

in the salt. The carrot poultice, the charcoal poultice, and chloride of lime were also very useful in this form of foul ulcers, but none of these was thoroughly effective in foul sloughing ulcers. In these the root of the slough must be destroyed by some caustic application, and this was best effected by the application of manganese cum potassâ upon a small piece of lint the size of the slough. It is very quick in its action; in the course of twenty-four hours the slough generally came away, and with it all the foul odour which had previously been so offensive and injurious, not only to the patient, but to all whose duty it was to be in attendance.

In the discussion which ensued, various applications were mentioned by different speakers, such as charcoal, nitric acid, the tincture of perchloride of iron, lemon-juice, &c. The tincture of the perchloride of iron produced so much pain that the French surgeons in the Crimea had reported against its use. Lemon-juice and nitric acid, diluted according to the circumstances appertaining to the condition and the nature of the sore, were found to be the most efficacious; and Dr. James Bird remarked, that the experience of the French surgeons coincided with his own. When in India, he had found the application of nitric acid, properly diluted, to be the most effective of all remedies, both in hospital gangrene and offensive ulcers.—*Lancet*, Oct. 29, 1859.

37. *Corns on the Sole of the Foot*.—MR. HOLMES COOTE calls attention (*Lancet*, Dec. 10, 1859) to the treatment of corns on the sole of the foot. The pain attending these is so great that patients are sometimes unable to walk or stand. Mr. Erichsen notices it in his work on surgery. "It is usually," he says, "of small size and round in shape, the neighbouring cuticle being always greatly thickened and hardened. It is extremely sensitive to the touch, the patient shrieking when it is pressed upon, as if an exposed nerve had been injured. On slicing it down with a scalpel, it will be found to be composed of soft, tough, and white epidermis, arranged in tufts or small columns, in the centre of each of which a minute black dot is perceptible. Each tuft appears to be an elongated and thickened papilla, and the black speck is a small point of coagulated blood which has been effused into it. Around the depressions in which each of these corns is seated the hardened cuticle forms a kind of wall."—p. 439.

Mr. Coote has known ulceration to occur in this morbid structure, when a deep and foul sore, excessively sensitive, is formed. It may be healed by rest, but it recurs when the patient resumes the usual habits.

"Now the cause of these corns will generally be found," Mr. C. says, "to proceed from a tense condition of some of the important tendons, that most frequently affected being the tendo-Achillis. When it is so contracted, the foot cannot be raised beyond a right angle; and it follows that the weight of the body is unduly thrown on the fore part of the sole of the foot, where the corn speedily forms. The contraction of the tendon may be so slight as to need careful examination for its detection; but so long as it exists the cause of the corn remains, and it will be found that any other measure, less than the division of the tendon, will be only palliative. The subcutaneous division of the tendon, its elongation, and the restoration of the foot to its normal bearings, must be conducted on the usual principles of orthopedic surgery. The practice has been adopted many years at the Orthopedic Hospital; but it is not so generally known as, in my opinion, is desirable."

## OPHTHALMOLOGY.

38. *Intra-Ocular Hemorrhage consecutive to the Operation for Cataract by Extraction*.—JAS. G. MILDGE relates (*Dublin Hospital Gaz.*, Nov. 15th, 1859) the following case of this accident:—

"Mary H——, aged 65, widow, applied at the Eye Dispensary, Mecklenburgh Street, affected with complete lenticular cataract of both eyes. As the retina

were perfectly sound, and the patient's bodily health good, with the exception of slight rheumatic pains, I determined on operating on the left eye by extraction. The lens, which was hard and of a light brownish colour, was extracted without the slightest difficulty, and scarcely a particle of vitreous humour escaped during the operation. It appeared, however, that the friends of the patient had given her a draught of porter previous to the operation, without my knowledge; and about an hour after I had left her, nausea and vomiting set in, a considerable quantity of vitreous humour was evacuated, and when I saw her, the flap of the cornea was protruding between the eyelids, and a portion of the bed-linen was saturated with blood, the space between the lips of the wound being filled by a mass of vitreous humour. Notwithstanding the application of cold lotions, cupping by means of Hurtleoup's artificial leech, &c., the hemorrhage continued for upwards of twenty-four hours, and the patient became so prostrated, that I proposed extirpation of the eye as the only means of arresting the flow of blood. This, however, her friends would not hear of, and the application of cold lotions was continued, her strength being at the same time supported by strong beef-tea, wine, etc. The hemorrhage was eventually arrested by this treatment, but considerable inflammation of the eyeball followed. At the end of three weeks, the patient had partially recovered her strength; the eyeball was, however, atrophied, and vision completely destroyed.

Rivaud-Landrau states that he has only met with this accident four times in two thousand cases of extraction of cataract. In two of these cases, he attributes the hemorrhage to the escape of a considerable portion of the vitreous humour during the operation; and in the remaining two, it was caused by a blow on the eye twenty-four hours after the operation.

"What are the phenomena," he asks, "which present themselves in the globe of the eye when a portion of the vitreous humour is evacuated?" During this movement, the ocular muscles contract spasmodically, which produces minute shocks on the eyeball; the portion of vitreous humour which remains in the deeper part of the globe executes a forced movement forwards, in order to fill up the vacuum. The vitreous humour, in being projected forwards, is detached forcibly from the chorioidea; and it is in this manner that the rupture of the minute sanguineous vessels which wind about the cells of the hyaloid membrane, and radiate from the chorioidea towards them, is produced. Intra-ocular hemorrhage is the immediate result of the rupture of the vessels during the detachment of the vitreous humour from the chorioidea.

