found, as is well known, immediately behind the alveoli-palatine bones, between the two superior incisor teeth,) was absent. I called the attention of Dr. Valentine Mott, professor of surgery, and Dr. Rheinlander, professor of anatomy, to the circumstance; they informed me that they had met with one or two similar aberrations. The knowledge of such anatomical deviations from the usual natural design was, in such a case as this, of high practical importance.

This anomalous affection and its result brought to my mind the suspicion—of which after-examination proved the correctness—that the *foramen incisivum* was in this case situated in the centre of the palatine bones, and that, either from the mechanical pressure of the gold plate, or from some other cause, the aneurismal affection of the anterior palatine artery had been superinduced, and the pendant aneurismal sac formed. The indication, of course, was to arrest the hæmorrhage. I proceeded to cut a piece of cork into the form of the letter X, which I inserted in the end of the canula of a small trocar. I passed the mouth of the canula well through the orifice into the palatine hole, and with a blunt piece of wire, in the place of the trocar, pushed the cork into the desired position. It formed a most excellent button-plug, and instantly stopped the bleeding. On the fourth day after its insertion the plug came away, and the patient experienced no further difficulty or inconvenience.

New York, Feb. 12, 1850.

ON A REMARKABLE CASE OF HEMIOPSIA, AND ANERYTHROPSIA.

By THOMAS CUTLER, M.D.,
PHYSICIAN TO THE SPA GENERAL DISPENSARY,

To the Editor of THE LANCET.

SIR,—The promptness with which you gave insertion (THE LANCET, Dec. 2 1848) to a case I addressed to you, of nyctalopia, *ex causâ electrica*, accompanied by anerythropsia, and the immediate reproduction of the article in a number of foreign journals of the medical sciences, attest at least the interest attached to such communications wherever your excellent periodical is diffused. That case offered a beautiful example of Seebeck's first category of anerythropsia. The present, which is correlative, I cannot refrain from offering you, likewise for publication; it belongs to Seebeck's second category, or that in which the red colours and their compounds receive a false appreciation by the sensorium.

I remain, Sir,

Your very obedient servant,

THOMAS CUTLER,
Physician to the Spa General Dispensary.

Spa, May 12, 1850.

CASE.—H. Giles, aged thirty, an agricultural labourer, inhabiting the neighbouring village of Creppe, of a florid complexion, robust, well formed, and otherwise in the enjoyment of excellent health, presented himself for the first time yesterday, at the dispensary, for a defect of vision, which he said embarrassed him much in his ordinary occupations. He complained of black specks (*muscæ volitantes*) floating constantly before his eyes; *vue croisée*, as he expressed it, or cross vision, that is to say, that any object he endeavoured to fix, occupying the right half of the nopter, instantly became obscure, while some other object belonging to the left half of the nopter as suddenly came into view; lastly, that the colouration of the object thus seen was altered, changing to a blue and passing, *gradatim*, and in direct ratio of the distance, from a very pale blue, through the darkest blue to black. The only physical sign I could discover, during a careful examination of the organs of vision, was a certain sluggishness in the contraction of the irides. The inconvenience of which he complained dated only from about the middle of April, but he admitted that for two or three years previously, every excess he committed in the way of drinking was invariably followed by great heat in the eyeballs, an excited state of vision, and, not unfrequently, the appearance of luminous spectra. I desired him to close the left eye, when, save the *muscæ volitantes*, the vision of the right was tolerably good; he could not, he said, discern objects through the window with the same clearness as formerly, but they at least appeared in their natural colours, and in their integrity.

Upon closing the right eye, he saw, if he fixed an object with the left, and at its centre, or thereabouts, that object entire; whereas, if he fixed the right half of the object, he saw the left half, and if the left, the right. Ordering him to keep the right eye still closed, I took up from the table a primrose; holding it at some distance from the left eye, he fancied he saw a blue flower. I then held it near the eye, and he recognised it as a yellow prim-

rose. The free extremity of a reel measure, divided into metres and centimetres, being now fixed by an assistant against the centre of the eyebrow, I slowly unrolled the graduated tape in the axis of direct vision, and at the same time leisurely withdrew the flower, desiring him to fix its deep yellow centre, and to mention when the colour began to change. At seven and a half centimetres it first assumed the bluish tint, and at nine centimetres was entirely blue; at nine and a half centimetres, the pale petals began to appear blue, and at sixteen centimetres, they had acquired a deep blue colour.

I then placed a red wafer on a white ground, and holding it close to the eye, it appeared red; at fifteen centimetres it began to appear blue, and at twenty five centimetres became intensely blue. Upon placing two red wafers in a horizontal line, and four centimetres apart, he perceived them both by fixing the centre of the intermediate space; on gradually withdrawing the wafers, the left disappeared at fourteen centimetres from the field of vision, and the right changed colour, as described when mentioning the experiment of the single wafer, and at the distances there indicated.

A repetition of experiments, with various other objects, produced analogous results.

I now presented him with a succession of colours, displayed on a white porcelain palette, all of which, when held near the eye, he recognised with much accuracy; but he described them as merging, every one at certain distances, into pale blue, deep blue, and black.

To conclude, this man, it is quite evident, is hemioptic from a defect of vision in the left eye only; also, he is anerythropic only with that eye; lastly, the sole appreciable cause for these derangements of the faculty of vision is a lesion of the optic nerve, probably in its expansion in the retina.

I am not aware of such a case of *alternating hemiopia* being on record; nor have I ever heard or read, to the best of my remembrance, of a case of *partial monoptical anerythropsia* like the one I have now described.

A word on the previous case. I promised you the result of the treatment of M. L., if worth recording. He was gradually and very sensibly recovering under it, until the expiration of three months, from which time I have lost sight of him entirely.

In the present case, I have recommended the patient great abstemiousness, as regards alcoholic drinks; a due attention to diet, the regulation of the *primæ viæ*, and the cold douche to the sinaput once or twice every day.

ON A CASE OF

ENCYSTED TUMOUR OF THE LABIUM SUCCESS- FULLY TREATED BY SETON.

By E. C. COTTINGHAM, Esq., Surgeon, Wangford, Suffolk.

Mrs. F., aged thirty-two, widow, the mother of two children, applied to me respecting an encysted tumour of the size of a large walnut, situated on the right labium, which had existed for some time, and gradually increased, despite the internal and external administration of iodine. She was also labouring under profuse leucorrhœa; to ascertain the cause of which, I made an examination of the cervix uteri with the speculum. With the exception of a turgid state of the cervix, I could detect no disease of a malignant character. I therefore advised immediate extirpation of the tumour by incision; but owing to her being in a nervous and weak state, I could not obtain consent to the proceeding. Ultimately she agreed to allow me to introduce a seton. Chloroform having been administered, I introduced a small curved needle, armed with six silk threads, completely through the tumour;—a small quantity of glairy fluid, similar in appearance to the white of egg, escaped. After allowing the seton to remain three weeks, I removed it, and was satisfied with the result, perfect obliteration of the cyst having taken place.

Hospital Reports.

GENERAL HOSPITAL, VIENNA.

Reported by F. D. FLETCHER, Esq., House Surgeon, Liverpool Infirmary.

ACCIDENT WITH A LITHOTRITE.

In reading the account of a difficulty encountered and overcome by Mr. Guthrie, when performing the operation of lithotomy, at the York Hospital, with Cuyale's three-bladed instrument, (vide LANCET for June 15,) I was reminded of a somewhat similar occurrence which I witnessed at the General Hospital,