it spread distinctly upwards; and at a later period, when extending up the side of the abdomen, it had quite the aspect of erysipelas, the margin of the redness being a little raised. In the left leg, the pain and tenderness felt from the first in the course of the femoral vessels pointed to the probable existence of phlebitis. This may have no doubt given rise to the great distension of the subcutaneous tissue; but (even if it existed) I feel it difficult to believe that it was the sole cause. The inflammation in both limbs had very much the character of erysipelas; and at one time I did not doubt that we had to deal with a case of diffuse cellulitis, which would certainly eventuate in suppuration. How it was that this did not occur with such severe inflammatory action, I do not well understand. Careful examination failed entirely to detect any enlarged and indurated veins either in the groin or elsewhere. The erysipelas-like aspect of the disease led us to persevere with tonics, but they were of very doubtful utility. Certainly they in no respect ameliorated the disease; while, on the other hand, diuretics were of evident advantage. It was quite clear that there was an alternation between the state of the urine and that of the disease. Whenever the urine became free, the disease retrograded; whenever it became scanty and loaded, the inflammation increased. This is more like what one might have in a species of inflammatory œdema than phlebitis. The absence of general fever was remarkable; the pulse was much quickened, but there was no abnormal heat of surface. No typhoid symptoms were present throughout. There was no evidence of any special affection of the lymphatic vessels or glands. Shortly, the case appears to me as a peculiar form of diffuse inflammation of the skin and subcutaneous tissue, marked by its non-tendency to suppuration, by its protracted course, occurring in one limb after the other, and by its being in a notable degree controlled by diuretics, while tonics were rather injurious. This last point strongly differentiates it from ordinary erysipelas; with which it has, however, a striking similarity.

Case iv. M. A. C., aged 20, a female servant, was admitted as an out-patient on February 27th, having been ill since Christmas. She has had rheumatic fever. The left leg is swollen all the way up; the right not at all. The leg has been swollen since about January 6th. It is now tense and shiny; there is not much swelling of the thigh or foot. Pulse quick, excited, large; tongue whity; urine clear, generally pale; catamenia not regular; no vaginal discharge; heart's sounds normal. She is anæmic. Six leeches were ordered to be applied to the left leg. She was directed to have ℈i of acetate of potass in ʒi of compound infusion of gentian three times a day; and to have camphorated mercurial ointment applied to the leg.

March 5th. The leeches were repeated.

March 12th. The leg is much swollen, and is hot and tender; the thigh is also swollen. There are no enlarged veins visible. Urine free, clear; pulse weakly. She was ordered to have strong lead lotion applied to the leg, and to take gr. viii of citrate of iron and quina three times a day.

March 19th. Her appetite is lost. The swelling extends farther up the thigh, producing brawny induration; the leg is still swollen, but less so. The urine is scanty, thick, and red; bowels costive; tongue a little coated.

℞ Pilul. hydrar. gr. iss; pulv. scillæ gr. i. M. Fiat pilula ter die sumenda.

℞ Infusi digitalis ʒss; tinct. lyttæ ♏vii; potass. acetat. ℈i; aquæ menthæ piper. ʒss. M. Fiat haustus ter die sumendus.

March 29th. There is no sign of salivation; the appetite is better. The leg is improving slowly; it is still notably swollen, but scarcely pits on pressure; the skin is not red. Urine free; pulse, of good force and steady.

April 12th. The leg is decidedly improved. The thigh is almost free from swelling. Appetite good; mouth not sore.

April 23rd. Two grains of iodide of potassium were added to the draught.

May 17th. The leg is much softer and less swollen, and cool; still it is larger than the other. Mouth not sore; pulse steady, quiet. The pills were omitted; the mixture was continued.

May 24th. She is improving slowly. After this, she ceased attendance.

Remarks. Here again we have an instance of a limb falling into a state of chronic non-limited non-suppurative inflammation, aggravated by tonics, and relieved by diuretics with mercurials. The inaptitude of the system to show the special effect of mercury is remarkable. Four grains and a half of blue pill were taken daily for about two months, without ptyalism being produced. There was no trace of phlebitis, nor of lymphatic inflammation; nor any apparent cause for the disease, except the account of a previous rheumatic fever.

