

lent monograph on *The Enlarged Prostate*, where you will find the question of diagnosis and treatment fully discussed.

[To be continued.]

Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

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

V.—OPERATIONS ON THE EYE.

[Continued from p. 12.]

CASE CLXXXVI. M., aged 45, had been growing blind for nearly six years, but he had only given up work a fortnight before I saw him. He had so sunken an eye and so overhanging a brow that it was difficult to operate. I made a puncture in the cornea of the right eye, and finished the section with the convex knife and scissors. He had an excellent recovery, and went away with a circular pupils and good sight.

About a year afterwards, he came up to have the other eye done. I therefore extracted the left lens, and he recovered speedily, and both his pupils were round and active.

CASE CLXXXVII. M., aged about 60. I operated first on the right eye with an upper section, and extracted the lens easily; and then, also by an upper section, I operated on the left eye. On the twelfth day after the operation, he could see the time by my watch without a glass. He went home with circular pupils and excellent sight in each eye.

CASE CLXXXVIII. M., aged 67, was operated on six years before in the right eye, and recovered his sight for awhile, but it gradually was lost. I made the upper section in the left eye, standing in front; and removed the lens easily. He recovered good sight, and was able to work.

CASE CLXXXIX. M., aged 71. The right eye had been unsuccessfully operated on before. I made the lower section in the left eye; but, immediately on its completion, the lens and some vitreous humour started out upon his cheek. He had excessive spasmodic contraction of his orbicularis palpebrarum. Went home with improved sight.

CASE CXC. F., aged 70. Deeply sunken eyes and prominent brows. I operated on both eyes, making the lower section in the left eye, and upper section in the right. She recovered, with very good sight in the left eye; but in the right it was not so clear.

CASE CXCI. F., aged 63. The right eye was amaurotic; I extracted the lens in the left. She was very faint during the operation, but recovered with very good sight.

CASE CXCI. F., aged 65. The left was a sightless eye; the left had been blind from cataract for three months. I made the upper section with difficulty, owing to her unsteadiness; and, as soon as it was completed, she jumped out and jerked out the lens from her eye, with a considerable quantity of vitreous humour. Her eye looked a little collapsed afterwards. She recovered well, and went home with very good sight.

CASE CXCI. F., aged 64. I operated on the right eye by the upper section (the cataract in the left was incipient), and removed the lens with a small quantity of vitreous humour. She had a little pain afterwards, and I applied some belladonna at night. She went home in twelve days, with a clear circular pupil and good sight.

CASE CXCI. F., aged 73, excessively deaf. I operated on the left eye, and extracted a large amber coloured lens by the lower section. A little vitreous humour fol-

lowed. She recovered with excellent sight, and could see to read well for four or five years afterwards, when she died. The pupil was a little drawn downwards.

CASE CXCIV. F., aged 74. I operated on the right eye by upper section, slightly wounding the margin of the pupil. She recovered well, and went home on the eighth day with excellent sight, but complaining much of having been made a prisoner so long. She saw well for some years after, when I lost sight of her.

CASE CXCV. M., aged 71. I operated on the left eye in the month of August, during some of the hottest weather we have had for years. A little vitreous humour escaped with the cataract. He recovered very well, and in seven days was able to open his eye and see clearly.

CASE CXCVI. F., aged 56. I operated on the left eye. She recovered well in ten days, although she was a feeble, unhealthy person. A year afterwards, I operated on the right eye (left left remaining quite sound and useful); and she had inflammation following the operation, and went home before the eye had recovered itself. I do not know the result of this second operation.

CASE CXCVII. M., aged 58. I operated on the left eye by lower section. On the eighth day, pain in the brow and head came on, and the pupil became irregular and contracted. I gave him some calomel and opium pills until the mouth became sore, when his eye cleared; but when he went home, the sight was still somewhat imperfect.

CASE CXCVIII. M., aged 72. Amaurosis of the left eye, and cataract in both. I operated on the right eye, just touching the iris with the knife, so that it bled. The corneal flap was disposed to fall down under the lid. He recovered with good sight and a circular pupil, although the iris had been touched.

