nous state, and requires to be snipped away. But oedema, *per se*, scarcely requires any surgical treatment except mild astringents to the membrane, combined with general tonics. If limited collections of fluid do not spontaneously disappear they may be touched with the nitrate of silver, or snipped with scissors.

Emphysema.—A collection of air in the subconjunctival cellular tissue is a rare phenomenon, and one of little consequence in itself, except as indicating the nature of an accident. When the bridge of the nose is fractured a communication is opened between the air passing through the nostrils and the cellular tissue of the eyelids, &c., which, under these circumstances, frequently become emphysematous, but the subconjunctival cellular tissue escapes. If, however, the fracture extend into the orbit and lay open some of its cells, any powerful expulsive effort of the patient's is apt to force air into the subconjunctival cells, which may occasionally be let out by a lancet if unpleasant to the patient.

In practice we meet with a few other conditions, as the consequences of conjunctival inflammation, not worthy, however, of a separate and distinct description. Of these relaxation of the conjunctiva and subconjunctival cellular tissue may demand a gentle astringent collyrium, especially when in connection with atonic hyperæmia. The cellular tissue, also, may be consolidated, and bind the conjunctiva and sclerotica more firmly together than natural, &c., but these changes are of little consequence.

AFFECTIONS OF THE SEMILUNAR FOLD.

In the human subject the semilunar fold is merely a rudimentary body, and consists only of a duplicature of the conjunctiva. It participates in all the pathological conditions of that tunic, as we should *à priori* judge from its composition and formation. This portion of the conjunctiva is sometimes inflamed, independent of general disease, especially in company with a similar condition of the lachrymal caruncle. It gives rise to an unpleasant sensation of pricking and of dust in the inner canthus of the eye, with irritability of the organ and increased lachrymation, whilst the fold appears larger and redder than natural. Ordinary treatment only is indicated, which will generally ensure recovery, but occasionally the semilunar fold is left in an elongated and relaxed state, still retaining its crescentic form and thin loose edge; and Mr. Travers (*Synopsis*, p. 103, 2nd edit., pp. 395-6) remarks that fringes, or clusters of soft red caruncles, are sometimes produced from this part, resembling those occasionally seen in the site of the carunculæ myrtiformes, and about the os externum vaginæ. Melanotic tumours have also been observed to attack this fold.

(To be continued.)

CASE OF LACERATION OF THE IRIS, WITH DISLOCATION OF THE LENS UNDER THE CONJUNCTIVA.

By GEORGE BENNETT, Esq., F.L.S., Surgeon,
Sydney, New South Wales.

THOMAS WILLIAMS, aged 41, came to Sydney from Bathurst, for medical advice, and applied to me on the 20th of April, 1838. It appears that about nine weeks since he received a blow upon the left orbital region, at the inner part of the left eye, by which vision became immediately destroyed. The blow he received was very slight, so slight indeed as not to occasion any tumefaction of the integuments surrounding the eye; and also, judging from his statement, the whole force of the blow came over the superciliary ridge. He applied to two medical practitioners at Bathurst, who treated him by blister, local venesection, and doses of sulphate of magnesia. On examining the left eye the iris appears to be ruptured to the cornea, and through a portion of the pupil blood is seen, either produced by extravasation, or, what is more probable (as at this lapse of time absorption ought to have taken place), by the plexus of vessels being brought in view by a partial destruction of the pigmentum nigrum. Upon the upper part of the eyeball a small tumour was perceived when the eye was depressed, resembling in form the crystalline lens; he did not complain of any inconvenience or pain from it, not even when it was touched during examination. The injured eye was amaurotic, and the right eye appeared to have been similarly affected for some time previous to the accident to the left eye. During the day he could distinguish no object with the injured eye, but at night the light of a candle could be observed, and he could ascertain the situation of the candle by that light; a black spot also appeared before the eye while looking at the candle.

At first I ordered an astringent lotion to be applied to the eye, and a purgative to be taken; subsequently I treated the case with calomel and opium, and he considered the sight to be improved under the treatment. The vision, in an oblique direction, is more distinct than in a direct one, and, like albinos, better during the night than during the day.

