vomited once when he came in. Subsequently he had a disposition to vomit, but did not bring up anything. When seen about 5 o'clock by Mr. Rivington he did not exhibit the usual signs of the injury from which he was suffering; he did not complain of pain in the abdomen; he was not sick, and he was not in a state of collapse. In the course of the evening severer symptoms came on, and he died on the following morning at 11 A.M. At the post-mortem examination the jejunum was found ruptured near the duodenum, and the sternum was fractured.

SEQUEL OF A CASE OF SYPHILITIC CARIES OF SKULL,
WITH ABSCESS IN THE BRAIN.

(Under the care of Mr. HUTCHINSON.)

This patient, Oliver H—, who was progressing favourably at the time of our last report (see page 334), became worse about the first week in September. His hemiplegia, which had somewhat diminished, again increased, and became almost complete as regards motion; and at about the same time he again had several convulsive seizures, with unconsciousness, the convulsions being chiefly on the left side. The abscess had closed, and, although it was reopened and discharged freely, his symptoms were not relieved, and he died on September 14th.

The post-mortem examination was made forty-eight hours after death, after decomposition had much altered the abdominal and thoracic organs; there were no evidences of syphilis in any of them. In the kidneys were a great many very small calculi (probably uric acid). In the brain, a sinus was found passing from the external opening down through the corpus striatum, a great part of which was destroyed and converted into greenish, fetid, puriform fluid. The brain-tissue, for about a quarter of an inch around the abscess, was much discoloured and of a greenish hue. There was no trace of meningitis anywhere excepting close around the fistula, where the membranes were firmly adherent, but only over a very limited area. There was no inflammation of the lateral ventricle, nor was the thalamus opticus involved.

ROYAL LONDON OPHTHALMIC HOSPITAL.

EXTIRPATION OF THE EYEBALL, TOGETHER WITH REMOVAL OF THE CONJUNCTIVAL SAC.

(Under the care of Mr. J. F. STREATFEILD.)

A YOUNG married woman, near her confinement, who had lost her left eye by inflammation many years before, came to the out-patient department of the hospital on the 18th ult., on account of pain in the damaged eye, and of failing sight and obscuration in the other. The lost eyeball was very soft and quite blind; the pupil was closed by total posterior synechiæ, and the iris bulged forwards. Mr. Streatfeild remarked that this latter condition is one of the most urgent in which iridectomy is called for; but in this particular case nothing short of extirpation of the diseased eyeball would be of any avail. This operation was therefore proposed, and the patient consented on condition that the lids should be closed. She was told that if this were done she would not be able to wear an artificial eye, but she said she did not wish to wear one, as she knew someone who had an artificial eye, and that it was more trouble than it was worth. Under the circumstances, simultaneous removal of the conjunctiva and eyeball was determined on. Mr. Streatfeild observed that since he began to destroy the conjunctival sac in cases of extirpation, where the patients could not, or would not, wear the artificial substitute,* he had never before had a case in which the sac was destroyed at the time of extirpation of the globe.

After administration of bichloride of methylene, which is always given to Mr. Streatfeild's patients, the operation was performed in the following manner:—The lower lid being held down and strongly everted by the forefinger of an assistant, the conjunctiva was cut through close to the free margin of the lid, and dissected off the tarsal cartilage; the conjunctiva was next cut through at the outer and inner canthus. The globe was then drawn well downwards, and the fold of conjunctiva between it and the upper lid was next dissected from the subjacent soft parts, but as the

conjunctiva could not be easily separated from the upper lid it was left to be removed by caustics at some future time. In this manner all the conjunctiva, with the exception just named, was dissected up. The extirpation of the globe was now completed in the ordinary manner.

Dec. 5th.—The soft parts of the orbit are granulating and are drawing the lids closely to them.

OPERATION TO RELIEVE LACHRYMATION DUE TO
EVERSION AND CLOSURE OF THE PUNCTA
LACHRYMALIA.

The patient was a young woman who had been affected with tinea ciliaris in both eyes for many years. Nearly all the eyelashes had disappeared, the lids were everted, and both lower puncta apparently closed. The patient being put under the influence of bichloride of methylene, the edges of the lids were well cleaned, and the left lower canaliculus slit up with a Weber's knife. The right lower punctum could not be made out. It was therefore determined to slit up the upper canaliculus and reach the lower one by passing a curved probe along it from the lachrymal sac in the manner recommended by Mr. Streatfeild in the Royal London Ophthalmic Hospital Reports, vol. iii., p. 4. The thin end of a Bowman's lachrymal style was bent at a right angle, and passed into the sac from the upper canaliculus, and an attempt was then made to pass it along the lower canaliculus, but the thickening of the tissue would not allow of the yielding probe being directed with sufficient certainty and force to accomplish this. A more suitable instrument with a more considerable curve was found in the use (as suggested by Mr. Tweedy, the clinical assistant) of an obsolete strabismus hook, the shape of which closely resembles an ordinary button-hook, with the end prolonged horizontally instead of being sharply curved. The lower canaliculus was easily reached with this instrument, which passed readily outwards through the punctum. The canaliculus was then slit up and kept open by daily probings.

Dec. 5th.—The raw surfaces of the edges of the lids are healed; the canaliculi are patent, and there is no more lachrymation.

LIVERPOOL NORTHERN HOSPITAL.

TWO CASES OF STRANGULATED HERNIA.

(Under the care of Mr. LOWNDES.)

Strangulated Scrotal Hernia relieved without opening the sac.—Robert B—, aged fifty-six, a tall, stout man, was admitted on the afternoon of June 9th, 1872, with a very large scrotal hernia, which came down seven hours before, and which he was unable to reduce. He has had hernia for several years, but has always been able to reduce it himself, and has worn a truss. He had vomiting before admission, none after, but he suffered great pain. At 6.30 P.M. chloroform was given, and as reduction could not be effected, an incision was made over the external ring, and the sac exposed. There was found to be a tight stricture at the ring, which was freely divided; some tight fibrous bands were also found constricting the neck of the sac, which were divided, and on division gaped considerably. The hernia was now easily reduced. The wound was sponged with a solution of carbolic acid, and brought together with numerous stitches of carbolised catgut, and covered with a compress soaked in carbolised oil. An opiate was given. The next day he was quite easy, and had passed wind freely. The wound healed by primary union, and the patient went out perfectly well on June 22nd.

Strangulated Inguinal Hernia complicated with ascites; peritonitis; death.—W. D—, aged forty-two, a labourer, was admitted on the afternoon of the 3rd of November, with an inguinal hernia of moderate size on the right side, which, he said, he was always able to return until two days before admission. He had been ruptured since last July. For about two years he had suffered from ascites, for which he had been twice tapped, the last time about two months ago, when, he said, sixty-three pints were drawn off. Two days ago (Nov. 1st), while he was at work, the hernia came down under his truss, and he was unable to return it. He continued however to work, and kept the truss on. His bowels were moved that evening; but the tumour soon after be-

* See THE LANCET, vol. i., 1872, p. 821.