Mr. White Cooper, on the other hand, maintains that the detachment of the vitreous humour, instead of being the cause of the hemorrhage, is merely the result of it. According to him, it is the accumulation of blood behind the vitreous humour which, in pushing the latter before it, produces the detachment. In fact, Rivaud-Landrau regards as the principal cause of the hemorrhage what White Cooper considers as merely the effect of it.

In four cases of extraction of cataract at the Ophthalmic Hospital, Moorfields, in which this complication occurred, the eye was extirpated in order to arrest the hemorrhage; and on dissection, a coagulum of blood was found in each case between the sclerotic and choroid coats, the choroid and retina being pushed forwards into the vitreous humour. This would speak rather in favour of Mr. White Cooper's theory.

In a recent article in the *Giornale d'Oftalmologia Italiano*,<sup>1</sup> Dr. Olioli proposes digital compression of the carotid artery on the side corresponding with that of the hemorrhage, as a means of arresting it, instead of resorting to extirpation of the eye. Although he has not had an opportunity of proving the efficacy of this treatment, yet he cites a case of aneurism of the ophthalmic artery in which it was employed with success by Prof. Gioppi, of Padua, and infers from this that the same means might be resorted to with immediate benefit in intra-ocular hemorrhage.

Rivaud-Landrau makes the following remark, speaking of the occurrence of the accident after the extraction of the cataract: "La quantité du sang évacué

<sup>1</sup> Emorragie Intra-oculari od Emoftalmie, e Proposta della Compressione Digitale per Arrestarle. Per A. Olioli, medico-chirurgo oculista esercente in Galliate.

ne peut jamais être assez considerable pour entrainer à sa suite un danger sérieux." This assertion is not borne out by the case I have just related; and in another case, operated on by White Cooper, the hemorrhage lasted for thirty-seven hours, and the patient being eighty-seven years of age, serious doubts were entertained of saving her life.

39. *Night-Blindness, in Connection with Scurvy.*—The *Ophthalmic Hospital Reports* for July, 1859, contains a very interesting paper on this subject by Dr. ALEXANDER BRYSON.

"Night-blindness," Dr. B. remarks, "most unquestionably occurs much more frequently in scurvy than is generally supposed, but in consequence of the simultaneous existence of some more serious symptom, or of symptoms of a less ambiguous character, it frequently passes unnoticed. In fact, in the naval service, patients are generally placed on the sick-list before it occurs, or at all events before it becomes so decided as to induce the patient to complain of it. Still it is almost certain that scurvy occasionally shows itself without any concurrent defect of vision, while there are other instances in which nearly every second case is accompanied by it.

"The following is a remarkable instance of the prevalence of the disease, in connection with scurvy. The crew of Her Majesty's brigantine, 'Griffon,' employed on the west coast of Africa, for the prevention of the slave-trade, had been victualled on salt rations for five months consecutively, when several of the men began to complain that they could not see to do their duty on deck at night, though the moon shone brightly at the time. Amongst themselves it was called moon-blindness, consequently it did not cause much alarm, until out of about fifty white men, twenty-two were affected, and immediately after the sun went down, they had to be led about on the upper deck, in a helpless state of blindness. There was now just cause for alarm, as the vessel with so many men unfit for night duty, was hardly a match for any of the well-armed slavers so common on the coast at that period. Fortunately a man presented himself, complaining of a sore, and a swelling on the calf of one of his legs, the true nature of which there was no mistaking; on examination, his gums were found to be swollen and spongy. He was one of those affected with night-blindness; the other men similarly affected were next examined, as well as those whose vision by night was still good, when it was ascertained that all of the former presented the most unequivocal symptoms of scurvy, and a few of the latter had spongy gums. The officers, five in number, were not attacked either with scurvy or night-blindness, but they had a more varied diet than the men. To obtain fresh meat, fruit, and vegetables, the vessel anchored at Prince's Island, and three days afterwards nearly the whole of the hemeralopic patients had entirely recovered their vision.

"The ship's company of the 'Dolphin,' another African cruiser, had, in the year 1851, been a long time without obtaining any supplies of fresh meat or vegetables; consequently scorbutic symptoms made their appearance, and at the same time there were ten cases of night-blindness. The medical officer mentions that nearly all these men were able to distinguish objects at the distance of three yards by candle-light, and even to read a book held close to the candle; but the instant they went on the upper deck, they gradually began to lose sight of surrounding objects, and had to be led about from place to place. A few could plainly distinguish the stars and the top-gallant masts and yards, but below that plane they could not see anything. Two cases occurred in the 'Dart,' while employed in the Mozambique Channel, for the cure of which blisters and various other means were used; one improved, but the other resisted various modes of treatment, until the vessel anchored in Simon's Bay, and fresh provisions were issued to the crew, when the patient, to the astonishment of the assistant-surgeon, suddenly got well.

"Scurvy made its appearance in several vessels in the Black Sea in the year 1854, and with hardly an exception it was accompanied with night-blindness. In the 'Vengeance' eleven men were put on the sick-list for scurvy, but many