

day after the accident, the patient having been well supported on arrowroot, sago, bread and milk, &c., a dose of castor oil was administered, and acted copiously on the canal. The patient made a good recovery, but with an inconveniently large hernial tumour, which, for the remainder of his life, required his constantly wearing a pad and flannel roller to support it. He lived for three years after the accident, and was carried off by bronchitis."—*Dublin Quart. Journ. Med. Sci.*, Feb. 1858.

44. *Ovariectomy*.—Two cases of ovarian tumour successfully treated by ovariectomy, by Dr. J. M. JOSEPH, Surgeon of the Civil Hospital, Combaconum, are reported in the *Indian Annals of Med. Sci.*, for Jan. 1858.

### OPIHTHALMOLOGY.

45. *Surgical Treatment of Glaucoma*.—[In our previous No., p. 539, will be found some remarks by Mr. J. W. HULKE, on the pathology and morbid anatomy of Glaucoma. In a more recent paper (*Med. Times and Gaz.*, March 27), this surgeon has given some account of Dr. Graefe's surgical treatment of this affection.]

The whole class of evacuants, antiphlogistics, diaphoretics, diuretics, laxatives, and a mercurial course pushed even to salivation, Mr. HULKE states, had failed in Dr. Graefe's hands, and hence his attention became directed to local measures. "He (Dr. Graefe) first tried mydriatics, which he had found useful in the ciliary neurosis which attends corneitis and iritis; but here they failed him, probably, as he says, because little or none of the atropine he dropped in was absorbed, in consequence of the internal distension. Then he tried the well-known operation of paracentesis of the anterior chamber, and with some abatement of the symptoms, but the melioration was only temporary; and even in cases where he had at intervals repeated the operation, the results obtained were not permanent. His own observations had already made him acquainted with the influence of the formation of an artificial pupil in certain cases of partial sclerotic and corneal staphyloma. The practice has been to remove the staphyloma, and then, if possible, to make an artificial pupil if the natural one was obstructed, but Dr. A. von Graefe has reversed this order: he had first made the artificial pupil, and then had found that the staphylomata sank to the common level. (A. F. O. Bd. iii. Abth. ii. 491.) Bearing this in mind, he experimented on animals, excising portions of the iris, and found the operation was followed by a softer state of the eyeball. Supported by these facts and conjectures, he thought himself justified in performing iridectomy in glaucoma. He performed his first operation in June, 1856. The operation he recommends consists in the excision of a large portion (even a fifth or fourth) of the iris in its entire breadth from the edge of the pupil to the ciliary margin. Mr. Bowman does not (at least in chronic cases) excise more than an eighth of an inch, but, whatever the extent, he makes an excision of corresponding length at the edge of the sclerotic into the extreme rim of the anterior chamber, with a common extraction knife, great care being taken not to wound the iris or lens. So far the operation resembles that for extraction, only a very small flap is raised at the junction of the sclerotic and cornea, but rather in the sclerotic.

"Dr. A. von Graefe recommends that the portion of iris to be excised should be larger in proportion to the intensity of the symptoms and distension of the globe. Mr. Bowman has observed that much care is necessary in making the incisions; the small size of the anterior chamber consequent on the advance of the lens demands great caution in directing the point of the knife; and if the chamber is opened by a simple puncture, which is subsequently enlarged by a sawing movement, the difficulties may be increased by the immediate escape of the aqueous humour, and the knife becoming entangled in the iris, or wound-