

abdominal recti must be forcibly separated by the finger tips inserted deeply along the linea alba. This procedure must be followed by the circular movement already indicated. At the same time, the patient is recommended to take deep inspirations for the purpose of strengthening the diaphragm.

Massage is also extremely useful in the very obstinate constipation so frequently met with amongst infants. I have known it prove successful after the failure of the usual remedies. Few applications are needed, generally not more than a dozen, and the time occupied by each should be about ten minutes.—*London Lancet.*

OPERATION OF OPENING THE SHEATH OF THE OPTIC NERVE FOR THE RELIEF OF PRESSURE.

BY R. BRUDENELL CARTER, F.R.C.S.

It may possibly be within the knowledge of some of my audience that, on March 21st, 1887, I read before the Medical Society of London a detailed account of a case in which I had incised the sheath of the left optic nerve, behind the eyeball, for the relief of great swelling of the disc—swelling which, in that case, was monocular only. The patient made a good recovery, and my paper was printed *in extenso* in the number of *Brain* for July of last year, and also in the tenth volume of the *Proceedings of the Medical Society*. I have since performed the same operation in three other cases, the histories of which I am desirous briefly to relate.

The first of these was that of a man about 45 years old, who was under the care of Dr. Ferrier in the National Hospital for the Paralysed and Epileptic. In addition to some obscure symptoms of intracranial disease, there had been swelling of both optic discs, which was apparently passing into atrophy. The vision had for some time been failing. In the right eye it amounted to $\frac{2}{20}$ ths: in the left it was recorded by Dr. Hull, the house physician, as being bare perception of light. I opened the nerve sheath of the left eye; and, in testing vision a few days

afterwards, I thought at first that perception of light existed, but, on careful blocking up of the right eye, I found that it did not. I could not feel quite sure whether Dr. Hull had been deceived, as I was myself for a time or whether perception of light had been lost subsequently to the operation, either by the natural progress of atrophic change, or by some injury inflicted upon the nerve. I did not think the latter explanation could possibly be the true one: although, from the shape of the orbit and other circumstances, the operation had been difficult of performance. In consequence of the doubt, I decided not to touch the other eye unless its vision should fail under my own observation; but, after a few days, it began to improve. It rose from $\frac{2}{20}$ ths to $\frac{3}{20}$ ths, and the patient was soon afterwards discharged from the hospital. As far as my point of view was concerned, I regarded the result as negative; but subsequent experience induces me to believe that the improvement in the sight of the right eye was probably due to the operation.

My second case was that of B. H., a single woman, aged 21, who was admitted into the National Hospital, under the care of Dr. Charlton Bastian, on May 25th, 1888. Five months before admission, she began to suffer from severe pain in the back of the head and neck, which became worse at night, from vomiting, and from failure of sight. She attended as an out-patient at the Central London Ophthalmic Hospital, and she told me that her eyes were frequently examined with the ophthalmoscope, and that her condition excited a good deal of attention, so that she was examined by a good many people. The failure of vision of the right eye increased more rapidly than that of the left, and she was for a time very deaf, but her deafness passed away. After a while, she began to stagger in walking, and all her other symptoms increased in severity. When she came to the National Hospital she had been unable to walk for two months.

On admission, she had an almost constant internal squint of the right eye. The movements of the left were normal, and there was no nystagmus. The right pupil was insensitive to light, the left