

the wound has still the benefit of the unirritating silver coating. A thread thrown around the pia brings the lips of the incision well together, as in a harelip operation. A similar thread could be wrapped round the cannula alone, where it is, as will generally be the case, able to bear the strain, and thus the sharp point of the pin will be accounted for without clipping it off or inserting it in a cork. Messrs. Arnold and Sons are the makers.

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NEW EYE INSTRUMENT FOR THE REMOVAL OF FOREIGN BODIES FROM THE CORNEA.

MOST ophthalmic surgeons have experienced some difficulty in removing foreign particles from the cornea, especially if these particles are flatter or scale-like and lie deeply in the corneal tissue. Under such circumstances, a good deal of digging has to be done with the corneal spud or spatula to get the

instrument well round the foreign body in order to insinuate it beneath it. This effort may cause rupture of Descemet's membrane and escape of aqueous. In all cases it causes considerable destruction of corneal tissue, which may leave some degree of opacity, or cause altered refraction after healing, with consequent impairment of vision. The instrument here figured I have found to be of considerable service in the removal of foreign particles, whether lying superficially or embedded in the corneal tissue. It consists of a fine, rounded, needle-like shaft (A). The terminal end of this (B), which is very fine, is flattened at the expense of the anterior surface, which makes it slightly spoon-shaped. The very tip (C) is minutely hooked. This hook can be distinctly felt as a "catch" when the point of the instrument is drawn across the palm of the hand. After the instillation of a few drops of a 40 per cent. solution of cocaine, the instrument may be used either as a tractor or as an elevator. 1. As a tractor: Here the minute hook fixes in the edge of the foreign particle and picks it out. This is especially serviceable when the foreign body lies deeply in the corneal tissue, as there is thus less risk of causing rupture. 2 As an elevator: By this means the minute hook is insinuated beneath the foreign particle, and it is lifted out of its bed lying in the hook. In either case it is

surprising how easily the hook lays hold of and removes the foreign body with the smallest amount of destruction of corneal tissue. The instrument has been made to my entire satisfaction by Messrs. John Weiss and Son of Oxford-street, W. The cost is very moderate.

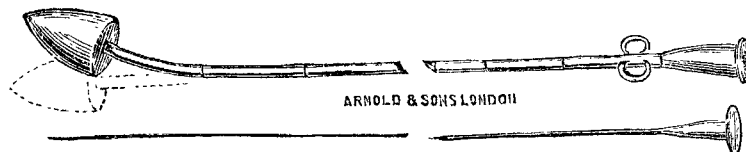
Inverness.

J. WILSON BLACK, M.B. Edin.

A NEW INJECTOR BOUGIE.

GLEET, when not dependent on stricture, is generally due to the presence of granular patches. How are they best discovered and treated? First by means of the endoscope, and again by a modified "bougie à boule," such as that I beg to bring under notice. The endoscopic method, however, is not always available, and entails much special experience, and can, I think, be well superseded in the instance of gleet by simpler processes. Having discovered these patches, the best and acknowledged treatment is to inject a few drops of solution of nitrate of silver on to them, but this must be done the moment they are discovered. Why is this treatment so often unsuccessful? Surely because the patches are not accurately localised; because when localised the mucous membrane is not distended at the moment of injection, so that the solution may be efficiently applied; and, lastly, because the patches are covered by a layer of muco-pus which neutralises the strength of the solution. How are these deficiencies of ordinary treatment to be met? Simply by having an instrument which will do for diagnosis and treatment *at the same moment*; to have it made so that its bulb will distend the canal at the site of

injection; and to have it with abrupt shoulders which will sweep the patch clear of its muco-pus, or, if need be, mildly curette with additional force the granular areas. How to use it: Pass it in to the bulb of the urethra, and gently withdraw it, injecting at one place or more a few drops of the solution where extra sensitiveness or roughness indicates the probable existence of patches. If the membranous and prostatic portions are to be injected, the instrument may be bent (as indicated) and a smaller bulb used, lest the



contraction of the deep muscles should offer resistance to the withdrawal of the instrument. In a like reason of resistance, the injector ought not to be used in the presence of stricture. I have used it many times, and, taking these precautions, I have found it an efficient means of treating chronic granular urethritis. The instrument is made for me in varying sizes by Messrs. Arnold, and the cut represents it faithfully enough, except that the point appears too acute.

Crouch-end.

JAMES MACMUNN.

ON BLOODLETTING IN PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—Having just read the interesting papers of Dr. Ogle and Dr. Wilks in recent issues of THE LANCET, may I be permitted to pen a few lines on cupping in cases of pneumonia? I first awoke to the value of cupping and some other remedies on reading many years since Dr. Hare's paper on "The Revival of some Disused Remedies." During the last ten years I have had a large number of cases of pneumonia in a fairly large country district, and two of them I can particularly recall, one of them being almost *in extremis*.

One case I was sent for to see in June, 1885, about fifteen miles from the village of Rouxville, where I was living, was that of a Dutchwoman about thirty years of age, said to be dying from inflammation of the lungs. On arriving at the house I was told that the patient was dying, and, in fact, the friends were praying round her. Having cleared the room, I examined my patient, who was blue and speechless, and her lungs posteriorly were like a deal board. I lost no time, but cupped her at once freely between the shoulders; in about half an hour she began to rally, and at the end of two hours, when I left, had recovered her voice, and sat up again and began to swallow. The next day I found her rapidly proceeding towards recovery. Internally I gave her antimonial wine, digitalis, and acetate of ammonia, with brandy, broth, &c.

I saw another case in April, 1883, of a Dutchwoman about forty, whom I was called into the country late one night to see. She had typical symptoms of pneumonia, and had been ably and carefully treated by a brother practitioner on the approved modern treatment, but she was getting worse. She was in a very low state, and with a harassing cough, which had kept her from sleeping for five nights. I cupped to about 2 oz. between the shoulders, after which she fell into a sleep which lasted five hours, and from this time she steadily improved.

Just recently, in December last, I saw in consultation a young Dutchman, nineteen years old, who had an obscure paroxysmal pain over the epigastrium, the nature of which was by no means evident, and auscultation threw no light on the subject. However, two days after, I was fetched into the country to see him, and found him almost breathless from the intensity of the pain. I applied a cupping-glass to the præcordium, and drew about two ounces of blood, completely relieving him of the pain, which has never returned.

In my younger days I was a disciple of Todd and Bennett, and scorned cupping-glasses and antimony; now I never travel without my cupping case. I think, on such high authority as that of the two eminent men who have written in your columns on general bloodletting, I shall look up the numbers of THE LANCET my father had, and put them in order.—I am, Sirs, yours obediently,

CHAS. WM. BROWNE, M.R.C.S., L.S.A.,

Formerly Resident Medical Officer of St. Marylebone General Dispensary, London.

Smithfield, Orange Free State, South Africa, June 17th 1891.