The foregoing cases seem worth recording, if only as instances of a peculiar kind of inflammation. The process seems to have been partly of adhesive, partly of erysipelatoid character. It was perhaps a minor degree of the affection which in tropical countries produces elephantiasis.

Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By Augustin Prichard, Esq., Surgeon, Clifton, Bristol.

V.—Operations on the Eye.

[*Continued from page* 64.]

The next series of eye-operations which I have to bring forward, include the cases in which the patients did not recover their sight after the operation of extraction of cataract. They are fortunately not so numerous, but are probably more instructive, although less satisfactory than the series just completed. I shall first enumerate eight in which the operation itself succeeded in removing the cataract satisfactorily, but where an amaurotic condition of the eye prevented the patient from seeing.

Case cclxxv. F., aged 50, with little or no sight; both lenses yellow, and the iris adherent to the capsule in each eye. It was a very unpromising case, but as she was sent up a considerable distance from the country, and was very anxious for a trial to be made, I operated on the left eye, making a lower corneal section, removing a portion of the iris and extracting an opaque lens through the aperture. She recovered with a clear pupil, but no improvement in the sight.

Case cclxxvi. M., aged 48. His left eye was destroyed twenty years ago by an accident. The right had failed for three years, and was oscillating, with a closed pupil. I extracted the lens through an upper corneal section after breaking up the capsule and interior adhesions, but to no purpose His eye recovered and he went home with a clear pupil, but no sight.

Case cclxxvii. M., aged 54. Cataracts with slight external strabismus. I extracted the left lens by a lower section, and by the sixth day the wound had healed, and he had a clear black pupil, but there was no improvement in his sight.

Case cclxxviii. M., aged 60. His right eye had

been staphylomatous for five years; and the left had been almost useless for six months, from an amaurotic condition with cataract. I extracted the cataract from the left eye, and when he recovered he had a clear pupil, but the amount of sight in this eye was useless.

CASE CCLXXIX. F., aged 50, came from more than a hundred miles distance for relief. She had cataract with a pupil blocked up by lymph and adherent to the capsule, in the left eye, and the right had been amaurotic for three years. She saw barely the light. I operated on the left eye, unpromising as it was, and extracted a small hard opaque lens, the escape of which was followed by the discharge of some very fluid vitreous humour. The eye recovered after a short time, but the sight did not improve.

CASE CCLXXX. M., aged 61, with deep seated yellowish opacity, scarcely sufficient to account for his dimness of vision. I extracted a very yellow and slightly opaque lens from his right eye by an upper section. The operation was followed by a considerable amount of inflammation which was eventually subdued, but he never recovered his sight.

CASE CCLXXXI. M., aged 56. I extracted a dark and hard lens from his left eye with some little difficulty, owing to the extreme fluidity of the vitreous humour. His eye recovered fairly, but his sight was gone.

CASE CCLXXXII. F., aged 54, apparently a good case for operation, both eyes having been affected three years. I removed both cataracts; in the case of the right eye, the lens escaped with a good deal of vitreous humour; but in the left, the capsule was left behind, opaque and blocking up the pupil. I removed it with a hook, and it came out entire. After the operation she saw light with the right eye, but not with the left. The same night she complained of much headache, and I bled her and she was at once relieved. Both corneæ healed, and her eyes looked well, but she had no sight, for they were amaurotic.

Of the following two cases, one has been published in the JOURNAL for May 3rd, 1856, and in both of them the sight was destroyed by the rare accident of hæmorrhage after the operation.

CASE CCLXXXIII. M., aged 60, with cataract of the right eye and corneitis; cataract and adherent pupil in the left following an injury. I operated on the right and extracted the lens. His eye never quite recovered, but became staphylomatous. I then, after waiting six months, operated on the left and removed the opaque lens. Hæmorrhage came on in the night, and filled his eye, so that it looked like a melanotic tumour, and completely destroyed the sight.

CASE CCLXXXIV. M., aged 73. I extracted the cataract from the right eye; the left had been destroyed ten years before by an accident. He went on well until the fifth day, when his eye began to bleed in the morning, as he was coughing, and a clot formed within the globe and his only chance of sight was thus removed.

