

flatus on the 15th; and, in the night, a large amount was forcibly expelled, which was followed by an immense foetid evacuation, with some bloody serum. The calomel and opium had been continued, and she had had five more enemata administered, the quantity of tobacco used at a time being from twelve to fifteen grains only, on account of her extreme weakness. Wine and brandy were likewise given. She nearly sank after the evacuation; but, under the use of brandy and opium, with the injection of two drachms of the compound tincture of camphor, she gradually recovered, the peritoneal covering of the abdomen being somewhat thickened.

CASE III. Mrs. S., a short, stout, thickset washerwoman, was seen by Mr. Payne's assistant on April 2nd, 1838, having then, after a week's constipation, been suddenly seized, at the wash tub, with violent pains in the abdomen. She was bled to six ounces, and croton oil with a senna mixture was ordered; everything was, however, vomited. Afterwards, Mr. Payne himself saw her. The pains were then very violent, and the sickness was excessive; the pulse was 136, full, and firm. He bled her to twenty-six ounces with much relief to the pain and the vomiting. He ordered two grains of calomel and one of opium every three hours. No fluid was allowed.

On April 3rd, she was again bled to faintness, the sickness and pain being as violent as ever, and feculent matter being ejected. This woman sank into a very feeble condition.

On April 14th, after a tobacco injection, flatus escaped with a loud noise, which was followed by stools, great faintness, and produced the flow of bloody serum. She recovered from this faintness under the same treatment as in the previous case; the peritoneum remaining also thickened. She had marked tenderness above the ileum on the left side; two tobacco enemata were administered, the calomel and opium having been continued only up to the 6th, on account of the patient's refusal to take them. She, as well as the second woman, often asked for the injection.

Mr. Payne had been led to abstain from violent means for getting the bowels open, by having, many years ago, witnessed a case, in which the transverse colon was borne down upon the uterus by the weight of a pound and a half of fluid mercury, the administration of which had formed part of the treatment. He determined for the future to have recourse to sedatives, and used the tobacco injection on this account. He only allowed a mild aperient after the sickness had subsided. He thought that every addition of fluid in the distended state of the bowels was extremely injurious, and delayed relief.

SCIRRHUS OF THE PANCREAS. By G. MAY, Esq. The tumour had been felt, during life, near the region of the pylorus and towards the umbilicus; it was hard, but not defined; was deep seated, and slightly tender. The prominent symptoms had been, shooting pains through from the abdomen to the back, occasional vomiting, a disgusting taste in the mouth, loathing of food, and flatulent distension. The patient died asthenic.

Examination of the Body. The pancreas was found enlarged and nodulated at its head, and infiltrated with scirrhous deposit. Ulceration had commenced in the transverse duodenum posteriorly. The liver contained nodules of scirrho-encephaloid deposit, and one or two existed in the lungs.

CONSTRICTION OF THE ŒSOPHAGUS. By R. T. WOODHOUSE, M.D. (May 25th, 1853.) A lady, aged 43, who had long suffered from dysmenorrhœa, and had some stomach derangements which had generally yielded to alkalies. About eighteen months ago, she complained of pain in swallowing, referred to the lower third of the sternum. Emaciation ensued from the inability to swallow sufficient nourishment, the appetite being craving. She was relieved by anodynes, and partly nourished by asses' milk and injections of beef-tea. The passing of bougies was recommended by a medical friend in London, but another disapproved of this proceeding. She latterly complained of excruciating pain in the mamma, awakening her about one or two o'clock in the morning, notwithstanding large doses of morphia at

night. A distinct bruit was heard behind, in the situation of the aorta, between the ninth and twelfth dorsal vertebrae. She died on May 20th.

Examination after Death. There was extreme emaciation, but the mammae were of full size. The œsophagus was slightly constricted below the cricoid cartilage; and there was an irregular thickened opening, which led into a small abscess filled with sanious offensive matter. The coats of the tube were infiltrated with a dense greyish deposit, which narrowed the calibre, so as scarcely to admit the finger. About the third or fourth dorsal vertebra, the tube dilated into a large pouch, containing the same sanious fluid; this sac extended to the right of the spine, and separated the pleura from the root of the lung on this side. Just above the cardiac orifice of the stomach, there was a dense ring of adventitious deposit, about half an inch in thickness, through which, however, the finger passed readily into the stomach. The large pouch presented internally a number of nodulations, irregular in shape. The stomach was slightly congested; the pylorus was healthy. A lymphatic gland at the head of the pancreas presented some malignant deposit. The cervix uteri was hypertrophied, and the os contracted. There was a hard calcareous mass, as large as a pullet's egg, at the situation of a bronchocele which had been cured by iodine.

