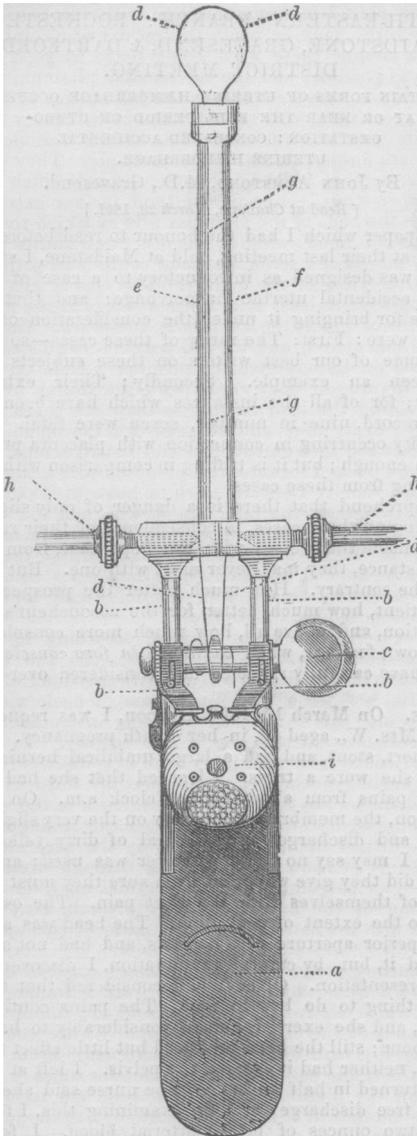


sary, in operating with the instrument at the bottom of the buccal, vaginal, or other cavities, to protect the neighbouring parts from contact with the cannula, or



with the fluids which flow from the seat of operation very much heated, for unless this be done, they will be burned, as in the case of epulis above described.

[To be continued.]

LONG INCUBATION OF VACCINATION. A correspondent writes to us: "One year and a half ago, I vaccinated a little grandchild of mine, six months old. It did not work, and the three incisions made rapidly healed up. She has never been vaccinated since; but about five months ago, all three places became sore, and she had the true vaccine pock. Her father vaccinated several children from her, and it worked well in every case. I saw the child last week, and found the well-marked, characteristic cicatrices." (*Med. and Surg. Rep.*)

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

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

V.—OPERATIONS ON THE EYE.

[Continued from page 386.]

Operations for the Removal of Opaque Capsule.
The eleven following cases could not well be classed under either of the former heads, and they differ a good deal from one another, having, however, this one point in common, that the operations were undertaken to remove portions of opaque capsule or dislocated lens from the eye.

CASE CCCLIX. M., aged 30, had amaurosis of the left eye for many years, and, as is frequently the case, after a long time, a cataract was developed in it. The day before I saw him, the lens slipped suddenly into the anterior chamber, producing pain. It was of a yellow colour, and looked very hard. I made a lower section, as for the extraction of cataract; and the knife, in its passage across the anterior chamber, thrust back the lens through the pupil. I removed it with the curette; and the eye was well in two days.

CASE CCCLX. M., aged 63, had met with an accident many years before I saw him, by which his right eye had been ruptured, and the sight destroyed, leaving a piece of membrane (the iris, probably) floating about in the eye; and six months before he came under my care, he received a thrust from a cow's horn in his other eye, which also ruptured the sclerotic, and squeezed out the lens; the conjunctiva being unbroken, it remained resting upon the upper part of the globe of the eye, like a round yellow tumour. The eye was excessively weak and intolerant of light. Upon dividing the conjunctiva, the lens escaped, and his eye became stronger in a few days. He went home in a fortnight with his eye sound, and able to see well with a four-inch lens.

We have, of course, met with a considerable number of these cases of dislocated lens, when it escapes through a fissure in the sclerotic, and remains under the conjunctiva until it is let out; but this one is peculiar, from the great length of time during which the lens was in this unnatural position, and the successful termination of an unpromising case. It is also a peculiarity in this case that the patient ruptured both his eyes accidentally at different times; and, although a little out of place, I am inclined to narrate here in connection with it another instance where a similar occurrence took place. It is probable that in each of these patients the sclerotic was very thin.

CASE CCCLXI. M., aged 61, received a blow in his only eye (the right) a few months before I saw him. The blow was inflicted by his wife, who beat him in this way, and left him; and he was quite blind, and obliged to go to the union. Upon asking him how he lost his left eye, he said it had been struck out by his "first queen"; by which we were to understand that he had formerly had another eye, and also another wife, and that she had ruptured it accidentally by a blow, as the second wife had the second eye purposely. I cannot but think that this man had also very thin sclerotics.

The right pupil was much distorted and very small, and I enlarged it by removing a portion of the iris; and when he had recovered from the effects of the operation, some opaque matter was found blocking up the aperture. This I removed at a second operation, and the pupil was easily cleared, but his sight was no better. I operated a third time, with the view of enlarging the pupil still more, and effected it satisfactorily, but he never saw any better.

CASE CCCLXII. M. The right eye had been lost by accident; and when I saw him, the left had become

almost useless from iritis. This eye was soft; but he could distinguish light with each. I extracted, by means of the cannula forceps, through a small corneal aperture, a piece of opaque capsule which blocked up the pupil. He suffered a good deal of pain, but the sight was improved.

CASE CCLXIII. M., aged 30, had an accident in his right eye in childhood, and ever since his sight had been almost useless. I removed an opaque capsule, which entirely blocked up the pupil, and he saw very well for a few days, but afterwards more dimly, and, upon examination, it appeared that the lens had remained clean behind the capsule, and that the removal of the latter had caused the former to become opaque. The cataract thus formed was gradually absorbed, and he recovered with fair sight.

