wall was thin and lax, as she had had several children before. On palpation, I could not make out distinctly the shape of the enlarged uterus, but percussion revealed dulness extending for about two inches above the pubes. On placing the stethoscope on the dull part, and to the right of the middle line, I distinctly heard the double pulsation of the fœtal heart, and, taking out my watch, counted it; it was beating at the rate of between 160 and 170 pulsations per minute, while the mother's pulse, which I also counted, was only about 120. My brother afterwards listened and heard the heart beats and also counted the