This case showed the value of beef-tea injections in sustaining life for a long period; the patient having been mainly supported by this means for twelve months. The pain in the mamma Dr. Woodhouse explained by the pressure of the thoracic abscess on the intercostal nerves.

The following case illustrates the necessity of extreme caution in the use of bougies. A man had dysphagia, hoarseness, cough, and hæmoptysis, but only to a moderate amount. After some time, an aneurism was diagnosed, on account of dulness under the upper part of the sternum, and to the right of it, with impulse, and an occasional indistinct bruit. The man died; and a small aneurism was seen, which opened into the left bronchus, and also into the œsophagus, by large apertures with rounded edges, showing that they had existed some time. The free flow of blood had apparently been prevented by clots blocking up the apertures. The opening into the œsophagus would have readily admitted the end of a bougie. Mr. May has reported a similar case. On the other hand, in cases of apparent obstruction of the œsophagus, the passing of bougies has not only been not detrimental, but has afforded the greatest relief.

The value of beef-tea injections is further shown in the case of a child, who had been burnt on the shoulder. This burn was followed by erysipelas of the whole trunk; he had diarrhœa, and obstinate vomiting of everything given; the ejecta being like coffee-grounds. The features were sunk, and the pulse was almost imperceptible. He appeared, in fact, to be sinking. A beef-tea injection, containing two drops of laudanum, was ordered to be given every four hours; and collodion was painted freely over the reddened skin. The vomiting and diarrhœa ceased as if by magic; and, after a few injections, the child was able to take nourishment by the mouth, and recovered from its perilous condition.

Reading, September 1853.

[To be continued.]

ON CHANGE OF SIGHT AS PREMONITORY OF HARD CATARACT.

By W. WHITE COOPER, F.R.C.S., Ophthalmic Surgeon to St. Mary's Hospital, and Senior Surgeon to the North London Eye Infirmary.

In the second edition of my work *On Near Sight, Aged Sight, etc.*, reference is made to a class of cases of rare occurrence—cases in which persons, having been presbyopic, and having used convex glasses, as they advance in years recover natural vision, or become near-sighted. I

avoided expressing a positive opinion as to the cause of this; but I have now been led to differ from the conclusions entertained by Mr. Ware and M. Sichel. Mr. Ware explained the phenomenon on the supposition that, in consequence of absorption of a portion of the vitreous humour, the sides of the sclerotics were pressed inwards by the action of the muscles, the effect being to lengthen the axis of the eye, by which the aberration becomes corrected. M. Sichel considers this apparent return of the power of accommodation as in reality a shortening of the visual focus, caused by the use of too strong convex glasses.

I have recently had the opportunity of studying four cases of this description, and have quite satisfied myself that, in them at least, the change from presbyopic to myopic sight was premonitory of hard cataract.

I have observed that myopic persons, who become affected with cataract, increase the power of their glasses to the very highest numbers, even to No. 14. It is often considered that the need of higher and higher glasses under these circumstances is a delusion, and that the mere fact of the vision becoming more and more imperfect leads the patients to seek increased assistance in stronger glasses; yet, as the highest concave glasses diminish objects to almost microscopic minuteness, it was difficult to believe that they really afforded assistance. Observation has, however, led me to believe that the assistance was not imaginary; and the reason is probably this. In all cases of hard lenticular cataract, the crystalline lens becomes closer and denser in structure, and generally rather flattened in shape; but the flattening is in some cases less in proportion than the increase of density. By this increase of density, the refractive power is altered, and consequently the focal distance is shortened; so that a myopic eye, which formerly derived sufficient assistance from lenses Nos. 6 or 8, needs Nos. 12 or 14 for reading, or seeing moderately distant objects.

To an analogous change* I refer many of those singular cases in which old persons lay aside their convex presbyopic glasses, being able to do without them, or find themselves under the necessity of using concave or myopic glasses. The increase in density may be sufficient to counteract the changes which had previously diminished the refractive power, and to restore to the eye its natural focal distance; or it may go a little further, and cause the image to be formed in front of the retina as in near sighted persons. Such a change in the density is not necessarily attended with so much diminution of the transparency of the lens as to materially interfere with vision, though I believe the sight is always a little impaired, which the patient properly sets down to the account of old age; but, in many cases, the change goes on; the lens becomes shrunken and amber coloured; and the patient is sooner or later pronounced to have hard cataract.

