attained. On the third day after extraction, there appeared slight muco-purulent discharge which lasted three days, and then yielded to the action of a mild zinc lotion, with which the lids and tarsal margins had been frequently laved. A rather large piece of capsule occupied the pupillary area, dimming vision for some time, but it finally shrivelled sufficiently to leave a sufficient amount of pupil, through which, however, vision was a little short of being excellent, probably owing to some pathological condition of the fundus or haziness of the vitreous; presumably the latter, for the fundus could not be lit up for examination.

CASE VII.—R. R——, aged 52. *Condition on admission :*—"Has cataract in both eyes, the one in left eye being most advanced. It is said to be of two years' duration, and has a faintly marked nucleus, with several small denser opacities in the capsule. Pupil dilated ⅘ths by atropine. Cornea slightly marked by arcus senilis; vision all but gone. The cataract of right eye has scarcely any nucleus, and is of an amber-colour. Pupil ⅘ths dilated by atropine. Arcus senilis well pronounced. Lower jaw almost edentate from scorbutus, the gums being much wasted. The skin on the dorsum of the hand still retains its elasticity almost entire."

The cataract of left eye was removed by Von Graefe's plan. The recovery was quick and uninterrupted, and the result excellent vision, patient being discharged precisely three weeks after admission. The daily instillation of atropine solution, grs. ii to oz. i with the application of a compress and bandage (the latter only for seven days) was the only treatment adopted in this case. Indeed, where the general health is normal, and the eye operated on not attacked by any of what may be called post extraction lesions, which call for special remedies, we never have recourse to any other.

CASE VIII.—*Keratitis*—D. G——, aged 25. *Condition on admission :*—"The cornea of right eye is almost entirely a grey slough, and bulging forwards at its upper and inner margin, a large piece of iris is visible. Has quantitative perception of light through the upper and outer portion of the cornea, which has not quite perished. The surrounding conjunctiva is highly injected and irritable. The cornea of left eye presents a few scattered opacities, whilst the neighbouring conjunctiva is hyperæmic."

This patient's eye was treated with atropine, compress and bandage, with an occasional counter-irritant locally, whilst quinine, antacids, aperients, and concentrated food in succession, as the state of the general health indicated, were prescribed for internal use. After fourteen days of this treatment, considerable reparation having taken place in the cornea, and the irritation, which at first was marked, having subsided, the daily instillation of atropine was discontinued, and the alternate use of mild stimulant solutions, such as gr. i—℈i of nitrate of silver, liquor chlori, tannic acid, lap. divinus substituted, which completed the cure in the course of six weeks. The lost portion of cornea was re-placed by strong white fibrous material, and the portion which was not completely lost became quite transparent, but patient being obliged to leave hospital for private reasons, the making of an artificial pupil had to be postponed.

CASE IX.—*Staphyloma*—G. L——, aged 30. *Condition on admission :*—"Has a large spheroidal slightly pedunculated staphyloma, the result of a perforating ulcer of the cornea. It is quite fibrous, resembling scleral tissue. The lids cannot be closed over the staphyloma."

The staphylomatous bulging of the globe was removed by Critchett's method, and the patient was discharged three weeks afterwards, having his appearance much improved. Moreover, he was now able to close the lids, so that the tears were allowed to flow in the ordinary channel instead of over the cheek, as was the case prior to the removal of the staphyloma, the lower punctum being then everted by pressure on the lower lid.

(To be continued.)

Deaths in the North-Western Provinces.—The death-rate for May was,—per 1,000—cholera 0·02, small-pox 0·34, fevers 0·87, bowel complaints, 0·14, injuries 0·03, all other causes 0·09; total 1·49. There were 102 deaths from suicide (45 males and 57 females); 108 from wounds (69 males and 39 females); 534 from accident (312 males and 222 females); 252 from snake-bite and wild animals (105 males and 147 females.) Population 29,202,863.

HOSPITAL OF XITH BENGAL LANCERS.

CASE OF EPILEPSY TREATED BY CHLORAL HYDRATE.

By Assistant Surgeon WOODFORD FINDEN.

MEYWA SING, a sowar in the XIth Bengal Lancers, while preparing to go on guard on the evening of the 21st April suddenly complained of a pain commencing in his right foot and running up the inside of his leg; he then fell down in an insensible state, and was taken to hospital; on the morning of the 22nd, he had a similar attack to the above, which was without doubt epileptic, the aura being most decidedly marked.

As the fits increased in frequency and severity the patient would call out to those near him to hold his right leg. A blister was applied on the inside of the right foot which had the effect of stopping the pain and reducing the number of fits; he was given castor oil, large doses of jalap, iron, velerianate of zinc and strychnine; he had another blister applied to the back of his neck, and ice was constantly kept to his head and spine, but the fits increased both in number and in the severeness of the attacks.

On the 27th, he had no less than fifteen fits during the twenty-four hours, each one being more severe and lasting longer than the preceding one, and accompanied by slight vomiting.

28th.—Patient is in a half unconsious state, surface of body cold and clammy, pulse full and strong, keeps up a continuous moaning; is taking a pill consisting of velerianate of zinc, extract of rhubarb, and sulphate of quinine, every four hours.

