upper side of the cornea. The fundus of the eye cannot be seen with the ophthalmoscope on account of turbidity of the internal media; but the cornea is uninjured and transparent. The patient complains of only slight annoyance from the presence of the lens in its unusual situation, and the eye is only moderately injected.

The lens was at once extracted, and a suture inserted to bring together the edges of the wound in the conjunctiva and prevent any loss of vitreous. Vision is not to be hoped for, the eye having undergone, as it were, a crushing process, but there is reason to hope that the eye may retain nearly its normal size and appearance.

"A CASE OF HERPES ZOSTER."

By ALBION COBB, M.D., Webb's Mills, Me.

THE elaborate article with the above title in the JOURNAL for January 28th reminds me of a case of the same disease, in some respects the parallel of the one there given, which occurred in my practice.

E. B., of Casco, Maine, about 50 years old, robust, muscular, vigorous and healthy, was attacked, just about two years ago, with shingles, affecting the left side of the neck and face. Immediately on the appearance of the eruption, the left side of his face became paralyzed, exhibiting all the ordinary symptoms of facial paralysis, the most striking of which, to a casual observer, were the permanently open eye, the mouth drawn to the opposite side, and the complete want of expression in the affected side. As he treated his disease with "sovereign contempt," and kept about his ordinary business, he was not very closely observed, but the two diseases, if two they were, ran their course concurrently, and disappeared together, and Mr. B. has been perfectly well ever since.

It may be proper to state here, that, by a curious coincidence, I had under treatment, at about the same time with Mr. B., two or three cases of herpes zoster (no others of the face), and two or three cases of facial paralysis, but this is the only instance in which they occurred together.

Two or three days ago my attention was called to another case which may possibly have some bearing on the connection or relation between herpes zoster and the underlying nerves.

Capt. —, of Casco, had, about six years ago, what he and his attending physicians called shingles, covering a belt of the ordinary breadth, about the middle of the

right side of the chest. The principal distress, during the course of the disease, arose from a neuralgic pain, of a severe burning character, seeming to be seated deep in the tissues beneath the eruption. The eruption ran its usual course and disappeared, but not so the pain. This has changed neither in degree, character nor location, but has persisted up to the present time, in spite of the efforts of physicians and others to remove it. From first to last, throughout the whole six years, it has affected exactly the zone formerly occupied by the herpes.

Feb. 10, 1869.

Hospital Reports.

DEPRESSION AND RE-PLACEMENT OF THE SUPERIOR MAXILLA (LANGENBECK'S OPERATION).

Service of DR. CHEEVER.

CASE I.—*Naso-pharyngeal Polypus*.—(Vide Surgical Cases for 1867.) The patient was a student, aged 19 years. Thirteen months previously to his entrance to the Hospital for his present disability, he had undergone an operation for the relief of disease of which this was the recurrence; and the history of the growth dated two years and a half before that time. Its development had given rise to the following symptoms: profuse epistaxis, complete obstruction of the nostril, and the discharge of a thin and offensive fluid. Examination discovered the presence of a firm, lobulated tumor pressing down on the soft palate and filling the upper and back part of the pharynx. The general condition of the patient was good, and the growth was not painful.

Operation.—It was removed by temporary depression of the right upper maxilla, as follows: The primary incision was carried from near the inner canthus of the eye, downward along the fold at the side of the nose, around the ala, and through the commissure of the upper lip. The flaps were reflected so as to expose the body of the bone. The symphysis of the jaw was divided along the hard palate, and a section made with a saw across the bone from the tuberosity into the middle meatus of the nose. The section of the bone was depressed, so that it was held only by its posterior attachments. The tumor was thus exposed and reached. Its attachments to the body of the sphenoid bone and to the upper and back part of the pharynx were