The characteristics of the cases which I have seen have been these. A person, about the middle period of life, has taken to glasses, which have been increased in power as years rolled on. He has numbered perhaps seventy summers, when he finds the high powers less agreeable than the lower, which are resumed; but, after a time, they too, strain the eyes. Perhaps glasses are altogether laid aside, and the fortunate individual receives the congratulations of his friends on his renewed juvenility. In some cases, the sight is far from clear, and objects are held near the eyes to be discerned; accidentally, perhaps, he looks through a concave glass of low power, and is agreeably surprised at finding his sight improved. As these symptoms occur in advanced life, the persons may die before other phenomena present themselves, and the true nature of the case may never be discovered. But if the parties live, the sight, sooner or later, becomes little by little obscured, and the characteristic symptoms of hard lenticular cataract are established. I have often been struck with the slow progress of some of

these cataracts. During the last ten years I have, from time to time, examined the eyes of a clergyman who consulted me in 1843, for slight imperfection of vision. In his right lens two small striae were then visible; in the left lens there were three; the nature of the case was explained to him, he has taken great care of his eyes, and although there is now a general haze in both lenses, he has sufficiently useful vision to perform his clerical duties. Another patient, a physician, has had cataract fully formed in the left eye for six years, and incipient cataract has existed in the right for nearly the same time; but it has been so stationary that he still reads and writes.

The formation of cataract, then, may be so gradual that it may have made considerable progress before the patient will admit that his sight is much impaired; I have known patients almost angrily protest that their sight was good—not quite so sharp as it used to be, but still very good—when decided cataracts were plainly visible. The fear of the proposition of an operation may lead them to make the best of matters, but there is much self deception in many cases.

In the four last cases of sight changed from presbyopia to myopia, which have fallen under my observation, careful inspection, at intervals of two or three months, has traced the change of structure from the first faint indications to the unmistakable characteristics of hard, lenticular cataract; and, as a general rule, such cases should be carefully watched, for it commonly happens that persons who appear to have recovered their pristine sight in the manner described, are disposed to take liberties with it and to use their eyes more than is prudent. They should be warned against this; for though art can do little directly to arrest the progress of cataract, congestive action of the eyes may be prevented by the patient abstaining from over exertion of those organs, especially by artificial light; and he ought to be careful so to arrange his position when reading or writing, that the object on which he is engaged should be well illuminated, but the eyes kept in the shade, and protected from the injurious stimulus of heat and glare. He should always use the blackest ink, write a bold hand, and above all avoid reading small and indistinct type.

19, Berkeley Square, October 1853.

TWIN PREGNANCY: ABORTION OF ONE FÆTUS IN THE THIRD MONTH, THE OTHER ATTAINING THE FULL PERIOD.

BY G. G. BROWN, Esq.

MRS. W., aged 30, a dress-maker, had suffered, up to the time of her marriage, about twelve months since, from irregular menstruation, vicarious with which there was occasionally excessive intestinal mucous irritation. She has also suffered for some two or three years from spinal irritability, slight lateral curvature of the spine; and, when engaged more than usual in her business, she had, as the result of the disordered condition of the spinal column, severe spasmodic contraction of the extensors of the hand and forearm. These symptoms were always relieved by a tonic plan of treatment, rest from work, counter-irritation, sea air and bathing, and the exhibition of chalybeates. By the advice of one of our most talented provincial physicians, she got the common spine support, with crutches for the arms, etc., in the hope that she might resume her business; and its adoption gave very decided relief to the muscular contractions, but was shortly succeeded by dyspnoea and cough, bearing a close analogy to spasmodic asthma, and relieved by the same class of remedies.

The catamenia, having ceased to flow on the 5th of January, 1853, were succeeded by the usual symptoms of pregnancy. On the 10th of April, I was summoned to my patient, when I found she had aborted of a fœtus of the size and development of ten weeks, or thereabouts. Some kind of clot (which had been disposed of) had preceded the

* Since this paper was written, I have conversed with a distinguished Viennese ophthalmologist, Dr. Meyr, and find that he had arrived at the same conclusions as myself, as to the nature of the cases in question.