29th.—Had about sixteen fits during the night, the attacks have assumed almost a tetanic form. At this stage Dr. J. B. Hamilton, R. A., saw the patient with me, and we decided to try the effect of the hydrate of chloral, gr. xxx of which was given to him at 10-30 a.m., repeated at 2 p.m., and again at 6 p.m. From 10 a.m. to 2 p.m., he had only two fits; at 12 p.m. he had had only two fits since 2 p.m. Pulse full and quick, skin less clammy, and he was able to talk a little. Ordered another gr. xxx of chloral.

30th.—Slept for about three hours; on awaking at 4-30 a.m. he had a slight fit; at 5 a.m. pulse full and slow, skin hot and dry. Ordered gr. xxx of chloral; at 1 p.m. he had gr. xx repeated at 6 p.m.: had no fits during the day.

May 1st.—Slept fairly, had two fits during the night; gr. xxx of chloral given at 8 a.m., 12 a.m., and 8 p.m.; 12 p.m., had no fits during the day is quite conscious and able to talk.

May 2nd.—Slept well during the night, had no fits, skin cool and moist, pulse not so bounding as it had been for the last twelve hours; had no fits during the day, and had no chloral given him; towards evening his skin became very hot and dry, pulse weak and quick, tongue dry and coated. Some diaphoretic mixture was given to him every two hours.

May 3rd.—Slept well during the night, had no return of fits, pulse soft and slow, but weak, skin cool and moist, breathing quite easy, perfectly conscious, but in a very weak and exhausted state, from which he could not be rallied. He died at 1 p.m.

In this case there was no history whatever of any exciting cause to account for the occurrence of these epileptic fits. The man being a Sikh, of course there was no *post-mortem* examination made.

JOUNPORE DISPENSARY.

SIMPLE EPILEPTIFORM NEURALGIA (TROUSSEAU.)

By J. CLEGHORN, M. D.,

Civil Assistant Surgeon, Jounpore.

PHOOLJARIA, Aheerin, aged about 45 years, came to the dispensary on the 6th June last, complaining of severe neuralgia in the right cheek. The pain, she said, commenced three years ago at the root of the upper right central incisor, from which point it gradually spread over the whole cheek; the paroxysms at the same time increasing in severity and frequency. The pain was excruciating, and during the short time she was under observation, before any remedies were given, the paroxysms returned every two minutes with lightning-like suddenness, and ceased in a few seconds as suddenly as they came, leaving the patient free from pain. They arose without warning, and while she was conversing with those around her, or sitting

quietly on the floor of the dispensary, she would utter a low moan, raise her hands and compress the right cheek with them, till the paroxysm had passed off. Refreshing sleep was denied her, and for some time past she had only taken soft and liquid food, as the act of chewing seemed to excite a paroxysm. The gum above the upper right central incisor was raw and slightly swollen, and both alveolar borders looked scorbutic. The labial, infra-orbital and nasal branches of the fifth nerve appeared to be, at the date of examination, the starting points of each paroxysm, and pressure over these nerves at their exit from the bone, caused pain.

One and a quarter grain of muriate of morphia in solution was injected hypodermically, without producing any effect. Two drachms of tincture of opium and forty minims of sulphuric ether were then given by the mouth, after which an interval of half an hour passed without any return of the pain. A similar draught was repeated on a return of the paroxysm, and during the day she took six grains of opium. Next day she asked permission to remain in the dispensary, as she had obtained so great relief yesterday, that she thinks she will be completely cured if she takes the medicine regularly under supervision. During the next twenty-four hours she took fourteen grains of opium, and on the morning of the 8th she stated she had passed a good night, and was now free from pain. There were no symptoms of narcotism present. She reported herself again on the morning of the 10th, when she was apparently quite well.

The above is the treatment recommended by Trousseau for this form of neuralgia. It is merely a palliative one, and Trousseau confesses to never having seen a case completely cured. Dr. Radcliffe, on the other hand, positively forbids the use of narcotics, and recommends, instead, good diet, with a due proportion of oleaginous matters, the avoidance of an excess of sugar, and the regulated use of alcoholic drinks. The medical treatment he recommends is phosphorus in the form of the hypophosphites, and the use of electricity. He states that by this method of treatment he has seen the most obstinate cases of neuralgia completely cured. I fear, however, that his plan of treatment cannot be carried out with our dispensary patients, and that we must mainly rely on the one recommended by Trousseau for the relief of epileptiform neuralgia.

PRESIDENCY GENERAL HOSPITAL.

CASE OF ANEURISM OF THE FEMORAL ARTERY; DELIGATION AT THE APEX OF SCARPA'S TRIANGLE; RECOVERY.

By DR. JOSEPH EWART,

Officiating Surgeon to the General Hospital, Calcutta.