CASE CC. M., aged 60. The left eye had been lost in early life by accident. Cataract in the right for two years and a half. I operated on the right, and made the upper section. He recovered well, and went home with excellent sight. This operation was performed in the winter.

CASE CCI. M., aged 56, with cataract in the right eye of six years standing, in the left only six weeks. I operated on the right. The eye was very tense, and the iris flapped in front of the knife, so that I was obliged to withdraw it, and complete the section with the convex knife. About the fifth day, inflammation came on, and required some active treatment with mercury; and he went back with good sight.

He came back the next year, and underwent an operation on his left eye, the lens and some vitreous humour escaping. He returned home with good sight in both eyes.

CASE CCII. F., aged 59. I extracted the left cataract by an upper section, standing in front of the patient; the incision requiring to be a little enlarged with the convex knife before the lens would escape readily. The flap of the cornea was much disposed to fall down. She recovered with a closed pupil, which I incised with the iris-knife, and she saw well at once. In the course of two years afterwards, the sight became dull again.

CASE CCIII. M., aged 59, with cataract in each eye, and external strabismus and amaurosis in addition in the left. I operated on the right eye, making an upper section, and extracting the lens easily. He saw my watch afterwards, and recovered with fair sight. A year afterwards, he became amaurotic.

CASE CCIV. M., aged 54. His left eye was amaurotic. I operated on the right, and extracted the lens without accident. He was well, with good sight, by the eighth day.

CASE CCV. M., aged 55. I operated on both eyes; the lower section in the left eye, the upper section in the right. He recovered without a bad symptom, and by the eleventh day his sight was strong and clear in both eyes.

CASE CCVI. M., aged 63, with cataracts in both. I was obliged slightly to enlarge the incision in the left, when the lens escaped readily; and then I operated on the right. He had recovered his sight and his eyes were strong by the eighth day.

CASE CCVII. F., aged 72. The right lens was tremulous. I extracted the left, and she at once exclaimed that she saw a purple light. She went on well, and recovered with good sight and a regular pupil.

CASE CCVIII. M., aged 72, a restless and unsteady patient. I extracted first the left by a lower section, and then the right by an upper section; with the latter, a little vitreous humour escaped. On the fifth day, he opened his eyes, and saw well with each; but on the sixth the right became inflamed, and the case terminated by his having good sight in the left eye, and closed pupil, with but little sight, in the right.

CASE CCIX. F., aged 60. I operated on the right by upper section from behind; and there was so great a strain upon the globe, that a jet of aqueous humour flew into my face. She recovered with excellent sight.

CASE CCX. F., aged 58. I made the upper section in the right eye, and she recovered after rather a longer time than usual; but her sight was very good.

CASE CCXI. M., aged 55. I operated on the left; and he recovered with excellent sight, and returned to the country to his labour, and came up again the year after, when I operated on the right eye by the upper section, and he went home again on the thirteenth day with very good sight in both eyes.

CASE CCXII. M., aged 70. I operated on the right, a remarkably sunken eye; and touched the iris in making the upper section. The lens escaped easily, but there was a little clot in the anterior chamber. Immediately after the operation, he saw blue light towards the right, and red towards the left. On the third day, he opened his eye and looked about, and he went home with very good sight.

CASE CCXIII. M., aged 60. I operated on the left; and, finding that I could not complete the section without wounding the iris, I withdrew the knife, and finished with the convex-edged one. Some fluid vitreous humour accompanied the exit of the lens. He recovered speedily and well, and had good sight.

CASE CCXIV. M., aged 71. I operated on the right eye, and extracted the lens without much difficulty, although it was not a favourable eye for the purpose. The gentleman who assisted me then operated on the left, and some little difficulty was experienced in completing the section. He went home in three weeks, with the pupil of the right eye clear and circular, and the sight good. The left was obstructed by capsule, and rather contracted.

He returned in six months, in the same state; and I introduced the fine cannula-forceps, and, laying hold of the capsule, I twisted it round and removed it. He went back with excellent sight in both eyes.

