spiratory valve, and capable, by yielding edges, of fitting the face closely.

At present, the expense is a serious drawback, and the smell is generally considered to be highly objectionable; but neither of these should prevent it from obtaining from the profession a fair and candid trial.

I think it very probable that we shall be placed in the same position with regard to anæsthetics as to many other medicines. We shall have, most probably, hereafter, to select the most appropriate in each particular case. Thus, as in prescribing mercury, we select the form best adapted to the case before us, so in the production of anæsthesia, it will be our wisdom to select the anæsthetic which will best suit the requirements of the case before us. Where the operation only involves the skin, we shall do well to employ Dr. Arnott's method, which is most assuredly deserving of more consideration, and of more extended use, than it has hitherto met with. When, on the other hand, the operation is more severe, and likely to be longer continued, we may choose amylene: and we shall be the more led to do this, if from any reason we suppose that our patient will not bear well the use of chloroform. But when we want to produce the most thorough unconsciousness, when we require to keep up the condition for a long time, and especially when, from any circumstance of the operation, we cannot apply the inhaler with sufficient assiduity for maintaining the effect of amylene, then we shall, I believe, still have recourse to chloroform, which, although it appears to be the most dangerous of the anæsthetics at present in use, yet has the great advantage of being by far the most effective.

CASE DEMONSTRATIVE OF THE POWER OF BELLADONNA IN ARRESTING THE SECRETION OF MILK.

By JOHN BURROWS, Esq., Liverpool.

HAVING had a large midwifery practice, I have witnessed much suffering and annoyance from inflammation and suppuration of the mamma, which arose in many instances from a copious secretion of milk, that distended the breasts, pressed upon the nerves, and increased the action of the circulatory apparatus, and thus produced inflammation, with some of its painful and debilitating consequences. In numerous cases, I am persuaded, these painful effects would have been prevented if I had known of a remedy which would either have suspended the maternal function, or entirely arrested it. Such a remedy, I believe, we have in belladonna. The following case confirms this view of its therapeutic power.

CASE. Mrs. R., aged 26 years, commenced the weaning of her second child on March 10th, 1857. On March 11th, I saw her. She complained of great pain of the left breast, which was inflamed, much distended, and very hard. She directed my attention particularly to a wide, callous, and painful prominence, that resembled a thick convex belt, which stretched from the mamma to the clavicle. I prescribed the diluted extract of belladonna, and directed it to be applied as in the former case. I saw her again on the following day. She said her breast continued distended and painful. I then had a momentary doubt of the efficacy of my remedy. No sooner had the thought crossed my mind than she said, "I washed off your salve, and put on sticking plaster, at the recommendation of a female friend of considerable experience." I spoke to her of the impropriety of calling in a medical man, if she would not follow his advice. She felt the remark, and replied, "I will take off the plaster, and apply your preparation." I urged her to do so without delay. Having lost some valuable time, I deemed it necessary to combine with the application of the extract the administration of the purgative mixture, with the wine of colchicum. Had there been no delay, I intended to test the antilactific power of the remedy alone, without the combined influence of any other. Time having been lost, I was afraid of trusting to it, lest suppuration should ensue.

On March 13th, I visited her. She met me with a smile, and exclaimed, "My breast is better; the pain is gone, and the fulness reduced." She continued the application till the following morning, when the breast was cool, pale, and flaccid, and the elevated hardened integument, that stretched from the breast to the clavicle, diminished in size, softer to the touch, and free from pain. The secretion of milk is arrested, there being no spontaneous dribbling from the nipple; nor can any milk be squeezed out of the breast.

Clinical Lecture

ON THE

EMPLOYMENT OF THE OPHTHALMOSCOPE IN THE INVESTIGATION OF DEEP-SEATED DISEASES OF THE EYE.

By HOLMES COOTE, Esq., F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital; late Surgeon to the British Hospital at Renkioi, Dardanelles.

THE difficulties so often experienced by the surgeon in determining the exact seat or nature of the different diseases affecting the structures of the eye posterior to the iris, render any discovery acceptable by which diagnosis may be facilitated; and hence the ophthalmoscope, which illuminates the interior of the globe and brings before the observer morbid changes in the choroid coat, or in the retina, heretofore unknown, is attracting at the present moment particular attention.

The merit of invention of this instrument, accorded by the French to a Greek physician, named Anagnostakis, and claimed by the Germans as their own, is in truth due to an Englishman, Mr. William Cumming, formerly house-surgeon to the London Hospital, who wrote in the twenty-ninth volume of the *Transactions* of the Royal Medical and Chirurgical Society, a paper, the object of which was to shew that the healthy human eye is equally or nearly equally luminous as the eye of the cat, dog, etc., when observed under favourable circumstances; and that the abnormal appearance or want of luminosity may be applied to the detection of changes in the retina and the posterior part of the eye.

The circumstances necessary for seeing the luminosity may be arranged as follows.

1. That the eye must be at some distance from the source of light—the distance being greater in proportion to the intensity.

2. That the rays of light diffused around the patient (and sometimes around the eye itself) should be excluded.

3. That the observer should occupy a position as near as possible to the direct line between the source of light and the eye examined.

Mr. Cumming supports his statements by the narration of several cases of amaurosis, which he witnessed at the Royal Ophthalmic Hospital, Moorfields. Had it been this gentleman's good fortune to have called German his mother-tongue, with what enthusiasm would this discovery have been welcomed in England! As it was, the paper was read, published, and forgotten, until lately, about ten years after it was written, when the impress of value to the observations has been accorded by the foreign schools.

In 1847, Mr. Cumming's experiments were repeated by Brücke at Vienna. The former threw light upon the face of a person ten to twelve feet from the candle, intercepting the side rays, and endeavouring to bring his own eye as near to the flame as possible. The latter also used a candle, but held between it and his face, as high as the summit of the flame, a screen, over which he looked into the illuminated organ.

In 1854, two other Englishmen were engaged in this subject, namely, Mr. Wharton Jones and Mr. Babbage. Indeed, the latter had constructed an instrument, consisting of a bit of plane glass mirror, with the silvering scraped off at two or three spots in the middle, fixed within a tube at such an angle that the rays of light falling on it through an opening in the side of the tube were reflected into the eye to be observed, and to which one end of the tube was directed.

It is unnecessary to repeat how Helmholtz, E. Jäger, Coccius, Ruete, Graefe, and Anagnostakis, with others, have worked with laudable perseverance, until the instrument now in use has been constructed. It carries out very well the principles laid down by Mr. Cumming, and needs only a little practice to become manageable in the hands of any one.

Before proceeding to describe some of the cases in which important information is gained by the use of the ophthalmoscope, I may remark that the usual depreciatory cry of obstructive mediocrity has been already raised against this as against every other novel instrument, either in medicine or surgery. We are told that the employment of the light injures the eye; that it shews nothing; that what it does shew, cannot be rectified. I have often remarked to you that a precisely similar cry was uttered of the stethoscope, the early general employment of which is quite within my professional recollections. The same enlightened remarks will be made on the next discovery of a