CASE CCLXIV. M., aged 50, an old amaurotic case, in which one eye had been operated on for cataract. The left eye was excessively painful, from the presence of a yellow opaque lens, which had slipped forward, without accident, into the anterior chamber. I removed it piecemeal by a lower section, and the eye soon recovered.

CASE CCLXV. M., aged 2. This child had been born with cataracts, and had been operated on by some other surgeon for that disease, and the pupils were left blocked up by opaque capsule. I gave him chloroform, and with a small knife made a corneal section, and removed a portion of the opacity from each pupil. He was sick from the chloroform for three days, and then recovered completely, with clear pupils, and evidently saw well.

CASE CCLXVI. M., aged 40, a labouring man, thin, weak, and ill, suffering from the constant irritation of his left eye, in which was a hard and chalky looking lens. The right eye was so weak that he could not work. The cause of his condition being obvious, I removed it by a corneal section. The lens was adherent all round, and his eye being much inflamed, the operation was extremely painful. From the time when it was concluded, his pain ceased, and the other eye became strong.

CASE CCLXVII. M., aged 31, from the Blind Asylum. A most unpromising case, with opaque capsule blocking up his pupil. I removed the opacity, and left clear pupil, but the sight was no better.

CASE CCLXVIII. M., aged 17, with opaque capsule remaining in the pupil after an operation by another surgeon. I removed it, and he recovered speedily with a clear pupil and good sight.

CASE CCLXIX. F. The left eye was sightless, and the right much damaged by a former perforating ulcer of the cornea, with iritic adhesion and opaque capsule. I removed the latter without difficulty, and she went away seeing more light, but with her eye still very weak.

[To be continued.]

MANUFACTURE OF ICE. M. Carre (*Cosmos*, t. xvii, p. 686) takes two strong iron retorts (quicksilver bottles, they say, will answer), into one of which he puts a saturated solution of ammonia. When the two are connected, he places the empty one in a vessel of water, and the other over a fire. The heat drives over ammonia, which is condensed by pressure in the previously empty retort. When the ammoniacal gas is liquefied, the one retort is removed from the fire and allowed to cool, whereupon the ammonia in the other rapidly assumes the gaseous form, abstracting so much heat from the water by which it is surrounded as to freeze a considerable quantity. The experiment is repeated without disconnecting the retorts. The cost of ice made in this way is said not to exceed a centime per kilogramme—or about fivepence a hundredweight. (*Dublin Hospital Gazette*.)

Transactions of Branches.

SOUTH-EASTERN BRANCH: ROCHESTER, MAIDSTONE, GRAVESEND, & DARTFORD DISTRICT MEETING.

ON CERTAIN FORMS OF UTERINE HÆMORRHAGE OCCURRING AT OR NEAR THE FULL PERIOD OF UTERO-GESTATION: CONCEALED ACCIDENTAL UTERINE HÆMORRHAGE.

By JOHN ARMSTONG, M.D., Gravesend.

[Read at Chatham, March 22, 1861.]

In the paper which I had the honour to read before the society at their last meeting, held at Maidstone, I stated that it was designed as introductory to a case of concealed accidental uterine hæmorrhage; and that my reasons for bringing it under the consideration of the society were: First; The rarity of these cases—so rare, that some of our best writers on these subjects have not seen an example. Secondly; Their extreme danger; for of all the instances which have been put upon record, nine in number, seven were fatal. The mortality occurring in connection with placenta prævia is high enough; but it is trifling in comparison with that occurring from these cases.

I apprehend that there is a danger of only slightly reflecting on these cases, in consequence of their rarity. Men console themselves with the hope that, from that circumstance, they may never meet with one. But suppose the contrary. How much better the prospects of the patient, how much better for the accoucheur's own reputation, and above all, how much more consolatory to his own feelings, when examined *in foro conscientie*, if he have carefully reflected and considered over such cases.

CASE. On March 15, 1860, at noon, I was requested to see Mrs. W., aged 40, in her eighth pregnancy. She was short, stout, and had a large umbilical hernia, for which she wore a truss. I learned that she had had labour pains from about eight o'clock a.m. On examination, the membranes gave way on the very slightest touch, and discharged a good deal of dirty yellowish fluid. I may say no force whatever was used; and so easily did they give way, that I am sure they must have burst of themselves with the next pain. The os was open to the extent of a shilling. The head was above the superior aperture of the pelvis, and had not at all entered it, but, by careful examination, I discovered a face presentation. Of course, I considered that there was nothing to do but to wait. The pains continued strong, and she exerted herself considerably to hasten the labour; still the head produced but little effect upon the os, neither had it entered the pelvis. I left at 1.30, and returned in half an hour. The nurse said she had had a free discharge; and on examining this, I found about two ounces of bright arterial blood. I feared that the placenta was being detached, and that internal hæmorrhage would ensue; and with an os so little dilated, I considered there was very great danger. I requested that some other person might be joined with me. In a short time, another practitioner came. I explained my views; but I could not for some time convince him of the tremendous danger of the case. At last, we agreed to attempt to deliver. I opened the head at the frontal bone, and, when passing the erotchet, I tried to pass in a couple of fingers, and succeeded in finding a foot. The placenta came away with the nates, and must have been lying loose in the uterus. When my fingers were in the uterus it appeared full of liquid and coagulated blood. Pressure was maintained on the abdomen; stimulants were freely given; but the patient sank about half an hour afterwards. During the whole