

solution) and increase mj. daily; stop tobacco. Strychnia spasm was not felt till the dose reached m xxv, equal gr. one-fifth, and then only occasionally felt. Vision remained the same after one month's treatment. Feb. 4, '84.—R Strychnia, gr. $\frac{1}{2}$ ter die, by stomach, and gradually increase the dose. Feb. 8th—Apply galvanic electricity to nape of neck and closed lids, three minutes daily to each eye. Feb. 27th—Taking strychnia gr. $\frac{1}{2}$ ter die, by stomach, and feels spasm only occasionally. Vision, each eye increased to $\frac{7}{10}$. April 7th, '84.—Discharged with vision $\frac{7}{10}$, and able to see his way about well. Patient only diminished the amount of his smoking.

Nov. 25, '80—J. McK, æt. 31. Sight failing three months. Vision, right or left eye, = $\frac{1}{17}$. Has smoked since 11 years of age, and for three years past 10 pipes a day. Takes a glass or two of whiskey only once in months. Both papillæ hyperæmic. *Treatment*—Stop tobacco, cup temples, take iodide of potassium. Jan. 5, '81—Patient returned; stopped tobacco and gained 12 pounds in weight. Vision has increased from $\frac{1}{17}$ to $\frac{1}{8}$. Outer half of discs now pale. Jan. 20th—White atrophic lines on discs and along vessels, perivascular atrophy; vision the same. Prescribed strychnia.

Oct. 22, '79.—W. S., æt. 21, noticed nine months ago while in school he could not see to read with right eye, and six months ago noticed the same defect in the left, but two weeks later could see to read fairly well. A week later still the eye again failed. With right eye can count fingers at 6" on temporal side only. With left eye, vision is $\frac{1}{144}$ = $\frac{1}{16}$ (Jaeger). Fundus of eye normal, unless there is some engorgement of retinal veins. Patient is anæmic and nervous, but he considers his health pretty good. Has smoked 6-8 pipes a day, from the age of 15, until two years ago, and 3-4 pipes daily since. Diagnosis, tobacco amblyopia. Prescribed strychnia. Discharged after nine days' treatment, with vision of right eye increased 8 times, and doubled in left eye. Continue strychnia by stomach.

Finally, gentlemen, I am prepared to hear you maintain that impaired sight, the use of tobacco, and the wearing of leather boots, for instance, are coincidences, only that and nothing more. The only additional argument in favor of tobacco amblyopia I shall detain you with is, that the quality

of the tobacco and the mode of smoking in Turkey differ so much from the "shag" of England, and the mode of smoking in England and America, as possibly to account for the absence of tobacco amblyopia in Constantinople. Sir Henry Thompson says the ladies of Constantinople smoke fifty cigarettes a day, merely taking a few whiffs from each, and then throwing the cigarette away, and he considers little harm ensues from such smoking. To deny that tobacco produces amblyopia, because a large number of smokers escape, is as rational as to deny that small-pox can reproduce itself, because a large number of the exposed may escape the disease, or to deny that cold or wet can produce rheumatism, because so few of the exposed suffer.

ON TRACHELORRHAPHY—WITH CASES.*

BY DR. SKENE KEITH, EDINBURGH.

(Reported by Dr. H. Aubrey Husband.)

The operation for restoring a torn cervix uteri is not yet generally recognised in the southern part of this country, and some of the so-called Emmet's operations would greatly astonish the great American apostle of clipping and stitching. The few cases he had to relate brought out forcibly the necessity for following up the after history of the patients. He had heard of several cases who were no better some months after the operation, and who were supposed by the operator to have been cured, for example, he knew of a lady who a few months after the operation was no better but rather worse, as she was suffering from constant bloody discharge in addition to her other troubles. This discharge was accounted for by the presence of a wire suture in one lip and want of improvement by complete failure of union, yet it may have been put down as a cure as the patient did not see the operator after the first few weeks.

CASE I.—Mrs. G. had suffered for fifteen years from pain in both groins and from a constant aching in the region of the sacrum since the birth of her only child. The labor had been a natural one. After years of treatment she at last saw Prof. Skene, of Brooklyn, and was advised by him to have the cervix uteri repaired. The cervix was torn on both sides of the os, almost to the vagina,

* Read before the Obstetrical Society of Edinburgh, July 9, 1884.