pain on the introduction of a catheter, and difficulty of passing it through the prostate gland. 3. The instrument carried over to the right side of the bladder. 4. Hæmorrhage continuing for three days. 5. Sudden attack of intense pain in the testicle, cord, and bladder. 6. The existence of cancerous disease in the person of a near relative. Diagnosis: Cancerous tumour of the left side of the bladder, involving the prostate gland. No attempt was made to confirm this opinion by any repetition of the local examination. Dr. — lived about two months. The post-mortem examination revealed the presence of a large firm cancerous growth, of the size of the fist, occupying the left side of the bladder, which was pushed over to the right side, and involving the prostate gland, through which the urethra was much curved to the right side, and contracted in diameter.

Wounds into Joints.

A few words on the subject of wounds into joints. A boy, aged twelve, was admitted in July last with a small wound on the inner side of his knee-joint. It was difficult to ascertain with accuracy the time or the nature of the cause, which, however, had occurred several days prior to his admission. Some four or five days afterwards, Mr. Smith extracted a pin from the wound, which had obviously penetrated the joint, from which synovial fluid now escaped for several days. The fluid became purulent and copious; the joint hot, swollen, and extremely painful. Matter collected under the skin in the neighbourhood of the original wound, which required a second puncture. Large flabby granulations, almost invariably accompanying wounds into joints, formed around the two orifices, and existed for a month. The granulations at length subsided, the wounds healed, and the joint regained its normal size and appearance. Can this boy recover the former mobility of the joint, or is ankylosis inevitable? I believe it quite possible that the functions of the joint may be restored. I have had two cases of wounds into the knee-joint, in which discharge of synovia of many days' duration was followed by the free escape of pus from the cavity of the joint, continuing for a fortnight in one case, and ten days in the other; and in both cases the joint entirely recovered its functions. Of the restoration of the joint in the above case, however, I am not sanguine, from the protracted nature of the disease, the progress of which occupied a term of many weeks. The subject has not been investigated so far as I know, but it is not devoid of surgical interest.

Breaking-down of Joints.

On the subject of the breaking down of joints fixed by deposit around them from rheumatic inflammation, I fear I have been less successful in my treatment than other members of the profession, judging from the published record of cases. Out of the half-dozen that have unfortunately fallen under my charge, in not one have I succeeded in restoring the functions of the joint, all having returned to their previous state of "spurious ankylosis."

Foreign Body in the Pharynx.

In June last I was summoned to a curious accident. A young woman was admitted, wearing a set of artificial teeth, consisting, if I recollect right (for I quote from memory), of four, connected by a plate of metal, from each extremity of which descended hooked processes to fix it on the gum. The plate became detached, and she swallowed it, and it fixed itself across the pharynx about an inch from its termination in the œsophagus. The accident occurred in South Wales, and, having made one unsuccessful attempt to remove the foreign body, the medical attendant brought her up to London. The accident had happened twenty hours when I saw her. The woman was in much distress, not from obstruction in the pharynx merely, but also from pressure on the larynx. The finger, passed with a considerable effort, reached the object, but only touched it with difficulty. From Ferguson's ample collection of forceps, of every form, size, and variety, I succeeded in selecting a pair. After two or three futile efforts, having fairly grasped the foreign body, I extracted it, not without the application of great force, so tightly was it held by the pharyngeal muscles. I do not pretend to any skill in the accomplishment of this not very difficult task, which owes its success to the advantage afforded by an hospital in selecting out of a large number, the appropriate instrument for the purpose required. I kept the woman in the hospital till the following day, during which interval she exhibited no bad symptoms, beyond slight bleeding and soreness in taking food.

Hysteria.

In concluding this somewhat lengthened communication, let

me direct the especial attention of the younger members of the surgical profession to one of the most remarkable features associated with the treatment of disease. I allude to the great prevalence of *hysteria* in the cases of young women. It is quite remarkable how general is its presence, and how frequently it is interwoven with the symptoms of real disease. Abundance of cases recur to my recollection during the past year; reputed affections of the spine, and of the knee-joint more especially, at first sight of the most deceptive character. I would go so far as to assert that its presence, in some degree or other, is almost universal. And yet how critically important is a correct diagnosis in such examples! What form of treatment has a greater tendency to aggravate the symptoms of hysteria than that which may be judiciously applied to the cure of real disease?

Grosvenor-street, Sept. 1861.

ON A CASE OF

PENETRATING ULCER OF THE CORNEA, PRODUCING A FISTULOUS OPENING INTO THE ANTERIOR CHAMBER AND PARTIAL COLLAPSE OF THE GLOBE, CURED BY IRIDECTOMY.

