ped from many a reformer's cap before man will cease to be "a cooking animal." B.

PYRAMIDAL CATARACT—OPERATIONS BY DIVISION AND EXTRACTION.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following instance of a very rare form of cataract, and one which has been considered to present peculiar difficulties in regard to operation, is interesting from the cause which produced the affection and the means employed in its removal.

The patient had been attacked after birth with ophthalmia neonatorum, and during three weeks a variety of applications were made to the eyes; the inflammation finally subsiding under the use of frequent tepid lotions and the application of olive oil.

When I first saw him, in May, 1855, he was three years old. The centre of right pupil was occupied by a conical opacity, about the size of a hemp seed, which was evidently a deposit on the anterior capsule of the crystalline lens, and which projected through the pupil into the anterior chamber. This appearance was undoubtedly occasioned by the ophthalmia. The parents said this was the only opacity till within a few months. Since this time, the pupil has shown a bluish-white opacity, like milk diluted with water, extending gradually till nearly the whole lens has become affected. This cloudiness is very different from the chalky-white opacity of the deposit on the centre of the capsule.

The left eye exhibits a smaller deposit, of similar character; but the lens is not otherwise affected, and vision with this eye is good.

I advised an operation on the right eye only; which was performed on the 16th May, 1855.

The child having been etherized and laid upon a table, I introduced a very fine needle through the cornea, and divided the capsule around the circumference of the deposit. The substance of the lens was then broken up, and the deposit pushed with the point of the needle behind the lower edge of the pupil, but was not left in contact with the iris.

He recovered very promptly from the effect of the ether, and seemed quite himself in the afternoon. The room was kept moderately dark, but I did not think it necessary to annoy him by attempting to keep his eye covered with a bandage. He was therefore left at liberty. A solution of atropia was used, to keep up the dilatation of the pupil.

On the 17th, the eye was not in the least injected, and he did

not know that an operation had been performed. The pupil was occupied by a mass of lenticular substance, in the form of flakes, which extended into the anterior chamber.

On the 19th, there had not been the slightest injection of the eye. The flakes of lenticular substance appeared to be in process of rapid absorption, and he returned to his home in another State.

In August following, part of the pupil was clear, but a small portion of the lens and capsule remained undissolved.

From this time I did not see him till December last. A single minute thread of capsule remained attached behind the inner and upper edge of the pupil; but this still adhered to the opaque mass, and had drawn it up to about the centre of the pupil. The dead-white color of this mass rendered it a conspicuous deformity, and its central situation caused some confusion of vision. I therefore determined to extract it from the eye, if possible, by using the minute canula forceps styled "serre t'elle" by the Parisian oculists. To use this instrument, it is only necessary to make a puncture through the cornea with a rather broad cataract needle, and, if this is skilfully done, the canula may be introduced through the trifling wound thus made, before the escape of the aqueous humor. In the case before us, the canula was thus introduced, and the opaque globule being seized with the blades of the forceps, was withdrawn with little difficulty from the eye, together with the thread of capsule. No other part of the eye than the cornea being wounded in this operation, the risk of inflammation is small. The boy felt some discomfort from the effects of the inhalation of ether, and the eye was for a few hours slightly sensitive to light; but the next day this sensitiveness had passed away, and the eye was scarcely at all injected. Pupil perfectly clear. He returned home on the second day after the operation.

33 *Essex Street*, 6th February, 1857.

ON THE TREATMENT OF BOILS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—A few days since there fell into my hands the recent work of Prof. James Jackson, of Boston, giving a sort of summary of the large experience of that excellent and eminent physician. In running through it, I was interested, among other things, by his treatment of BOILS—a simple but very troublesome disease. It reminded me of the earlier years of my practice, when all sorts of remedies failed, particularly in families or with persons where it would have been much to my advantage and reputation if I could have been successful and rapid in my exhibi-