The third set of unsuccessful cases was from suppuration in the eye, and in almost all of them the patients were weakly persons in broken down health.

CASE CCLXXXV. M., aged 56, had lost the sight of the left eye from a blow which produced amaurosis and capsular opacity; and his right eye had failed for eighteen months before I saw him, and in this eye there were cataract and adherent pupil, and the globe was soft. The prospect was most unsatisfactory, but at his request I operated, and with some difficulty removed the lens and capsule, and he saw the light better afterwards. On the third day his eye was very weak and painful, and and the next day the lids were swollen with puriform discharge and the eye suppurated, as if it had been affected with purulent ophthalmia.

CASE CCLXXXVI. F., aged 58, a weakly woman, very nervous and restless. I extracted the left cataract without material difficulty, and the same evening she complained of great pain, and the next day vomiting commenced, and the eye began to discharge. The eyeball suppurated and sank. This patient has since that date (1853) been content with the application of belladonna to the other eye, but will not submit to further operation.

CASE CCLXXXVII. M., aged 73, a large and blustering man, very unwilling to submit to discipline and reasonable directions (although by profession a preacher to others). I operated on the right eye and extracted the cataract without difficulty, a little vitreous humour escaping with the lens. He saw fairly after the operation, but the next day pain and swelling of the lids had begun, and his eye shortly suppurated. He went home without sight.

I believe that in this case the flap of the cornea came down in the night, for the patient was very restless.

CASE CCLXXXVIII. M., aged 64. I extracted the right lens most satisfactorily, and he saw very well and "blue" afterwards. On the third day his eye was painful and the lids swollen, and suppuration set in and destroyed his eye.

CASE CCLXXXIX. F., aged 70, with sunken eyes, but otherwise a good case. I experienced very great difficulty in making the corneal section (in the right eye), and when it was completed the lens fell back into the eye and disappeared from view. Inflammation came on on the third day, and the globe suppurated.

CASE CCXC. M., aged 71. I extracted the right lens by an upper section; it was dark amber in colour. His sight was fair afterwards. The next day pain came on, and the eye suppurated.

CASE CCXCI. F., aged 64. I extracted the left cataract by a lower section. She saw fairly afterwards. The next day pain began, and on the third day there was some puriform discharge, and the eye suppurated.

This patient was extremely restless, and had been out of health for some time before the operation.

CASE CCXCII. M., aged 65. His right eye had been blind for forty years in consequence of a blow, and ten years before he became my patient he had what appeared to be an amaurotic condition. I operated first upon the right eye by an upper section; and, after rupturing the capsule, the lens was jerked out into his hand with some fluid vitreous humour. I then operated on the left eye, making the lower section: the lens appearing to be falling back into the posterior chamber, I hooked it out with the curette. Pain in the eyes came on the same day, and on the following day purulent discharge flowed from the left eye. This gradually increased, and both eyes suppurated, and he went home very ill.

CASE CCXCIII. F., aged 71, a feeble and rheumatic old woman. I operated on both eyes, and extracted the lenses easily. The next day there was a little purulent discharge, which gradually increased, and after a few days profuse suppuration in both eyes followed.

The following seven patients lost their sight from iritis and closed pupil.

CASE CCXCIV. M., aged 60. I operated on the left eye by a lower section, and extracted the cataract satisfactorily. On the third day he complained of pain in the head, which left him after a few hours. He went on without any active symptoms, but not satisfactorily; and, at the end, when the eye became strong, the pupil was closed. I made a cut into it some months afterwards with the iris-knife, and he saw more light, but he never recovered useful sight with this eye.

CASE CCXCV. M., aged 64, a healthy looking man with fully formed cataracts. The only sign of other disease about the eye, which I noticed, was a slight tremulous motion of the iris immediately before I made the section, and when it was completed the lens appeared loose in his eye, and escaped with some very fluid vitreous humour. He went on well until the sixth day, when I found him down stairs without leave, his eye tolerably strong, and with fair sight. The next day in-

flammation came on, with pain in the eye and head, redness and chemosis, and obvious symptoms of iritis. He was treated actively; but, when the inflammation subsided, he had closed pupil and no sight.

