

cortical lens matter, proliferation, capsulitis, &c. In the case of F—, the eye was painful the day after the operation, and there was slight chemosis of the ocular conjunctiva, and infiltration of the lips of the wound. A mixed iritis, capsulitis, and localized inflammation of the cornea ensued, and was treated by instillation of sol. atropia sulph. grs. iv. ad ʒi. four times a day, frequent hot fomentations and occasional depletion from the temple by cupping. The pupil became closed by an opaque membrane to which the iris was adherent, and the patient could just discern a hand moved before the eye. Several months afterwards the operation termed *iridotomy* was done. The lids being separated by a stop speculum and the eye held by forceps, a lance-shaped knife (*keratome*) was passed obliquely through the lower part of the cornea, its point piercing the membrane: delicate, peculiar scissors known as Wecker's iridotomy scissors were then passed into the anterior chamber, one blade into opening and behind iris, when, with a snip, a clear, oblong, almost central pupil was made. The eye was closed with straps, and cold dressings applied, and it was kept under the influence of atropine. No re-action followed, and  $V = \pm$ . Iridotomy is a very effectual method of dealing with pupillary obstructions, and is much safer than the older expedients of using one or two needles, or a sharp hock, &c., to tear an opening in the tough membrane, or attempting to extract it.

Prolapse of the iris occasionally occurs after extraction before the wound has healed, owing to the restlessness or straining of the patient, or to too early getting up. No example has presented here. The prolapsed part may require to be snipped away, or the "hernia" may be pricked with a needle from time to time, and a pressure bandage worn. The latter treatment generally suffices also where the so-called *cystoid cicatrix* develops.

(To be continued.)

J. Von Lenhosék has constructed an apparatus which permits no fewer than sixty microscopical preparations to be observed in immediate succession, without changing the slides and readjusting the objective. He calls it the "Poly-microscope."

## Translations.

From *Lyon Médical*.

### THE DIARRHŒA OF CHILDREN AND ITS TREATMENT.

After a rapid exposition of the causes and symptoms of infantile diarrhœa, M. Blache insists upon the treatment proportioning the medication to the degree of intensity of the disease. As to the question of diet, he recommends regularity of the meals varying in number according to the age and energy of the child. He insists upon redoubling the vigilance at the time of evolution of the teeth, and especially at the epoch of weaning; the importance of continuing the use of milk in the alimentation of children, and of only abandoning it in persistent diarrhœa after having tried the employment of the various kinds of milk, (cow's, goat's, and ass's). As a preventive of intestine troubles, M. Blache advises the wearing of a flannel binder, which has the double advantage of protecting the children against chills, and of supporting the belly and preventing that tendency to swelling which occurs on the least intestine trouble. Whatever be the nature of the diarrhœa, its origin, its intensity, or the time elapsed since its inception, the treatment which the author proposes, modified according to the cases, has constantly been successful in his hands.

1st. Diminution of the nourishment; appropriate injections repeated as required; and the application of poultices to the belly.

2nd. Administer each morning, for three, four, or five days in succession, a small teaspoonful of a mixture of *equal parts of castor oil and syrup of acacia*, simply emulsified by shaking the bottle at the time of giving the medicine.

In order that this medication may produce a curative effect it is necessary to give the mixture in very small doses, and to repeat its employment for several days in succession. Three or four days running is generally sufficient to modify the nature of the stools and to diminish their number. If after two days' treatment the diarrhœa is moderated without disappearing, it should be suspended for a day, and then the same dose should be resumed, but after a day's interval. It is evident that in saying "the