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JAMES C—, aged nineteen, a shipwright, residing at Rotherhithe, applied at the Royal London Ophthalmic Hospital on the 29th May, 1861. He stated that he had suffered from ophthalmia in the left eye for some years; that a few weeks ago he had become worse, and noticed that there was a constant discharge of water from the eye; that the sight was almost gone, and that the eye felt soft and flaccid. He was induced to apply for assistance at one of the Eye Hospitals, where he was treated by the application of stimulants to the conjunctiva, belladonna to the brow, and blisters to the temple. This treatment was continued for some weeks without producing any improvement, and he was told by the surgeon that there was but little prospect of recovery, as the eye was getting softer in spite of all that could be done.

On admission—May 29th—I noticed a small fistulous aperture a little below, and internal to, the centre of the cornea, through which the aqueous fluid readily passed out; the pupil was contracted, and no anterior chamber was perceptible. A drop of solution of atropine was applied, which produced slight dilatation of the pupil. The pupil was quite free and tolerably round, the cornea clear, and the eye generally free from inflammation. He was in good health, but naturally depressed on account of the condition of the eye. He was directed to take quinine three times a day; to apply the belladonna fomentation occasionally, and a blister to the temple.

At the next visit—June 1st—no improvement having taken place, a solution of ten grains of nitrate of silver in an ounce of water was applied to the ulcer by means of a dropping tube; tonic and sustaining treatment was also continued. At the following visit the solution was applied as before, but of double strength, and repeated on the 8th. When I next saw him—on the 12th—I determined to excise a portion of the iris, and, as soon as a bed could be secured in the hospital, to admit him for the purpose.

June 19th.—Little or no change had taken place in the condition of the eye. Iridectomy was performed, a portion of the iris being drawn through a wound (made in the upper edge of the cornea) by means of forceps, and excised with scissors. There being no anterior chamber, the risk of wounding the lens was, of course, considerable; but no difficulty was experienced in removing about a sixth part of the iris.

22nd.—He left the hospital.

26th.—Mr. Hawkins, the house-surgeon, saw him in my absence, and wrote on his letter—"Fistulous opening closed; good anterior chamber."

The patient has continued to improve to the present date (July 22nd). The tension of the eye is normal, and he is able to see large objects. The ulcer having healed, there is a small point of iris adherent, producing the condition technically styled "myocephalon." The pupil is slightly drawn upwards, and but little larger than usual.

In the case above stated, the most prejudiced must admit the great value of iridectomy, by which a fistulous opening

into the eye was closed within a few days, after all the ordinary means had been long and fairly tested. It affords such palpable proof of the influence of iridectomy as a means of treating diseases of the eye that are either dependent on undue tension, or are at least proximately influenced by a disturbed relation between "the contained and containing," that I am induced to make it the theme of a few observations on this "vexed question."

I believe that an early prejudice against the operation of iridectomy in this country has robbed many of the only hope of saving vision in cases of glaucoma. The genius displayed by Graefe, in his irresistible and candid writings on iridectomy, failed to impress his critics in Great Britain. What he had done in the face of a large and intelligent class of students from all parts of the world, was virtually disbelieved, and his veracity even impugned. Hence iridectomy was condemned here, without even that fair trial which modern philosophy is fain to allow to all votaries of science. But happily there were those amongst us who felt that so accurate an observer and so candid a writer as Graefe could neither be mistaken in his conclusions, nor partial in his statements. Iridectomy, therefore, was put to the test of experiment; and I believe I am only recording the verdict of those best qualified to assess its value when I state that it has fully sustained the most sanguine anticipations of its illustrious author.

No doubt there are many difficulties, and even ambiguities, in the theory of iridectomy; its *modus operandi* is fraught with much that is perhaps inexplicable; yet this is no just reason for its condemnation, for medicine abounds in anomalies quite as repugnant to our preconceptions, but which, nevertheless, are unassailable as facts. Graefe himself, though led step by step to its adoption in that mysterious disease, glaucoma, was startled with his own success. Had he proposed the excision of a portion of the iris as a remedy for glaucoma, without propounding the train of reasoning that a long array of facts had sustained, no doubt his proposition would have been regarded as extravagant and even irrational. But it must be admitted by every candid and unprejudiced reader that no man ever pursued an inquiry with more caution and ingenuousness.

In iridectomy, he found that he possessed a means of diminishing, if not permanently, at least for a considerable period, the most palpable physical condition attending glaucoma. Hence he concluded that if he could restore a normal state of tension of some duration, he would be supplying the conditions most needed for the due renovation of those structures on which visual perception depends.

Whether this is the most exact ratiocination of which the subject admits time only can tell. It must be admitted, however, that it is the most satisfactory that we can at present deduce from the data at our disposal, though it is equally certain that there must be an ultimate one beyond our present scope.

