

severe subacute condition of irido-choroiditis, ending in softening and almost complete blindness; all the lashes of both its lids became white. The exact date of onset, in relation to the excision of the other eye, could not be determined. The author compared the case with one which Mr. Hutchinson had described, where both eyes were lost by spontaneous irido-choroiditis, and many of the lashes became white. He thought that the cases favoured the theory, of late somewhat discredited, that the fifth nerve, or at least the ciliary nerves, formed the channel for communication of sympathetic inflammation from one eye to the other.—The PRESIDENT thought that the blanching of the eyelashes, and of the hair elsewhere, depended on a neurotic affection. He mentioned the case of a girl, aged 12 years, in whom, as the result of a severe illness, which he believed to be of a neurotic nature, the skin exhibited a condition of well-marked pityriasis rubra, and the whole hair of the scalp, as well as a small patch in each eyelid, became white.—Mr. W. ADAMS FROST mentioned a similar case, recorded by Jacobi, in *Zehender's Klin. Monatsbl.* 1874, p. 153.

The Mode of Transmission of Sympathetic Ophthalmia.—Dr. BRAILEY read a paper on the various sympathetic affections of the eye, and their bearing on the mode of transmission of sympathetic inflammation from one eye to the other. He defined the microscopic characters of sympathetic inflammation of the iris, ciliary body, and choroid; the first being involved, he believed, in every case, either alone or in association with one or both of the others. In the iris, there were either clusters of cells in its middle layers, or a continuous infiltration of its thickened substance with cell-elements. There was also, in all but the milder cases, a thick exudation over all its posterior surface. Cells were formed also, either in clusters or in a continuous layer, on the lower part of the posterior surface of the cornea. The affection of the ciliary body and choroid was similar, only there was no exudation on the surface of the latter, while, in the former, it occurred on the internal aspect of the pars ciliaris retinae. The inflammatory cells were situated in the middle choroidal layers, and in the connective tissue-layer of the ciliary body internal to the ciliary muscle. There were also cells round the blood-vessels of the papilla, extending thence along the central vessels of the optic nerve. He recognised, also, a pure sympathetic keratitis, and a pure sympathetic papillitis, both these being not uncommon, though difficult to identify. He also attributed certain uncomplicated cases of atrophy of the disc, of vitreous opacities, and even of retinal detachments, to sympathetic disease. He found the same diversity in the first eye. For, whereas the primary affection was a pure iritis or irido-cyclitis, or irido-cyclo-choroiditis, in more than half the cases, it was a kerato-iritis in about twenty per cent., and a distinct iritis, with keratitis punctata, in about thirty per cent. He thought that this last form was really more common than these figures would indicate, as dots were, in some cases, found early, but not later, and, conversely, sometimes at the later stages only of the inflammation. The exciting condition might be also an eye shrunken after panophthalmitis, or even a choroidal sarcoma. Perforating wounds produced it in about eighty per cent. of the cases, and spontaneous inflammations in about fifteen per cent. He found no relationship as regards the precise position of the disease in the two eyes, and argued from that, as well as from numerous cases in which the outbreak had been delayed, even for one year after excision, against the theory of direct transmission, either by the sheath of the optic nerve, or by the optic or ciliary nerves themselves. He thought that sympathetic irritation, whether producing pain or congestion only, might, owing to the unique relationship between the two eyes, so alter the nutrition of the second eye as to render it liable to spontaneous inflammations of any kind; and that such liability persisted after excision of the first eye, whether through the state of the sympathising eye itself, or of the centre of the fifth nerve. He thought that glaucoma could be produced sympathetically by glaucoma in the first eye, and that it was a neurosis of the secretory nerves of the eyeball. He drew attention to the similarity between the pathological changes he had previously pointed out in this disease, and those found by Levascheff in the lower limbs of animals after long continued irritation of the sciatic nerve.—Mr. G. A. CRITCHETT referred to the case of a young man under his care, in whom sympathetic inflammation came on three weeks after excision of the other eye, which had been lost in childhood from ophthalmia neonatorum.—The PRESIDENT said that the hour was too advanced to permit discussion of this important subject, but it would arise at the next meeting on another paper.

Cerebral Hemorrhage, with Passage of Blood into both Optic Nerves.—Mr. PRIESTLEY SMITH said that he was indebted to Dr.

