opened three times freely. She felt greatly relieved by it, but rather low.

July 20. The bowels had not acted since the 15th inst.; but the tongue was moist and clean, and her appetite was good.

July 21. The bowels acted freely to-day without medicine.

July 23. The wound was so far healed that she was able to bear a truss. She was up, and was fast gaining strength.

July 27. She was discharged cured.

REMARKS. This case illustrates clearly the folly of being in a hurry to obtain an action of the bowels immediately after the operation for strangulated hernia. In former days it was always the rule to get the bowels to act as soon as possible; but now (in this hospital, at all events) it is the practice to retard, if possible, by opiates, the action of the bowels; and in many instances in which there has been constipation for nine or ten days, the patient has recovered without a bad symptom. In the present case the bowels were not opened for fifteen days; and yet during the whole of this time the patient had no severe symptoms, and has now left the hospital to all intents and purposes cured. This treatment may, if necessary, be defended by the analogy of that universally adopted in injuries of the same parts. Take, for instance, cases in which there has been severe bruising of or severe shock to the intestinal canal. In such cases no prudent surgeon would feel himself justified in administering purgative medicine, in order to quicken the action of the bowels; but he would rather, on the other hand, delay their action, in order that they might recover their tone; and in cases of strangulated hernia, the injury, although differently caused, has much the same effect.

In the present instance, it is clear, both from the history and state of parts discovered at the operation, that there had been a hernia which was strangulated, and which had been relieved by the taxis before admission; under the circumstances, however, with the presence of a deep seated tumour in the femoral fossa, and with the continuance of vomiting and constipation, it would have been wrong to omit an exploratory operation. The long duration of the subsequent constipation, and the tenderness around the situation of the gut, showed that some injury had been inflicted upon it by the taxis, which had probably set up some amount of local peritonitis, and thus retarded the action of the gut. Such symptoms are extremely rare, after the successful use of the taxis; and it, therefore, becomes a question how far the exploratory operation, in which, of course, the peritoneal cavity was laid open, may have contributed to produce them.

Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton, Bristol.

V.—OPERATIONS ON THE EYE.

[*Concluded from page* 169.]

Trichiasis: Entropium: Ectropium: Ptosis. This is the last group of operations about the eye, and includes some of the minor cases, and they are few in number.

Trichiasis. CASE DCXXIV. A. B., aged 21. The middle portion of each upper lid turned in so that the lashes brushed the eyes, and she could not see to follow her employment. I introduced a needle and thread, and dissected off the skin with the bulbs of the eyelashes, down to the outer surface of the tarsal cartilage. It was a very painful operation; but when it was completed in each eye, I touched part of the surface lightly with the nitrate of silver. She went home cured in a very few days.

CASE DCXXV. M. C., aged about 30, with opacity of the left cornea, and great vascularity and partial opacity of the right, in consequence of inverted lashes. I operated on the right eye, and removed the cutaneous margin of the lid down to the cartilage. Owing to the inflamed condition of the parts, the bleeding was tolerably free. In the other eye, the lashes being very few, I simply extracted them. No chloroform was given. In two days she was much improved, and recovered her sight in the right eye speedily.

CASE DCXXVI. W. L., aged 10, with well-marked trichiasis of both eyes. I operated under chloroform, and removed with some difficulty the bulbs and skin of the outer part of the edge of each upper eyelid; and, finding that the eyelashes upon the inner half of each upper lid were more easily kept in proper place, I removed a small piece of skin close to the tarsal margin, and introduced a fine suture. He speedily recovered.

CASE DCXXVII. M. B., with long-standing trichiasis of both eyes, the left the worst. I operated on the left, and after introducing the thread along the margin of lid, I removed the skin and bulbs down to the tarsal cartilage. The internal palpebral artery bled so freely that it was necessary to tie it. His eye speedily grew better; but he left Bristol before the recovery was complete.

