lower part of this *anterior sub-peritoneal ganglion*, nerves are sent down to the cervix uteri and vagina, and numerous branches pass off on both sides to the hypogastric ganglia. Superficial and deep plexuses of nerves are likewise sent off from its superior lateral borders, which proceed across the uterus, sending branches into the muscular coat, and uniting with all the ganglionic plexuses on the posterior surface. The appearances presented by the anterior sub-peritoneal ganglia and plexuses in the fourth month of pregnancy, have been displayed in the second engraving which illustrated the paper 'On the Nervous Ganglia of the Uterus.' At that period, the ganglion seemed nothing but a thin nervous and vascular membrane, imbedded in soft cellular substance, through which the delicate nervous filaments, accompanied with arteries, proceeded to the superior angles of the uterus. On comparing this dissection with that now described, it is impossible to avoid being struck with the enormous development of these nervous structures during the four latter months of pregnancy, or to resist the conclusion that these are formed for the purpose of supplying the uterus with that nervous power which it requires during labour.

"These dissections prove that the human uterus possesses a great system of nerves, which enlarges with the coats, blood-vessels, and absorbents during pregnancy, and which returns after parturition to its condition before conception takes place. It is chiefly by the influence of these nerves that the uterus performs the varied functions of menstruation, conception, and parturition, and it is solely by their means that the whole fabric of the nervous system sympathizes with the different morbid affections of the uterus. If these nerves of the uterus could not be demonstrated, its physiology and pathology would be completely inexplicable.

(To be continued.)

ON AUSTRALIAN OPHTHALMIA.

By GARRETT BUTLER, Esq., M.R.C.S.L.

I DESIRE to lay before the notice of the junior members of the profession who intend practising in our Australian colonies the following observations on the above disease. While residing in the colony of Victoria, I had frequent opportunities of observing the affection, as well as the treatment usually adopted for its cure. The disease differs materially from anything to be met with in practice in this country, and practitioners generally follow the treatment usually recommended for acute conjunctivitis occurring at home. Australian ophthalmia is, in my opinion, essentially a disease resulting from debility. Amongst the young and delicate, the toil-worn, and those least inured to the climate, the affection appears in its worst and most painful character.

The *immediate cause* of the disease is relaxation and debility of the vessels of the conjunctiva. The *remote causes* will be found in the sand carried from the interior by the furious hot winds, in a disordered state of the primæ viæ, excessive fatigue, and bad living. The symptoms at first closely resemble those of ordinary conjunctivitis, with the exception of the inflammatory fever which usually accompanies the latter disease. The patient at first complains of "weakness in the eye;" there is intolerance of light, and great vascularity of the conjunctiva, with a gritty, sandy sensation in the eye. After a few hours, sometimes a day or two, the discharge so characteristic of the disease makes its appearance. At first it is a thin, muco-purulent secretion, becoming rapidly thicker, and ultimately of surprising hardness. In some cases I have removed pieces from the eye of almost cartilaginous consistency. Its formation is wonderfully rapid and profuse, and is the cause, by its pressure acting like a foreign body in the eye, of all the sufferings the patient undergoes. There is also considerable supra-orbital pain, especially at night, when all the symptoms are aggravated. The patient passes sleepless nights, and the general health usually suffers in consequence. In the treatment, the state of the bowels must not be overlooked; their functions I have found best restored by a mild mercurial purge. The topical treatment which I have found most beneficial is diametrically opposite to that of conjunctivitis. Instead of the local abstraction of blood, (sometimes constitutional,) low diet, purgatives, &c., which some adopt in the colony as means of cure, I always begin by using a solution of from four to six grains of nitrate of silver to the ounce. This checks the discharge at once, and with it all the symptoms rapidly subside. After the application of the collyrium, it is advisable to cover the eyes with a light, cold bread poultice, and to smear the eyelids at bed-time with cerat cetacei. The

patient should be confined to a cool, shady (*not dark*) room, and be allowed a *nutritious* diet. Under this treatment the most aggravated cases will often be cured in two or three days. Occasionally some debility and relaxation of the vessels will continue for a time, when it will be necessary to use the sulphate of zinc with vinum opii.

Australian ophthalmia is seldom followed by bad results. In neglected or badly-treated cases, I have seen opacities of the cornea, nebulae, and pterygium follow. I never knew it to occasion ulcers or sloughing of the cornea, and the deeper textures of the eye are, I believe, never engaged.

I trust that the above remarks from one who has devoted much time and pains to the study and treatment of the disease will be of some use to our medical brethren who intend to practise in the Australian colonies, and through them be the means of alleviating the sufferings of our friends and countrymen in the far-off land.

London, October, 1854.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

CASES OF EXTERNAL INCISION FOR STRICTURE OF THE URETHRA.

KING'S COLLEGE HOSPITAL ..... MR. FERGUSSON.
ST. "MARY'S" ..... MR. HENRY LEE.
ST. "MARY'S" ..... MR. COULSON.

IN what state are the therapeutics of stricture at the present day? Have the able men who have devoted their energies to elucidate the pathology of the disease, and endeavoured to find remedial means, succeeded in placing the treatment upon a firm and satisfactory basis? Have patients now a better chance than a century ago, to be relieved from the inconvenience, suffering, and perils of aggravated stricture? Have the rewards which have been bestowed upon successful competitors by learned bodies or benevolent individuals, both in this country and abroad, led to commensurate improvements in the branch of surgery under consideration?

It would be doing injustice to the present generation of surgeons to answer these questions in the negative; and when the observer looks round in our vast nosocomial establishments, he may convince himself that successful applications are being made of the methods which have, in modern times, been devised. Nor is it improbable, on the other hand, that much good is done in private practice, where cases seldom assume the aggravated characters which are frequently seen in the wards of our hospitals.

It is especially against the severe forms that the greatest therapeutical ingenuity has been displayed, and it would appear that surgeons are agreed that the only means of overcoming permanent and unyielding obstacles to the flow of urine, or to the introduction of instruments, is to destroy the substance forming the impediment. But here we find opinions diverging in various directions, from this central point of simultaneous action. Some destroy, by means of different caustics; others use the cutting instrument, and divide the coarctation either within the canal, or through the skin of the perinæum. Is there to be but one rule, or do all the methods deserve application in appropriate cases? Can we safely exclude any of these means of destruction? Or do any of them present risks of a more serious nature than the complaint itself?

These questions are not easily answered, for the supporters of the different methods bring both cases and good arguments in support of their views. But some approach might be made to the solution of the problem by coming to an understanding