

mained unhurt, and this accident ought, in fact, to be extremely rare; for to produce it would require an enormous external violence, by which the radius would be comminuted.

The strength of the ligament, the thickness of the joint, and even of the skin at this part, must strongly oppose the passage of the bone through the integuments. This remark cannot apply to backward luxation of the ulna, for there the skin covers the bone superficially, and, moreover, the point of the styloid process is well calculated to pierce the external coverings. You may have remarked how subject the fine and delicate skin which covers the ulna behind, is to ulcerate after certain gun-shot wounds of the articulation, or of chronic inflammation attacking the joint. I have here noticed this circumstance twenty times, and attribute it to the presence of the projection formed by the small head of the ulna.

I shall terminate this lecture by asking one question;—In case of luxation attended with laceration of the integuments, should we reduce, cut out the portion of bone, or amputate? I would liberate the parts by free incisions, for these severe accidents which come on, always depend on inflammation and strangulation of the subjacent aponeuroses. I should not employ resection unless its necessity was clearly established, and, a fortiori, I would avoid, more carefully, having recourse to amputation.

## ENGLISH EYE-SURGERY,

### A SKETCH,

By PROFESSOR WALTHER, of Munich.

THE first, and, in the common estimation, the best oculist now alive in London, is Mr. H. ALEXANDER. He was formerly the pupil, and for many years the assistant, of PHIPPS, who, after having practised, as an oculist, for a long space of time with success and celebrity, retired while yet a hale and hearty man, was raised to the dignity of a baronet, married an extremely rich lady, drew up entirely with the nobility, and left as a legacy to his assistant a most capital practice.

Even the external appearance and the whole demeanour of ALEXANDER are significant of sudden elevation from an inferior station, without scientific instruction. Medicine and surgery he appears never to have studied. With the lessons of his master, merely, has he become a bustling, clever, oculist. As such he not only commands a very extensive private

practice, embracing as widely the genteel part of the community as the middle ranks, but he has also the care, almost exclusively, of the most important and popular of the London Charitable Eye Institutions, namely, the *Royal Infirmary for the Diseases of the Eye*, in Cork-street.

It is true that Sir H. HALFORD and some other gentlemen are connected, as consultants, with the infirmary; but their appointment is merely nominal, and the whole business is managed by Mr. ALEXANDER, without assistant or clerk. The name "Royal Infirmary" signifies, as with other of the London institutions, nothing farther than that the office-bearers have chosen the king as patron. The infirmary is entirely poli-clinical, and comprised in a very confined set of rooms. Mr. ALEXANDER gives gratuitous advice thrice a week, to from 300 to 400 patients. This occupies him two or three hours.

Wondrous is the activity with which in this proportionally short time, Mr. ALEXANDER examines so great a number of patients, determines the diagnosis of their diseases, single-handed enters them in the journal, prescribes for them, dispenses, himself, most of the internal medicines, performs operations of more or less importance on the eye, and maintains, amidst such a crowd, the necessary degree of police. To solve this difficult, comprehensive, and complicated problem, it is so arranged, that the small consultation-room, which is lighted by a sky-light, is connected with the waiting-room by two doors, through one of which the patients enter, while through the other they retire. In the consultation-room is a very convenient arm-chair, the back of which presents a soft hollow space for the reception of the patient's head. In this chair the patient immediately places himself on his entrance (or the nurse does, if the patient be a child); and as quickly must he vacate his seat, when he is dispatched about his business, and remove himself through the door of exit. In the consultation-room stand several barrels full of fluid medicines, eye-waters of different sorts. From these Mr. ALEXANDER taps, as he speaks to the patient, and measures, by his eye, the necessary quantities into the bottle which the patient brings with him, at the same time putting into the patient's hand a printed paper of directions. These directions are occasionally full and particular. Those for ophthalmia neonatorum, appeared very proper, and were well put together.

