an evil as cholera undoubtedly is, all personal vaunts should for the future cease, and that the little jealousies of work-day life should be, if possible, suppressed.

Park-place, Upper Baker-street, September, 1871.

CASE OF EXTRA-UTERINE FETATION AND SUPERFETATION.

By FRANK ARGLES, L.R.C.P.E., L.M., M.R.C.S.

On September the 3rd, 1870, I was called to see Mrs. S—, whom I found suffering from constant nausea. I prescribed suitable remedies and succeeded to an extent in stopping it. The catamenia were irregular, coming on for one or two days, and then stopping for a week, and again returning. This went on to the end of December, when they stopped. In the month of January I informed her that she was pregnant, and was able to detect the child by abdominal examination. She seemed to progress favourably until April the 10th, when I was sent for in consequence of her stating that she felt the child was dead. On stethoscopic examination, combined with other symptoms, I found she was correct. Three days after this I was hurriedly sent for, and on my arrival the nurse showed me something that had come away, and which proved to be an ovum of about two months. This surprised me not a little, and I kept the specimen. On examining externally I could still detect the dead child, and by passing my finger into the vagina could feel nothing through the os uteri, which was but slightly dilated, and would not readily admit the finger. External to the os, on the right side, the child could be distinctly felt. The abdomen appeared to be of a natural shape, not larger on one side than on the other. On percussion there was dulness about the navel, but it was tympanitic on either side. The abdomen gradually increased in size until about the end of June, when it seemed to be very much distended. Her general health was bad; sickness and fainting, with bilious diarrhoea, in which there was no solid matter, frequently occurred. Not being clear as to the exact condition of the uterus, whether there was a foetus or not within, I dilated the os with a sponge-tent, the string of which broke, and gave some trouble in its removal. However, it was clear the uterus was empty. As her symptoms indicated peritonitic irritation, and she was becoming worse, I asked Dr. Hicks to see the case, and he was of opinion that it was one of extra-uterine foetation.

On Sunday, July 9th, I saw her about 11 A.M., and she appeared to be more comfortable than usual. About 3 P.M. on the same day I was sent for, and found her retching a good deal, and bringing away a greenish fluid. She complained to me of having felt an acute pain, as if something had burst. Several minor pains followed. About 7 P.M. I again saw her. She was unable to retain anything upon her stomach, and I could see she was fast sinking. Death took place at 1 A.M. I was exceedingly anxious to have a post-mortem examination, which unfortunately could not be performed until three days after death. At this I was assisted by my friend Dr. Hawkes. On opening the abdomen, the child (a boy) immediately came into view. It was lying obliquely from right to left; its head was pressed forward on the chest; the occiput was turned towards the liver; the hands were folded under the chin; the back was turned forwards, and the legs were drawn upwards. The thighs of the child pressed the womb very much downwards and backwards towards the rectum, in the shape of a shield; the bladder was small, and pushed a good deal forward; the intestines were chiefly lying high on the left side, and quite agglutinated, a cyst having formed around the foetus. The liver was adherent to the abdominal muscles, and large flakes of hair were found closely attached to its under surface. The left ovary was entire, but very large. There was no trace of the right, although the Fallopian tube on that side was much dilated, readily admitting two fingers. This led me to believe it was a right tubo-ovarian pregnancy, the ovary and end of Fallopian tube being the original envelope. Decomposition was so much advanced that, on removing the child, the attachment of the placenta could

not be found. The child was large, and appeared to be about seven months. It was very perfect in every particular, except the legs and feet, which were short and rickety. On examining the womb it was found to be rather large, and very adherent to the surrounding parts. After minutely inspecting it, we could find no opening into it except through the right Fallopian tube.

The peculiar feature of this case is the length of time that elapsed between the death of the child and that of the mother, coupled with the intra-uterine ovum.

Wanstead, August, 1871.

ON REMOVAL OF CATARACT.

WITH A TABLE OF TWENTY-FIVE CASES.

By C. S. JEAFFRESON,

ASSISTANT-SURGEON TO THE NEWCASTLE INFIRMARY.

NEWCASTLE, being the centre of a large and populous manufacturing and mining district, affords great opportunities for the study and prosecution of ophthalmic surgery in all its branches. The death of Sir John Fife, who had deservedly attained a high reputation in this department, was much felt in the neighbourhood; and to his son, Mr. J. B. Fife, upon whom has descended the mantle of his father, I am indebted for having put many of these cases in my way.