26. On this day, assisted by A. King, Esq., R.N., surgeon of H.M.S. *Rattlesnake*, I opened the capsule before alluded to, from which a small quantity of thick viscid substance exuded, evidently being part of the crystalline lens in a decomposed state; the patient after this operation expressed himself as being much relieved, but, from the spasm of the muscles of the eye, I found it impossible

again to observe whether any remains of the crystalline lens were contained within the capsule, although, from a glance, I suspected that no more was there. Much thickening, and a turgid state of the vessels, both above and below the capsule, were perceptible. I ordered the eye to be bathed with warm water; the calomel and opium to be repeated as before, both night and morning, and the eye to be kept quiet until the following day. The laceration of the iris appeared to be very extensive, and, indeed, implicating its whole extent. The vitreous humour remained entire, and bright blood-vessels seen behind, gave the pink appearance to that portion of the eye which is observed in *albinos* from a deficiency of the pigmentum nigrum. The lens had been forced through the choroid and sclerotic coats, and was lodged under the conjunctiva, forming a thickened sac into which, from the length of time during which the injury had been sustained (nearly ten weeks), its decomposition had taken place, occasioning considerable irritation. The patient observed that he had not been aware nor did he consider that his former medical attendants had observed the tumour of the lens, for they had not remarked it to him, and it was not until I had mentioned it to him on the first day on which he consulted me that he was aware of it, so little annoyance or inconvenience did it occasion him, although, in reality, it was a source of irritation. The right eye was affected by considerable dulness of vision which had existed for many years previous to the accident; the injured eye had, however, prior to the blow, preserved its vision unimpaired.

28. He now feels less weight and irritation of the eye since the operation, but vision has not improved, excepting that he observed this morning that, looking in an oblique direction outwards, he thought he perceived by candle-light the "shade or form of a person passing the candle," but, looking straight forward, everything appeared darker. He can readily distinguish daylight from darkness; but he considers always that he is running against a place, when, in fact, he is far distant.

May 2. He is now under the influence of the mercury, but no benefit to vision has yet resulted from it.

6. The eye easy; vision improved so far as to enable him to perceive the movement of the hand before the eye indistinctly.

9. Vision the same. R. Nutt, Esq., R.N., surgeon, of H.M.S. *Victor*, saw the patient with me, and considering that he had received all the treatment of which the circumstances of the case admitted, he returned to Bathurst in a few days.

Elizabeth-street, Sydney,
April 12, 1843.

DESCRIPTION OF AN EPIDEMIC OF PLEURO- PNEUMONIA

OBSERVED IN
PARIS, IN 1842.

By HENRY BENNET, M.D., late House-physician to the Hospitals of St. Louis and La Pitié, Paris.

MODERN pathologists appear to pay but slight attention to the abnormal manner in which those diseases which are most familiar to us manifest themselves in certain years, and in certain seasons; although an acquaintance with the extreme mutability of the phenomena of disease is indispensable to the physician who wishes to acquire that kind of knowledge which alone can guide him in practice. To the medical philosopher, also, such a study is of the greatest interest, showing, as it does, the futility of laying down immutable laws for the treatment of any particular disease, and the absolute necessity of taking into consideration the mode in which morbid phenomena manifest themselves, and the progression which they follow, under the influence of causes the nature of which, in most cases, escapes our penetration. Nor is the study of disease, viewed in this light, difficult, as scarcely a season passes without giving us an opportunity of observing the endless variety of form of which disease is susceptible. Under the impression that every medical man is morally bound to communicate what he thinks may be of use to others, I have taken upon myself to give a brief description of a singular epidemic of pleuro-pneumonia which was observed in Paris during the months of February and March, of the year 1842. My attention was principally directed, during the above period, to the patients immediately under my own care, viz., those received in M. Gendrin's wards at the hospital of La Pitié, and to a few cases in private practice, but I saw enough of the medical department of the other hospitals to be able to assert that the epidemic was general, although scarcely perceived by many superficial observers.

During the ten weeks which elapsed between the 1st of February and the 15th of April, three hundred and sixty patients were received in M. Gendrin's wards, forty-five of whom were affected with pleuro-pneumonia. I say pleuro-pneumonia because in nearly every case the pleura was evidently affected. The fact of so large a proportion of the patients received being affected with pneumonia is by no means extraordinary, as the first three months of the year, and I may add April and May, are the months during which pneumonia is the most prevalent in Paris; whilst in August, Sep-