question whether disease so situated is to be considered beyond the reach of surgical art. I make this observation because I am aware that there are some surgeons of the most deserved reputation and eminence, who are still, as I think, prejudiced against the distal operation for the cure of aneurism; and though it may be very true that ligation of an artery on the proximal side of the disease is the preferable proceeding, when the case clearly admits of it, it seems equally true that it is the duty of the surgeon, in cases similar to the one under consideration, to urge the adoption of the only means left to save the life of the sufferer. I cannot, therefore, agree with Mr. Liston in the observations he makes on this subject in his excellent work on Surgery, where he says that though a surgeon might be justified, at the solicitation of his patient, in performing the distal operation, he would by no means recommend him to *advise* it.

"As far as our experience at present goes, it is clearly advisable in a *fair* case of aneurism of the innominate, where the disease is not too far advanced, and where it is uncomplicated with other disease, in the first instance to place a ligature on either the carotid or subclavian vessel as may seem best, and, supposing the cure be not accomplished, to tie the remaining artery, as in my case.

"In the case of Scattergood, I entertain but little doubt that a permanent cure would have been effected by the first operation, had she not exposed herself to every sort of excitement likely to prevent such a result; as it was there can be no question her life was saved by it, and I should therefore not hesitate, were a similar case to come under my care, to adopt the course I have pursued in this instance."—*Lancet*, 25th Aug. and 22d Sept. 1838.

OPHTHALMOLOGY.

52. *Amaurosis from tumour in cerebellum pressing on corpora quadrigemina.*—Dr. G. KERRISON has recorded, in the *London Medical Gazette*, for Sept. last, an interesting example of this. A man *ætat.* 66, of temperate habits, had for three years been gradually losing his sight, and for two months had suffered from pain in occipital region. When seen by Dr. Kerrison, April 23, he had complete amaurosis, with dilated and insensible pupil on the right side, and very indistinct vision (almost amounting to amaurosis) in the left eye. There was much dullness, and at the same time anxiety, in his countenance; his mind was much confused; his answers sometimes rambling; and his utterance slow and heavy. His hearing and all his other senses were perfect. Under an antiphlogistic treatment with counter-irritation to the back of the neck, his general health improved; but on the 8th May he had a fit, and a second one on the 3d of June; on the 18th June he became comatose, and died the afternoon of that day.

On examination, behind the third ventricle, and pressing on the corpora quadrigemina, and also partially on the cerebellum, there was a tumour the size of a walnut, of a cartilaginous nature, but which in some parts was soft and easily broken up. It was partly surrounded by a softish substance, having some points of bloody infiltration. This extended for some distance into the left hemisphere, on which side there was also about $\frac{1}{2}$ of an amber-coloured gelatinous effusion lying over the choroid plexus, and in the posterior corner of the lateral ventricle.

53. *Operation performed in Persia for the removal of opacity of the cornea.*—S. M. GRIFFITHS, Esq. states that in Tehran, Persia, an operation is practised for the cure of opacity of the cornea, which is said to be frequently successful in improving the transparency of the cornea, if not always capable of restoring perfect vision. The object of this operation seems to be, to completely cut off the vascular communication, by excision of a circular portion of the conjunctiva at a small distance from the margin of the cornea, which is accomplished by fixing eight small hooks into the conjunctiva, about a line from the union of the cornea with the sclerotica, quite round the cornea; the operator then raises that part of the conjunctiva by pulling these hooks towards him, and with a pair of

scissors he cuts off the portion thus raised, and completely insulates the conjunctiva covering the cornea, the consequence of which is the gradual absorption of the opacity of the part affected, and the cornea recovers its transparency. The after-treatment is very simple, consisting merely in the introduction of a small quantity of antimony between the lids; in fact the result of the operation is confidently expected to be successful without any other application.—*Transactions of the Med. and Phys. Soc. of Calcutta*, vol. viii. Pt. 1.

MIDWIFERY.

54. *Expulsion of a Fetus after the interment of the Mother*.—A case of this is recorded by Messrs. DUNN and SAVILLE, in the *Edinburgh Medical and Surgical Journal*, for October last. A woman aged 39, died in labour, 18th July, after suffering severe and ineffectual pains for 48 hours. She was buried the next day, but in consequence of reports that she was not properly treated, the body was disinterred three weeks and four days afterwards. The attending physician stated that the os uteri was during labour so rigid and studded with tubercles, that he never could introduce, more than one finger into the cervix. The patient suffered from repeated uterine hemorrhages for some time previous to enduring labour.

On examination a child of near eight months growth was found lying on the mother's thighs, the head downwards, and one foot and the funis still connected with the vagina. Two large ulcers were observed in the neck of the uterus, and in the back of the vagina, the neck was perfectly relaxed, the placenta still attached to the fundus uteri, but the uterus loose and not contracted on it—indeed presenting a cavity nearly large enough for the fetus, which had been expelled. The nurse was positive of the fetus having been in the uterus seven hours after death.

It may be asked how is it that a child which was expelled after the death of the mother could not be removed during her life. Mr. Dunn thinks that this was owing to the resistance of the *os uteri* and cervix being overcome, 1st, by the relaxation occasioned by the act of dissolution, and 2dly, by the collapse of the cauliflower excrescences, which seem to have been rigid and swollen during life, but were totally gone on the necroscopic inspection; and *secondly*, by the distension of the parietes of the abdomen from the gas evolved during decomposition, the *os* and *cervix* reacting upon the most yielding parts, which were now the *os* and *cervix uteri*, and thus, by their common elasticity, expelling the child. The collapsed and flaccid state of the *uterus*, the very relaxed *cervix* and mouth, the distended abdomen, all concur in supporting this view.

Dr. MAIZIER, in a dissertation published at Berlin in 1835, has collected forty-three cases in which the fetus has been expelled from the womb after the death of the mother; in one only had the woman been interred.

55. *Extra-Uterine foetation—Gastrotomy—Cure*.—On the 15th of September, 1837, Dr. Swanck, of Hamburgh, was called on to attend a female, who had experienced labour pains for the last three days; on examination he discovered an extra-uterine pregnancy. Gastrotomy was performed on the following day; an incision, five inches in length, was made along the linea alba, and the chorion exposed, which presented a tendinous appearance; the membranes were now divided, and the fetus brought into view, but the incision was found to be too small to admit of its extraction; the opening of the abdominal parietes was, therefore, enlarged by half an inch, when the fetus was removed without difficulty; in a few moments more the placenta presented between the edges of the wound, and was also extracted. The wound was united by five sutures, and after a lapse of three weeks the woman was perfectly well. The child also survived, and at the time of the publication of this case was a strong healthy boy.—*Lancet*, September, 1838, from *Caspar's Woch. and Archives de Méd.*, June, 1838.