Leslie Phillips for the opportunity of recording this case. Dr. Phillips had had charge of the patient during life, and had made the *post mortem* examination. A man, aged 38, had a fall on March 8th; the next day, he had a fit, but showed no decisive symptoms until March 18th, when headache began. On March 20th, he vomited, his mind became clouded, and he was brought to hospital, with symptoms of intracranial pressure; the optic discs were examined with the ophthalmoscope, and found healthy; insensibility increased, and, at 4 A.M. on March 21st, he had a fit and died. *Post mortem* examination showed a large quantity of blood beneath the dura mater on the left side, proceeding from a recent hæmorrhagic cavity in the left frontal lobe, opening through a clean rupture of the cortex in the inferior frontal convolution. The optic nerves were distended; one was opened at once, and found to contain blood; the other was hardened in Müller's fluid. On longitudinal section, it was found to contain a blood-clot, the situation of which appeared to demonstrate the existence of two distinct spaces around the nerve—a subdural and a subarachnoid—as described by Schwabe. The blood lay entirely in the subdural space, the space which, from its situation beneath the dura mater, it would naturally enter. The subarachnoid space of the nerve was distended with colourless fluid, probably cerebro-spinal fluid forced into it from the subarachnoid space of the meninges, by the increased pressure within the skull. The case, unfortunately, gave no evidence as to the ophthalmoscopic changes and visual impairments which might be caused by hæmorrhage into the nerve-sheath. The discs were examined eighteen hours before death, and then appeared healthy, but it was by no means certain whether the blood had, at that time, found its way into the nerves. One-half of the nerve in longitudinal section, and an enlarged drawing of the same, were exhibited.

Model illustrating Conjugate Movements of the Eyes.—In this model, designed by Mr. PRIESTLEY SMITH, the eyes were represented by two discs of wood, covered with paper, and painted so as to represent horizontal sections of the globe; these rotated about their centres upon screws fixed into a black board. The motor apparatus, so far as horizontal movements of the eyes were concerned, was represented by silk threads attached to the sides of the wooden discs, like the tendons of the recti to the eye-balls; these passed backwards, as the nerves passed to the brain, each of the four nerve-trunks being represented by a double thread. Each thread then separated from the other thread of its own nerve, so as to represent the co-ordination in the brain, by means of which all motor impulses to the eyes were made bilateral. The brain-centres were represented by four brass weights hung upon the threads; one of these combined the threads coming from the two third nerves, and produced movements of convergence; another combined the threads coming from the two sixth nerves, and produced movements of divergence; the two others combined, in each case, a thread from the third nerve of one eye with a thread from the sixth nerve of the other eye, and produced conjugate movements to the right and to the left respectively. The model being placed in a vertical position, it was easy, by pressing upon one or other weight, or upon two simultaneously, to imitate any compound movement of the eyes in the horizontal plane. Mr. Priestley Smith said that the model had been found useful in demonstration to classes. It served to explain the occurrence of conjugate deviations in hemiplegia. It showed how one and the same muscle might be paralysed for conjugate lateral movement, and at the same time active for convergence, or *vice versa*. It illustrated how it was that an ordinary convergent squint, though a bilateral affection, was transferred at will from one eye to the other, and thus manifested in one eye only at time.

REVIEWS AND NOTICES.

1. VICHY AND ITS THERAPEUTICAL RESOURCES. By PROSSER JAMES, M.D., etc. 5th edit., pp. 84. London: Baillière, Tindall, and Cox.
 2. THE MINERAL WATERS OF AIX-LES-BAINS, etc. By LEON BLANC, M.D. Pp. 60. London: J. and A. Churchill. 1883.
 3. ROYAT: ITS MINERAL WATERS, etc. By G. H. BRANDT, M.D. 2nd edit., pp. 50. London: H. K. Lewis. 1883.
 4. HAMMAN KHIRA, ALGIERS. By G. H. BRANDT, M.D. Pp. 34. London: H. K. Lewis. 1883.
- THESE are four compact, useful little guide-books. Two of them are to the old well-known baths of Vichy, and of Aix-les-Bains,

about which it is difficult for an author to find anything new to say. Dr. PROSSER JAMES, however, appears to have done his work carefully and well.

The other two, by Dr. BRANDT, are devoted, the one to an account of Royat, with which place the English have only of late years become acquainted; and the other to the thermal waters of Hamman Rihra, in Algiers.

The latter are of undoubted efficacy, especially in rheumatism; and, owing to the comparative mildness of the climate, notwithstanding its elevation, its waters can be used with advantage during the winter season, a period of the year in which few European baths are available. Hamman Rihra is beautifully situated among pine-clad hills, and has now an excellent hotel, with a resident English physician.

NOTES ON BOOKS.

