does not give a correct idea of the nature of the paralysis. It is necessary to define the degree and extent of it. In the case before me the levator only was markedly, but yet slightly paralysed, and the dilatation of the pupil was not very marked; and these, together with loss of power in the ciliary muscle, could not, as I suspect, have been the whole causes of the imperfection of the sight.

I commenced my therapeutic measures by forbidding a continuation of study, and gave full directions about all that I deemed necessary as to food, exercise, amusement and sleep, and prescribed a tonic course of medicine.

The restoration of vision was the first improvement noticeable. He could read as well as with the other eye, and the general mistiness had disappeared. The ptosis then was removed, and the double vision was only very occasional. So then, after all trace of disease of the motorius oculi nerve had passed away, for there was no longer evidence of any paralysis of the parts supplied by it, as I could determine, the symptoms of double vision remained. At this time, also, about six weeks from the commencement of my treatment, my patient's general health was much improved, but he could not yet study, as several trials proved that his brain was too weak, and I advised him to travel about with a friend, to see new places, and to amuse himself. It is hard to induce a student with this intense passion for study, to give up his work altogether. A few weeks of recreation much recruited the mental power, but repair was not yet complete, and a trip to India was resolved on.

A year later this gentleman again presented himself to me. He had been in India all the while, and had abandoned study. He had married, but never consummated, from inability, although when in England, and also on his voyage to India, he thought himself virile. His mental power was now as good as ever, and the eye was well except in one particular, the double sight. After reading for less than an hour, double vision came on, and so troubled him that he was obliged to desist for a while, or to cover one or other of the eyes. He was now aware that it was the result of slight eversion of the eye. Without reading, he could manage by merely looking sideways at an object in a certain position to produce the optical defect. I examined him more carefully than ever. The double image was lateral and vertical, being to the side, and above the object looked at. It seemed clear that a weak internal rectus muscle, arising out of defective nerve-force, whereby there was occasional eversion, was the chief origin of the disturbance. Mr. Z. Laurence, who saw this gentleman, came to the same conclusion. Under certain tests I could detect a defective internal rectus. I determined to try the effect of general treatment, alcoholic stimuli, and galvanism. These measures were used for nearly three months, and with no result. The question of dividing the external rectus was now entertained and discussed. The chief objection was the risk of producing internal squint, because ordinarily the eyes were parallel, and therefore the balance of muscular power was almost perfect. After weighing all the points, and making deductions from the result of my operations on the recti muscles, into the details of which I shall not enter, I operated under chloroform.

It was rather mortifying to find, when the effects of the chloroform had passed over, that my patient squinted inwards, and that there was constant double sight in a new direction, with other confusion of vision. A far worse state was established. A very few days, however, shewed an amelioration and gave hope for the cessation of the new trouble. Parallelism of the optic axes was then daily more nearly established, and at last acquired, when double vision was quite lost. There was ultimately normal sight.

SUCCESSFUL REDUCTION OF DISLOCATION OF THE HIP, BY MANIPULATION.

By G. N. Collyns, M.R.C.S., Moreton Hampstead.

On March 26th, 1866, A. C., aged 17, a well developed muscular youth, whilst struggling with another lad, slipped and fell, his antagonist falling on him. On attempting to rise, he found that he could only rest on his knee, and was unable to stand. Assistance having been procured, he was removed to his home in a cart, and put to bed. His parents, not considering that anything serious was the matter, did not send for a medical man until the following morning, (the accident having happened at 9·30 p.m.) when, finding that he was in great pain, and that there was considerable swelling of the right hip, they requested Mr. Nosworthy to see him, who, not feeling quite satisfied as to the exact nature of the injury, asked me to examine him. On putting him in the upright position, the shortening of the limb with inversion of the foot and knee were sufficient to convince us that dislocation of the hip upwards, on the dorsum ilii, had taken place; and, on careful examination, we detected the head of the bone in its new situation. Having settled this point, we had next to determine what treatment to adopt, and not being provided with pulleys, etc., I suggested that we should make trial of Dr. Reid's plan of reduction by manipulation; we accordingly put our patient under the influence of chloroform, and placed him on a hard mattress on his back; I then, kneeling on the bed, flexed the leg on the thigh, carrying the knee upwards and inwards, till the thigh, being fully flexed, touched the front of his chest; then placing one hand on the knee and grasping the foot with the other, I forcibly abducted the limb, and brought it into a straight position. Whilst abducting the limb, I distinctly felt the head of the bone rotate, and we had the satisfaction of hearing it return into the acetabulum, with a loud crack.

Remarks. The facility with which reduction was accomplished in this case, after a delay of fourteen hours, is, I think, worthy of being recorded, as it may be the means of inducing others to adopt the same mode of treatment, which certainly possesses many advantages over the old one of pulleys, girths, etc., inasmuch as it can be done without any delay, and without a number of assistants, and with much less trouble and expenditure of time; in this case, the reduction was accomplished in two minutes.

Death from Chloroform. Dr. J. Smith, Surgeon Dentist to the Edinburgh Royal Infirmary, in the *Edinburgh Monthly Journal* affirms that fatal deaths from chloroform are, for the most part, to be attributed to the fault of the administration. "We find," he says, "deaths associated with chloroform naturally separating themselves into the two distinct divisions of those arising from avoidable and those due to unavoidable causes, the avoidable causes are numerous and varied, while the unavoidable are of a range very limited if not invariable in their nature. The former class tells, of course, not so much against the administration as the administrator of this agent. The remainder forms an interesting series, probably all belonging to cases whose condition, altogether apart from anæsthesia, was unsuspectedly near to death, and where the chloroform acted merely as the touchstone of their hold on life."