Time and space will not admit of my entering into any discussion upon the relative merits of the different operations for cataract. I believe that for nuclear cataract the best operation, and the one attended with the fewest difficulties, is the flap operation in the upper segment of the cornea, combined, or not, as the case may require, with an iridectomy. But the individual skill each person may have attained in the performance of the operation he likes best will more than counterbalance the intrinsic value of any operation itself. The reason why I believe the flap operation is the most successful is, that, once the section of the cornea made, *very little manipulation* is required for the extraction of the cataract; consequently there is less danger of the iris being crushed and bruised, and hence inflammatory complications more rarely follow. In cataract, as in all other operative procedures, the least done to secure the desired end the better; and for this reason, in all ordinary cases, I discard scoops, wire loops, and traction instruments of all kinds.

I think a great desideratum amongst the armamentarium of the ophthalmic surgeon is a knife that will make a half-section of the cornea and lacerate the capsule at the same time, thus performing all that is necessary to liberate the lens by one gentle and steady movement. I have recently devised a knife which I think will accomplish this, and which I hope shortly to bring before the notice of the profession.

An analysis of the subjoined cases gives the following results:—Twenty-five operations for cataract have been performed upon twenty persons, and of these twenty persons seventeen have recovered vision. Of the twenty-five operations twenty-one were successful and four failures. But if we strike out the three cases (Nos. 2, 3, 20) in which operative interference was not indicated, and was undertaken only at the earnest solicitation of the patients, there will be twenty-two cases, of which twenty-one were more or less successful. Of these twenty-one cases, in eleven there was perfect restoration of vision, enabling the patient to read with a suitable glass. In nine the vision was very good, though not quite perfect. In one (No. 1) large objects were alone perceived.

This success is far beyond what is reckoned to be a fair average. Mackenzie, in his work upon the eye, mentions three-fourths as recovering useful vision; two-thirds excellent vision. To what to attribute these fortunate results I scarcely know. Many of the operations were performed under the most trying circumstances, as regards conveniences for operating, light, &c. Many of the patients lived in the worst parts of the town, under hygienic conditions which would frighten the least sceptical in these matters.