Except this ophthalmia, Mr. ALEXANDER regards all the other inflammations of the eye in children as scrofulous. In adults, he appears to know only three

ophthalmiæ, viz. iritis, xerophthalmia and psorophthalmia. Under this last are comprehended in London almost all inflammations of the eyelids, with slight affections of the eye-ball, catarrhal rheumatic inflammations of a serous, mucous, puriform kind, with or without granulations and growths on the lining membrane of the lids. Xerophthalmia, again, comprehends these more deeply-seated affections of the eyeball; not, perhaps, distinctly inflammatory; often more of a congestive nature, and sometimes subamaurotic. The diagnosis of the ophthalmia in England extends no further than the distinguishing of these few varieties.

Xerophthalmia, as it is called, arises chiefly from long-continued straining of the eyes by candle-light. It is treated with local bleedings, purges, cooling lotions, and opiates taken at bed-time. In iritis, calomel, and cupping on the temples, are prescribed. In psorophthalmia and strumous inflammations of the eyes, especially if there be fulness of the vessels, with slight swelling of the lining membrane of the lids, Mr. ALEXANDER scarifies the conjunctiva with pretty long incisions. Mr. ALEXANDER introduces red precipitate salve with a spatula between the eyeball and the upper eyelid, at the outer angle. Vinum opii he pours upon the eye with a little spoon; he employs alum-water abundantly; and uses as an escharotic the solid sulphate of copper.

Mr. ALEXANDER says, that he has cured blenorrhœa of the lacrymal sac by means of frequent, long-continued pressure of the contents of the sac through the nasal canal.

The operation for cataract, which he generally prefers, is extraction, and his procedure has several peculiarities. The patient sits in the arm-chair already noticed, the head being bent considerably back, and pressed against the hollow space forming the top of the chair-back. This the operator manages himself, while standing behind the patient. With the thumb and forefinger of the hand which is disengaged, he fixes the edges of the upper and under eyelids towards the nose, pressing them against the margins of the orbit, and thus keeping the eyelids open. This was accomplished, as it seemed to us, with considerable security. The section of the cornea was made with Wenzel's knife, in the direction upwards and somewhat outwards. In this part of the business, the operator went somewhat slowly to work, tarrying long with the knife in the anterior chamber, pressing the instrument on with pauses, during which he addressed himself to the patient, exhorting him to quietness, and receiving from him pretty

full replies. To divide the capsule, Mr. A. makes use of a hook with a sharp point, made of gold, and contrived by PHIPPS. He enters this hook with great steadiness, pushing it through the pupil into the posterior chamber, driving its point far behind the iris towards the nasal angle of the eye, drawing it across towards the temple, and so effecting a horizontal rent of the capsule. With moderate pressure on the eyeball, the lens escaped whole and entire. We saw Mr. A. perform several extractions in this way, with complete success. The cases, indeed, were of the most favourable sort; pure, hard, lenticular cataracts, of moderate size, without any opacity of the capsule, in old, very composed subjects, with large anterior chambers, and ordinary prominence of the eyeballs. After all, however, the technical skill of Mr. A. is very great, and he must unquestionably be ranked amongst the best of operators. Whether he be one of the best and most intelligent oculists is another question. The operation being finished, he lays a wet linen compress over the closed eye, and fastens this with a roller.

Whether there be any one in London besides Mr. ALEXANDER, possessing a real taste for eye-operations, we might almost doubt. We saw performed by other hands, only one very successful operation on the eye. Mr. TYRREL formed an artificial pupil by incision of the iris. The case was very favourable for the operation. The iris, much on the stretch, was adherent to the lower part of the cornea, which, except at the place of the adhesion, was sound and completely transparent. The anterior chamber was at the same time sufficiently large; the posterior entire, and without exudation, and the lens and capsule natural. Having made an incision, rather too large, through the cornea, the operator passed a pair of small thin-bladed scissors, bent into an obtuse angle in the direction of their cutting edges, and having one point sharp, and the other blunt, into the anterior chamber. The restlessness of the patient required time and patience. The English operators appear in general, however, to lay but little stress on the quick termination even of eye-operations. At length the horizontal incision through the middle of the iris was completed, when instantly the edges sprang aside, and the pupil gaped widely, especially at its centre. The parts in the posterior chamber did not appear to be disturbed, much less injured.

This closes the list of fortunate eye-operations which we saw in London. All the others failed in the utmost degree.

