

would be fever, which was in nothing different from the dominant epidemic. And when it had continued for a few days, and been regarded as the epidemic itself, and nothing more, Erysipelas would be added to it, and be, as it were, among its accidents; and no other treatment would be required of the whole disease than if Erysipelas had formed no part of it, and no treatment of the Erysipelas, but what was included in the treatment of the whole disease.

Perhaps Erysipelas may serve for the most signal example of all that is most mutable in diseases, from whatever point of view you regard them. If you want the best representative of all that the different constitutions of men can do in diversifying the aspect of diseases, you will find it in Erysipelas. If of what times and places can do, you have it in Erysipelas. If of how opposite remedies can save life and restore to health from the same diseases, according to times, places, and men, you have it in Erysipelas.

Original Communications.

OPERATION FOR THE "SOLUTION" OF CATARACT, COMMONLY CALLED THE NEEDLE-OPERATION:

BEING REMARKS IN THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By HAYNES WALTON, Esq., Surgeon to the Hospital, and to St. Mary's.

As soft cataracts are far more common than hard, the operation for "solution" is more in requisition than that for "extraction".

It would certainly be unwise to say of any surgical operation, that it is beyond improvement; yet so far has this solution treatment reached towards perfection, that positively it accomplishes all that is required, and in such a manner as scarcely to leave more to be desired. It inflicts less damage on parts not concerned in the disease than any other in surgery; and it possesses the many advantages justly claimed for subcutaneous operations. For the most part, it is unaccompanied with any untoward or even unpleasant consequences; and there is seldom any trace of its performance. Simplicity is its great recommendation. But all this applies only to judicious execution; for it is very capable of abuse, and may readily be made to yield disastrous results.

There is much advantage to be gained from the delicacy of the needle. The smaller this is, the less is the wound it inflicts on the cornea; and with diminutiveness the aqueous humour is nearly always retained till the operation is over; and, even then, but a small portion spurts out, which is better than if the greater part escaped, because the more retained, the less the liability of the cataract to be displaced. The needle which I use is about a third of the size of those usually sold but a few years ago.

I invariably operate through the cornea. I prefer this—the "anterior operation", so called in contradistinction to that through the sclerotics—the "posterior", because it is more definite and simple, less painful; only one coat of the eye is punctured, and the needle is never out of view.

The thing above all others to be attended to—what I call the great principle in "solution"—is to procure absorption of the cataract in its natural position—in *situ*. So immediately does this concern success, that, should I

impress the rule on you, much will be gained by these remarks, if nothing else be remembered. The less the lenticular matter is displaced, the less subject is the eye to irritation, and therefore to permanent injury. The less, too, that the lens-capsule is torn in the early stage of the treatment, the less likely is it to contract adhesions to the iris, and therefore the more easy to be disposed of afterwards, should it obscure the pupil. The highest perfection, the best success, is to be got only with a central pupil free from any adhesions, and in an eye that has not been inflamed. I am never quite satisfied except the pupil be unaffected.

At a first operation, therefore, I merely break the centre of the capsule, and penetrate the cataract sufficiently to admit the aqueous humour. Do not use the needle as a lever, making the cornea the fulcrum; for most assuredly, as the cataract is then the point of resistance, it will be twisted, and, with the slightest movement in the capsule, dislocation is almost sure to occur. You should pick at the spot you select, as if the cataract were outside the eye; and not carry the needle too deeply, nor move it about too freely. Sometimes, when the vitreous humour is diseased, the cataract and the capsule move on it, and it may not be possible to puncture even the capsule without producing this effect. It is only very lately that I made out the cause of the movement, which puzzled me for a long time. Another reason why the needle should not be used freely at first is, that as the lens-tissue swells very much on being considerably broken, the capsule may be pushed against the iris, when adhesion is inevitable. These parts always adhere when they touch in the course of an operation. Dilatation of the pupil may often prevent the contact; indeed, the artificial dilatation should be kept up till the cataract is absorbed, for this reason, and further, because that any portion of the cataract becoming separated may the more readily fall into the anterior chamber, where it is not so likely to produce irritation as in the posterior. A drop or two of a solution of atropine, of the strength of two grains to the ounce of water, applied on the conjunctiva on alternate days, or even every third day, will suffice. The frequent use is unattended with any disadvantage, except very exceptionally indeed, perhaps once in a hundred times, when it may irritate the surface of the eye. In such cases, the solution must be weakened, and used very much less often.

The repetition of the operation under some weeks is positively unnecessary, and often hurtful. So long as lenticular matter is exposed—a fact that can be verified by viewing the eye in profile—nothing more is desirable. The falling back of the iris, by which it becomes concave, is a sure indication that there has been absorption. The same is indicated by the surface of the cataract receding.

But absorption goes on even if there be no part of the cataract exposed, when the capsule-wound has closed. It is in ignorance of this, I suspect, that so many unnecessary operations are executed. It is a well recognised fact that, while an undisturbed cataract will exist for twenty, thirty, or more years, even although the lens-tissue has degenerated to fluidity, one that is punctured is sure to be absorbed in time; also that, without exception, whenever the lens is wounded by accident, the cataract which is produced, called traumatic, is always absorbed, time only being required to effect it.

