

His experience confirms this conclusion. He has always found a dose of from eight to thirty drops sufficient. The best vehicle for it is almond emulsion, with a little gum arabic. When there is pain in the abdomen, a few drops of laudanum may be added.—*Dublin Medical Press.*

**On the Hygienic Influence of Cutting the Hair.**—Medical men are occasionally asked whether it is proper to cut the patient's hair; whether, in fact, this operation has any influence upon the health. M. Fredericque resolves the question by giving the following illustration:—

A little girl, aged three, of good health in general, had her hair grown excessively long in the course of a few months. She was a beautiful child, but had latterly wasted without any apparent cause, becoming dull and apathetic, losing her appetite and strength without any organic lesion being discernible. There was an anæmic bruit in the carotid. She was placed upon a tonic regimen, with chalybeates, but without deriving material benefit, until her hair was cut short, at the suggestion of a friend, from which time she rapidly gained strength.

It would appear from this case that the economy had suffered a loss in the expenditure of blood necessary for the secretion of the abundant crop of hair. M. Fredericque considers that it is the formation of the colouring matter which chiefly exhausts the blood, as this is formed at the expense of the hematosine.—*Annales de Societe d'Emulation; Revue Medico-Chirurgicale.*

## SURGERY.

**On Choroiditis or Inflammation of the Choroid Membrane of the Eye.** By Dr. JACOB.—In treating of the inflammations of the eye affecting particular structures only, and not extending to others, or involving the entire eyeball, it becomes necessary to consider whether the choroid is liable to be so attacked. I have endeavoured to lead the practitioner to the belief that in the more frequent or usual inflammation of the eye, commonly called *iritis*, the whole organ is, if not from the commencement, at least in the progress and sequel, engaged; but I have also endeavoured to explain how far some of the component parts may be the seat of inflammatory action without corresponding disease of the rest. That the choroid in all general inflammations of the eyeball participates in the altered vascular action cannot be doubted; but whether it is ever inflamed alone, and without extension of the disease to the parts in contact and continuation with it, is not so certain. That there is a modification of inflammatory action, called choroiditis, presenting such peculiar characters as to entitle it to be considered of distinct specific nature I admit, but I doubt the correctness of the inference that its seat is the choroid exclusively. It may be said that this is a difference about words, a dispute as to a name; but when it is recollected that the name given to a disease necessarily indicates its character, and thereby influences its treatment, the question assumes importance. However this may be, "*choroiditis*" is one of the forms of inflammation of the eye now very generally admitted by writers, teachers, and practitioners. Dr. Mackenzie of Glasgow, especially, has insisted upon its claims to distinct specific character, and has given so correct a description of the origin, progress, and termination of the disease, that I cannot do better than introduce it here. He calls it, however, *sclerotic choroiditis*, which proves that he does not consider the disease to be confined to the choroid exclusively:—

"As the choroid coat is completely hid from view, and exercises but a subsidiary function, it is not to be wondered at, that while inflammation of every other part of the eye has been accurately discriminated; that of the choroid has hitherto scarcely attracted attention. In an early stage, choroiditis is one of the least striking of the ophthalmia; when far advanced, the signs of disorganization which attend it are more remarkable than those of vascular action; and while the effects are too serious not to have attracted attention, and even received particular names, the

cause of these effects, and the seat of the original disease, have in general escaped observation.

"I have already had occasion to mention that iritis is occasionally attended by inflammation of the choroid. Were we to adopt the common notion, that the iris is a continuation of that membrane, we might be led to conclude, that choroiditis and iritis should always go together. Perhaps, in some degree, this may still be the case. At the same time, from the principal arteries which nourish these two parts being quite distinct in their course and distribution, the idea of a separate iritis, and separate choroiditis, is *a priori* rendered probable.

"For some time, the separate existence of choroiditis was with me rather a matter of speculation, and a conclusion from analogy, than a fact ascertained by observation. I am now convinced, however, that the choroid is sometimes the seat, almost quite independently, of inflammation; that in certain cases of ophthalmia, it is the focus of the disease, and that the neighbouring parts may be as little affected when that is the case, as the sclerótica is in iritis, or the iris in sclerotitis. That it is of importance to distinguish the disease which I am now about to describe, will appear evident when we consider its dangerous nature. Its symptoms, as we shall immediately see, are very different from those of any other ophthalmia; and although ultimately the whole eye may be involved by inflammation commencing in the choroid, yet choroiditis, in the early stage exists without any signs of disease in the iris, and without any other effects upon the sclerótica and retina than those which must necessarily arise from the pressure of an inflamed and swollen membrane, placed in contiguity with other membranes more or less susceptible of suffering from that pressure. I consider choroiditis, therefore, as completely a primary and distinct disease. At the same time it must not be overlooked that choroiditis is apt to be superadded to other ophthalmia, and especially to scrofulous corneitis and iritis, and to arthritic iritis.

"The subjects of choroiditis are generally adults, and more frequently females than males. Those of scrofulous constitution are more subject to it than others. I have very rarely seen it in children.

"**Symptoms: Redness.**—One or more of the recto-muscular arteries are enlarged, and running towards the edge of the cornea, are seen to end there in a broad bush of small vessels. There is scarcely ever any general redness over the eyeball, or much inflammation of the conjunctiva. The portion of the sclerótica subjacent to the enlarged vessels frequently presents, in the early stage of the disease, a thickened and fleshy appearance. The conjunctiva also appears thickened. It is probable that, even in this early stage, a preternatural adhesion takes place between the sclerótica and the choroid.

"**Discoloration of the White of the Eye.**—If the disease is checked before any other symptoms manifest themselves than those already mentioned, the portion of sclerótica which was inflamed, frequently continues to appear thickened, but gradually assumes an opaque white colour: but if the disease proceeds, the exterior tunics of the eye, by and by, become attenuated, so that the choroid shows its dark colour through the sclerótica, which therefore appears blue or purplish. This is one of the most remarkable symptoms, and takes place in many cases at a very early period of the disease, the blueness shining obscurely through the inflamed sclerótica and conjunctiva. We often observe one part of the sclerótica thickened and loaded with enlarged vessels, and another part thinned so as to allow the choroid to shine through. The degree of discoloration is different, according to the severity and duration of the attack, being at the early stage merely perceptible on comparing the diseased with the healthy eye, or the diseased side of the eye with the healthy side, while in advanced cases it amounts to a deep blue. About the eighth of an inch behind the edge of the cornea is the most frequent situation of the discoloration, which generally occupies only one side of the eye, but sometimes surrounds the cornea completely. It is at first narrow in extent, but afterwards becomes broader.

"**Sclerotic-choroid Staphyloma.**—After continuing for a time discoloured merely, the part affected protrudes. The sclerótica and choroid having become preternaturally adherent, and being softened in their texture from the inflammation they have undergone, lose their supporting power. Atrophied and thinned, they cannot sustain the contents of the eyeball, but give way and become protruded. As the previous redness and consequent thinning