

useless in those instances in which the effused fluid is of very dark colour, or is mixed with blood, &c., and also whenever the tissues of the tunica vaginalis are of unusual thickness, or are the seat of cartilaginous or osseous deposit, or when they are coated internally by the products of previous inflammatory action. Independent of these exceptional cases, there are a number to be met with in practice, in which the test is of value.

As ordinarily employed, by placing a candle at one side of the tumour, and excluding the passage of the light laterally by means of the hand, it is, at best, a clumsy proceeding, and liable to errors. I have found the stethoscope much more useful, as a means of excluding the diffused light, and by applying the eye to its expanded bell-shaped portion—the ear-piece being firmly placed upon the scrotum, held in a tense condition—we can even map out the state of the parts with tolerable accuracy, if the contained fluid be of ordinary character, and detect the position of the testicle by the opacity it produces, especially when it occupies any unusual locality, as the front or sides of the scrotum, or is adherent from inflammation after previous tapplings. We can employ either a lighted candle or bright sunlight, as our best means of obtaining the requisite illumination; but even in diffused daylight I have succeeded very well in the manner I mention.

OPHTHALMOLOGY.

50. *Black Cataract*.—M. HAYNES WALTON communicated to the Royal Medical and Chirurgical Society (Nov. 27, 1855), the following curious case: A man, aged 75 years, had lost the sight of both eyes for several years, and whose symptoms, objective and subjective, were: The cornea and sclerotics were healthy; the irides bright and in their natural planes. The pupils were of ordinary size, and acted but slightly, even when submitted to a bright light. The anterior chambers were large. In the left eye there was the ordinary coloured cataract of advanced life, not, however, very opaque. With this eye he could see the outline of his hand or any large body. The first symptoms developed themselves in 1849, when the late Mr. Dalrymple was consulted, and gave it as his opinion that incipient cataract existed. In October last, Mr. Walton was consulted, when the remarkable blackness of the right pupil attracted his attention. By the aid of a strong solution of n tropine to both eyes, and the use of the ophthalmoscope, he saw in the right eye a cataract of a very deep-brown colour, uniform over its entire surface, being without striae or markings of any kind. By the aid of the sun's rays, concentrated by a powerful lens, it was more discernible. Mr. Walton considers this mode of examination superior to the ophthalmoscope. The opinions of Mr. Lawrence, Dr. Mackenzie and Mr. Tyrrell were quoted by the author in support of the rarity of this peculiar form of cataract.

Mr. TAYLOR, having had an opportunity afforded him of examining the case, confirmed the accuracy of Mr. Walton's description. When undilated, the pupil was of an intense black, like that of a child; not even when fully dilated was there an opacity visible, until a strong light was thrown on it by means of a lens. Then there was no difficulty in seeing the opacity, which was of a very dark-brown colour, and to him (Mr. Taylor) appeared to be situated in the nucleus of the lens, the superficial layers being little if at all affected.

Mr. DIXON had seen one case, and only one, of absolutely black cataract. Some years ago, he put on record that black cataract never existed, and soon after, as if to spite him, one of his colleagues extracted one. Several cases had been recorded, all presenting similar appearances. He might refer to those found by Stallweg, and taken from the dead subject, in which multitudes of black granules were found interspersed between the fibres of the lens and in the substance of the fibres. Another, as examined and exhibited before the Société Biologique, in Paris, by Blot, had the same characters as those before

referred to. The case of his colleague was diagnosed as hard cataract, with white striae in the circumference. The patient did well, and the sight is good.

Mr. POLLOCK mentioned a case, confirmatory of what had been already said. It was in an old general officer, and had been seen by him and by the late Mr. Dalrymple; but the ophthalmoscope was not then known, nor the use of a strong light, but all the symptoms of cataract were present. The patient could see better in the dark than in a bright light. The case was one that did not admit of operation by extraction, attacks of choræa being frequent; but depression was performed, and he got good vision. Mr. Dalrymple said it was the only case of black cataract he had ever seen.

57. *Myopia*.—Dr. ROBERT HAMILTON reports (*Edinburgh Med. Journ.*, Nov. 1855) the following curious case, which, as he observes, differing in one respect from ordinary instances of near-sightedness, may be classed with propriety under that head, in the present state of our knowledge:—

Mr. J. R., 30 years of age, a schoolmaster by profession, has experienced much inconvenience, during the last three years, from a defect of vision, particularly in his left eye, which did not exist previously. While teaching geography, with the aid of a large and distinctly-marked school-map suspended in front of the children, he can see nothing clearly; but the most gentle pressure upward, with his finger on the lower lid, enables him to distinguish every place in the most satisfactory manner. He cannot read small print readily at a greater distance from his eye than eight inches; but by gently pressing the lower lid in the way already described, he can do the same at the distance of two feet. Upon careful examination of the eye, no want of symmetry in the cornea, or any other abnormal appearance, can be discovered. A strong conviction that some peculiarity of form existed had hitherto prevented him from trying the simple remedy of a concave lens; so that he had persevered, month after month, with the irksome expedient already mentioned. His satisfaction may be imagined, on finding that a pair of concave spectacles completely met his case.

