

Examination of the visual field showed a considerable limitation, sight being lost for objects above a line nearly on a level with the horizontal diameter of his eye. The ophthalmoscope revealed a well-defined, rounded, pearly-colored tumor, having its origin at the lower and outer part of the choroid, a little posterior to the iris. This was complicated by separation of the retina to a limited extent, this membrane seeming to be pushed before the morbid growth.

There appeared to be little doubt that the tumor was a sarcomatous growth from the choroid; but the patient was advised to return home and to present himself again for examination at the end of two weeks. At this time, the visual field had become yet more limited, and the patient was disposed to close the affected eye, to avoid the confusion of vision arising from the imperfect image formed on the retina. Ophthalmic exploration showed an evident increase of the morbid growth, and a small hemorrhagic spot was observed at its apex. The danger to be feared from the extension of the disease to contiguous parts if the tumor was allowed to remain, and the probably favorable prognosis in case it was removed, were explained to the patient, who consented to the sacrifice of his eye, and returned home immediately after the operation.

On section of the globe, the tumor was found to correspond precisely with the previous diagnosis as regarded its origin from the choroid and its detachment of the retina. It was of the size of a large pea, and composed of spindle-celled sarcoma.

CASE VIII.—Mr. S. was injured by a blast at the Hoosic Tunnel Oct. 13th, 1871. The cornea of his right eye was perforated and traumatic opacity of the lens brought on, probably by some fragment of powder or stone, and the left eye was quite disorganized and swollen, with much chemosis and œdema of the lids when he came to the City Hospital on the 23d. The left eye was at once enucleated to relieve the intense pain, and to give more hope of restoration of the right eye. On opening the eyeball all its interior structure was found to be destroyed, the entire globe being filled with lymph and pus. Immediate relief ensued, and he went home a week after with favorable prospects as regarded some vision in the other eye after the lens shall have been absorbed.

CASE IX.—B., æt. 6, was brought to my office from Nova Scotia Nov. 1st, 1871. In March last, he struck a hammer on an anvil, and his left eye at once became closed and

his eyelids swollen. It was supposed that the rebounding hammer had struck the eyebrow, and when, six weeks after, the eye could once more be opened and a scar was seen in the sclera just beyond the corneal margin, it was still thought that the hammer must have struck the eye. From this time the eye looked well until three weeks ago, and his parents observed no defect in vision. But at this date the eye began to be injected, and the pupil was seen to be clouded. Several times since, the eye has been temporarily flushed.

I found the pupil contracted, and closed by a mass of lymph. The scar in the ciliary region showed a slight depression. There was scarcely any injection of the eye until during etherization, when, as is not unusual in similar cases, a marked vascularity became visible in the circum-corneal vessels. The right eye showed nothing abnormal on ophthalmoscopic inspection.

My opinion was that a bit of steel had flown from the edge of the hammer and entered the eye, and immediate enucleation was advised. This was reluctantly consented to, as the father of the boy had never had a suspicion that anything had penetrated the eye.

On section of the globe, the vitreous was found to be fluid, and the iris lined with organized lymph. A bit of steel, three lines in length, was extending from within the cicatrix of the sclera to the inner surface of the iris.

#### ON THE UTILITY OF CALOMEL IN INFANTILE INTESTINAL AFFECTIONS.

By E. P. HURD, M.D., Newburyport.

I BELIEVE that in the present state of infantile therapeutics, we cannot profitably dispense with calomel in the treatment of the gastro-intestinal complaints of childhood. Much as we may deprecate the indiscriminate use of mercurials, and much as we may theoretically condemn their exhibition altogether, cases will continually occur in which we shall find ourselves compelled to resort to some preparation of the greatly abused hydrargyrum.

