ROYAL OPHTHALMIC HOSPITAL, MOORFIELDS.

ACUTE GLAUCOMA CURED BY A NEW OPERATION.

(Under the care of Mr. CRITCHETT.)

AN operation has recently been performed by the above gentleman, so novel in its character, so simple in its execution, and, as the subsequent history of the case proved, so successful in its result, that we are desirous of taking this early opportunity of bringing a few leading particulars of the case before the notice of the profession.

The subject of the operation we are about to describe was a working engineer, aged thirty-four. A few days previously he was attacked with sudden and severe inflammation of the globe, with intense pain. The pupil was fixed and widely dilated; the lens looked dull, and the sight was so dim that there was merely perception of light. The other eye had been destroyed by an accident about five years ago. Mr. Critchett introduced a broad needle through the cornea close to its junction with the sclerotic into the anterior chamber; he then drew out a portion of the iris and cut it off, leaving at the same time a small portion in the wound. The immediate effect of this proceeding was entirely to relieve the pain, and we learnt that the sight gradually improved, and the pupil recovered its mobility. In about a fortnight the man was able to read moderately-sized print.

Mr. Critchett remarked that he considered this a case of acute glaucoma, and the object of the operation was to relieve the distension of the globe, and, by leaving a portion of iris in the wound, to prevent for a time an undue re-accumulation of fluid. He had recently adopted this proceeding four times in similar cases with the best results, and he felt that a disease which he, in common with all ophthalmic surgeons, had hitherto regarded as fatal to sight, was now brought within the control of art by a slight and safe operation.

CLINICAL RECORDS.

SYPHILITIC DEAFNESS.

A YOUNG man, aged twenty, was admitted into the medical ward of St. Bartholomew's Hospital, on the 8th inst., with profuse and well-marked syphilitic eruptions over his whole body. He is a paper-stainer, and contracted syphilis two years ago, from which he recovered. He lately had an attack of rheumatism, and the secondary eruption appeared; and, being very ill, he was taken into the hospital, under Dr. Farre's care. He was in the hospital but two days, when he became completely deaf in both ears. A blister was applied to the back of the right ear, and on the 15th of January he could hear a little with that ear. He was at the same time put upon five grains of iodide of potassium in peppermint water, three times a day.

Mr. Harvey, in his work on "The Ear in Health and Disease," observes that syphilitic deafness "generally attacks the tympanum in the form of inflammation of its mucous lining, to which it has extended through the medium of the Eustachian passage, communicating the disease from the throat. It is very frequently mistaken for nervous deafness." We have no doubt that in Dr. Farre's patient it was in this way the deafness originated, as there is throat disease at the present moment. There can be no doubt whatever as to the correctness of the diagnosis here, especially when the history of the patient is studied. If left to itself, and the Eustachian tube should remain closed after the syphilitic disease is cured, Mr. Harvey mentions that this is one of the few cases in which some benefit may be expected from puncturing the membrana tympani, as a *dernier ressort*—an operation which is far too frequently performed, even in cases by no means physically adapted to such a remedy. On seeing Dr. Farre's patient lately, we found that his hearing had improved in the right ear, but not the least in the left.

PERTUSSAL GLUCOSURIA.

IN the year, 1855, the fact was first pointed out by Dr. Gibb, that the urine in almost every case of whooping-cough is saccharine, the quantity of sugar varying, generally but small, and

sometimes a trace only being present. A considerable quantity he has, however, found on several occasions, the specific gravity being at the same time high, and in general characters the urine has been similar to that of diabetes. A case of pertussis, with urine in this last condition, was recently under Dr. Gibb's care, at the St. Pancras Royal Dispensary, in a child of six years, who had reached the spasmodic stage of the complaint, without any complication, unless the glucosuria be considered as such. The remarkable feature of this case was the rapidity with which the quantity of sugar diminished under the usual plan of treatment recommended by Dr. Gibb in this disease—namely, nitric acid in large doses. The specific gravity of the urine became lower and lower, the quantity of sugar diminished, and, as a cure was established within three weeks, not a trace of it was to be found. It is an interesting fact, that nitric acid should so rapidly diminish the glucosuria. This may be effected in one of two ways—either by its curing the pertussis, and a condition with it, which must hereafter be looked upon as symptomatic of it; or else the assimilation of the acid prevents the formation of the sugar. To the last view Dr. Gibb inclines, but he says large doses only will produce this, as experience has proved in his hands. This condition of the urine in whooping-cough is well worthy of record. We shall refer at a future time to the explanation given of its appearance, but we take this opportunity of throwing out the suggestion of a trial of the influence of nitric acid in cases of diabetes mellitus.

SYME'S AMPUTATION AT THE ANKLE-JOINT.

AT the St. Marylebone Infirmary we had an opportunity of seeing a case of Syme's amputation at the ankle-joint, which promises as excellent a stump as the most strenuous advocates of the operation could desire. The patient, Jane B—, aged twenty, has the following short history:—

She received an injury three years and a half ago, probably a severe sprain. This was never quite recovered from, and gradually led to disorganization of portions of the tarsus and metatarsus. Several openings formed, through which diseased bone could be felt. After much treatment at Margate and elsewhere, it was apparent that there was no hope of saving the foot, and Mr. Thompson decided on removing it by the operation at the ankle-joint.

He performed it on the 21st of December, 1857, observing implicitly Mr. Syme's directions ("Principles of Surgery, fourth edition, p. 146.") No bad symptom followed. There has been no sloughing whatever of any part of the flap. On the 18th of January, exactly four weeks after the operation, the flaps had united, the stump was firm and consolidated, and merely a line of superficial granulation marked the junction of the flaps.

Mr. Thompson enjoined the plan of maintaining, as much as possible, the limb on its side during the ten or fourteen days subsequent to the operation, in order to give free exit to the discharge which is otherwise prone to collect in the partial hollow formed by the heel flap. This case, like the last performed by Mr. Thompson in the Infirmary, presents an excellent example of successful results from this operation.

RHEUMATIC ALKALINURIA.

OUR readers will understand the name we have given above, when we state that the urine is alkaline in a case of rheumatic fever at present in St. George's Hospital, under Dr. Fuller's care. There may appear to be nothing extraordinary in this fact, but it is nevertheless not a common one. The patient is a young man, who was admitted with rheumatic fever and pericarditis, with free acid perspirations and an alkaline condition of the urine from the commencement. The boy has got well, with very mild alkaline treatment; in fact, as we heard Dr. Fuller say, he had scarcely any treatment at all, or was upon no special treatment. In relation to this condition of the urine in rheumatism, Dr. Fuller, in an extensive experience of this affection, has not met with more than five or six instances of it. Although it may be present, it forms no obstacle to the internal administration of alkalies for the treatment of the rheumatism, as, curiously enough, the urine will, in many instances, notwithstanding, resume its acid condition. This, however, has not occurred in this boy, as the urine is alkaline to the present hour. Although the boy has no symptoms referable to disease of the bladder, it is quite possible there may be some condition of the mucous membrane either of the bladder or of kidneys which permits it to secrete an alkaline fluid, which,