

August 23. She could read without glasses, with the right eye, No. 10; with the left eye, No. 6. With concave cylindrical lenses, and with the right eye — 24, the axis of cylindrical curvature being perpendicular, she read easily No. 4 (Jäger); with the left eye, with — 5½, the axis being placed horizontally, she read No. 3.

Dr. N. remarks: "I am aware that the use of stitches, as in the above case, has by some surgeons been thought unnecessary; after, however, operating several times with and without them, I am satisfied that the risks are lessened, and that the best results have been obtained in these cases, where the plan above described has been followed, because the needles prevent much of the risk to the parts beneath the cornea during the operation, or any injury being done by the removal of the support of the cornea; but especially the edges of the wound being brought together, it much sooner heals, and a single line of cicatrix is left, the opacity of which disappears in many cases almost entirely."

48. *Enucleation of Eyeball, with fatal Result.*—Dr. JUST, of Zittau, records a case of death following enucleation. The patient, a man of 63, had his left eye struck by a piece of stone about three months previous to coming under observation. Suppurative inflammation followed, leading to atrophy of the globe and complete loss of sight. The right eye had become affected with sympathetic irido-cyclitis. Under these circumstances enucleation of the left eye was performed. Healing went on favourably, though attended with rather more purulent discharge than usual, until the tenth day, when the patient complained of pain in the head, became confused in his speech, in a few hours became comatose, the pulse and temperature rapidly rose, œdema of the lungs ensued, and death occurred forty-eight hours after the first appearance of head symptoms.—*Edinb. Med. Journ.*, June, 1874, from *Klin. Monatsbl. für Augenheilk.*, 1872.

49. *On Traumatic Rupture and Displacement of the Internal Rectus Muscle: its Replacement by a Double Suture.*—In the *Annales d'Oculistique* for May and June, 1874, M. WECKER reports an interesting case in which the internal rectus had been completely torn from its insertion to the eyeball, and had retracted so as to cause a divergent strabismus, and an annoying amount of diplopia.

The patient, a man aged forty-two, had fallen with his face upon the handle of some kind of beer-tap, and had received a contused wound at the inner angle of the eye, by which the internal rectus had been torn through. The consequences were a divergent squint of 3" or 4", and a distressing amount of crossed diplopia. Some time after the accident, and when the parts were soundly healed, M. Wecker replaced the detached muscle by sutures, and was fortunate enough to obtain a complete cure.

The scar in the conjunctiva was firm, and required very careful dissection from the eyeball; the muscle was exposed and brought forward, and then attached to its old insertion by two threads which were made to cross each other before they were tied, a method of securing them which M. Wecker strongly recommends as calculated to insure thorough fixation with less strain upon the muscle itself. The result of the operation, which, though necessarily tedious and painful, was borne without chloroform, was the complete removal of the squint and cure of the diplopia.—*London Med. Record*, Sept. 30, 1874.

50. *Vertigo simulating Brain Disease induced by Strain of the Convergent Muscles of the Eyes.*—Mr. BRUNNELL CARTER communicated to the Clinical Society (Oct. 23) a most interesting and instructive case of this: the subject was a young gentleman who was interrupted, while reading for honours at Oxford, by double vision and vertigo, followed, when reading was continued or soon resumed, by sickness, palpitation, and intense headache. These symptoms were attributed to some obscure affection of the brain. The patient was directed to leave Oxford without taking a degree, remained for some time at home under medical treatment without improvement, and on coming to London for further advice, was told to take a voyage to Australia and back in order to

rest his brain. He did so, returned no better, and was then ordered not to enter into business and to abandon an engagement. Mr. Carter was consulted about the case, in order that he might say whether the ophthalmoscope revealed anything abnormal in the cerebral circulation. He found the patient very short-sighted, but he had never worn spectacles. In reading, he held his book seven inches from his eyes, and Mr. Carter ascribed the symptoms to inability to maintain this degree of convergence for many hours. He ordered spectacles to be worn constantly, and reading to be practised at eighteen inches distant. In three weeks the patient returned cured, with his wedding-day fixed, and his arrangements for entering into business completed. In concluding, Mr. Carter said that the case, though exceptional, was exceptional only in degree, and that many patients suffered from headaches and other symptoms due only to impaired harmony of the ocular muscles, or to inordinate exertion of some of them. He urged that in every case of obscure affection the state of refraction of vision and of the muscles should be ascertained—at all events before a patient was sent to Australia or advised to abandon his position and duties in life.—*Lancet*, Oct. 31, 1874.

MIDWIFERY AND GYNÆCOLOGY.

51. *Occipito-posterior Positions of the Head.*—Dr. ANOUS MACDONALD has contributed to the *Edinb. Med. Journal* (Oct. 1874) "observations upon the nature and treatment of difficult occipito-posterior positions of the head, founded upon an analysis of twenty-six operative cases." The following are the chief practical points he endeavours to maintain:—

1. In occipito-posterior positions, if these are persistent, we may safely assume that we have some pelvic peculiarity or disproportionately large head to deal with, and, as a general rule, all attempts at artificial rectification of the position of the head will prove abortive, and are even dangerous if attempted to be effected by means of levers, forceps, etc.

2. The only exception is when temporary delay is occasioned from accidental displacement of a small head; in which case one has the alternative of waiting till the normal powers of parturition effect delivery, or of facilitating that event by timely rectification of the head by the hand.

3. In cases which threaten to end as "face to pubes," and are at the same time decidedly difficult, it is best to pull the head through cautiously, and to abstain from every attempt at rectification of the head—special care being taken to guard the perineum, as the occiput, when passing over it, greatly distends it.

4. In cases of obstructed occipito-posterior positions in which the rotation takes place at the outlet of the bony pelvis, while the head is in the grasp of the curved forceps, there is very great danger, in the case of primiparæ, of the forceps lacerating the soft parts, on account of the oblique position into which they are thrown.

5. To prevent this accident, either, 1st, the blades ought to be cautiously removed, the head fixed in position, and the uterine contractions allowed to finish the expulsion of the head; or, 2d, the curved instruments may be reapplied, adjusted to the altered relation of parts; or, 3d, a straight short pair may be applied, and the further advance of the head thereby secured.

52. *Sulphate of Quinia as an Abortifacient and Oxytocic.*—Dr. CHIARI has given quinia to forty patients in the Royal Catherine Institution of Milan, and has come to the following conclusions as to its effects in such cases:—

(1) The disulphate of quinia has no action as an abortifacient.

(2) Quinia cannot be trusted, either alone or in conjunction with mechanical means, for the induction of premature labour.

(3) In cases of slow, suspended, or irregular labour, it is not well to trust to the action of quinia.