No.	Age.	Sex.	Kind of Cataract.	Nature of Operation.	Results as to Vision.	Remarks.
1	19	M.	Siliculous cataract, result of irido-choroiditis in early life; right eye.	Flap extraction, with iridectomy.	Can perceive large objects, and is able to go about the streets.	This lad had been blind for thirteen years. The iris was considerably adherent. Slight perception of light alone remained.
2	"	"	Left eye of above case; same condition.	Flap extraction, with iridectomy.	No improvement in vision.	The patient was doubtful if he could perceive light with this eye, and I only operated at his earnest solicitation.
3	13	M.	Lens much the same as above, but whiter and cretaceous-looking.	Flap extraction, with iridectomy.	No improvement in vision.	This patient was a brother of the above; he had a very slight perception of light, and entreated me to operate.
4	1½	F.	Congenital cataract.	Suction operation.	Pupil quite clear 3 months after; vision good.	This child was almost entirely blind, the cataract being very opaque. I operated upon both eyes at one sitting.
5	"	"	Left eye of above.	Ditto, ditto.	Ditto, ditto.	
6	13	M.	Well-marked congenital cataract.	Suction operation.	Almost perfect restoration of vision.	
7	"	"	Left eye of above.	Ditto, ditto.	Sight much improved; but when last seen, a large piece of opaque capsule still obstructed vision.	In this patient, the cataracts, though existing in infancy, had recently become rapidly thickened, preventing him following his occupation as a joiner; he has now returned to it, and finds no difficulty. A further operation will be necessary on the left eye.
8	35	F.	Large well-marked cortical cataract.	Flap extraction.	Good vision with central pupil.	This patient was in a most exhausted state from long-standing diabetes. I dare not risk the repeated and lengthy processes required by division. The case illustrates what I have previously stated—that two eyes under exactly the same condition in the same patient do not of necessity follow the same course after operation.
9	"	"	Left eye of above; same condition.	Ditto, ditto.	Suppuration of globe.	
10	50	F.	Nuclear cataract.	Flap extraction.	Pupil slightly displaced, but vision perfect.	A sound, healthy woman.
11	65	M.	Nuclear cataract, small and very hard.	Dr. Taylor's operation.	Vision good; can see large objects; he cannot read.	This was a most obstinate and intractable patient, who did himself much damage by constantly removing the dressings. Both these eyes were operated upon at the same sitting. About the fifteenth day she injured the left eye, and a prolapse was the result. I removed the piece of iris, and vision remains perfect.
12	70	F.	Nuclear cataract.	Flap extraction.	Vision perfect, with central movable pupil.	
13	"	"	Ditto, ditto, left eye of above.	Flap extraction.	Vision perfect, with central movable pupil.	In this patient there were marked signs of degeneration, and a considerable escape of vitreous took place. This patient was attacked with severe hæmaturia on the second day, and had, besides, large ulceration of legs.
14	60	M.	Nuclear cataract.	Flap extraction.	Pupil displaced upwards; vision fair.	
15	70	M.	Nuclear cataract.	Flap extraction.	Pupil not regular, owing to slight prolapse of iris; vision good.	A hale old man.
16	73	M.	Nuclear cataract.	Flap extraction.	Central movable pupil, with perfect vision.	
17	64	M.	Nuclear cataract.	Flap extraction.	Pupil displaced upwards; perfect vision.	A very intemperate man, with marked signs of degeneration. A slight escape of vitreous took place. The other eye had been lost in a previous operation, owing to a large escape of vitreous humour.
18	60	M.	Nuclear cataract.	Flap extraction.	Central movable pupil; perfect vision.	
19	78	M.	Nuclear cataract.	Flap extraction.	Central movable pupil; perfect vision.	This old gentleman suffered from bronchitis and œdema of legs. I operated in this case against my inclination. The patient was feeble to a degree, and almost imbecile. There was severe inflammation, which spread apparently to the meninges of the brain, accompanied with furious maniacal delirium. The patient survived.
20	83	M.	Nuclear cataract.	Flap extraction.	Panophthalmitis, & total loss of vision.	
21	56	M.	Nuclear cataract.	Flap extraction.	Pupil displaced upwards; vision good.	In this case the lens escaped in its capsule, with a considerable amount of vitreous, immediately the section of the cornea was completed.
22	62	M.	Nuclear cataract.	Flap extraction.	Pupil irregular; vision fair.	
23	56	F.	Nuclear cataract.	Flap extraction.	Pupil slightly irregular; good vision.	A healthy woman.
24	60	M.	Nuclear cataract.	Flap extraction.	Central pupil; perfect vision.	This patient made a very rapid recovery.
25	28	M.	Traumatic cataract.	Flap extraction.	No improvement.	There was a piece of capsule left adherent to the iris. Inflammation of the iris resulted, and the pupil is now completely blocked up.

In many ways, perhaps, they were however better off than had they been in the most magnificent of hospitals, for I invariably did my dressings myself, never leaving them in the hands of pupils or nurses; and this circumstance is one probably of the greatest importance.

I find it rarely necessary to adopt any preliminary treatment, and make no distinction as to time and season.

As a rule, I think it better to operate upon both eyes at once if the cataracts are mature, especially amongst the poorer classes, to whom time and expense (many coming from the country) is a great consideration; besides, I believe that delay would be prejudicial to the eye not operated upon. I always make my flap large, and, if the iris becomes prolapsed, snip a piece off without attempting to replace it. I close both eyes with small strips of plaster, dress with cold-water dressing kept in position with Liebreich bandage. On the fifth day I usually look at the lid; on the seventh at the eye.

Inflammatory complications followed in only two cases: in one the eye being destroyed by it; in the other the pupil becoming blocked with lymph.

Newcastle-on-Tyne, August, 1871.

CASES OF POISONING BY WATER HEMLOCK AND LABURNUM.

By HENRY WILLSON, M.R.C.S.

POISONING BY WATER HEMLOCK OR COWBANE (CICUTA VIROSA.)

J. E—, forty-eight, a farm-labourer, dined on January 8th boiled meat and parsneps. The frost being very severe, he had extracted the roots from the ground with a pickaxe, and amongst them was one which he at first thought was horseradish, but finding it had a sweetish taste it was cooked with the rest of the roots and he ate the whole of it. He described it as being four or five inches in length, and little larger in circumference than his thumb, the end being broken off by the pick, and no top being discernible at that time of year. I was shown two small pieces of rootlet, or branches from the root; their taste was a peculiar sweet, somewhat resembling that of liquorice; they were the exact colour of parsnep.

