

In the next year (1861), instances of conical cornea were submitted to treatment. The sides of the cone became more flat; when opacities were present, they underwent rapid absorption, and if superficial, disappeared. The vision was much improved. These results appear to point to an improved nutrition of the cornea, and a diminution of the secretion of aqueous humour, which, it will be remembered, is derived from the surface of the iris and tips of the ciliary processes—parts that are immediately implicated by the operation.

In regard to the treatment of nearsightedness by the procedure under discussion, I cannot, Mr. President, close this paper, without referring to a claim of priority, which was put forth in a letter in the *Lancet* (vol. II, 1862, Sept.), upwards of two years after the journals and retrospects had given publicity to my method of treating myopia.

In this letter, it is asserted: 1. That I wrote to Mr. Hancock a few days after the publication of his paper on Division of the Ciliary Muscle in Glaucoma, in the *Lancet* of Feb. 11th, 1860, inquiring whether he had any new facts to communicate. 2. That Mr. Hancock and his colleague Mr. Power wrote to me in reply; and that very soon afterwards I visited the Westminster Ophthalmic Hospital, and had explained to me the application of division of the ciliary muscle to cases of myopia. 3. That, on my return to Birmingham, I prepared the notices of my cases of myopia which appeared in the *BRITISH MEDICAL JOURNAL* and *Medical Times and Gazette*, of the respective dates of May 26th and June 1st, 1860.

Very fortunately, the letters to which reference is here made are in my possession; and I need feel no delicacy, Mr. President, in placing these letters in your hands.

You will observe, sir, that Mr. Hancock's letter is dated May 17th, 1860, is written in answer to one from me, and concludes with a request that I would publish my cases.

The letter of Mr. Henry Power is dated, as you see, May 18th; and contains a full description of the operation of division of the ciliary muscle, and a drawing of conical cornea, showing the direction which the knife should take.

Here, then, are the letters which the writer in the *Lancet* asserts were written in February, and interchanged previously to my visit, "shortly afterwards", to the Westminster Ophthalmic Hospital; which visit was followed, he says, by an announcement, in the *BRITISH MEDICAL JOURNAL*, of my cases of nearsightedness treated by intraocular myotomy. I hand you that *JOURNAL*; it bears the date of May 26th; just one week later than the letter of Mr. Power, and eight days later than that of Mr. Hancock. In the next week, June 1st, the *Medical Times and Gazette* drew attention to the same subject; and on that day I visited the Westminster Ophthalmic Hospital, and not before since 1850.

If reference be made to the cases published by me in the last mentioned periodical (vol. 1861, January), it will be found they were operated upon in March, April, and May, 1860; therefore, in order to give a colour of probability to Mr. Hancock's claim of priority, it became absolutely necessary to place back the date of that gentleman's letter, and his colleague Mr. Power's, to about February 14th; and my visit to their institution to early in March or the end of February. It was also essential that the date of my letter should be omitted.

The evidence in refutation of the statements to which allusion has been made, admits of being carried much further. It will suffice, however, to refer to the *Lancet* for an announcement that succinctly and conclusively decides my claim to priority of

operation in cases of myopia. The *Lancet* for July 7th, 1860, p. 7 (six weeks after the note of my operation in the *BRITISH MEDICAL JOURNAL*), contains the following paragraph.

"The cases in which division of the ciliary muscle has been resorted to are, hydrophthalmia, sclerotic staphyloma, and acute and chronic glaucoma. It has also been performed in conical cornea by Mr. Power."

The same periodical furnishes a conclusion so appropriate to the present paper that I cannot refrain from making use of it.

"We wish it to be understood that any new operation, with whatever authority it may be introduced, or with whatever amount of success it may meet in the hands of its originator, offers a fair subject for just and even rigid criticism; but this criticism, if it is to be of service [to medical science?], must be conducted in a spirit of equity."

## PARAPHIMOSIS.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

AMONG the minor cases of surgery that frequently come under the treatment of the surgeon, is paraphimosis. As observed in the wards of the hospital, it will be generally in connexion with venereal disease; but in private practice, it occurs mostly without this complication.

It is met with in two principal forms: the first, when a natural phimosis is converted into a paraphimosis, by the forcible retraction of the prepuce behind the glans; the second, from great swelling of the glans and prepuce, making it impossible for the patient to bring the prepuce forward, when it has by accident or design been drawn behind the corona. In the latter case, the swelling of the glans and prepuce causes the paraphimosis; in the former, the paraphimosis causes the swelling.

A moderately tight constriction where disease exists on the glans will quickly produce tumefaction, discoloration, ulceration, and even sloughing; whereas, when disease is absent, the results are not so severe, and consist of swelling of the organ, followed by inflammation, with perhaps ulceration at the seat of stricture, and also adhesions among the surrounding integuments.

As regards the treatment, it is advised by all to relieve the constriction, by reducing it with the hands as quickly as possible, more especially where venereal disease is present, as any impediment to the circulation fearfully promotes the ravages of ulceration and slough. But, supposing efforts with the hands fail to reduce it, a good deal of variation exists among the directions given by writers on practical surgery. Thus, scarifications, elevation of the penis against the abdomen, and confinement in this position for some time, the use of saturnine lotions, division of the stricture at once, have their several advocates.

The late Mr. Samuel Cooper advised the copious affusion of cold water to the organ, and then trial of reduction by the hand. He stated that this method had in his experience been most successful, and that division of the stricture would not often be necessary, were it more generally adopted.

