

was almost limited to the outer half, or outer two-thirds of the lid, extending from the brow to within a sixteenth of an inch of the tarsal border, where it ceased by a groove, over which the relaxed and distended integument hung, as was very evident when the lid was viewed in profile. The swelling was reddish in the middle part, from fulness of the cutaneous vessels. It was quite soft, as if from œdema of the parts subjacent to the skin; and when pressed by the finger, no resistance was encountered, nor was any indentation left. The skin was thin, and slipped freely over the orbicularis muscle, nor was it easy to seize between the finger and thumb a fold of this muscular layer. When this was done, however, the feeling was that of redundant and loose cellular tissue beneath, and not of any tumour. Eversion of the lid showed the conjunctiva and subjacent tissue to be perfectly natural. Pressure behind the external angular process detected no tumour. The globe was in all respects healthy. Careful inquiry as to his general functions only served to show that he was in excellent health.

He stated that this swelling had come on gradually, on both sides together, during the preceding three months, without pain or tenderness, and that he was first made aware of it by the remarks of his friends. On one morning, it had been so much worse that he could not open the lids on waking; but this had subsided during the same day, and now, for some weeks, the affection had been such as he then saw it. It appeared to be a symmetrical partial œdema of the lids, of which the cause was concealed.

Various methods of treatment having been ineffectually tried for fifteen months, Mr. Bowman determined to employ a modification of the operation for ectropion, and to remove not merely a horizontal ellipse of integument from the most projecting part of the swelling, but also a corresponding portion of the orbicularis muscle and of the fascia below it, and so to endeavour to consolidate the integuments with the parts beneath, which seemed the principal seat of the disease.

On the 4th of May, Mr. B. operated on the left side. A piece of the integument was taken up with the entropion forceps, and removed with scissors to the extent of two-thirds of the horizontal width of the lid, and one-third its vertical depth. The orbicularis thus exposed was healthy, and was removed to nearly the same extent, by means of common forceps and scissors; a dense cellular fascia then bulged forward in the gap. This fascia being removed in its turn, a mass of fat, resembling the natural fat of the orbit, and about as large as an almond, fell forward in the opening, and Mr. B. immediately removed it. It was not tightly embraced by any capsule of the areolar tissue which surrounded it, but was divided into pellets, or small lobes, which moved freely on one another. It therefore had not the appearance of a fatty tumour. After its abstraction, there was no other tissue projecting, and he therefore closed the wound by sutures, and had the satisfaction of seeing it heal in four days, with an almost complete relief of the deformity.

A fortnight after, at the patient's request, Mr. B. performed precisely the same operation on the right side, and with the same result. On cutting into the sub-muscular fascia, a pellet of fat appeared, and was cut away; a lobe of what seemed to be lachrymal gland was then exposed to view, but, showing no disposition to project, it was not interfered with. When the wound healed, the deformity was even more completely removed than on the other side, more care having been taken with the shape of the piece of integument excised. Two months afterwards, the lids hardly bore any trace of what had occurred.

44. *Amaurosis as a Symptom of Albuminuria.*—Dr. LANDOUZY, Professor at the Medical School of Rheims, in France, lately addressed a paper to the Academy of Sciences, wherein this physician considers amaurosis as a new symptom of Bright's disease. His communication terminates with the following conclusions: 1st. Amaurosis is almost constantly a symptom of albuminuria. 2d. This affection announces Bright's disease as an initiatory sign before the appearance of the other symptoms. 3d. It disappears, and returns with the albumen in the urine. 4th. This amaurosis then forces us to consider

albuminous nephritis as a result of an alteration of the ganglionic system of nerves. Dr. Forget, of Strasburg, published, in *L'Union Médicale*, on the 1st of November, some cases confirmatory of Dr. Landouzy's views, whilst Dr. Levy, chief physician of the Val de Grâce at Paris has brought forward three cases of decided albuminuria, where the amaurosis was absent.

MIDWIFERY.

45. *On the Mechanical Treatment of Sterility.* By HENRY OLDHAM, M.D.—There have been three plans of treatment of a mechanical kind, for the cure of dysmenorrhœa and sterility, recommended and practiced; and it is impossible for any one in practice in this city [London] as an obstetrician, and who reads the weekly and monthly journals, to be blind to the fact, that these means have of late been unsparingly and boldly employed. They consist, first, of the dilatation by metallic bougies or sponge tents, or by section of the os uteri internum and externum; secondly, of the removal of the front or back displacement of the womb by Dr. Simpson's uterine stem supporter; and, thirdly, by probing the Fallopian tubes. It is impossible for me to omit the notice of these expedients; although, if the womb be ascertained to be undersized, they would, I should hope, be abandoned in reference to it. No cutting, or dilating, or supporting, or probing, can make a small womb larger; and the amount of uterine stimulus which they would excite would be considered far too unimportant to justify their use. I know, however, that the characters of the reduced womb (if I may so call it) are not always appreciated in their entirety; and a source of error may arise from mistaking the natural and proportionate smallness of its orifice for a contraction to be removed mechanically. The anteversion I have noticed would, by some, be regarded as an efficient cause of sterility and dysmenorrhœa, and the uterine supporter be applied; while I suppose that Dr. Tyler Smith, if one or both these plans had been tried and failed, would, *par voie d'exclusion*, consider it as coming within the undefined limits of tubal catheterism. The few remarks, however, which I shall make upon this subject, must be supposed to apply to the mechanical cure of sterility and dysmenorrhœa generally, without any strict application to these disorders as connected with the undeveloped womb.

There are few cases which come before an obstetric practitioner which are so full of perplexity as those of sterility, especially where it is limited to those cases where the os, and cervix, and body of the uterus are free from any recognizable disease. Recent researches have afforded most valuable information on the composition of the male and female generative elements, and the physiology of generation; but our knowledge of the various causes by which impregnation is intercepted or prevented is very limited. One of these, no doubt, is any such partial or complete occlusion of the sexual canals as to prevent the transmission of the semen. Others are to be found in imperfectly developed ova, within a shrunken ovary, or some defect in the semen, or a want of congruity between the two elements. These are subtle and concealed causes, difficult, and, with our present knowledge, almost impossible to detect, but of infinitely greater importance in their relation to primary sterility than the mechanical obstacles which have of late so exclusively engaged attention. It appears to me that the cases which justify the use of mechanical treatment require the greatest discrimination, not only on account of the facility with which they may be confounded with perfectly natural conditions, but also because these operations are not without danger. There is scarcely any amount of danger or pain that women will not go through to obtain the prospect of becoming mothers. They are notoriously credulous as to success, and are the ready, and often the costly victims of empiricism; and I would venture to say, that obstetricians ought to be nicely scrupulous in encouraging a plan of treatment of a very doubtful efficacy, and dangerous to life. I cannot imagine a position more overwhelm-