I have noticed that there exists a considerable amount of discrepancy amongst the exponents of iridectomy as to the mode in which it diminishes ocular tension. The theory proposed by Graefe, that it acts by producing change in the circulation of the eye, by diminishing the secretory surface, seems the most palpable and conclusive. But this he advances under reserve; for he admits that it may be quite independent of these conditions, and in fact in no wise related to them except as coincidences. He states that "the idea of diminishing the intra-ocular pressure led me to adopt it."..... "The action of iridectomy may perhaps be highly compound. Diminution of the secreting surface certainly accounts for a lessening in the quantity of fluid; yet there is no experimental proof as to how much less aqueous humour is secreted, and whether this deficiency in its amount can explain a striking change of the intra-ocular pressure. The muscular co-operation of the iris with the tensor choroideæ, to the study of which I have been principally led by the new theory of accommodation, would in some degree explain how the excision of a piece of the iris might produce diminution of intra-ocular pressure by means of the muscles, by a relaxation of the tensor choroideæ. The continuance of accommodation in coloboma does not indeed favour this view. The conditions, however, are here essentially different. Perhaps the interference with the iris acts at first entirely on the choroidal circulation, and the therapeutical diminution of pressure is only secondary. That iridectomy in glaucoma has a powerful influence on the ocular circulation is at once shown by the occurrence of ecchymoses. Were the analysis of all these points more advanced, and a more correct explanation given, perhaps the treatment itself would be still better directed and adapted to the cases. It is very conceivable that, in certain cases, excision in the ordinary way is not suffi-

cient, but that success may be obtained by the removal of larger pieces of the iris. I have already communicated my experience that the excised piece of iris should be larger in proportion as the case is worse."

It appears to me that the theories advanced by other high authorities are quite inadequate: such, for instance, as that which attributes the influence of iridectomy to a gradual drain of the aqueous fluid; or that which explains it by supposing a freer opening between the two chambers; or, lastly, that which supposes it to depend on the re-establishment of osmotic currents through temporarily diminished contents.

I am desirous also of adding a few remarks on the subject of the diagnosis of glaucoma. And here again I think Graefe has been much misunderstood. If a tense, functionless globe, the nervous and other structures of which are greatly disorganized, is to be considered the only type of glaucoma, then indeed the cases to be submitted to the operation of iridectomy must be but few and hopeless; for there can be no doubt that science is unable to afford help for such. It is in the early and progressive stages that iridectomy is effectual; hence the paramount importance of an early recognition of the glaucomatous condition. If we wait till vision is reduced to mere perception of light, we have allowed the hopes derived from iridectomy to be in the same degree destroyed. Experience has amply proved that those cases of glaucoma in which its progress is rapid and well marked, are the most amenable to treatment by iridectomy. It was also as well known that they were intractable under constitutional treatment, and resisted every remedy that medicine could suggest.

And, lastly, a few words on the risks and consequences of iridectomy. I will not deny that it is an operation demanding all that care and delicacy which extraction of cataract requires; but experience has proved that it is quite as free from casualties. The space naturally occupied by the aqueous fluid is usually somewhat less in glaucoma; hence the risk of wounding the lens. But in the above-stated case, the anterior chamber was nearly occupied by the lens, and yet it was opened without any injury to that important structure, although the difficulties were greater than usual from the flaccid condition of the cornea.

If the lens happen to be wounded, of course the case is still within the reach of treatment. I have a gentleman under my care at present, in whom, no doubt, this casualty occurred while submitting to the operation of iridectomy performed by a surgeon in the tropics. By an operation to open the pupil, I have enabled him to see to write. So far as my own experience enables me to judge, I think it is neither a very painful operation, nor a very hazardous one; nor am I aware that it ever, as an operation, prejudices a case. It is admitted on all hands, that glaucoma is otherwise irremediable, or nearly so. Is there, then, anything in the operation that should induce us to hesitate to recommend it? Other operations attended by great risk to life, and otherwise of doubtful issue, are not, therefore, proscribed. Why should we, then, decline the only remedy within our reach for the relief of glaucoma because it is not invariably successful?

Queen Anne-street, Sept. 1861.

DEATH FROM UMBILICAL HÆMORRHAGE.—This case is curious from the circumstances hereinafter mentioned. M. Homolle brought it forward at the meeting of the Paris Medico-Practical Society. The child was the issue of a marriage between *uncle and niece*. The latter was confined three times at the full period during the first thirty-two months of her marriage. She nursed all her children, and each time fell into the family way whilst nursing. The first child had, during the early months of his life, slight strabismus, and was somewhat backward as to his power of speaking. The second child went on well until it was four months old, when weakness of the legs was observed, which finally became confirmed paralysis. The child died at ten months of imperfectly marked whooping-cough. The third child, the one who died of umbilical hæmorrhage, was born quite healthy, save a few convulsive movements, which were hardly noticed. All the functions were well performed, and on the third day the remains of the cord fell. On the eighth day, ecchymotic stains were noticed under the child's nails, with a slight exudation of blood. One of the fingers even presented a kind of bloody pouch. The next day, from the umbilical cicatrix oozed a little blood; as this persisted, pledgets moistened with a solution of perchloride of iron at 33° were applied. The oozing continued the next day, in spite of careful plugging with the perchloride and well-applied bandages; and the child died of anæmia on the tenth day after its birth, the oozing having never ceased.