CASE DCCXXVIII. W. S., aged 15, a strumous lad, with rickets of the right arm and forearm, and complete inversion of the lashes of both upper eyelids. I operated first on the right, and three days afterwards on the left eye; and his eyes, which had been much weakened, became stronger, and his sight clearer, as the corneal opacities began to disappear, and he went home much better.

CASE DCXXIX. T. D., aged 24, a small undeveloped individual, looking like a boy of 14, had trichiasis of long standing in both eyes, and he had undergone much treatment. His corneæ were becoming opaque. I operated in the usual way, first in the right eye, as it was much the worst, and afterwards in the left, applying the nitrate of silver on the latter occasion. The wounds healed at once, and he recovered his sight satisfactorily.

Entropium. CASE DCXXX. A. H., an old man, with complete inversion of both lower lids, which rolled over into his eye whenever he winked them; the tarsal cartilage being entirely dislocated, but not in itself distorted in any way. I removed a portion of skin and sewed it up, and the lids were kept out.

CASE DCXXXI. A. B., aged about 40, with inverted tarsus of the lower lid. I operated as before, and removed the stitch the next day, and he was well.

CASE DCXXXII. M. P., aged 40, had been under the care of many surgeons, in consequence of the inversion of both lower lids to such an extent as to cause opacities of the cornea. The case was unusually obstinate. I operated, and removed a piece of skin from each lower lid and sewed up the wound. She was much better for a time; but the diseased condition returned, and I operated a second time, taking out some of the muscular fibres of the orbiculares palpebrarum. She then recovered perfectly.

CASE DCXXXIII. E. F., aged 50, with entropium of the right lower eyelid. I operated, and before I drew together the two sutures, I snipped out some of the muscular fibres. Two days afterwards, she was quite cured, and remained so.

Ectropium. CASE DCXXXIV. E. W., aged 20, had from her infancy one eye which was useless to her for the purposes of vision, and this being inflamed, was

poulticed for a week under surgical advice. The tarsal cartilage of the lower lid was everted; and the conjunctiva covering it was so swollen that it was as large as half a walnut. It was red and not particularly sensitive. The lid was so everted that its cutaneous covering was in contact with the cheek for more than a week, during which the poultices were applied, and the result was the conversion of the skin into mucous membrane. After trying various local applications, I removed it with a tenaculum and scalpel, and she soon recovered.

I have removed portions of swollen and inflamed conjunctiva in cases of complete eversion from lippitudo, and frequently with great advantage. I can give no special account of the progress of the cases, nor of their number, and, therefore, do not include them in my reports; but I may add that even in very severe cases of this disease (lippitudo) by suitable local and general treatment, wonderful improvement often takes place, and the cartilage regains its natural position without operation. The principal remedies are tonics and fresh air, and locally a weak solution of nitrate of silver, and the ointment of the nitric oxide of mercury.

Ptosis. Case dcxxxv. M. A. B., aged 30, with ptosis of both eyes. The lids were so relaxed and weak that she could not raise them. It did not appear to be a case of paralysis of the third nerve. I operated upon the left eye, and removed a piece of skin. When it had healed there was still some drooping; and I removed an additional portion, and she went away cured in this eye. About eight months afterwards she returned, and I operated on the other eye, and there was a very satisfactory result in each.

Case dcxxxvi. B. C., aged 60, an old widow, with lids so relaxed that although she can open her eyes they soon close again. I removed a piece of skin from them, and applied two sutures, which were removed the next day, and she recovered.

Case dcxxxvii. A. F., aged about 40, the housekeeper of a wealthy lady in the neighbourhood, applied at the eye dispensary, on account of well marked ptosis of very long standing in one eye, dependent on relaxed skin. I operated on her, and removed some skin; and, for the result, it promised well; but she went away, stitches and all, and I never saw her again.

Case dcxxxviii. G. A., aged 9, with congenital ptosis of the right eye. I removed a portion of skin sufficient to raise the lid, and introduced two sutures. He went away in a week considerably improved, but the wound was not entirely healed.

