

few scybala, and speedily by an immense accumulation of hardened faeces, and loose materials, the evacuation of which, as in the former case, produced temporary prostration and faintness. From this the patient was soon restored by cordials and sound sleep, to the gratification of her parents and the surprise and delight of the other medical gentleman, with whom she could cheerfully converse on his visit next morning. Of course the pain, tension, and tenderness of the abdomen, speedily subsided, the stomach became tranquil, and her recovery was soon established.

I have thus as concisely as possible related the facts I have to submit to the profession, and I shall be most happy to hear any comments or improvement upon this mode of practice, which I now invariably adopt without resorting too much to purgatives in the first instance, and always with unfailing success, so far as the complete removal of the obstruction is concerned, but of course not at all times to the salvation of the patient. I am, Sir, with great esteem, yours respectfully,

P. WILLIAMS,

One of the Surgeons to the
Flintshire Dispensary.

Holywell, Jan. 10th, 1833.

EXTIRPATION

OF A

TUMOUR FROM THE EYE.

By JOHN BROWN, Esq., C.M., Assistant-Surgeon, Royal Navy.

CASE.—A. E., a strong healthy-looking girl, aged 20 years, applied to me some time ago for advice respecting a *tumour* which was situated on the *opaque cornea* of the right eye, about three lines from the external angle on the upper part of the ball. The tumour was about the size of a round bean, of an oval shape, very hard, and in colour much resembled the adnata. Its anterior point or extremity almost touched the lucid cornea, and it extended back over the eye a considerable way into the socket. On inquiring into the manner in which this tumour commenced, the girl said, that a number of years before, her eye had been much injured by a fragment of an earthenware basin which was thrown at her, and that violent and long-continued inflammation followed, which caused an opacity of a great part of the lucid cornea. After the inflammation went off, her vision was much impaired, but she said she experienced no other inconvenience from the accident

until a number of months had elapsed, when a small tumour was perceived in the situation above-mentioned, which slowly increased in size until the period of her application to me. At that time she felt considerable uneasiness from the motion of the eye and eyelid, and as a good deal of deformity was also caused by the tumour pressing up the superior palpebra, she was very anxious, she said, to have it removed. I told her that, in my opinion, it could not be done in any way except by an operation. To this, she said, she was willing to submit, and, in a few days after, it was performed in the following manner.

Operation.—The patient being conveniently placed, and the upper eyelid elevated by an assistant, I depressed the lower with my right hand, and with my left endeavoured to take hold of the tumour, by means of a small pair of forceps, but it was so very hard, and the eye moved so much, that I did not succeed in the attempt. I then took a tenaculum and pushed it through the tumour, which enabled me to move the eye as I thought proper. I directed the assistant to elevate the upper eyelid as much as possible, and at the same time I pulled the eye a little downward and inward, which completely exposed the whole of the tumour. I then made a small incision into it on the inner side. A considerable quantity of a thin transparent fluid gushed from the wound, and the tumour became a little collapsed. I next put one of the blades of a small pair of scissors into the wound, and cut the whole of the covering of the tumour on the inside, from near the anterior to the posterior extremity; I then made a transverse cut a little above the lucid cornea, when I perceived that there was a communication with the anterior chamber by an opening through the iris, close to the ciliary circle, large enough to admit the point of a small silver probe, and that the tumour had been filled with the aqueous humour. The next part of the operation was performed, by passing the scissors from the external end of the transverse cut up over the eye, in the same manner as on the inside, thereby completely removing the whole of the covering of the tumour, except a small flap which I left, at the fore part, to cover the opening into the anterior chamber. The piece which was thus removed was, without doubt, a part of the conjunctiva, but it was very much thickened. On pressing the eye gently with my finger, the aqueous humour passed through the opening, and the cornea became flattened. I ordered the girl to be put on low diet, and directed her relations to keep cloths, wet with a solution of sulphate of zinc constantly to the eye. On the second day after the operation, the aqueous humour still flowed through the opening. On the

third, a considerable degree of inflammation came on. The antiphlogistic regimen was enjoined, and the cold applications directed to be continued. On the fifth, the inflammation had somewhat decreased. The edges of the wounded conjunctiva were covered with little granulations. The flap was much thickened, and surrounded with turgid bloodvessels, and the aqueous humour seemed to be confined in the anterior chamber. On the seventh day the inflammation had considerably decreased. The opening remained impervious; the aqueous humour had accumulated, and the cornea had nearly acquired its natural convexity.

