that there was no useful vision. I succeeded with Tyrrell's blunt hook in making a well-defined oblong pupil directly upwards opposite the transparent part of the cornea; the lens was not injured. For above seven years he enjoyed useful vision, and earned his living. At the end of that time his sight began gradually to fail, and when he again applied to me, being about eight years after the first operation, he was once more nearly blind. On examination, I found a dense amber cataract occupying the pupil. After much deliberation, I determined to attempt extraction. I had never tried such an operation, nor had I ever heard of its being done, and I could not help fearing that a hard fully-formed cataract might refuse to pass through an artificial pupil, and even if that difficulty were overcome, that the flap might become opaque. I was, however, agreeably surprised to find that the operation was as easy and as successful as an ordinary case of extraction. I made the upper section close to the sclerotic, and very nearly of the usual size. Everything progressed favourably, and in a few weeks after the operation my patient was able, with a suitable lens, to see as well as after the first operation.

CASE 3.—Wm. L—, aged thirty-one, came under the care of my colleague, Mr. Wordsworth, in January last. The left eye was irretrievably lost; in the right eye there was a faint perception of objects; the pupil was small, irregular, and adherent to the capsule of the lens, which was opaque. Mr. Wordsworth made the man an artificial pupil downwards and outwards with a pair of canular forceps, so as not to injure the lens or its capsule—a method that was, I believe, suggested and first executed by my friend, Mr. White Cooper. Soon after this the man came under my care. Very little improvement of sight followed this operation. On examination, an opaque lens, with its defined sharp edge, could be plainly seen through the artificial pupil. I extracted this very readily through a moderate-sized section; good union took place, and the artificial pupil closed again. A few weeks after, I opened this with two needles in such a way that I once more succeeded in getting a small and nearly central pupil, through which he has now very useful vision. These cases, at least, prove the possibility of extracting a cataract, even when hard and fully formed, through an artificial pupil of average size, and the fair prospect of success with which such an operation may be undertaken. It is one which I should always perform in future, and I feel assured that as contrasted with former methods, it enormously increases the patient's prospect of recovering sight. There is another class of cases equally important and more numerous, to which I have applied the same principle. I allude to cases, the result of old and neglected iritis of a chronic character, in which the pupil is small, irregular, and adherent, and the capsule of the lens, and sometimes the lens itself, are opaque, and in which, as a consequence, there is no useful vision, and to which I propose to direct your attention in another paper.

ON THE DETECTION OF STRYCHNIA IN SOLUTION WITH POTASSIO-TARTRATE OF ANTIMONY.

By JOHN W. OGLE, M.D., F.R.S.,

PATHOLOGICAL CURATOR AT ST. GEORGE'S HOSPITAL.

A LETTER appeared in yesterday's impression of *The Times* newspaper stating that the now well-known and so-called "colour" test for strychnia—i.e., the sulphuric acid and the bichromate of potash (which I believe Otto originally proposed)—was destroyed by the presence of the potassio-tartrate of antimony. I beg leave to say, that on the same day (yesterday) I made some experiments with reference to this point, in conjunction with Mr. W. Ogle, of Corpus Christi College, Oxford, but we found that the presence of antimony had no influence whatever in hindering the ordinary effect of the reagents. On taking $\frac{1}{240}$ part of a grain, and using the requisite care, so that an equal amount of the tests should be added to both solutions, we found the same colour to be produced in that solution to which the potassio-tartrate of antimony was added as in that from which we excluded it.

In some experiments which I have been performing since

the subject of strychnia has been so much considered, I have detected $\frac{1}{144000}$ part of a grain (easily recognisable in a crystalline form by the microscope), in a clear solution, by the colour-test, first evaporating it to dryness. And I may remark that I have detected very faint traces of strychnia in the urine of a patient (six gallons concentrated to a syrup) who had been for some time taking the extract of the nux vomica. This I did some weeks ago. I would suggest that in this way the examination of urine might possibly be of service, should any other unfortunate case take place, such as the one at this time present in the minds of us all.

Upper Brook-street, Grosvenor-square, June 11th, 1856.

REPORT OF CASES OF GUN-SHOT WOUNDS OF THE HEAD AND CHEST.

By T. K. BIRNIE, Esq.,

ASSISTANT-SURGEON, 2ND BATTALION 1ST FOOT (ROYALS).

FROM the list of our wounded during the siege of Sebastopol I have selected the two following cases, which appeared to me interesting, not merely on account of the serious nature of the injuries, but from the satisfactory result of the treatment adopted.

CASE 1.—*Gun-shot Fracture of the Cranium.*—Private John Sullivan, aged twenty, was wounded early on the morning of August 23rd, in the advanced trench, by a fragment of a shell, which struck him on the upper and back part of the head, rather towards the left side. On examination of the lacerated wound, which was about two inches long, a depressed fracture of the cranium was found to exist.

When Dr. Gordon (in charge of the 2nd Division) arrived at our hospital, he determined to open up the wound, as he suspected it to be a case of punctured fracture. On making an incision at right angles to the wound, securing two or three branches of the occipital artery, and reflecting the flaps, the fracture was found not only to be depressed, but of the "stellated" kind. The trephine was now employed; a circle of bone taken away, and, with the aid of simple dressing-forceps, five or six pieces of the vitreous table lying loose on the dura mater were also removed, and the depressed portion raised by the elevator. The dura mater was uninjured. The flaps were then brought together by suture, and iced water applied continuously to the wound and shaved scalp. A saline laxative was given, and the head raised. The same evening tartar emetic was given, in doses of one-eighth of a grain, every ten or fifteen minutes, so as to have an antiphlogistic effect, and keep up slight nausea.

Aug. 24th.—Complained early of intense pain in the forehead, when venesection was employed to the extent of twenty-four ounces. This relieved the patient; he was easy during the day; bowels free. Antimonial mixture, and cold applications to the head continued.

25th.—Recurrence of intense pain in the head, accompanied by quick, hard pulse, and flushed countenance. Bled again to about twenty ounces, when the violence of the pain abated; no other change in the treatment.

26th.—Pulse rising again, and pain in the head complained of; bowels not well opened yesterday. Two drops of croton oil ordered, also a purgative enema; tartar emetic, one-eighth of a grain, every ten minutes, and continuous cold to the head as before; sutures removed this morning.

27th.—Bowels only once opened by enema yesterday; some pain in the head again complained of to-day. Other two drops of croton oil were ordered, which acted freely after two hours, the headache then completely abating; rest of treatment unchanged.

28th.—Slight pain in the head this morning, relieved by purgative enema; tartar emetic now given every half hour. Got extras, (arrowroot,) in addition to spoon diet, for the first time to-day.

From this period he progressed favourably without further active treatment, the antimony also being discontinued a few days afterwards, and nothing further employed but the antiphlogistic regimen, and the continuous application of cold to the wound, along with occasional laxatives. The movements of the dura mater, synchronous with the action of the heart, were observed for about three weeks after the operation, but gradually became less distinct. He was transferred to the