The relief afforded to the myope by gentle pressure on the globe is a suggestive fact, when viewed in connection with those cases of strabismus in which a marked improvement of vision takes place immediately after the muscle is divided.

58. *Amaurosis*.—Dr. HAMILTON records (*Edinburgh Med. Journ.*, Nov. 1855) the two following very singular cases of this disease:—

J. S., 29 years of age, an intelligent, steady young man, of regular habits, by trade a tinsmith, gives this history of his case. In the year 1843, after more than ordinary fatigue, he became conscious of a dimness of sight in the right eye. This gradually increased until he could see with it only a very little towards the outer side, and at last nothing remained but a bare perception of light. In July, 1850, the blind eye was affected with a severe and obstinate attack of rheumatic ophthalmia, and since that date it has caused him no trouble, but all vision is completely gone. At present, its condition is as follows: The cornea and sclerótica have a healthy appearance, and the consistence of the globe is natural. The iris retains its lustre; but the pupil is irregular, and adheres all round to the capsule of the lens, which is white, and perfectly opaque. There is some undue action of the external rectus muscle; but were it not for the total insensibility of the eye to light, the formation of an artificial pupil might be almost deemed practicable.

It is with the left eye, however, that we are chiefly interested at present. The history is briefly this:—

In the month of June, 1853, more than three years after the right eye had passed into its present condition, he awoke one morning so nearly blind that he could just distinguish light from darkness. No improvement took place for months, and then only partially during a few weeks, after which the returning light suddenly disappeared, to use his own expression, "in a shower of black flakes." Vision soon began again to return, and, betwixt February and May, 1854, was as perfect as ever, and he resumed his ordinary occupations. While walk-

ing in one of the streets of Dundee, in conversation with his medical attendant, darkness suddenly supervened, in the same manner as formerly, unaccompanied by uneasiness in the head, or any other symptom of bodily ailment. In the following August, his sight began to return; and betwixt that date and May, 1855, when he applied at the Eye Infirmary, the same alternation of blindness and restored vision had taken place four or five times. On this occasion, May 14, his sight was nearly at its worst, having suddenly departed, five days before, in the usual way, without any conceivable cause or accompanying symptom. The eye presented all the characters of health, unless, perhaps, the pupil was slightly larger than usual; but the latter contracted and expanded readily under various degrees of light, and the iris had all the brilliancy of perfect freedom from disease. The cornea was transparent, and the sclerotic devoid of vascularity. No appearance could be detected within the eye to throw any suspicion on the retina, choroid, or hyaloid membrane, and the globe maintained its normal consistence.

Although there were no very clear indications for treatment, a single grain of blue pill was prescribed night and morning.

On the 20th of August, he could read with perfect facility, and at any reasonable distance, the smallest print on our patient's card, and this improvement continued on the 10th of September. Next day, he came back as blind as ever—a sudden accession of darkness having occurred in the evening, as he sat by the fire. Up to the present time (October 9), little improvement has taken place. He mentions that, when lying on his back, there is a sensation as if some dark matter gathered on the surface, while, in the erect posture, it seems to become, as it were, stirred up, more generally diffused, and less dense, so that he can see the outlines of familiar objects indistinctly, as if he were looking through a hedge.

It may be expected that the ophthalmoscope would throw some light on the pathology of this and analogous cases. It was had recourse to; but, possibly from want of expertness in using it, we failed to obtain any information. When a double convex lens does not, as in this case, reveal any abnormal appearance behind the pupil, we doubt much if supposed revelations of the ophthalmoscope are worthy of confidence, not to mention the manifest danger, as acknowledged by Mr. Dickson and others, of concentrating luminous rays upon inflamed or congested textures.

We would suggest that the cause of amaurosis in the foregoing case is external to the eye itself, and probably, in some portion of the nervous or cerebral substance, associated with vision.

The following case is not without interest, in connection with these remarks:—

A lady, 42 years of age, while stooping to adjust the hearth-rug, perceived a sudden shower of sparks before her left eye, and immediately lost all power of vision, except a mere perception of light towards the outer side. This continued for more than twelve years, until one morning, on awakening out of sleep, she was agreeably surprised to find her sight restored. She had experienced a curious sensation, the evening before, in the back part of her head; but when the writer of this called after breakfast, she was sitting up in bed reading a newspaper with facility. Shortly afterwards, her stomach became irritable, she had bilious retching, lost all appetite for food, and died exhausted within a month from the time of regaining her vision. No *post-mortem* examination took place.

MIDWIFERY.

59. *Placenta Prævia*.—Dr. Ranford records (*Assoc. Med. Journ.*, February 2 and 16, 1856) the following interesting cases of placenta prævia:—

CASE I.—On June 24th, 1820, I was requested by Mr. Dick to visit a woman who resided in Greengate, Salford, who was reported to be flooding; she was