

specks on the cornea after small-pox, and slight strabismus. The opacities of the corneæ are disappearing under the use of collyria, and the strabismus improving.

In several cases, after the operation, an ecchymosis occurred in the line of the *external rectus* muscle, taking its exact shape; this, in all probability, is owing to the rupture of small blood-vessels, caused by the energetic contraction of the external rectus, its antagonist being divided. A granulation, of the fungoid kind, has, in three cases, shot up between the lips of the incision of the conjunctiva, which I had to remove with a pair of flat curved scissors. The remote effects of the operation on vision, I am keeping an accurate account of, and shall furnish in a separate communication.

REMOVAL OF THE EXTERNAL LABIA PUDENDI.

By SIMEON BULLEN, *Esq., Surgeon, London.*

Mrs. ———, the wife of a respectable farmer, about fifty years of age, applied to me in May, 1837, stating that, for a period of nearly three years, she had been affected with swelling of the labia pudendi, which had been gradually increasing; that she had not obtained any benefit from the medical practitioners whom she had consulted, and that the swelling had latterly become very painful. Her health had become generally weakened, and she was in great anxiety and distress of mind, despairing of recovery. On examining the parts, I found each external labium pudendi considerably enlarged in every dimension, and occupied by a tumour apparently such as that classified by Mr. Abernethy as vascular sarcoma. There was not any chance of cure in this case, excepting by extirpating the parts, and I advised her to have the operation performed, to which she assented. On removing the left labium, the discharge of blood was so rapid and profuse, and the vessels so numerous, that before I could succeed in securing them, fainting had taken place, and the effect on the system was so alarming, that I was obliged to postpone for many days the operation for removing the other, which was attended with similar loss of blood. The surface of the incision was covered with dressing of ceratum cetacei, the wound cicatrised in a few days, she soon recovered her health, and has never had any return of the disease. The substance of each tumour was composed of adipose and fleshy tissue numerously supplied with blood-vessels.

THE REV. STEPHEN HALES, the author of "Statistical Essays," published in 1727, is celebrated for his physiological inquiries. Haller speaks of him as "pious, modest, indefatigable, and born for the discovery of truth."

PURULENT OPHTHALMIA OF INFANTS.

To the Editor of THE LANCET.

SIR:—The following remarks on the purulent ophthalmia of infants are at the service of your very valuable Publication. I am, Sir, your obedient servant,

C. EDWARDS, A.B.T., C.D., M.R.C.S.L.
Grosvenor-street, Cheltenham.

June 8, 1840.

THIS affection I had found most frequently occasioned by the application of leucorrhœal matter to the eyes of the infant during birth, and especially in cases of tedious delivery of the head. This latter consideration accounts for the many cases of exemption from contamination by vaginal discharges, which latter are so frequent in females.

The ophthalmia generally begins about the second or third day after birth, in which case I have been always able to trace it to vaginal discharge. When it occurs later, e.g. about the 9th, 10th or 11th days, the cause is more obscure, and even here I believe it attributable most frequently to some want of cleanliness in the ablution of the infant, or the application of a soiled napkin or sponge to the eyes.

This distinction between the *early* and *late* infantile ophthalmia (the causes of the former being known, of the latter obscure,) has not hitherto, I believe, been pointed out by any other writer. From a very large experience on the subject, I think it will be found correct.

My object, however, is not so much to expatiate on the etiology of this disease, or to show how it differs from the purulent ophthalmia in adults, as to adduce some practical improvements in the treatment, whereby, in the first stage, the severity of depletion (so essential in the case of adults) may be rendered unnecessary; and at a later period of the complaint a more definite application of remedies may be pointed out.

For practical purposes this ophthalmia may be divided into three stages, according to the predominance of certain symptoms. First, a short inflammatory; second, a purulent; and, thirdly, the ulcerative or resolute stage, according as destruction of the cornea, &c., may occur, or a general abatement of the symptoms be obtained.

In the first stage, or that to which antiphlogistic treatment is chiefly addressed, it is of great consequence (if not of vital importance) to be able safely to dispense with the severe remedies advised by the late Mr. Ware, Dr. Vetch, and most writers on ophthalmic surgery, who direct the application of leeches and even opening the temporal artery, &c. &c. It is needless to state how very seriously these depletory measures reduce infants of so tender an age. Blisters also are advised. It is well known