

potash (lapis mitigatus); and this is repeated every third or sixth day, till a slight yellowish infiltration becomes apparent. The surgeon must then drop in atropia, and wait. In from six to eight weeks there is an exfoliation of the cornea, which brings about a notable improvement in the clearness of vision.—*The Practitioner*, January, 1869, from *Berlin. Klin. Wochenschr.*, 23, 24.

56. *Detachment of Retina Cured by Operation.*—Mr. J. Z. LAURENCE states (*Lancet*, March 6, 1869) that "Detachment of the retina from the subjacent choroid may be caused by a solid or a fluid. In the latter case the retina, separated from the choroid by fluid effusion, projects into the vitreous humour in the form of a spheroidal protuberance. The retina generally becomes thus separated first at its upper part; as the effusion of fluid increases, the retina becomes detached more and more downwards, till it is detached so completely that the field of view becomes totally destroyed, and the patient perfectly and incurably blind. The upheaving of the retina may aptly be compared to that of the cuticle by a blister. If the cuticle be pricked, and the contained fluid let out, it resumes its apposition to the subjacent cutis.

"Acting upon this principle, Von Gräfe, Mr. Bowman, and other eminent surgeons have punctured the retina with needles, in the hope that the subjacent fluid, by escaping and mingling with the vitreous, would permit of the retina reassuming its apposition with the choroid, and resuming its visual functions. In very few cases, however, has that hope become realized.

"The idea occurred to me that a more happy result might be obtained by puncturing the bag of fluid through the sclerotic and choroid *without inflicting any wound whatever on the retina*, and thus allowing the effused fluid to escape *outwards* into the subconjunctival tissue, instead of inwards into the vitreous humour. I have lately operated on a case, the details of which I will here but briefly allude to.

"A man, aged fifty-three, presented himself with complete detachment of the upper two-thirds of the left retina. He was completely blind in the lower and outer half of his field of vision, and had mere perception of light in the other half. On January 18th I pierced the upper and back part of the sclerotic and choroid with a broad needle. A quantity of colourless fluid immediately escaped into the subconjunctival tissue. From that time the field of vision steadily increased till on February 11th, it became absolutely entire, and at ten feet he read easily C of Snellen's types. At the same time the fundus of the eye, including the optic nerve, vessels, etc., was perfectly well seen; whilst previous to the operation it was all but obscured by the detached retina, not a trace of which could now be seen."

MIDWIFERY.

57. *Stricture of the Internal Os as a Cause of Miscarriage.*—Dr. WILLIAM MARSHALL relates (*Glasgow Medical Journal*, Feb. 1869) the following instructive case: He was called to a delicate woman, aet. 30, five months advanced in pregnancy:—

"The pains were strong and forcing, very similar in character to those which immediately precede the expulsion of the head in a primipara. I was told that when pregnant last she had miscarried at the fifth month, and that the pains then, for three hours, had been very severe—much worse than she had ever had in any confinement, and similar to what they were now. On examination, I found the os uteri dilated to the size of half a crown, and very soft. On passing my finger further up in order to feel the fœtus, I found the canal of the cervix becoming decidedly narrower, when suddenly she cried out that I was cutting her, and jerked herself away. On a second attempt the same thing was repeated; but on a third, being prepared for her moving, I ascertained that a tight resisting constriction existed at the internal os, which would not admit the tip of the finger. As soon as I touched the constricted part, she