As regards the operation itself, I do not believe in partial peritomies, and I take great care to thoroughly dissect the subconjunctival tissue right up to the margin of the cornea. The after-treatment consists in the use of mild astringents and antiseptics, boracic acid (ten grains to one ounce), or yellow oxide of mercury ointment (from four to eight grains to one ounce), to encourage the absorption of opaque elements. The general constitutional condition is, of course, a separate factor, which must be treated in each case upon its own merits. I make it a rule never to have recourse to peritomy until I find that milder measures are useless. If after a week's ordinary treatment the local condition is not improved, I have then no hesitation in operating. In all cases after operation I employ a compress of cotton-wool held in place by a bandage, shades being in my experience as often injurious as beneficial. I may say, in conclusion, that I have found peritomy useful in the chronic forms of keratitis, threatening staphyloma and degeneration of the corneal structure, but not so much so as in those acute and subacute affections for which it is, in my opinion, specific.

Southsea.

"BILIOUS ATTACKS."

By ANGEL MONEY, M.D., F.R.C.P.

THE bilious attacks occurring in neurotic individuals are very different paroxysms from those seen in habitual or occasional over-feeders. A clean tongue—often "geographical" or desquamating too freely in patches,—a scanty high-coloured lithatic urine, a sallow face, white motions, dilated pupils, low spirits, and absence of energy, constitute the clinical entity in many cases of "bilious attacks." These are very common in neurotic children with dainty appetites, in whom to suppose that irritation and vascular engorgement of the viscera, from over-feeding, exist, would be ridiculous. A sharp purge to these patients may do more harm than good, though it is possible to set the viscera working again by such sudden means. An inadequate liver may be the cause of a toxæmia, and the poison in the blood may have a selective action on the mental centres, originating lowness of spirits—melancholia; this is the view most favoured by the laity, but it is often incorrect. In truth, a mutual tension between the viscera and the brain exists—reciprocity rules the realms of the human body as it does the social organism. The truth appears to be that the viscera may go wrong as the result of being under-charged with nervous energy, and they simply cease to work effectively because of defective nervous energisation. The correct treatment is not a dose of castor-oil, but a tablespoonful of wine at once and a teaspoonful of syrup of the hypophosphites thrice a day for one week.

Harley-street, W.

PLEURITIC EFFUSION OF NINE YEARS' DURATION, TREATED BY THORACENTESIS.

By T. F. RAVEN, L.R.C.P.

J. D——, aged thirty-six, was seen by me early in March. He complained of dyspnœa, irritative cough with puriform sputa, and debility. He was somewhat cyanotic. The right chest was evidently "waterlogged." He gave the following account of himself. Nine years ago he was suffering from difficulty of breathing and pain in the side. He was admitted into Charing-cross Hospital, and, finding that the physician was determined upon thoracentesis, he took fright and left. Ever since then he had been subject to dyspnœa, which had gradually but surely increased upon him. On March 5th I drew off with the aspirator four pints and a half of blood-stained and rather thick serum. It resembled, in the patient's words, "beef-tea." Great pain, resulting probably from the stretching of old adhesions, followed the operation, and lasted for thirty hours; but the relief was great. A fortnight later nearly three pints of similar fluid were withdrawn. He seemed to feel the shock of the operation severely, and the pain which followed was both more acute and more protracted than on the first occasion; still the result was good, and the physical signs began to abate. Five weeks afterwards, about eight ounces of turbid yellow fluid were extracted by means of a cannula and indiarubber tube. This operation occasioned but little shock, and scarcely any pain resulted. Since then he has steadily improved, and although there is still some dull percussion and deficient respiratory murmur over the affected side, owing doubtless to thick adhesions, and perhaps some residual fluid, yet he is free from pain and capable of following his occupation.

I record this case on account of the exceedingly chronic character of the effusion, which during nine years had not been converted into pus; and also to indicate the results which may be obtained by thoracentesis in very long-standing pleuritic effusion.

Broadstairs.

CASE OF SPONTANEOUS EXPULSION.

By WM. LANGRAN, L.R.C.P. EDIN., &c.,
MEDICAL OFFICER, AXMINSTER WORKHOUSE.

ON the morning of April 16th I was hurriedly sent for by my friend Dr. W—— to assist him at a difficult midwifery case. On arriving, I was informed that the woman had been in labour two days with her second child, when the midwife, discovering an arm presenting, sent for Dr. W——, who endeavoured to turn, and succeeded in bringing down a foot, but could not turn the child. I found the right hand and left foot presenting, and also failed to turn. The pelvis was very roomy, and I had no difficulty in feeling the face in the hollow of the sacrum. We were considering the necessity of performing embryulcia, when the woman had a very severe pain, and I distinctly felt the head move further down, and at the same time the foot receded. By making some traction on the protruded arm, which was advancing further out, the patient was delivered of a large-sized dead child. I have no doubt that delivery would have been accomplished without any assistance with another pain. The mother has made an uninterrupted recovery.

Axminster.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

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.

CHARING-CROSS HOSPITAL.

SUBCRANIAL AND SUBDURAL HÆMORRHAGE AFTER INJURY; LOCALISATION OF EFFUSION; TREPHINING; DEATH; NECROPSY.

(Under the care of Mr. BELLAMY.)

ANY contributions to brain surgery are of importance and value, and, when from the symptoms the lesion has been localised, of peculiar interest, and pregnant with suggestion for future operative undertaking. In the case of a primary lesion of the brain, the condition of the scalp or of the bone will often assist materially in the localisation of the lesion, but in this instance the diagnosis had to be made from the symptoms which developed on recovery from the concussion. These symptoms were those met with in cases of hæmorrhage following laceration of the brain, and, as usual in such injuries, there was marked rise of temperature. From their increasing severity it was evident that unless the man could be relieved by operation death would soon ensue. Mr. Bellamy therefore trephined, and that the operative treatment employed was that best calculated to relieve the patient's symptoms was proved by the condition of parts found at the time of operation, and later at the necropsy.

George B——, a man aged fifty, was admitted on Thursday, April 25th, apparently suffering from symptoms of severe concussion, the result of a fall from a scaffold. He was collapsed, with a temperature of 95·5°. He vomited soon after admission, and continued doing so till the evening.