body—such as the skin and muscles—are brought into actual relation with the nerves distributed in them, and in virtue of which relations they are entitled to rank as peripheral nerve-organs.

III.—The peculiar series of structures, of which the retina forms the highest member, met with in close relation with, or attached to, the peripheral terminations of the nerves of special sense, in which the special impressions which it is the particular function of the latter to convey, are initiated by the appropriate stimuli. A peculiar differentiation prevails amongst these peripheral nerve-appendages corresponding to the nature of the stimuli, for the appreciation of which they are designed, and to transmit which to the sensorium is the special function of the particular nerve to which they are attached. As these special sensory impressions vary much, both in kind and degree, from the ordinary sensibility possessed, more or less, by nearly all parts of the body in common, there is a corresponding variety in form and structure of the organs in which they are excited. That special exaltation of ordinary sensibility which constitutes the sense of touch is localized in certain portions of the skin, by which they are adapted for the appreciation of varying degrees of contact or pressure and temperature, constituting the phenomena of that sense. The tongue is fitted for the reception of those delicate stimuli which produce sensations referred to the sense of taste. The nose, as the organ of smell, is similarly enabled to receive and appreciate the stimuli giving rise to sensations of odour. Ascending still higher in the series, we meet with the highest forms of such structures developed in connexion with the terminal expansions of the auditory nerve in the lamina spiralis of the cochlea, and of the optic nerve in the retina, the structure of which is so delicate and sensitive, that movements initiated by the mere vibrations of the considerable media interpreted by the sensorium, as sound and light, are communicated by them to the nerve-fibres, and by that channel to the brain.

Having concluded these introductory observations, which I have been induced probably to extend too far, I shall in our next lecture proceed to the details of our subject.

ON A

LARGE CYST IN THE ORBIT CURED BY THE CAUTERANT ACTION OF IODINE ON ITS INTERIOR.

By J. C. WORDSWORTH, Esq., M.R.C.S.,

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IN February of the current year, I was requested by my friend, Dr. Jackson, of Tottenham, to see a young lady suffering from a large cyst in her right orbit. It had existed for several years, and, gradually increasing, was producing considerable inconvenience, by displacing the eyeball forwards and outwards, so much so that she was unable to use both eyes together, as the attempt caused double vision. She had also suffered from slight stillicidium, from pressure of the tumour on the lachrymal sac. The tumour projected from the roof of the orbit (its most common position in this region), and formed a soft, fluctuating mass, perceptible through the upper lid, of about an inch in diameter, and appeared intimately blended with the eyeball, and with the periosteum of the cavity. By pressing it, some motion was communicated to the globe; and its history indicated a deep origin. From these considerations, I was induced to state that I doubted whether the tumour admitted of complete extermination, and that I was therefore not prepared to promise a cure, as I had never known an instance where any portion of one of these cysts having been left, it failed to develop a tumour again.

On the 23rd of February, the case was submitted to operation. Chloroform having been administered by Dr. Jackson, I made a long, curved incision through the lid, corresponding with the concave margin of the orbit, and, by a little dissection, separated the cyst from its organic connexions. It was then evident that it extended deeply into the orbital cavity, and that it was firmly adherent to the globe and fibrous investment of the bone, as anticipated. The cyst was then freely opened, as all idea of attempting its removal was abandoned. A considerable amount of glairy fluid escaped; and on passing a probe, the cyst was traced to the apex of the orbit. A care-

ful examination by the finger indicated its close relations with the eyeball and the roof of the cavity, as it had deeply indented the bone above the lachrymal sac. Having carefully sponged out the cavity of the cyst, so as to permit of the application of a cauterant, I introduced a probe armed with lint saturated with a strong alcoholic solution of iodine, and, by a free use of the remedy, satisfied myself that no part of the membrane could escape its influence. The wound was then dressed with wet lint, and as soon as she recovered from the effects of the chloroform, she complained of only slight pain. Some discharge occurred for a few days, and was soon followed by complete closure of the wound; no inconvenience having resulted from the operation, beyond that of the immediate pain and the subsequent nausea from chloroform.

On the 27th of July, she called to see me, and I am gratified to be able to state that I was unable to find a vestige of the tumour. The eye has receded to its normal position, and is again fully restored to its function.

From the time which has elapsed since the operation, I hope that the happy state of things now existing will continue. But in recording this interesting case, I do not wish to attach undue importance to it, nor should I allow it to influence me in the treatment of this troublesome class of cases generally. So far as it may be allowed to generalize from a solitary case, I think we may consider it proved, that, in some instances at any rate, cauterants will suffice to procure obliteration of these cysts. Future experience will prove how far we may trust to this means; whether it will supersede complete extirpation, or, as I imagine, only take its place as a substitute when that is inadmissible.

Analogy would lead us to suppose that, in many cases complicated by important relations which preclude the free use of the knife, advantage may be taken of the use of such cauterants as iodine in altering the vital properties of these secreting cysts. The type of inflammatory action originated by cauterants appears sufficiently manageable to justify their use in the treatment of a large class of cases long considered peculiarly critical. Various cysts are now submitted to cauterant action under circumstances that would formerly have been considered most unsafe. Great fear would have been entertained of the diffusion of violent reaction, beyond the anticipated limits, to structures of eminently vital importance. And, secondly, the tendency of the action so produced was viewed with much distrust. If we may be allowed to speculate further on the matter, it will probably be conceded that our predecessors were justified in their precautions by the then known tendencies of inflammatory action. Many circumstances were then in operation which modified the direction and force of inflammatory conditions. Modern medicine has gradually substituted more powerful agents for those which were found to produce the desired effects of cauterants in days gone by—as iodine for the white zinc, &c. Modern pathology indicates a general disposition to aplastic reaction, and induces us to secure and maintain a good vital force in those who undergo operations.

Finsbury-square, August, 1859.

ON DIPHTHERIA.

By JAMES P. M'DONALD, L.R.C.P. EDIN.

THE alarm consequent upon the recent prevalence of diphtheria has become so universal, that the least soreness of the throat is now regarded in a very serious light. Medical practitioners are constantly being consulted about cases which otherwise would never have been noticed. This has led, in some instances, to doubts in the minds of many physicians and surgeons as to the real existence amongst us of the disease in question. As it has been my lot, during more than eighteen months, to have had charge of many serious and fearful cases of diphtheria, and, as a natural consequence, to have been frequently consulted as to affections of the throat, I venture to place before the profession some remarks on the subject.

I consider diphtheria to be a disease produced by a specific poison taken into the system, acting through the blood, and seen at the throat. The following are the usual form and course of the disease in its severest type. The patient is suddenly (and generally in the morning) seized with violent vomiting of a thin, yellowish-white matter, of a very offensive character; then purging of a fluid of similar appearance and smell. These dejections last an hour or so, and are followed by great prostra-