ing to the effect it produces, and the pain it gives; or the oxydized nitrate of mercury ointment may be sometimes advantageously substituted for it. I have found it useless to give directions to the patients or their friends respecting the removal of incrustation round the cilia. The only effectual plan is to remove it yourself: it lies at the root of success. I have frequently met with cases where suitable means have been employed for a considerable period without any benefit, merely from the neglect of this simple expedient, the remedy never having really and effectually been brought into contact with the disease. In more severe cases, large and irregular masses are firmly matted with, and adherent to, the cilia at their roots, and to the surrounding skin. The removal of these is attended with some difficulty and pain, and the incrustation rapidly returns. Under these circumstances one of two plans may be adopted: either the eyelashes may be drawn out, or carefully cut off close to the roots. I usually prefer the latter, because it gives less pain, and is equally effectual. This proceeding is not only of importance in enabling you to get at the seat of the disease, but it impedes the reaccumulation of the incrustation, and enables the part to be kept clean and the application to be effectually made. After removing the lashes close to their roots, together with the incrustation, small irregular ulcerations will be observed on the tarsal margins, and around the roots of the lashes. These frequently bleed and present a moist secreting surface. I find that the best application in these cases is a finely-pointed piece of the nitrate of silver carefully applied to each of the excavations. In a few days the lashes will have grown sufficiently to admit of their being cut again, when the caustic must be reapplied. It does not occasion much pain, if care is taken not to encroach on the mucous membrane. This plan must be carefully persevered in until the lid assumes a healthy condition, which it usually does in the course of a few weeks. I have treated a large number of cases upon this method, and with excellent results. The chief difficulty is in getting patients to attend sufficiently often and for a sufficiently long period. They are apt to discontinue their attendance before they are quite well; and if they do, matters soon become as bad as ever.

During the intervals of seeing the case, the parts must be kept carefully cleansed, and a mild citron ointment may be employed, and some slightly astringent collyrium, such as a weak solution of the sulphate of zinc. Whilst employing these local means the state of the constitution must not be lost sight of, though it seems often to become in a great measure a local disease and to yield to local remedies. In children the secretions must be attended to, the diet regulated, and a healthy state of system promoted in every way. In young females the menstrual function must be watched, and the circulation invigorated. In old chronic cases, in which more important changes have gradually taken place in the condition of the lids, the treatment is more difficult, tedious, and uncertain. Our efforts must be directed to restore the various abnormal conditions to health. The eyelashes may have entirely disappeared, or may have become scanty, stunted, attenuated, and altered in the direction of their growth, thus depriving the lid and the eye of an important protection. It is seldom that the hair follicles are quite destroyed. I have had many cases in which every trace of cilia had been lost for several years, and yet, as the parts were restored to a healthy state, a fresh and vigorous crop of eyelashes has sprung up. This I have accomplished by perseverance in the removal of all incrustation, and in the application of the solid nitrate of silver. If the eyelashes are inverted, they must be either removed or the direction of their growth must be changed, by methods that will be more particularly considered when we come to the subjects of trichiasis and entropium. When the punctum has become displaced and no longer carries off the tears, the morbid condition is kept up and aggravated by the constant lodgment of the lachrymal secretion in the palpebral fossa, and all other treatment will prove abortive while this condition remains. The punctum, under these circumstances, must be laid open, as first suggested by Mr. Bowman; nitrate of silver, sulphate of copper, mercurial ointments, and astringent lotions must be employed to reduce the thickened and indurated lid, and to bring its enlarged, reddened, villous mucous lining to a healthy condition; the nitrate of silver is most valuable in these severe cases. I may mention that these changes are usually more marked in the lower than in the upper lid. It occasionally happens that the exposed surface of the palpebral conjunctiva that has usurped a part of the cutaneous covering of the eyelid is exceedingly painful and irritable, and seems to be aggravated and injured by every form of caustic astringent or pungent application. Such cases are, however, rare, and seem to depend

chiefly upon some constitutional derangements. In such cases various soothing means may be tried: repeated hot fomentations, with or without poppy-heads, bland ointments, anodyne lotions, glycerine, careful protection from cold air. Some of these cases are less amenable to treatment than those I have previously described, and in some instances have effectually resisted every plan of treatment that I could devise, both constitutional and local; and nothing remains to be done except to lessen the deformity and palliate the suffering by the use of coloured glasses or goggles.

ON NECROSIS.

By THOMAS WORMALD, Esq., F.R.C.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

WHEN a portion of bone dies, the means by which Nature gets rid of it has been a subject of controversy, and hitherto I think the truth has not appeared.

The late Mr. Bransby Cooper in his Lectures has shown that where there is dead bone the "necrotic" pus discharged contains much phosphate of lime, in ordinary pus there is scarcely a trace to be found.

From observations and experiments I have long concluded that it must be through chemical agencies the disintegration of dead bone is accomplished.

In necrosis pus is secreted abundantly, and it is alkaline. Presently acid is produced, which is at first weak, but it becomes stronger, and in some cases it may be seen exuding through minute apertures, which gradually enlarge until they are quite visible, and the surface of the dead bone becomes rough.

In necrosis, by the use of common litmus paper an acid may be detected. Mr. Attfield, demonstrator of practical chemistry at St. Bartholomew's Hospital, found the acid taken from the surface of a dead bone to be phosphoric; this dissolves the bone, and the air-bubbles resulting may be seen on the surface of the pus.

It may be further observed that in doubtful cases of necrosis the presence of phosphoric acid may prove a valuable diagnosis; and in cases where dead bone cannot be removed by operation Nature seems to indicate an appropriate remedy.

Bedford-row, Oct. 1862.

REMARKS ON HERNIA.

By GEO. LEWIS COOPER, Esq., F.R.C.S.,
SURGEON TO THE BLOOMSBURY DISPENSARY.

THE frequency of this disease has long been the remark of experienced surgeons, at the same time it is well-known, and a matter of daily observation, how little attention is paid, or alarm created, at the appearance of these swellings, until pain or urgent symptoms present themselves. It has been stated that one in every fifteen of the human race is afflicted with rupture, yet how comparatively few seek, and how tardy are these in seeking, for means of prevention or security whilst the danger is latent, or the enemy in ambush! For many years, both from public and private experience, I have directed my attention to this circumstance, and been enabled to observe this frequent concealment, as well as the diversified appearances and characters of the disease, and with what difficulty we can at all times satisfy ourselves as to the real nature of this affliction, owing to the changes, or morbid condition, of the neighbouring tissues, arising from adhesions or constitutional causes. Its hereditary character is a fact long observed by me, showing an inherited relaxation in the muscular fibre, and proving a serious detriment to the public services. The tendency of all classes and ages and of both sexes to be afflicted with hernia is well known to all surgeons, and clearly proves that the peer and peasant are alike amenable to the laws of nature, and must bow with humility to that hand which directs all things. Still how regardless of danger are many, treating this unsuspected evil with contentment and composure.