Case ccxcvi. F., aged 65. I operated on the right eye and extracted the cataract, a little vitreous humour following at the same time. She went on badly, suffering much pain and inconvenience, and at last the case terminated by her having a closed pupil.

Case ccxcvii. F., aged 63. I had operated successfully on this patient's sister, who was a spare healthy person, while she herself was a very stout, large, and plethoric woman, with remarkably prominent eyes and cornea. I operated on the left, in which was a little external strabismus, and extracted the cataract with unusual difficulty, owing to the patient's unsteadiness. Some vitreous humour escaped. She complained much of pain, and on the third day the lids had become œdematous. She had an extremely tedious convalescence, being unwilling to move away from her lodgings; but she never regained her sight, and now, after an interval of five years, she is blind, having on the other side an excellent eye for extraction, but she is not willing to suffer the pain. The pupil of the left eye is closed.

Case ccxcviii. F., aged 67. I operated on the left eye and removed a large flat amber lens, leaving flocculent matter in the pupil. On the fourth day she complained of pain in the bone round her eye. The inflammation that came on appeared very slight, but when she recovered her pupil was closed, and she would not submit to any further operation.

Case ccxcix. F., aged 56. I operated on the right eye. She went on well for a while, and everything appeared promising. After a fortnight she had sudden pain in the eye, and upon examination the anterior chamber was found to be full of blood, although it had been seen to be clear a few days before. The blood being absorbed, the pupil was found to be closed. I made a section with the iris-knife, and for two days she had good sight, but then the anterior chamber filled again with blood, and she did not recover her sight satisfactorily after it had been absorbed.*

Case ccc. F., aged 78. I operated on the left eye; both being much sunk. She recovered the strength of her eye, but the pupil was closed and the sight gone.

Remarks. I hope that the readers of the Journal will not have found these cases very tedious; for they vary a good deal from one another in progress and treatment as well as in their results.

I usually operate with the patient sitting, with the head supported, and make the upper section in the right eye, and the lower in the left eye; although in many instances I have made the upper section in both, and I cannot say which is the best. The eye is covered very lightly afterwards, some little difference being made in this respect with reference to the temperature of the weather. I have not found that it makes much difference in the result in what season of the year the operation is performed. There seems to be no limit as to age; my cases of extraction are all between forty-four and eighty-six, but the greater number between sixty and seventy-five; and the old ones do as well as the others. I do not like to operate in recent cases, for the lens is then swollen, and some of the softer part is held back by the pupil, and requires to be removed lest inflammation be set up by it. As an instance of advanced age, I may mention a case which I saw during my apprenticeship. Being in lodgings on the coast of Glamorganshire one summer, Mr. Estlin directed me to find out what had been the result of a cataract-case on which he had operated many years before; and, after a search, I found an old Welsh farmer, upon whose eye Mr. Estlin had operated eleven years before. At the time of the operation he was *eighty-eight* years old; and when I saw him, he was sitting in his arm-chair and in his farmyard, in his *hundredth year*, and he had been able to see well ever since the operation.

I have never given chloroform for this operation; for the pain is very slight, and I should fear the effect of the sickness which chloroform sometimes produces, and in old people particularly chloroform is never absolutely safe; and there is to me one other objection to the patient's being insensible during this operation. I think it is a great gain to him to see immediately after the operation, for it gives him encouragement to be quiet in his bed for a day or two with greater hope as to the result of his case, and this is not so trivial a matter as it appears. I am, however, aware that the opinion of some surgeons more experienced than myself is in favour of chloroform.

We so often see a white looking cataract contain a hard amber nucleus, that I do not think any one can say whether a cataract is hard or soft; and I believe that all cases in adults are likely to do better by extraction than by the needle-operation.