After an operation, therefore, absorption never ceases. But it can be very materially facilitated by keeping the cataract exposed; as also by breaking up its substance. The great nicety of the operation is to secure the greatest absorbing influence with the fewest number of operations, and the least disturbance to the eye. Watch, therefore, your cases; and so long as the removal of the cataract is rapid, delay to act further. While some cases may demand three or four operations, with a large

number, two will suffice, and in some instances one. I often hear it said, in advocacy of frequently operating, that time is an object; I say that it is by no means certain that such a course ever saves time, even when the eye does not seem to suffer by it; that the ill effects are very common, and generally leave some permanent result. It should be remembered that sight as perfect as it is possible to be got is the object to be obtained, and not mere time, which is certainly less valuable to a blind person than any one else. But the principle is so very evident that I need say no more.

The necessity for the repetition of an operation must, as a rule, depend on the state of the cataract. The more the degeneration of the lens tissue, the fewer they need be. When the cataract is fluid, one will suffice; and from two to three are generally enough for any case. On the last occasion, the needle may be freely applied, and any thin scale of the cataract that remains freely broken up. Any portion of it that may fall into the chambers of the eye will not irritate.

It may be requisite to modify the operation for solution, according to the escape of the cataract, or portions of it, from the capsule when operating; and I will give you some practical hints for your guidance.

When there is a fluid cataract, a fact soon determined by the opaque liquor rendering turbid the aqueous humour, the cornea should be incised with a cataract-knife, or an iris-knife, and as much of the fluid as possible evacuated. The liquid cataract-material in its escape into the chambers of the eye often produces vomiting, sometimes severe, and for days. The removal of it prevents this. Should it happen, when the greater portion of the cataract has become softened, that the anterior chamber becomes almost occupied by it, I also recommend the extraction of as much as may so be removed. A small portion only should be left undisturbed. Should the nucleus of the cataract be displaced, I advocate its removal.

The case is altogether different when any soft part of the cataract escapes from the capsule several days after the operation; the chances are greatly against the eye suffering. Absorption generally goes on as quietly as could be wished; except only if severe irritation be excited, should you interfere, when the extraction of the greater part—as much, in fact, as can be got away—may save the eye. The nucleus is more likely to irritate.

All that I have said applies to the removal by absorption of the cataract only. The pupil may yet be obscured by capsule, which would need to be torn or extracted to cause it to contract; for capsule is never absorbed.

I am forced to allude to the extraction of soft cataract, as it has of late been advocated in Germany, and copied in England. But there is no novelty in the matter. It was proposed and practised by Mr. Gibson in 1811, because of the bad results of the operation for absorption as then performed. It was fairly tried by several surgeons, but abandoned, as the needle operation was better understood and more successfully practised. You will hear it spoken of under the new term of “linear extraction”—a very inappropriate name, which is intended to express that the cataract is removed through a small corneal wound. As compared with solution, it is dangerous almost beyond comparison. A considerable portion of the cataract must always be left behind; and this must be, if even a large corneal wound were made; so that besides the immediate risk attaching to the extraction, absorption must be relied on to dispel what remains. The pupil is frequently displaced, and vision necessarily thereby, in some degree, rendered imperfect. The capsule of the lens almost always becomes adherent to the pupil, which is so much the more difficult to be cleared of it, in proportion to the extent of the adhesion. What I have seen of it, obliges me to condemn it.

Transactions of Branches.

SOUTH-EASTERN BRANCH: ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

A CASE OF CARCINOMA OF THE STOMACH.

By JOHN GRANTHAM, Esq., F.R.C.S.E., Crayford.

[Read April 25th, 1862.]

IN relating the following case of carcinoma of the stomach, I do so with the intention of directing notice to the early warnings of so formidable a disease; which, as a rule, are slow, insidious, and without any symptom to lead the mind of the medical attendant to suppose the patient to be in such a fearful condition. Therefore, I have deemed the subject of so much interest as to give to this meeting a brief narrative of a case that I have recently observed. I arrived at the conclusive evidence of the fact of carcinoma by a negative mode of investigation; by which I mean, not until the truth of the disease presented itself to my mind fully and unmistakably.

Here let me digress for a moment by remarking how very difficult it is for medical men, in giving evidence in our courts of law of a disease either of mind or of body, to convey the facts in such a logical manner as will be self-evident to the non-professional man. Our courts of justice are not temples for the enunciation of simple truths. As such they cannot be at once received, but must be assayed in a variety of ways. It is said by lawyers, “Can the medical witness not favour the court with an explanation of words which he must know are commonly used on such subjects? Can he not define logically (by laying down the *genus* and *differentia*), according to the rules of logic, the species of insanity which he describes?” I fear not; and have a notion that Polonius was a true philosopher when, with becoming brevity, he said to Hamlet’s mother, the Queen of Denmark:—

“Your noble son is mad!

Mad! call I it; but to define true madness,
Mad is’t, but to be nothing else than mad.”

Certain it is, all definitions of insanity, whether proposed by psychologists or by physicians, have hitherto been unsatisfactory; just so, in only naming the symptoms of a disease, as regards the definition of diseases, called by lawyers “facts pertaining to the case”; surely there ought to be something due to the power of observation in the investigation of diseases incidental to human nature, which can only be, in a measure, perfected by experience.

The patient whose case I will briefly describe was a man 48 years of age, short in stature, healthy in appearance, active in habits. I was informed he had for the last two years been subject to eructations of wind and mucous discharges from the pharynx and stomach; which would at times suddenly subside for a few days, so as to enable him not only to say, but to believe, himself to be quite well. I was also informed that during the last seven years he had been subject to paroxysms of violence, both mental and bodily, occurring more or less after dinner and supper. These exacerbations had gradually increased in severity from their commencement, leading his wife to dread that he might become, if not prevented, a confirmed lunatic.

On my first visit to him in October 1861, I ascribed the symptoms merely to gastric irritation or imperfect assimilation in the cardiac extremity of the stomach, attended with irregular action of the