The following cases, selected from many similar ones in my portfolio, will illustrate what I have said:—

CASE I.—Mary G., æt. 2 years, had been suffering for a fortnight from an affection of the stomach and bowels, aggravated by teething, as she was cutting two of her molar teeth. When I first saw her, on the 8th of Nov., the prominent symptoms were

obstinate and uncontrollable vomiting, with constipation, great restlessness and prostration. Bowels had been confined for several days; abdomen swollen and hard; no particular head symptoms; tongue moist, with cream-colored fur; much thirst, but drinks were instantly rejected; frequent retching, even when food and drink were withheld. Occasional febrile attacks, followed by profuse sweats.

Here, said I, is a case where I used to give calomel, but this child shall get none of it.

I tried a dozen things. The simple herb teas, mint and anise, with magnesia; enemata to promote a soluble state of the bowels. It was of no avail; the herb teas "did not stay down a minute," to quote the words of the mother; the injections "came back." Bicarb. soda was tried, with bismuth, and this failing, minute doses of opium ground with bismuth and white sugar. I waited a few hours and returned. The powders had all been vomited as soon as taken. I took a hint from a favorite eclectic journal, and prescribed ipecac, one-tenth of a drop of the fluid extract to be taken every two hours, alternately with one-fourth of a drop of the tincture of veratrum viride. Again I was foiled. I increased the quantity of ipecac to half a drop, then a drop of Tilden's Extract, but to no effect. Then I administered podophyllin, one-twelfth of a grain, rubbed up with sugar of milk. This surely *must* relieve, I thought. Four powders were given, at intervals of two hours, not one of which was retained. The child was taking milk and lime-water for nourishment, but little of which; however, remained on the stomach. The case was becoming desperate, and bid fair to pass into the hands of another physician.

"There is one thing," I said, "which, antiquated as it is, and though it is passing out of fashion, does not generally so completely fail me. Now for the submuriate." I prescribed as follows:—

R. Hydrarg. chlorid. mitis, gr. x.;  
Magnesiæ ustæ, gr. xx. M.

Ft. charta No. x. S. One powder every two hours.

I ordered the milk and lime-water, of which she had been taking a tablespoonful every hour, to be omitted, and corn coffee to be substituted, to be given *ad libitum*, as the child was not disposed to drink much. A tansy bag, which had been dipped in warm vinegar and over the surface of which a little mustard had been sprinkled, was

applied over the stomach. The swollen gums were freely lanced.

The next morning I was delighted to find my little patient better. The powders had all been given, and not one had been rejected; there had, in fact, been no vomiting during the night. The child had slept more than half the time. Much corn coffee had been taken. *There had been several dark, fetid, bilious discharges.* I need not dwell further on this case. Suffice it that there was rapid improvement from this date.

*Query.*—Had the submuriate anything to do with this favorable result? Whence came the immediate gastric sedation? What agent caused those copious biliary discharges, as we are told by Dr. Bennet and others that calomel has no action on the liver?

Undoubtedly the free lancing of the child's gums contributed to a sanative result. Possibly, too, the corn coffee proved to be a kind of food better fitted to the stomach. The *tansy bag* (suggested by an officious ancient dame) may have helped a little. I shall, nevertheless, always think that the calomel deserved the most credit for the cure.

CASE II. is so much like the first that I shall allude to it very briefly. Here was a case of genuine cholera infantum, with vomiting and purging, and prostration, which was apparently relieved by sixth-of-a-grain doses of calomel rubbed up with prepared chalk, when a dozen other things had been tried to no purpose. The amendment was *post hoc*, and I argued, whether rightly or wrongly, that it was *propter hoc*.

I do not mean to say that in these cases no other medicine would have done as well as calomel. I simply mean that my judgment failed to indicate the remedy that could work so satisfactorily. One of my *confrères* tells me that he has had excellent success in similar cases with small doses of podophyllin and sugar. He finds ipecac, too, almost a specific in these attacks of uncontrollable vomiting. Another finds small doses of nux vomica, alternated with aconite, to work like a charm. To me the best gastric sedative which we yet possess is calomel.

EXTIRPATION OF THE KIDNEY.—Prof. Simon, of Prussia, has recently extirpated the left kidney entire. The patient was a female. This is said to be the *third* operation of the kind that Prof. Simon has performed successfully.