St. John Ambulance Association. The sixth report of this association is before us, and to those interested in the movement it must be a matter of congratulation and comfort to peruse the details of the work. It is unnecessary at the present day to explain this association, as it has made itself so well known, not only by the published records of its classes, etc., but by the good practical work which we can see going on around us daily in our streets. Not a hospital in London, where accidents are admitted, is ignorant of the St. John's litter and stretcher, where it is to be seen carrying, in comparative comfort and safety, cases of street-accidents. Trained hands, too, are for the most part employed in wheeling the litter or carrying the stretcher, as many of the London police have been taught, and hardly a crowd collects anywhere in the metropolis, but there are to be found amongst its numbers several who owe their power of help and readiness to save to the training granted by this association. Not in London only, however, must it be thought is this good work going on. The length and breadth of Great Britain and Ireland, know this Association as a household word. On the continent of Europe the distinguished surgeons and the royal personages who have enlisted as teachers and pupils, are showing an example to all and sundry. India, America, Egypt, and the Australian colonies, have been inoculated with the spirit of the work, and are pushing the useful knowledge into every corner. In fact, the world now knows of the objects and aims of the Association, and honours and succours those who have devotedly worked to establish this great practical work. To a few of the present staff at St. John's Gate is to be ascribed all honour. To Colonel Duncan, Mr. John Furley, Captain Perrott, and Mr. Easterbrook, and to others of the working members, whose names do not come before us so often, is all honour due, for the excellent taste and good feeling with which everything, in business and professional relations, is administered by the executive staff. The numbers of certificates granted, 70,000, speak for themselves; but this number, owing to candidates failing to come up for examination, and failing to pass the examination at the end of each course, represents not more than half the number trained. No class of society can afford to neglect this association and the training it bestows. The knowledge gained by its pupils will be found useful at the fire-side and on the field of battle, at the bottom of a coal-mine and on the ship at sea. Medical men are now proud to be enlisted as teachers, and Professor Esmarch, only the other day, opened his class-room in the university-buildings for all comers, and himself gave a course of ambulance-lectures. It is a matter for congratulation that all the countries in which the work has been started, have followed the letter and spirit of the work commenced in this country. In fact, the building at St. John's Gate has become a world-wide hospital, carrying "First Aid" to the injured to the ends of the earth; and, if we mistake not, the modern representatives of the Knights Templar have done more in five years than did their predecessors in the hundreds of years during which they flourished. We cordially wish the Association long continued vitality to carry on the good work.

Blackwood's Diaries for 1884 are again before the public, some of them having been started twenty years ago. They now number over thirty varieties, so as to meet the wants of every person using so useful a companion as a diary. Most of these diaries contain three maps, an almanack with events of dates for 1884, and calendars for 1884 and 1885. All information is officially corrected. The prices range from 1d. to 12s., and the sale is very large, in one case, it is stated, 50,000 yearly.

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1883.

SUBSCRIPTIONS to the Association for 1883 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to the General Secretary, 161A, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, DECEMBER 22nd, 1883.

SIR ANDREW CLARK ON CATHETER-FEVER.

No very remarkable gift of prophecy was required to foretell that Sir Andrew Clark's paper on catheter-fever would attract a good deal of attention, and be listened to by a large and distinguished audience. The large new room of the Medical Society of London was, in fact, inconveniently crowded on Monday night, and the discussion which arose was of quite unusual importance. The subject is one of such wide interest, that it has attractions alike for the surgeon, the physician, and for, if such there be, the pure pathologist. We understand Sir Andrew Clark to desire to designate, by the term "catheter-fever," a variety of the so-called urethral, or urinary, fever, which closely agrees with certain other varieties in its symptoms, but differs in at least one important pathological particular. Urethral fever, in the wide sense of the term, is a condition well known to the surgeon, described with more or less detail in the text-books, and a common subject for clinical instruction and remark. The term certainly embraces several different sets of symptoms; the cases vary extremely in gravity, and in truth the only thing that is common to the whole class of cases would seem to be the fact that the determining cause is some interference with, or irritation of, the urethra or bladder. From the frequency with which the catheter is the first instrument used by the surgeon who has to deal with a case of urethral or vesical disease, the condition has come to be associated in the minds of most people with the passage of a catheter.

If we inquire what are the phenomena which follow the passage of an instrument into the bladder in health, we shall find that in the vast majority of instances there are none of the smallest importance; but, as Sir Henry Thompson observed towards the close of his very thoughtful speech, in a few cases the passage of an instrument in even a healthy young man is followed immediately by a fainting fit, or an epileptiform fit, very alarming to witness, but not entailing any serious consequences. The urinary organs, as Mr. Savory subsequently said, are very delicate tests of reflex action, especially if there be present any morbid condition or predisposition involving the reflex apparatus. Further, the passage of an instrument may be followed by a rigor, and a rigor, according to Mr. Savory, of one of two kinds, a "physiological rigor" analogous to the shiver of emotion, or a "pathological rigor" which is accompanied by a rise of temperature. This latter condition is the first form of urinary fever, defined by Sir Henry Thompson as the "acute transient attack;" a single febrile movement which occurs commonly not at the time the instrument is passed, but soon after the urine is next passed, commonly, therefore, four or five hours after the use of the instrument; there is a rigor, the temperature rises rapidly, the skin becomes hot and dry, but in a few hours perspiration ensues, the temperature gradually falls, and the man is shortly restored to health. Such a set of symptoms are distinctly pathological, even though their causation be not very clearly trace-