

which attention would have been called by a previous inquiry, and perhaps ran the risk of forgetting them had they not been reminded of their existence by the similar remarks of others. These furnish a strong example of the imperfection of observations which have not been compared with those of other men, and exhibit in a clear light the necessity of combining the physician's private and personal experience with that of his predecessors and contemporaries; or, in other words, of associating practice with reading. And hence we see, what is generally acknowledged, but in too frequent instances not acted upon, the propriety, and, indeed, urgent duty of keeping up the literary character of the profession, supplying ourselves with libraries of practical works, and turning them to profit with assiduity and perseverance. The physician who studies nature by means of his own opportunities alone, deprives himself, *quoad hoc*, of one of the greatest advantages of letters and civilization. He loses that accumulation and comparison of knowledge which are produced by the co-operation of numerous individuals; and leaves, in this respect, the advanced state of society to imitate the condition of the rude practitioner of a barbarous age and country.

II.

OBSERVATIONS ON THE REMOVAL OF THE CRYSTALLINE LENS.*

By RICHARD MIDDLEMORE, Esq., Assistant Surgeon Birmingham Eye Infirmary.

IN my last communication, I objected to the early extraction of

the crystalline lens; first, because such an operation was generally unnecessary: and, secondly, because it was, in many instances, calculated to be highly injurious. I represented that when a section of the cornea, and wound of the capsule only took place, producing a displacement of the lens, such an occurrence in young subjects was not commonly succeeded by any very serious consequences, on account of the softness of the lens, and the activity of absorption. I attempted to show that when the same accident occurred at a more advanced period of life, an early operation only became necessary from some peculiar position of the displaced lens, or some morbid action with which the eye had been previously affected. I shall, on the present occasion, endeavor to point out those circumstances which render such an operation requisite.

The crystalline lens may be forced by accidental violence directly backwards into the substance of the vitreous humor; it may be urged against the retina and choroid at any part of the interior circumference of the eyeball. After having quitted its capsule, it may push the iris forwards, gently pressing it against the retinal surface of the cornea; it may remain balanced against the floating margin of the iris, intermediate between the anterior and the posterior chambers; or it may pass through the pupil into the anterior chamber, and remain supported by the loose border of the iris. In the first form of dislocation, the irritation occasioned by the intrusion of the lens will not be very important, but the degree of violence requisite to impact it in such a situation,

* From the London Med. Gazette.

and the laceration of the cells of the vitreous humor, will of course give rise to a high degree of inflammation. If active antiphlogistic remedies and mercury be early and judiciously employed, the eye may be, to a certain extent, restored; the vitreous and crystalline humors may be absorbed, and their place supplied by an augmented secretion of aqueous humor; or the vitreous humor may remain, and the lens assume the third or fifth form of dislocation. In the second kind of displacement, it is sometimes necessary to perform an operation at a comparatively early period. When the lens is urged against the retina,—when that delicate membrane, with the choroid, is compressed between the hard margin of the crystalline and the concave surface of the sclerotica,—we have not merely to contend with an inflammation, the immediate effect of the blow or injury, but also a second cause, which is producing the same effect. If such a state of things exist, the patient will complain of tormenting agony; the eyeball, the head and face, on the side of the affected organ, will be the seat of darting and throbbing pain. Iritis, and inflammation of the deeper textures, will be present; and if the eye be attentively examined, a portion of the circumference of the lens may be seen through the pupil, clearly pointing out the nature of the dislocation, and the source of the patient's sufferings. If a couching-needle be now introduced through the cornea (as for keratonyxis), and the lens gently raised, or if a minute section of the cornea be made, a small hook introduced, and the lens elevated to its proper situa-

tion, every acute symptom will be instantly relieved, and the patient's advancement towards recovery be progressively rapid, with the assistance of the customary remedies for the removal of inflammation of the deep-seated textures. I object to the extraction of the lens in such cases, because it is an operation which an eye acutely inflamed is not in a fit condition to bear; and prefer relieving the urgent symptoms by this trivial operation, leaving the cataract, which is likely to remain, for subsequent treatment.

Should the lens, on deserting its capsule, urge the iris forwards against the retinal surface of the cornea, it would be desirable, as soon as the acute symptoms have been subdued (if no appearance of absorption be discovered), to pass a fine couching-needle through the sclerotica, and, with very gentle motion, tear it in various directions; bearing in mind that it would be better to repeat the operation, than incur the risk of exciting a high degree of inflammation by persevering attempts to comminute the whole of the lens. I do not think extraction ought to be performed for this form of injury; because the pupil is so small, that, when the section of the cornea is completed, the lens jerks out with a degree of impetuosity which renders the risk of lacerating the iris very great. The iris, too, from its expanded condition and proximity to the cornea, is very apt to be wounded. Should the crystalline be fixed against the edge of the iris, it may either be placed in the anterior chamber by the operation of keratonyxis, or extracted. When the lens is forced into the anterior chamber by a fall,

or other injury, it is generally softened and absorbed very rapidly. The treatment of this accident which I have found most beneficial, has been the following:—General and local bleeding and purgative medicine, counterirritation, and belladonna cerate to the eyebrow, on the first day of the accident; changing afterwards the purgative for calomel and opium. As soon as the hydrargyrus evidences its action on the system, the inflammation is arrested and absorption quickened. The lens, however, may not be absorbed; and should it remain, and produce the symptoms which must necessarily ensue, its removal is not only justifiable, but imperatively requisite. A lens so situated is most favorably circumstanced for the operation of extraction. I would again observe, that, before this operation is undertaken, the acute symptoms ought to be subdued: it would be obviously improper to select the period of active inflammation for the performance of such an operation.

If the lens be dislocated into the anterior chamber, in consequence of chronic disease, the capsule yielding, from the extension of morbid action to that part,—if chronic inflammation of the iris and deepseated textures be excited and maintained, by the rough and craggy surface of an ossified lens,—if the capsule be wounded and the lens dislocated by a fall or blow, in an eye previously affected with chronic iritis,—or if, from any cause, a lens enlarged and indurated throughout its whole extent, be removed from its natural situation,—the operation of extraction ought to be performed without delay, be-

cause there is no prospect of the removal of the lens by absorption. The inflammation will be augmented, and cannot be removed whilst it (the lens) remains. There is no acute inflammation present, and by waiting, a more favorable opportunity for the performance of an operation will not be presented. The continuance of inflammation has rendered the surfaces with which the lens is in contact more sensible of its pressure: they are less capable of enduring its presence, without serious inconvenience, than when previously healthy. The opposite organ is very likely to participate in the irritation of its fellow, from having been kept for a long time in a state disposing it to suffer from a trivial cause.

The superiority of extraction, in such cases, over every other kind of operation, is very great: it excites little inflammation, removes the cataract altogether, and injures no deepseated structure.

III.

CASE OF PARALYSIS, SUCCESSFULLY TREATED WITH MOXAS.*

By W. T. TALIAFERRO, M.D. of Kentucky.

FEW if any cases of paralysis cured by moxa, having ever been recorded in the American journals, I am induced to draw up an account of the following case, in which that remedy was resorted to with success.

The subject of this case is a lady, aged twenty-one years, who had

* From the American Journal of the Medical Sciences.