He dined at 12.30 P.M. At 1 P.M. he proceeded to his work in an adjoining field. He had no sooner commenced than he felt giddiness and great dryness of the throat; he then suspected that the root had poisoned him, and started to walk home. He accomplished the distance (about a quarter of a mile) with great difficulty, his legs being very unsteady in their movements, and all surrounding objects appearing to him as if they were alternately advancing and receding. He sat down in a chair, where I found him at 2 P.M.; the lower extremities were numbed, not insensitive, but completely paralysed. His arms felt numbed and their movements were weak; he had an anxious expression and flushed complexion, and declared that he should die. Skin warm and dry; pulse 90. I sent him an emetic of ten grains of sulphate of copper, which acted instantaneously; the vomit was not saved. At 4 P.M. he was able to stand, and with difficulty walked across the room. Between this time and 6 P.M. he passed large quantities of urine, and had hallucinations, at times feeling very cold. I again visited him at 8 P.M. in bed: extremities cold; pupils dilated; pulse 90; skin and throat feeling very dry; no action of the bowels; delirious at times during the night. He was ordered tea and gruel for diet, and a castor-oil draught the next morning. In two days he was as well as usual.

I am aware that the symptoms this case presented do not exactly correspond with those ascribed by books to poisoning by water hemlock, but I am confirmed in my diagnosis by having recently obtained from the spot specimens of the root and top, which exactly correspond with all descriptions of the plant I can find, and the patient identifies the recently dug roots with the one which poisoned him.

POISONING BY LABURNUM (CYTISUS LABURNUM).

At 11 P.M. on August 4th, 1871, I was called to H. S—, four years old. His father stated that he was suffering severely from having eaten laburnum seeds. About three

hours previously he was playing with a little girl, who stated that he had eaten about ten of the seeds, but she was not very clear as to the exact number. About half an hour after having eaten the seeds he began to vomit, at first ejecting the food in his stomach, afterwards thick mucus, which continued occasionally till my arrival. About 10 P.M. he became very drowsy, and was seized with convulsions; his mother stated that every few minutes he shook violently, and drew up his limbs. About 11 P.M. the convulsions had quite ceased, and the bowels acted naturally. He was very drowsy, but easily roused; only, however, to doze again. Both pupils were largely dilated; pulse small, 85; surface, especially that of the extremities, cold. I gave him a clyster of warm milk (the only thing at hand), and, as the retching continued, warm milk-and-water to vomit upon, which gave him relief. As the more urgent symptoms soon passed off, I did not consider it necessary to use any more powerful remedies. I left him at midnight in a calm sleep, and the next day he was well.

Wendover, June, 1871.

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

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

ACUTE PERIOSTITIS OF THE FEMUR; AMPUTATION.

(Under the care of Mr. HAYNES WALTON.)

THE following is a good instance of the immediate advantage which frequently follows the removal of a source of profuse suppuration, although it involve an operation of considerable magnitude. Mr. Walton thought that the patient's interests would be better served by amputating comparatively low, notwithstanding that his incisions were carried through suppurating tissues; and he was justified in this step by the stump ultimately becoming as firm and healthy as if it had consisted, from the first, of perfectly healthy tissues. The slight exfoliation of bone was due to the softened medullary membrane having been to a small extent detached by the saw. Mr. Walton attaches much importance to the application of a splint to the stump in these cases.

A. C—, a tall, thin, pale lad of sixteen, was admitted with great swelling of nearly the whole extent of the right thigh, especially of the lower third. The skin was tense and somewhat reddened, and pitted on pressure. The slightest touch gave exquisite pain. The pulse was 115; the tongue furred; and the bowels confined.

He stated that a fortnight previously his thigh had become painful after his return from work as a gasfitter, but he could assign no cause for this condition. On the following day he found himself unable to bend the limb. About four days later the thigh began to swell, and from that time it gradually increased in size. He suffered violent throbbing pains, and could get no rest at night.

Ten leeches were applied to the inner aspect of the thigh a little above the knee. These were followed by poultices, and the patient was ordered a perchloride of iron mixture, a nutritious diet, and four ounces of brandy daily. These measures were followed by a great abatement in the pain, and improvement in his general condition. In about a week's time, however, fluctuation having been detected at the inner aspect of the thigh, a free opening was made, and about seven ounces of pus were evacuated. At the bottom of the abscess cavity the femur was found to be entirely denuded of periosteum, and roughened at a spot about two inches above the condyle. The liberation of the pus brought great relief, but a considerable discharge was maintained, and in a few days the patient began to lose strength and to