Case dcxxxix. A. J., aged 18, with congenital ptosis of the left eye. I operated, and took away a piece of skin, and introduced two sutures. The next day, I took out the stitches, and the day after he went home very much improved.

Remarks. There are one or two points worthy of notice with reference to the mode of treating these minor surgical diseases. The recent cases of ptosis which we not unfrequently see connected with paralysis of the other parts supplied by the third nerve almost always get well, and they are not suited for the cure by operation. The eligible cases are those where the skin is so relaxed that the levator although able to contract, cannot elavate the lid sufficiently, and entropium of the lower lid corresponds in its pathology to ptosis of the upper. The cures performed by these operations are very rapid and satisfactory. In ptosis and entropium, the patient gets up out of his chair cured, when a suitable piece of skin has been removed.

In operating, I introduce one or two straight needles beneath the skin to be removed, including rather more than appears necessary, and then after snipping off the fold with a sharp pair of scissors, so as to expose the needles, but not to free them from their hold on the skin, I draw them through, and sew up the wound. This plan avoids the little dragging and difficulty sometimes experienced in inserting the needles after the wound has been made, and obviates the necessity of an assistant.

I have seen most satisfactory results follow the application of caustic potash in a fine line parallel to the edge of the tarsus, so as to cause a slough, the subsequent cicatrisation of which is sufficient to draw out the lid; and of two patients who refused to submit to the operation I advised, one was permanently cured by the repeated application of collodion to the lid, and the other has adopted ingeniously a small silver loop to the lower margin of his spectacles, which he wears continually, and this pressure on the skin of the lid is sufficient to keep it in place.

The application of the nitrate of silver to the raw surface after operating for trichiasis is an effectual, but a very severe measure, and only advisable when the bulbs cannot be entirely removed by the dissection.

The combined proceeding of taking off a part of the skin of the margin of the lid, and, for the rest of the lid, a small piece at a distance from its edge, will be found applicable to many cases.*

Transactions of Branches.

EAST ANGLIAN BRANCH.

CASE OF GENERAL PARALYSIS OF THE INSANE: WITH REMARKS.

By W. H. Ranking, M.D.(Cantab.), Fellow of the Royal College of Physicians, London; Physician to the Norfolk and Norwich Hospital; etc.

[*Read June 28th.*]

The subject of the following case was a surgeon, aged 43, who came under my notice in January 1860. He was a man of fine proportions, with a countenance of great intelligence, but one which, in its pained and anxious expression, gave unmistakeable evidence of a long and unsuccessful contest with adversity. When first seen by me professionally, which was in consequence of repeated acts of eccentricity and violence, he was restless and excited, his speech was rapid, and his manner dictatorial and overbearing. He regarded his will as absolute and his wishes as not to be questioned, the least opposition inducing great violence of manner and language. He had many delusions, all of them of an extravagant and exalted character. He informed us that he was far superior in talent to any other surgeon in his neighbourhood; that he had a large property in coal mines, and that he paid his groom two hundred per ann. He had amused himself by telegraphing to various persons of distinction, as the Lord Chancellor and the Emperor of the French, and by ordering several pairs of horses for imaginary professional journeys. He had also written orders for large quantities of corn, jewels, and clothes. He stated further that he had been ordained by the Bishop of Malta, and that he was married to a princess.

It was obvious at this time that his general health was much impaired, and that his originally powerful frame was worn by excitement and loss of sleep. There was no complaint of headache, but the pulse was quick and feeble and the face flushed. There was slight but evident tremor of the lips during articulation, a symptom which, as will hereafter be shewn, is of considerable diagnostic import, and to the experienced eye conveys information of the most important character.

This gentleman's history is a strange but interesting

* At the period assigned as the end of these "ten years", I had no experience of the three new operations; viz., iridectomy, the division of the ciliary ligament, and slitting up the canaliculi.