

closed by the above solution. This packet is five inches long, 3 inches wide, and $\frac{1}{2}$ inch thick, weight $1\frac{3}{4}$ to 2 ozs. Dr. W. F. Stephenson has had prepared dressings 4 inches square of sponged piline, impregnated with salicylic acid.

ON THE USE OF COCAINE IN THE TREATMENT OF GONORRHOËAL OPHTHALMIA.

BY SURGEON A. LEAHY, I. M. S.

THE following cases of gonorrhœal ophthalmia have lately been under my care, and in both the greatest benefit was derived from the local application of cocaine. As is well known, in gonorrhœal ophthalmia, it is of primary importance to lessen the inflammation rapidly; to relieve the intense congestion of the conjunctival vessels; to reduce the chemosis, and by so doing to abrogate the tendency to ulceration and sloughing of the cornea. Of last but not least importance is the relief of the intense ocular and circumorbital pain which by its persistence greatly depresses the patient and prevents sleep. From these two cases it will be seen how far these indications of treatment were carried out.

Case I.—M. I., a Mussalman, aged 35, contracted gonorrhœa in the Bazaar, and a week from the first appearance of the discharge he unfortunately got some of the pus into both eyes. Acute purulent conjunctivitis followed at the end of 24 hours, and a few hours later the man came to me. Both eyelids were closed, swollen, and shiny, and pus was running down his cheeks. He complained of intense deep-seated orbital pain, was much depressed in spirits, and feared that he was blind. Upon attempting to separate the lids, rolls of chemosed conjunctiva were pushed forward by the spasmodic action of the orbicularis muscles. The conjunctival sac was syringed out with tepid water every hour, and the following mixture of cocaine and atropine was introduced beneath the upper eyelids.

R. Atropiæ sulphatis	gr. $\frac{1}{2}$.
Cocainæ sulphatis	grs. 4.
Vaselini	grs. 100.

After three days of this treatment the chemosis of conjunctiva became less, the discharge diminished in quantity, the pain completely disappeared, and the cornea, which had been hidden by the chemosis, became visible. The treatment was continued, and after the expiration of a fortnight, the discharge was mucopurulent in character and small in quantity, being only sufficient to stain the lint pads which were changed once in 24 hours. Both corneæ were clear, and all pain and sense of discomfort had disappeared. At the end of a month the man was well.

Case II.—A European, aged 29, contracted gonorrhœa, and five days later inoculated his

right eye with some of the urethral pus. Within 24 hours the eye became rapidly inflamed and discharged watery fluid in considerable quantities. Two days later he came to me when the following was his condition:—The lids of the right eye were closed, swollen, red, shiny, and intensely tender to the touch. When an attempt was made to separate them, eversion of the upper lid occurred, and rolls of chemosed conjunctiva were protruded. The chemosis extended over the cornea, leaving only the centre, which was the seat of ulceration, visible. Large quantities of pus were being discharged. The patient complained of intense neuralgic pain around the orbit, had a dry furred tongue, constipated bowels, and a temperature of 101° . A purge was administered; precautions for the safety of the other eye were adopted, and vaseline containing cocaine and atropine as above, was applied on a camel's hair-brush to the entire surface of the conjunctiva. This treatment was followed by a decrease in the chemosis, relief of the pain, and lessening of the discharge. The ulceration of the cornea increased, and to prevent the perforation, it was thought advisable to perform paracentesis of the anterior chamber. At the end of three weeks, the discharge markedly decreased, the pain entirely disappeared, and the chemosis which remained was only slight. At the end of five weeks the specific inflammation was cured, but the ulceration of the cornea (implicating the entire lower half) began to heal slowly, and when the patient left for England six weeks later was well. That this case was not so rapidly cured as the first one depends, I think, upon the fact that the treatment was commenced at a later period, when the inflammation had become more pronounced and virulent and had already led to ulcerative destruction of the cornea. The relief of the pain and the diminution of the chemosis was however in both cases marked; and it is especially with reference to its action in these ways that I think cocaine will be found to be of great use in the treatment of gonorrhœal ophthalmia.

SRINAGUR,

22nd April, 1886.

MALARIAL SCURVY AND THE POST-MOLAR ULCER.

BY SURGEON R. D. MURRAY, M.B.,

First Resident Surgeon, Presidency General Hospital.

I HAVE been tempted to supplement the interesting sketch of scurvy by Dr. Temple-Wright, in the last two numbers of the Gazette, by publishing a few notes made some time ago, which bring out one or two points not touched upon by him.

Scurvy is very prevalent all over Bengal, and occurs chiefly during the rains. As the disease