

first extracted. The first operation of this instrument, extraction, is performed by raising the piston; the second, inflation, by depressing the piston: thus establishing, through the instrument, artificial respiration for any length of time.

By suspending the action of one of the pistons, extraction or inflation may alone be carried on.

With the same instrument warm stimulants may be passed into the bowels and stomach, and with as great facility, and, perhaps, greater expedition, than by means of my stomach-pump.

In p. 49 of the Number of *THE LANCET* for 3rd April last, I observe another letter signed "J. Murray," in which the writer, after noticing the valuable letter of Mr. Searle, says, "I am not aware that Mr. Searle has added anything new, or that I have omitted in my pamphlet on suspended animation," and then claims "an invention wherein the syringe is substituted for the bellows;" and then adds, "I have yet to learn that this instrument (the syringe) has been in any way improved." If the writer be the same person who charged me, at the annual meeting of the Medical and Surgical Association, held at Liverpool on the 1st of August, 1839, with having, "from reading his book, manufactured a less effective and clumsier apparatus, and endeavoured to palm it upon the public as my own."—(See Supplement to Worcester Journal of 1st August, 1839.)

I beg to inform him through your columns, that I have not borrowed the invention from reading his book: my instrument was made long previously, as stated in my reply to his charge.—(See Berrows' Worcester Journal, 15th August, 1839.) It has, however, been since improved, and, as at present combined, will perform the process of inflation and extraction, or either process, without the necessity of changing the position of any part of the instrument.

JOHN READ.

35, Regent-circus, Piccadilly.

NOTE FROM DR. HOCKEN.

To the Editor of *THE LANCET*.

SIR:—In reply to Mr. Dalrymple's remarks* concerning the case (Eliz. Ward) of chronic hyaloiditis, allow me to suggest that I have already, in part, answered his objections; and I trust that I can readily convince that gentleman of the truth of the remaining question.

With him I am ready to acknowledge, that the infrequency of opportunities of post-mortem observation retarded, and does retard, certain knowledge of the pathology of

the deeper-seated tissues; but I still maintain that accurate observation during life is most frequently sufficient.

The diagnosis of an increase in the quantity of the vitreous humour from choroiditis may be found in my third communication on amaurosis.* I there stated that in hydrophthalmia the sclerotica was dilated and thinned *uniformly*; but in choroiditis the *uniformity* was absent, the thinning being irregular; and hence the protrusion first of the ciliary ligament, and then of portions of the choroid constituting hernia scleroticæ.

I have myself never found any difficulty in the diagnosis between an increased quantity of the vitreous humour and collections of fluid behind the retina. As Mr. Dalrymple justly remarks, the retina is in such cases thrust forwards, and eventually forms an almost solid cord in the centre of the eye. The very advance of the retina, in these cases, is a proof of their nature: I recollect watching a case in which this fact was beautifully and evidently seen, during some two or three weeks; it then became gradually diminished, and the whole globe eventually atrophied—the patient retaining imperfect vision in the organ.

Mr. Wardrop says (*Morb. Anat. of Eye*, p. 72), that where the fluid collects quickly, it is accompanied by severe pain in the eye and head; the pupil becomes much dilated, and when the disease has far advanced, there is the appearance of an opaque body behind the lens from the retina being compressed, which in one instance was mistaken for cataract, and an attempt made to couch it.

In conclusion, I would remark that no important quantity of fluid would collect behind the retina without displacing that tunic, and causing, more or less, displacement and absorption of the vitreous humour; and that, in all such cases, the nature is self-evident, by a careful inspection through the pupil, where the *white* advancing retina may be recognised at the fundus, since the same causes which displace seem to render it (retina) opaque and white.

EDWARD HOCKEN, M.D.

May 14, 1841.

PETITION.—THE VACCINATION ACT.

To the Honourable the House of Commons, in Parliament assembled,

The petition of JAMES BEDINGFIELD, M.D., and legally-qualified practitioner of Medicine and Surgery,

HUMBLY SHOWETH,

1. That your petitioner regards with high satisfaction the recent measure which has been enacted by the Legislature for the pre-

* *LANCET*, vol. ii., 1840-41, p. 270.

* *Vide loc. cit.*, p. 156.