

published a considerable number of tracts on temperance, of which he was a strenuous advocate. In philanthropic and religious agitations he took a very active part, both on the platform and through the press; and as an elder in the Free Church was an ardent supporter of its politico-eccelesiastical views, and of its missionary schemes. He was a man of lively and generous sympathies, and of kindly temper, and he enjoyed the affection and esteem of a wide circle of friends, accompanied by no small degree of popularity in public life. He was a man of fine physique, and the sudden breakdown of his constitution gave a shock of surprise to many who had admired his manly vigour and earned his robust health. A few weeks ago he was seized with congestion of the brain, which, notwithstanding the most watchful care of his professional friends, entirely prostrated his strength, both mentally and physically, and rapidly led to a fatal result. Professor Miller married in 1831 a daughter of the late Major Gordon, of Rosburn, Aberdeenshire, who, with a numerous family, survives him. — *Medical Circular.*

HARVARD UNIVERSITY.—It will be gratifying to all interested in medical education and the College, to learn that a professorship of the Physiology and Pathology of the Nervous System has been established by the Corporation, and that the greatest teacher in this branch of medicine of the day, Dr. E. Brown-Séquard, has been appointed to fill the Chair. This distinguished physiologist here, we are pleased to say, left London and fixed his residence permanently among us. We doubt not that this addition to the many advantages now offered by the medical faculty of the University, will be duly appreciated by students from all parts of the country in selecting their winter course of lectures.—*Boston Med. and Sur. Journal.*

TARTARISED ANTIMONY IN STRUMOUS OPTHALMIA.

By EDWIN CHESHIRE, F.R.C.S., Senior Surgeon to the Birmingham and Midland Eye Hospital.
(From the *British Medical Journal.*)

I have so frequently prescribed tartar emetic, generally in combination with opium, (but often alone), in strumous ophthalmia, as well as in acute serous and conjunctival inflammations, and with such marked success, that I have no hesitation in suggesting to my professional brethren a more extensive use of the remedy in the treatment of those obstinate, and frequently protracted, affections of the eye.

In cases of strumous ophthalmia, where there was excessive photophobia, I have found the internal administration of tartarised antimony, in doses varying from one-twentieth to one-twelfth of a grain, according to the age of the patient, to be attended with the most decided benefit; and its efficacy has been singularly marked, where quinine, steel, arsenic and cod-liver oil, had each, in its turn, been tried and failed. No remedy that I know of so completely or so permanently removes the photophobia, which is such a distressing symptom in strumous affections of the eye.

In pterygeal ophthalmia, and in vascular cornea or pannus, uncomplicated with a granular condition of the palpebral conjunctiva, or with inversion of the cilia (trichiasis), a continued course of tartar emetic, in small doses, arrests the progress of the affection most effectually, and with it may be com-

bined the early use of local stimulants, a combination which may be continued, if necessary, for a lengthened period without injury to the general health; in fact, the patients who have taken tartarised antimony under my care, both at the Eye Hospital and in private practice (and I have prescribed it very extensively), have almost invariably told me how much stronger and more energetic they felt during the time they were taking the remedy. I am aware it has long been the practice of ophthalmologists to administer a single emetic dose of tartarised antimony, as a beginning to the treatment of strumous ophthalmia; and that it has occasionally been given in combination with bark and quinine; but it does not appear to have been resorted to as a remedy, *per se*, for the cure of strumous affections of the eye. It is quite true, in the case of the little strumous patients, while under treatment, that they were usually placed on milk diet; and when the photophobia was severe, attention was paid to the exclusion of light, which would probably assist in promoting a favourable result; but the same diet was generally resorted to, and the same care to exclude light was taken, when the treatment had consisted of cod-liver oil, quinine, etc., and yet often with an unsatisfactory result.

D. J. Garnham, Esq., House Surgeon to the Lincoln Dispensary, in another communication, after speaking highly of this agent, remarks:

The idea of the use of tartarised antimony in such a disease, I first received from my much respected friend and teacher, Mr. J. W. Wakem, of London; and he (I believe I have heard him state), in his turn, first saw it used in the practice of some practitioner of former days in Cornwall.

It has been my habit to administer it in slightly nauseating doses of from one twentieth to one twelfth of a grain, or more, according to age, usually combining it with a saline purgative, in just sufficient quantity to act slightly upon the bowels. Its effect upon the patient speedily becomes apparent; and the distressing intolerance to light is one of the earliest symptoms to receive relief.

From the administration of emetic doses of tartarised antimony in this disease, I have not seen good results follow.

In one treatment, as in another, of course, it would be needless to say, exclusion from light is equally necessary.

I trust that these few remarks may assist to strengthen the practice advanced by Mr. Cheshire, and also lead others to try the same.

A third communication is from the pen of Wm. Price, M.D., Surgeon to the Metropolitan Infirmary for Scrofulous children; and Surgeon to a similar institution at Margate for adults, who remarks:

During the past six years, 109 cases of strumous ophthalmia, occurring in children under 15 years of age, have been admitted into the Metropolitan Infirmary at Margate. Out of this number, thirty-eight suffered with photophobia; and twenty-five had either vascular cornea or pterygeal ophthalmia. They had been all, or nearly all, treated by the administration of tartarised antimony in small but repeated doses; and, save in a few instances, with the most marked and decided benefit.

My attention was first directed to this plan of treatment in the Paris schools, and the success I there witnessed attending its employment, induced