Remarks.—At the time this operation was performed, I did not know that the eye had been wounded, in the situation of the tumour, by a piece of the basin, but a few days after, the girl's father informed me that such had been the case; and, from what he said, I think it probable that a sharp-pointed fragment had penetrated the lucid cornea, near the ciliary termination of the iris, and, passing through the iris, had extended some distance into the opaque cornea. The wound in the lucid cornea, and that through the conjunctiva in the opaque, had closed either by the first intention, or by granulations, but it would appear, that that part of the wound which passed through the sclerotic coat, on the white of the eye, through the iris, close to the ciliary circle, had remained open, and that the aqueous humour, accumulating and passing through the opening, had pushed the conjunctiva before it, thus forming the tumour. One would have imagined that the tunica conjunctiva would, of itself, have been sufficient to obstruct the passage of the aqueous humour through an opening in the upper part of the eye, and that the action of the absorbents would have continued to prevent a preternatural accumulation of that humour from taking place. But such was not the case, which tends to show that an entire state of the anterior chamber is necessary to enable nature to carry on the work of secreting and absorbing the aqueous humour in due proportions.

At the expiration of a month from the time the operation was performed, the wound was so completely healed, that the situation which the tumour had occupied could not be perceived by any remaining mark. The opacity of the cornea, of course, remained, but the deformity caused by the pressure of the tumour on the superior palpebra, and the inconvenience which the patient experienced from the motion of the eye and eyelids, were removed, so that the object for which the operation had been performed was completely accomplished.

8, Samuel Street, Woolwich,
Jan. 16, 1833.

DESTRUCTION OF A STONE IN THE BLADDER

BY THE PERCUSSOR OF BARON HEURTELOUP.

To the Editor of THE LANCET.

SIR,—I have the honour of sending you another case of *lithotripsy*, which your readers will, I think, find interesting, on account of the advanced age of the patient, and some other circumstances which rendered the operation complicated and difficult.

This case, like the others, is drawn up by the surgeon who attends the patient, and derives this additional weight and authenticity; and according to my usual practice, I have added those reflections which I considered likely to render the case useful to those surgeons who are studying lithotripsy. They will see with interest, that I have obtained new and essential services from the *percuteur courbe*. I have the honour to be, Sir, yours most obediently,

HEURTELOUP, M.D.

18, Holles Street, Cavendish Square,
Jan. 19, 1833.

*Case drawn up by Mr. William Forbes,
Surgeon, Camberwell.*

Mr. G., aged 80, a fine, tall, intelligent, old gentleman, had, for about eighteen months, been troubled with frequent desire to pass water. In the beginning of September he was sounded by Mr. Green, who immediately found a calculus. It was determined to place him under the care of the Baron Heurteloup, but the Baron being then absent in Paris, did not make his examination of the patient until the 29th of October, the result of which was, that he considered the case favourable for his operation, notwithstanding the advanced age of Mr. G.

On the 3rd of November the Baron made his first essay—the stone was seized at once and instantly crushed—two large fragments were treated in the same manner—the application of the instrument occupied from three to four minutes; there was scarcely any pain experienced but that which arose from a vehement desire to pass water occasioned by the very contracted state of the bladder, which would only contain about two or three ounces of water. The patient dressed himself immediately, and came down-stairs as if nothing had happened. The following day Mr. G. was unfortunately attacked with catarrh, to which he is subject, accompanied by considerable difficulty of breathing; this greatly diminished his strength, so that the second ap-