CASE CCXV. F., aged 48. I operated on the left eye with a needle; and she went on well for about four days, when she went home and was married. Her eye became inflamed and very weak. I operated again, and the pupil became perfectly clear, but her eye was sightless.

About eighteen months afterwards, I made the upper section in the right eye, but with some difficulty, for she was very unsteady; and I was obliged to complete it with the convex knife, and the cataract escaped readily. She was very hysterical, and cried a great deal; but recovered well, and has good sight in this eye now, nearly six years after the operation; and she and her husband still continue to cry whenever I call upon them.

CASE CCXVI. F., aged 56. I operated on the right eye, and extracted the cataract. She had subsequent inflammation, but recovered with improved sight and a very contracted pupil. I subsequently enlarged the pupil, and the sight mended.

CASE CCXVII. F., aged 39. I extracted the cataract in the left eye, by lower section, and she recovered very good sight. She seemed to derive benefit during the cure from the application of the liquor belladonnæ.

CASE CCXVIII. M., aged 60, a noisy and complaining Hibernian. I extracted his right lens with some difficulty, as he was very unsteady. He went home in about three weeks with a very good sight and a regular pupil.

The next year he came back, having received a blow in his eye which had made the sight dull. I, therefore, operation on his left eye, making the upper section, standing in front of him. A little vitreous humour came out with the lens. He recovered with good sight.

CASE CCXIX. M., aged 66, with sunken eyes and strongly marked arcus senilis. I extracted the right lens, and he recovered his sight; and came up again in about two months, when I operated on the left eye, and he went home with good sight.

CASE CCXX. M., aged 70. I extracted the right lens. He suffered a good deal of pain; but the wound healed, and he went away with improved but not very perfect vision.

CASE CCXXI. M., aged 56. I operated in the winter on the right eye; and on the eighth day it was well, and his sight was good. He came back in six months, and I operated on the left, and the eye was tolerably strong and well on the fifth day.

CASE CCXXII. F., aged 73. I operated on the right eye, just shaving the iris slightly. The lens escaped readily, but she said she saw only the light. She was extremely nervous. She made a good recovery, and sees to read and write with this eye to the present day (more than five years after the operation).

CASE CCXXIII. F., aged 60. I operated on the left eye. She recovered well, and now (five years since the operation) sees well.

CASE CCXXIV. F., aged 56, a fidgety old woman, with cataracts and corneal opacities. I extracted the left lens with some difficulty, and some very fluid vitreous humour followed it. She went on well until the eleventh day, when she could see fairly, and she went home. Inflammation of the eye followed, and when I saw her, nine months afterwards, I found the pupil closed, and a section with the iris knife did not improve her vision.

The next year I operated on the right eye, in which the cornea was most opaque, and made an upper section. When the capsule was broken, the patient jerked out the cataract with a sudden movement, stamping her foot at the same time, and good deal of clear fluid vitreous humour accompanied it. She went home with her eye still weak, but with fair sight. This eye followed the same course as the other, and now (five years after the last operation) she is quite blind.

This can now hardly be called a successful case; but, at the time, both operations succeeded, and subsequent disease destroyed the sight which had been temporarily restored.

CASE CCXXV. F., aged 51. I operated on the left eye in extremely hot weather. She recovered with good sight. About fifteen months afterwards I operated on the right, but the result was a closed pupil. Nine months afterwards I made the usual cut with the iris knife and she saw well at once; but the anterior chamber filled with blood, which remained fluid and red for more than a fortnight. Thinking that fresh blood was being effused, I gave her some turpentine, and it was cleared away in a few days. She had then good sight in both eyes.

CASE CCXXVI. F., aged 72. I operated on the right eye, making an upper section and enlarging the incision a little with the convex knife as the lens was not disposed to turn out. A little soft matter was removed from the pupil by the curette, and she saw the hands of my watch afterwards. Some inflammation followed, and when I examined her eye the corneal flap was opaque and the pupil drawn up, and it ultimately became closed. I

made a section with the iris knife, but she was but little improved. Two years afterwards I extracted the left cataract and she did well, and now (four years since) I hear that she has very good sight.

