been operated on for glaucoma! It would be unjustifiable in me to enter into the details of the case as they were rumoured about, but I may remark that the profound silence which was observed by the friends of the baronet, and others, as well as by the officers of the Royal Society, gave an air of mystery to the proceeding which was unaccountable, except upon the supposition that in due process of time this great triumph of iridectomy in glaucoma, submitted to by the acknowledged head of the profession in England, and the president of one of the first societies in Europe, would be trumpeted abroad, and forever crush the opponents of the new German operation. Pending the result, I refrained even from speaking upon the subject—although Lord Brougham had at the recent statistical congress, when apologizing to a large assemblage of medical men, and the public, for his not being present, ‘regretted the *cause* of Sir Benjamin Brodie’s absence.’ Now, however, the matter is no longer in private keeping; it is public property. A *Taunton* paper having published an account of Sir B. Brodie’s defective sight, &c., that statement went the round of the newspapers, when the following cautiously worded article appeared in the *Times*, and was copied into many papers: ‘We are authorized to state that he has lately undergone an operation for the improvement of his sight, and that a satisfactory result is anticipated.’ So say all of us; but in the last number of the *Medical Times and Gazette* we have a short leader on the subject of that announcement, to the following effect: ‘Iridectomy was performed under chloroform. We deeply regret to say that the result is not so satisfactory as the leader in the *Times* would lead the profession to hope. The left eye may be believed to be much in the same state as before the operation, if anything slightly improved; but in the right or better eye, vision is quite lost. The ground of hope in this case is, that as there is *now* a cataract very evident in the right eye, that this is the cause of the impaired vision; that the eye is *not glaucomatous*, and that, hereafter, vision may be restored by extracting the cataract.’ It is, therefore, manifest—if this be true—that in this case there must have been something very peculiar, either in the diagnosis or in the practice. The announcement, thus made public by a London periodical, will, I am sure, be received with extreme regret by the medical profession in Ireland, by whom Sir Benjamin Brodie’s merits, in every walk of life, were duly appreciated. And should the case unfortunately turn out as conjectured, it will prove a severe blow and a heavy discouragement to the promoters of ‘The Glaucoma and Iridectomy Epidemic.’”—*Dublin Hospital Gazette*, September 1, 1860.

42. *New Methods of Curing Cataract*.—Mr. TAVIGNOT, in a communication to the Academy of Sciences, proposes to cure cataract by puncturing the cornea at two opposite points of its circumference by needles, one of which is attached to the positive and the other to the negative pole of a galvanic battery. The two needles are approximated on the surface of the anterior capsule, and brought to a white heat by means of the battery. The capsule is thus destroyed, and by a little manipulation, says Mr. T., the whole of the opaque lens can be charred and broken up.

This *discreet* proposition is rivalled by that of Dr. M. LANGENBECK, of Hanover, who has recently recommended what he calls *isolation* for the cure of cataract. This consists in the application of the concentrated rays of the sun to the lens, which is done by directing the focus of a burning-glass into the eye for several minutes, so that it falls exactly on the opaque lens. He repeats this operation three times within a quarter of an hour. He boasts of having cured nine cases by this plan.

We must not omit to add, that Prof. Weber tried this method on rabbits, in which he had previously artificially produced opacity of the lens, and, as might have been anticipated, in no one case with benefit, while several of the animals died from inflammation of the brain.

43. *Artificial Cornea*.—It is stated (*Abeille Médicale*) that Dr. HEUSSOR, of Richterschweil, has successfully inserted artificial corneas of glass in a young girl, blind from opacity of the cornea. The eyes, it is stated by the narrator, No. LXXXII.—APRIL 1861. 38

bear this foreign substance very well and will probably do so hereafter. (*Mon. des Sc. Méd.*, 23 Feb. 1861.)

This operation was some years since proposed by Dr. Nussbaum, of Munich (see No. of this Journal for July, 1854, p. 95 *et seq.*), but it was not supposed that it would succeed in the human being, and we must still entertain doubts on the subject.

44. *Proptosis, with Goitre, Palpitation, &c.*—Dr. C. Handfield Jones read an account of a case of this before the Royal Med. and Chirurg. Soc. (Nov. 27, 1860). Dr. C. J. B. WILLIAMS said that he knew of no class of cases more curious, or more peculiar in their prominent symptoms, than that referred to in the paper. There was none in which the effects of treatment were more striking. At first, these cases seemed to present all the signs of excessive arterial action, requiring depletion, sedatives, or other lowering treatment; but we now know that they were only to be combated by powerful tonics and general support to the system. Their pathology had at one time puzzled him (Dr. Williams) much. Many cases had been presented to him under the garb of heart disease or consumption. The physiognomical character of the disease was too remarkable to be mistaken. The prominence of the eye was striking: the eyeballs projected beyond the brows, sometimes to such an extent that the eyelids did not close during sleep. The vessels on the forehead, face, head, and neck were more prominent, throbbing, and larger than natural. This feature led him to regard the pathological character of the disease as consisting mainly in a kind of aneurismal varix of the thyroid. Enlargement of vessels would account for the prominence of the eyes, which were also, probably, in some cases rendered more prominent by effusion into the orbit. The whole cerebral circulation was in the same state of enlargement, producing excitement and other symptoms of disturbance of the brain. This state depending on diminution of nervous power, and not on increased power, explained the use of tonics in the disease. The action of tonics was remarkable. It might be necessary in some cases in the first instance to allay pain and excitement by the use of sedatives; but it was surprising how well the patient bore tonics when so much excitement prevailed. He had found the best tonics to be those of a more astringent kind, such as the perchloride and the phosphate of iron, which acted almost as specifics in the disease. Formerly he had been in the habit of using the nitrate of silver, and other of the milder tonics; but little benefit ensued until the more decided course of action was persevered in. This, with the occasional use of narcotics at night, highly nutritious food, pure air, and a careful husbanding of the strength, soon effected a beneficial change. He related the case of a lady to whom he was called in the early stage of this affection (he might here remark that all the cases which he had seen occurred in females). This patient was highly nervous, and suffered from great excitement and pain of the head; the eyeballs seemed starting from their sockets. Temporary relief was obtained by the exertion of pressure on the eye, and binding a handkerchief tightly round the head. There was enlargement of the arteries of the forehead, face, and neck. Was this a case for tonics? The answer was in the affirmative. Sulphate of iron with an excess of sulphuric acid was ordered. Under this, with a local application of Fleming's tincture of aconite, the patient perfectly recovered in a few days. He inquired if any member had examined, post-mortem, any of these cases; and suggested that the arteries of the brain and the orbit should, when possible, be carefully scanned.

MIDWIFERY.

45. *The Value of Anæsthetic Aid in Midwifery.*—Dr. KIDD read before the Obstetrical Society of London, December 5, 1860, a paper on this subject. In obstetric practice, the instances where the author has found the inhalation of