I do not generally notice any difference in the healing of the incision when it passes through an arcus senilis. It is an usual rule not to operate on one eye while the patient can see fairly with the other, and to choose the eye that has been longest affected and most dim; and I believe that this rule is most to the patient's advantage and the surgeon's credit.*

As to the question whether both eyes should be operated on at the same time or only one, I am still of the opinion I expressed before; viz., that a patient has a better chance of recovering sight when both are operated on, than when *one only* is operated on, and that the best chance is when one is operated on, and the other at a suitable interval. In fact, the question is resolved into one of convenience, and the opportunity the patient may have of obtaining surgical aid; and I have hitherto acted on this opinion and have seen no reason to regret it.

Another point has been mooted, which is worthy of consideration; viz., whether the successful removal of one cataract has the effect of retarding the formation of the cataract in the other eye; and upon this point I have no experience to offer. The only case which touches on the question was No. 237; and a single case is of no service in settling a question of this kind.

It is always a favourable sign of a healthy retina if the patient sees blue, violet, or purple light on the completion of the operation; and the fact is obviously explained by the yellow or amber colour of most cataracts; the blue tint which is seen being the complementary colour to the yellow or reddish light seen through the diseased lens.

In the after-treatment, but little is required if the case go on well; and if inflammation threaten, now that bleeding is gone out of fashion, our most valuable remedy is taken away. The application of the blistering fluid to the temples has in some cases saved the eye; and it is often of service to paint the eyelids and brows with the liquor belladonnæ, for the pupil is kept open in this way and the pain is lulled. Opium and blue pill may also be given.

When the case is to end badly by suppuration, the disease sets in on the second or third day; but when the sight is destroyed by iritis, it is often on the sixth or eighth day that the inflammation begins.

* I have recently seen this patient again, and she has very fair sight, and a black and clear central pupil.

* The wisdom of this advice, in a worldly point of view, is quite another question, and many distinguished ophthalmic surgeons differ practically from me in this point; at any rate, I have frequently recommended delay, when consulted by patients (not poor ones) who could see fairly with one eye, and the result has generally been that they have gone to London for a "further" opinion, and have been forthwith operated on.

The following cases frequently do badly: where one eye has been injured, or where the iris (or lens) is tremulous, or where there is any iritic adhesion, or sign of previous internal inflammation, or amaurosis, or roughness of the cornea, a tendency to conjunctival inflammation, or much disposition to gout or rheumatism; and a surgeon who is determined to shew first-rate statistics, by excluding all these cases, may select some that would give almost universal success. There is, however, another view of the question; for, unless we can say that the patient cannot possibly derive any advantage from the operation, it is hard to refuse him the chance. Here, for instance, we get many poor and blind persons who have travelled up from South Wales or the neighbouring English counties, and who beg for the trial of an operation; and if it prove unsuccessful, as a reference to the foregoing cases will show that it not unfrequently does, they go home more resigned and satisfied.

Were I to subtract from my list of unsuccessful cases all those which would be rejected as unfavourable by a strictly scientific surgeon who would lend no ear to the prayers of the bad cases, it would leave but a small number in which the operation of itself had failed.

[*To be continued.*]

REMARKS ON OBSTRUCTION OF THE BOWELS: WITH CASES.

By EDWARD COPEMAN, M.D., M.R.C.P., F.R.C.S., Physician to the Norfolk and Norwich Hospital.

[*Continued from page* 141.]

CASE XXXIII. *Constipation: Impaction: Stercoraceous Vomiting: Inflation: Recovery.* December 27th, 1856. Mr. ——, aged about 55, was attacked suddenly with pain in the abdomen, having had no relief from the bowels for seven days. I found the abdomen distended and tympanitic, but not tender. Pulse 90. There was not much constitutional disturbance; but he had been sick several times, and complained of great abdominal fulness. He had been taking aloes and opium for the last two days; before that, his surgeon gave him some croton oil, which caused vomiting. Several enemata had also been administered, but returned without any admixture of fæcal matter. I ordered a grain of aqueous extract of aloes and a grain of opium every four hours, and an enema twice more in the day.

December 28th. The enemata returned as they went up, and there has been no relief from the bowels. Abdomen more distended; and bowels filled with fluid contents as well as air. He was ordered to omit the aloes, and continue taking a grain of opium every four hours.

