

stimulant suppositories. An account of this highly-interesting case, drawn up by Mr. W. Scott, was read before the Medico-Chirurgical Society, in the spring of 1845, and from its practical value might well have been published in their Transactions.

On May the 19th, this man was free from all urgent symptoms, sleeping well, and with full control of his rectum and bladder.

May, 1846.

J. A. W.

#### ON CAPSULAR CATARACT.

By F. H. BRETT, Esq., F.R.C.S., late Superintendent of the Eye Infirmary, Calcutta; Surgeon to the Western Institution for Diseases of the Eye.

SOME months since, I observed a communication in THE LANCET, announcing a novel method of operating for cataract, as practised by M. Sichel, an ophthalmic surgeon of Paris—viz., that of making an incision through the sclerotica and choroid, followed by the introduction of a hook, as adapted to capsular cataracts. In the third volume of the *India Journal of Medical and Physical Science* for 1837, I published an account of this operation, with a drawing of the instruments and mode of operating. The method suggested itself to me without the knowledge of any surgeon having previously adopted it. Subsequent experience has taught me to abandon this operation; and as truth, unbiassed by any favourite theory, is the object which I have in view in making this communication, I am anxious that inexperienced operators may not be misled by this "novel mode of operating." I never practised it but on two occasions, and those only where the capsular cataracts were small, so that the incision into the sclerotica and subjacent coats of the eye was not very extensive. I have made the incision transversely—i. e., at right angles to the direction of the fibres of the recti muscles; and perpendicularly—i. e., in a parallel direction to that of the fibres of the recti muscles. In both cases, the vitreous humour is apt to escape in considerable quantity. But there is this further disadvantage in the latter method—that not only are the sclerotic and choroid wounded, but, from the incision extending much further back, the sensible retina, the membrana Jacobi, and the ciliary nerves, are likewise injured. It is therefore a most hazardous operation, and not to be depended on even under the most experienced and skilful hands.

During a recent visit to Paris, I ascertained that this operation is not generally approved of at the French metropolis. It cannot be denied, that in all operations *posterior* to the cornea and iris, whether with the needle or by incision, most important and delicate structures are injured. Besides the sclerotic, and the vascular choroid coats, the minute filaments of the ciliary nerves are wounded, and deep-seated inflammatory action is not unfrequently set up, even in the simple operation for "displacement" of the opaque lens; whereas the cornea is wounded by a clean incision with comparative impunity. We constantly observe, in ophthalmic practice, that wounds and accidents to the cornea inflicted by sharp instruments, when judiciously treated, are not dangerous: they heal by first intention, without involving the transparency of this structure. With still greater impunity, under skilful hands, guided by scientific principles, can wounds be designedly inflicted on this part, and this not only once, but repeatedly. It may therefore properly be asked, *cui bono* such dangerous measures—such penetration of vitally important structures by the posterior operation. A minute flat needle, very sharp at its point and edges to the extent of one line, introduced through the cornea near its margin, or anywhere outside of the circumference of the most dilated pupil, can be readily carried through the aqueous chamber to the opaque capsule, (or to a capsulo-lenticular cataract, where the lens is either soft or fluid.) A slight rotatory motion is then effected; and on withdrawing the needle, what is the consequence? The aqueous humour escapes, and the shreds of capsule, as well as any flocculent or softer portions of the lens, immediately protrude forward into the anterior chamber; the pupil is preserved in a state of dilatation by the unguentum belladonnæ. Other remaining shreds of capsule retract behind the iris; the sharpness of the needle is adequate to dividing the toughest capsules. Such an operation may be repeated twice, thrice, or as often as requisite, with a certainty of ultimate, often of speedy success, and little or no injury to the visual organ. Let us therefore hear no more of these posterior operations of extraction—"craignez de vous tromper; mais ne craignez jamais de laisser voir aux autres que vous avez été trompé!"

Dorset-street, Portman-square, May 1846.

#### CASE OF LARGE STRANGULATED INGUINAL HERNIA.—OPERATION.—RECOVERY.

By THOMAS BOURNE, Esq., Surgeon, Radstock, near Bath.

DANIEL R—, of Radstock, aged seventy, formerly a sailor, and who was at the battle of Trafalgar, where he was severely wounded in the head, states that he has had paralysis of the right side for fourteen years, and been the subject of a large reducible inguinal hernia of the same side for thirty-six years.

On Saturday, April 19th, at seven P.M., I was sent for to see him, when I found him suffering from all the symptoms of strangulation. I applied the taxis about a quarter of an hour, and this failing, I had him placed in a warm bath, where I employed it again; afterwards a tobacco enema was administered, without success. As fæcal vomiting had taken place, and all the symptoms were becoming more aggravated, I urgently advised an operation, to which the patient and his friends soon consented.

At midnight, having made the preliminary arrangements, I commenced by making an incision from the upper part of the swelling, carrying it down to the lower part. Having carefully cut through the coverings, I reached the sac, which I divided above and below, and found a large quantity of thickened omentum adherent to it, requiring considerable force for its separation; this accomplished, I felt for the stricture, which was found to be at the abdominal ring. Having passed my finger to this situation, I divided it with a blunt-pointed bistoury, cutting directly upwards. The bowel had a favourable appearance, and was at once returned. Sutures and plaster were applied to the wound; an opiate was afterwards given, and the patient placed in bed.

19th.—Slept a little during the night; bowels opened twice; he is somewhat feverish.

20th.—Has passed a good night; there is slight tenderness on pressing the abdomen. To have a dose of castor-oil and a saline mixture; low diet. Bowels have acted rather freely.

21st.—Has had rather a restless night; face flushed; tongue furred; pulse quick; bowels opened once; no abdominal tenderness.

22nd.—Slept well; the wound has been dressed, and looks favourable; there is less fever. To continue the saline mixture and low diet.

23rd.—There is great enlargement of the scrotum, and the upper part of the wound discharges pus; one of the sutures to be removed, a poultice applied to the wound, and a spirit-lotion to the scrotum; to have a more liberal diet.

24th.—Passed a good night; bowels have been opened; the wound and scrotum look better; appetite improving.

25th.—From this date up to the present period (May 6th, 1846) the symptoms have been of a favourable character; the wound has nearly healed; the bowels have acted regularly, and the appetite continued good.

*Remarks.*—This case is interesting on account of the very large size of the hernia, which became strangulated in a patient who had been paralysed for fourteen years; and the firm and old adhesions of thickened omentum to the sac precluded all hope of relief, excepting by an operation, which he bore well, and which terminated favourably.

Radstock, near Bath, May, 1846.

#### CONTRIBUTIONS TO THE PATHOLOGY, DIAGNOSIS, AND TREATMENT, OF VENEREAL DISEASES.

By WILLIAM ACTON, ESQ.

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#### ON THE EMPLOYMENT OF NITRATE OF SILVER IN THE TREATMENT OF ULCERS ON THE GENITAL ORGANS.

*Cases in which nitrate of silver should not be employed; can caustic drive the disease into the system? Is the salt capable of producing bubo? Considerations on the necessity for general treatment; mercury objected to, and the opinions of its advocates considered; on the inutility of sarsaparilla and iodide of potassium.*

In my last paper I attempted to lay down as a general rule, that all sores on the genital organs should be treated with caustic; in my present communication I propose speaking of the counter-indications to that treatment.

Experiments on a large scale clearly show that after a sore