The main object of my communication is to state that I most fully concur in the justness of Mr. Cooper's views, from their practical value tested by experience. In the course of my practice, I have met with a good many instances of paraphimosis, and have never failed at reduction, provided persistent adhesions had not formed. Merely moistening the parts is not sufficient; a pan must be placed beneath

the genitals, and cold water must be poured on them for a quarter of an hour or more; and such diminution in size will result as to allow of reduction with comparative facility. Of course, were the organ in such a state of disease as to threaten sloughing, the cold affusion might be injudicious; but common sense would direct in exceptional cases.

Mr. Cooper remarks, in his *Surgical Dictionary*, "that Mr. Dunn, of Scarborough, had reminded him that, in a former edition, he had omitted to speak of the power of the cold affusion in promoting the reduction of the glans." I regret to observe the same omission in many modern Systems of Surgery; for I am convinced that, next to division of the stricture, it is the most powerful aid to reduction.

Cases will undoubtedly occur where attempts at reduction will fail, even with the aid of cold affusion; but they are almost invariably those where the disease has existed for a long time, and rigid adhesions have formed. In such cases, reduction cannot be effected, even by division of the stricture. The most that will result will be a loosening of the integuments where the division is made. This I have noticed in several cases.

A lad was some time since brought to me with severe paraphimosis, which had existed nearly a week. It was caused by his forcibly retracting a phimosis. I was unable to reduce it by simple pressure; but on using for some time the cold douche, next drawing the integuments of the penis well up towards the pubes, so as to break up newly formed adhesions, then placing my thumbs on the glans and my fingers on the integuments, I succeeded, after some steady manipulations, in completely relieving the strangulation.

A man, the subject of balanitis, drew his prepuce behind the glans, and could not afterwards draw it forward. He remained in this state, fearfully swollen, for four days, and then applied to me. I thought that, in this case, I must divide the stricture; and I accordingly took a knife into the room, intending, if my ordinary plan did not succeed, immediately to operate; but, on using the cold douche for some time, I was enabled completely to relieve the strangulation.

I might add a number of similar cases, but it would draw my communication to too great a length. I trust, however, I have said enough to induce some to try the effect of the cold affusion, before they resort to the knife.

**NON-COMBATANTS AGAIN.** Colonel Green, in his dispatch from New Zealand, thus speaks of the doings of the non-combatants in the last fight with the Maories. "Surgeon-Major Best, 68th Light Infantry, principal medical officer, performed his duty assiduously under fire, paying the greatest attention and care to the wounded. I can say the same of Assistant-Surgeons Henry, 43rd; Applin, 68th; and O'Connell, Staff: the former was particularly brought to my notice by Major Syngé, commanding 43rd Light Infantry."

**THE DOCTOR AND THE ARTISAN.** "Talk," said the late Sir James Graham, "of the dependency of the skilled artisan, with more work than he can do, and a choice of employers at 30s. per week! Compared with the struggling tradesman, the young surgeon, the clerk at £100 a year, or the decayed merchant, whose trembling hold on the position of a gentleman in his native town depends upon the humour of his banker, he is both positively and relatively far better able to repel dictation, or to resist menace." And yet it is to this skilled artisan that the young surgeon is called upon to give his gratuitous medical services!

## Transactions of Branches.

### BENGAL BRANCH.

#### A CASE OF PHLEGMASIA DOLENS.

By S. GOODEVE CHUCKERBUTTY, M.D.

Mrs. S. C., aged 24, residing in a damp, low-roomed house, surrounded by bad drains and abominations of all kinds, was confined of her fourth child, at the full term, on August 23rd, 1863. The smell of the locality was so very offensive, that it was impossible for a stranger to visit there without feeling sick; indeed, I was forced to speak to the proper authorities on this subject, on my own account as well as for the benefit of my patient. Another circumstance which struck me in this case, was the great size of the womb during gestation; almost double of what it was on any former occasion; and she herself told me that the feet were slightly oedematous. The delivery was attended with an enormous loss of liquor amnii, and followed by much hæmorrhage.

On the third day after child-birth, I was hurriedly sent for to see her, as she was seized with fever. There was then some heat of skin; and increased frequency of the pulse. The complexion was darker than natural; the secretion of milk was deficient; and the breasts were neither swollen nor hard—a circumstance which seemed to puzzle her to account for, as she had always herself nursed her infants before. The fever assumed an intermittent character; but was soon cured by castor-oil and a few large doses of quinine. She continued, however, very weak, from the loss of blood she had suffered, and from the lochial discharge, which was very free and sanguineous till the ninth day, but then suddenly stopped. Its arrest was followed by a severe pain in the right iliac region; the left being perfectly free from suffering of any kind, even on the firmest pressure with the hand.

About this time, too, a pustular eruption broke out on her elder children; and large blisters formed on various parts of the youngest infant, becoming rapidly converted into large confluent sores, especially on the neck and flexures of the thighs, and finally proving fatal.

Whether to conceal her own sufferings in consequence of these fresh troubles, or really from a sense of benefit, after syringing the vagina with warm water and the application of a few hot bran poultices to the seat of pain, the lady soon declared that she was well. The next day, without asking my permission, she had a bath, according to her former practice, and washed her infant herself, suspecting that the nurse did not do her duty properly to the child, and that that was the cause of the sores. Two days after this, she attended the funeral of that child; and stood upon the wet grass during the burial service. For the next day or two, her grief was too fresh to permit her to notice her own condition. She then found that any attempt to stir about the house seemed to give pain in the right iliac region. The milk dried up without any accident. But now she felt feverish, and the pain extended down to Poupert's ligament. It also turned out that she had had all along a fetid discharge from the womb ever since the first attack of pain, which she did not like to mention before. She was ordered to keep her bed, and to apply bran fomentations to the seat of pain. Purgatives, quinine, warm abluion of the vagina, and generous diet, were at the same time prescribed. As soon, however, as she had derived some benefit,