December 29th. He has passed a little wind, or rather a little escaped, as he said he had no power to expel anything from the bowels. He suffered from griping pains in the night, but was not very feverish: vomited fæcal matter this morning and looks haggard, expressing himself as without hope of recovery. Pulse feeble; abdomen more distended; he was unable to take nourishment, and suffering continued abdominal pain. As a last resource, we introduced the nozzle of a pair of bellows into the rectum, and tried to distend the lower bowels with air in the hope of thus relieving stricture. After we had persevered some time, he wished to go to the stool, and when there, passed flatus several times with some force, together with a very small quantity of relaxed fæces; enough to encourage at least a ray of hope, however little of confidence. The grain of opium was continued every four hours.

December 30th. We found him better this morning, from the effects of a good night's rest; and the abdomen was certainly not quite so tense. But there had been no relief from the bowels since our visit yesterday; so we again inflated the lower portion of the canal with a stomach-pump, and distinctly heard the air pass along the colon. On withdrawing the tube, which had passed up several inches, we found it had come into contact with fæcal matter; we therefore injected some oil and water in the hope of being able to get it away. After this, he went to the stool and expelled the fluid and a good deal of air with force, together with more than double the quantity of fæces that passed the day before. Being thus encouraged, we again inflated the bowels by the rectum until he complained of so much uneasiness and distension along the colon that we were obliged to desist; and he was put into bed faint, exhausted, and oppressed. We recommended gentle friction to the abdomen, and a continuance of the opium pills; and left him with the uncomfortable impression that our last operation of inflating the bowels had added to, rather than lessened, the danger of his case. A few hours after we left, however, he became easier, and passed a great deal of wind and some liquid fæces. For several days afterwards he passed free liquid evacuations from the bowels, to the relief of all his painful symptoms; and, in fact, he gradually recovered.

He is still living; but his surgeon informs me that every now and then he gets "blocked up," on which occasions he gives him aloes to liquefy the contents of the bowels, followed by grain doses of opium every four hours until he gets relief. How long this state of things may continue it is impossible to say; nor do I know what is the particular cause of the obstructions from which he occasionally suffers; but probably there may be some permanent organic mischief which will one day produce complete obstipation and put an end to his existence.

CASE XXXIV. *Obstruction of the Bowels from Impaction: Peritonitis: Inflation: Recovery.* May 22nd, 1858. Mr. C., aged 22, a healthy son of a healthy farmer, was seized on Monday the 17th inst. with sudden pain in the centre of the abdomen, followed in the course of the day with chilliness and fever; this ushered in a sharp attack of peritonitis, for which he was leeched, blistered, and fomented, and took calomel and opium to commencing salivation. In a few days the inflammatory symptoms subsided, the tongue became moist, and the pulse fell to 80; but he could get no relief from the bowels in spite of purgatives and repeated injections, and the abdomen became very tympanitic. I found him with an anxious countenance, distended abdomen, complete obstipation, loaded urine; and he had been sick several times, but the ejecta were not stercoraceous. Pulse soft and under 90; tongue moist, but loaded; abdomen more tender over the sigmoid flexure of the colon than elsewhere, but I could not by palpation detect the precise seat of the mischief. The respiration was rather hurried, owing to the distension of the abdomen, and he experienced great difficulty in turning or moving in bed. It appeared that he had been in the habit of neglecting his bowels, allowing sometimes a week to pass without a motion. On introducing the finger into the bowels, I found the rectum empty but capacious, and the distended coils of bowel above were so forced down into the pelvis that I could not distinguish the course of the rectum higher than its pouch. The rectum itself was hot and tender, and the finger came away smeared with mucus, but without any tinge of fæces. On trying an enema of soap and water, it came away as fast as injected, without any tinge or smell of fæces; attempts were then made to pass O'Beirne's tube, but without success; and lastly, we tried to inflate the bowels by means of a pair of bellows. Whilst this operation was proceeding, I heard, and the patient felt, some air passing up the bowel above the umbilicus. A good deal, however, passed away as fast as it was blown in, and we were doubtful of any good effect being produced. Just before I left the house, with a feeling in my mind that the case must terminate fatally, he men-