O'NEIL ANDERSON, a seaman, aged 35, was admitted into the Presidency General Hospital, under my care, on the 21st June, 1871. At first he complained of palpitation accompanied by faintness and general debility. He is a stout, well-made, muscular man, of West Indian extraction, and quite as dark as the average native of Bengal. The thorax seemed capacious and well formed, broad and deep. The area of cardiac dulness was considerably augmented; impulse weaker and more diffused than natural. A loud and almost musical diastolic bruit is audible most distinctly about the junction of the fourth costal cartilage with the sternum on the left side. It is heard in a much less intensified degree a little lower down and in the direction of the nipple; but it is very clearly traced along the course of the great vessels towards the right sterno-clavicular articulation. The normal diastolic click of the semilunar valves is altogether obscured by it. The systolic sound is audible enough in the usual situation. There is no systolic bruit. The pulse is dicrotic or water-hammer in character, equally so at both wrists. He does not present any of the subjective symptoms of thoracic aneurism, such as shooting pains, dysphagia, or dyspnœa, and as the bruit is manifestly accompanied by dilatation and enlargement of the left ventricle, and by the characteristic splashing, water-hammer or dicrotic pulse, it may be safely regarded as being dependent upon incompetency of the aortic semilunar valves and consequent regurgitation at each cardiac diastole.

He was put upon full diet, and ferruginous and bitter tonics were administered. His general health improved.

On the 28th it was observed that he kept continually in bed, and on being questioned as to the cause of this, he directed attention to a painful swelling in the middle third of the left thigh, which he noticed six weeks ago. This swelling was situated in the course of the femoral artery just above the point of its entering Hunter's canal. It was perceptible to the vision, and it visibly pulsated. It was as large as a bantam's egg, and, on further examination, it was found to be soft and pulsating synchronously with the pulse at the wrist throughout. By gentle manipulation it could be partially emptied of its contents, and thus considerably diminished in size. Pressure on the proximal side of the femoral artery removed all pulsation in the swelling. On applying pressure within half an inch of the swelling, on the side nearest the heart, a distinct thrill was perceptible. But this could not be elicited in any other part of the course of the artery. On applying the stethescope over the swelling, a well-marked systolic bruit was heard. The patient was now transferred to the surgical side of the hospital as a case of femoral aneurism. He complained of tenderness over the tumefaction, and pains shooting down towards the knee and upper part of the leg.

The diet and tonics were continued with an extra allowance of lime-juice and vegetables, to correct any possible scorbutic taint, which is so often present in the class to which he belongs, although his gums gave no indication of a scorbutic condition of the blood. He was kept constantly in the recumbent position; the leg was bandaged upwards from the foot, and a simple anodyne ointment applied to the aneurism. The progress of the case was watched, and his organs were carefully examined and reported upon.

The patient being apparently in good health, with the exception of the aortic incompetency and the aneurism of the femoral, and having been previously prepared by a mild purgative, I determined to ligature the femoral on the morning of the 9th July. During the period from the 28th to the 9th the aneurism had increased from the size of a bantam's to that of a hen's egg, and this too, in spite of the advantage of enforced rest and the raised position of the limb.

9th July, 8 *a.m.*—Assisted by Doctors Mackenzie and Lewis, and by Mr. Grassby, the apothecary of the Hospital—the patient having been put under the influence of chloroform by Dr. Mackenzie,—I tied the femoral at the apex of Scarpa's space with a strong ligature in the usual manner. Pulsation at once ceased in the sac and the temperature of the limb fell perceptibly. The external incision was about two inches in length. No superficial vessel, arterial or venous, came into view. A small venous twig was wounded in passing the aneurism needle round the artery. The wound was syringed out with carbolic acid lotion. Accurate apposition of the cut surface was effected by silver sutures. The ligature was retained at the lower end of the incision. A small portion of lint, soaked in carbolic acid oil, was placed over the wound and fixed there by means of strips of adhesive plaster. The limb from the foot upwards was encased in an uniform padding of cotton and bandaged. The leg was slightly flexed and placed in a raised position. He was provided with an air bed, and air cushions to enable him to support the loins. Skilled assistance was directed to be in uninterrupted attendance night and day, with every appliance to arrest hæmorrhage, should it supervene.

A grain of morphia was now administered, and diet ordered to consist of milk, beef, tea, and chicken broth.

6 *p.m.*—Complains of uneasiness at the heel from position. Pulse 100, tongue clean, skin moderately warm; no pain at the seat of operation. Ordered a grain of morphia at bedtime, and a couple of doses of diaphoretic mixture.

10th.—Slept fairly, very comfortable; pulse 88; consolidation of the contents of the sac taking place; no return of pulsation.

6 *p.m.*—Has taken his food kindly. To have a morphia draught, provided he cannot sleep.

11th.—Bowels opened by an enema this morning; aspect composed, pulse 78, tongue clean, appetite pretty good, wound healthy, contents of sac solid. No pain or tenderness or heat over it. Had the morphia draught at two o'clock this morning.

6 *p.m.*—Pulse 90, respiration 28; skin warm.

Repeat the morphia and the diaphoretic.

12th.—Doing well; the dressings were changed, and wound found to be looking healthy. Bowels to be opened by enema.

6 *p.m.*—To have the following draught early to-morrow morning:—Castor-oil ʒij in an ounce of peppermint water. Pulse 96; skin a little warm, but soft, complains of impaired appetite; chicken diet.