The last-mentioned operator performed, in the *Moorfields Ophthalmic Infirmary*, a depression through the sclerótica, which miscarried entirely, and in which the eye was materially injured. His colleague attempted an extraction. The section of the cornea happened to be uncommonly small. After he had opened the capsule, he became convinced, only by the fruitlessness of long-continued pressure on the eyeball, of the necessity of enlarging the section. For this purpose there is in use in London, not *Daniel's* scissors, but a narrow little probe-pointed knife, with a concave cutting edge, introduced by *PHIPPS*. This stupid instrument was six times introduced into the anterior chamber, and the collapsed cornea, incapable of offering the necessary resistance to be divided with a knife, but drawn by the instrument into folds, was at length *sawn*, rather than cut.

Still more unfortunate was the result of an extraction undertaken by Mr. *EARLE*. In this case too, the section of the cornea was too small, and quite irregular, and the iris besides was wounded. Dilatation of the section with the probe-pointed knife was had recourse to, then attempts made by pressure to extract the lens, then repeated introductions of the curette for the same purpose, till at length, after fruitless endeavours for half-an-hour, the lens was left in the eye, and the unfinished operation declared impracticable.

The *Moorfields Eye Infirmary*, of which mention has just been made, is, in other respects, well situated, and fitly conducted. Besides lodging for the superintendent and house-surgeon, it contains a spacious consultation-room, where, amidst a throng of pupils, the polyclinic is conducted—not in a way, I think, likely to be very instructive—an operation-room and several wards, each containing ten beds, where lie the patients that have undergone operations. *LAWRENCE* was formerly, *TYRRELL* is now, the chief medical attendant on this institution.

Besides these, there is a third eye infirmary, the *Royal Westminster*, under the direction of Mr. *GUTHRIE*. This hero of English military surgery, also treats eye-cases with heroic means. We saw in his institution a well-marked case of syphilitic iritis, the nature of which he had not discerned, but had treated, according to his well-known method, with the internal exhibition of oil of turpentine. In blephar-rhœal and granulating inflammations of the eye, he puts in upon the eye, with a wooden spatula, large portions of a salve, made up of six grains of *Lapis Infernalis*, ten drops of *Goulard's*, and half an ounce of *Aoungé*; and rubs it in very much with

the eyelids. He calls this "*Unguentum ophthalmicum magicum*," having seen quite extraordinary and almost incredible effects from its use. The pain which it causes is very great and continued. The traumatic reaction goes off only after several days. According to his notion, a peculiar Egyptian ophthalmia has at no time been prevalent among the English troops, and those who assert the contrary, he accuses of quackery and fraud. On this point he expresses himself violently respecting *ADAMS*, against whom, indeed, the surgeons, generally, of London are extremely bitter. *ADAMS*, after receiving from Parliament a national remuneration for his pretended discovery of granulations as a characteristic and diagnostic sign of the Egyptian ophthalmia, and living in style as a rich man, lost his means by unfortunate speculations in the stocks, and has disappeared from London, without our being able to learn if he were yet alive, or whither he had gone. We could not join in the unconditional reprehension and contemptuous verdict of his opponent. Supposing even that his accomplishments as an author were of no great worth, and his numerous works more calculated to commend his own operations and to secure patients, than to advance the interests of knowledge, still would he claim a lasting merit and enduring fame, had he written nothing more than his small publication on Ectropium, and on the operation which he practised for the cure of that disease, which was really a useful, praiseworthy, and real advancement of the art, in a department which in a great measure had previously been studied to no purpose.—[*Translated from the German for THE LANCET, by ALLAN GRAEME, M.D.*]

#### CASE OF

### SEVERE CHOREA

SUCCESSFULLY TREATED WITH  
ENORMOUS DOSES OF  
CARBONATE OF IRON.

By R. HUTCHINSON, M.D., M.R.C.S.,  
Physician to the General Hospital near  
Nottingham.

THE efficacy of large doses of the carbonate of iron, in cases of chorea, is so fully established as scarcely to require further illustration or proof; but, in the following case, the symptoms were so extremely violent; the quantity of the medicine taken was so enormous, and its beneficial effects were so evident, that it appears to be worthy of record.