CASE CCXXVII. M., aged 68. I operated on the right, and he recovered well with good sight.

CASE CCXXVIII. M., aged 71. (This case has been published at greater length in the JOURNAL of May 3rd, 1856.) On making the corneal section in the left eye and trying to extract the cataract, it fell backwards into his eye and remained invisible. He recovered his sight for a time, and as the right eye gradually became more dim, the amount of vision which he retained in the left was more valuable. I afterwards extracted the right cataract, and he recovered well and had good sight.

CASE CCXXIX. F., aged 71. I operated on the left eye, and she did well, and now (five years after) has good sight, but the pupil is a little distorted.

CASE CCXXX. F., aged 63. Upon completing the section in the left eye and rupturing the capsule some vitreous humour escaped, but the lens and capsule were adherent to the upper margin of the pupil, and I could not remove them. The cataract, however, disappeared from the axis of vision, and she recovered and went home with fair sight.

Two years and a half afterwards I saw her again, and I found that her sight had remained good for a while, and after an attack of inflammation she became blind again, and finally struck her eye with the latch of a door and destroyed it. I, therefore, operated on the right eye, and extracted the lens, but with great difficulty, for it was adherent, as in the other eye. She recovered with good sight.

CASE CCXXXI. M., aged 73. I operated on the right eye, and extracted a large flat and very hard and dark cataract. Some muddy looking fluid escaped from the eye. He had a tedious recovery, and his sight being dim and the eye weak, I gave him some calomel and opium, with a blister on the temple, and under this treatment he mended, and went home with good sight.

Six months afterwards he could see to do all that he required with the right eye, but was anxious for further improvement. I, therefore, extracted the left lens, and he went home with clear corneæ and pupils, and seeing well with both eyes with a four-and-a-half inch glass.

CASE CCXXXII. F., aged 72, a very restless little old woman. I operated on her right eye, and extracted the cataract with great difficulty. When the knife entered the cornea at the outer side, she struggled, and strained, and kicked so, that the point passed behind the iris. I withdrew it a little, and completed the section very slowly, the iris bulging out at each side of the knife through the wound in the cornea in consequence of her efforts. As soon as the capsule was ruptured she squeezed out the lens by sudden muscular action on the eyeball, and some vitreous humour followed. I sent her to bed with very little hope of success. The next day she had pulled off the bandage and court plaster, and was extremely restless, complaining of the martyrdom of bed. On the fifth day she told me she could see as well as ever she could, and her eye was strong. She went home soon afterwards with good sight.

CASE CCXXXIII. M., aged 62. I operated on right eye, and he went home shortly after with excellent sight.

A year afterwards I operated on the left, and he recovered his sight in this eye also, the pupil being a little distorted, in consequence of a blow which he gave it a week after the operation.

CASE CCXXXIV. M., aged 56. I operated on the left eye, and he went home in about three weeks with good sight. He came up for a second operation the year afterwards, and did very well, going back to his work with good sight in both eyes.

CASE CCXXXV. F., aged 65. I operated on the right eye, in which cataract had existed five years, and removed a flat, hard, and dark amber lens. She described

the light as of a violet colour. She went home with excellent sight.

CASE CCXXXVI. F., aged 78, a strong, healthy old woman. I operated on both eyes, and she went home with excellent sight in them. I have seen her lately, now four years after the operation, and she sees well with both, being 82 years of age.

CASE CCXXXVII. F., aged 47. I operated on the right eye, and she recovered excellent sight.

CASE CCXXXVIII. M., aged 80, had cataracts in both eyes; but a year before I saw him he struck the right eye with the point of a rake, and thus regained enough sight to enable him to get about his farm and do a little work. This, however, afterwards failed, and the iris became tremulous, and I, therefore, operated on his left eye. He went on well until the ninth day, when I found him walking about with a clean and large pupil and very good sight. The next day his eye was painful and inflamed, and he complained of headache, and a week afterwards he said he could see nothing. When I could examine the eye fairly I found the iris rather green, but the pupil was circular, while the cornea was hazy, and altogether it looked very unpromising. He said that in the night before the inflammation came on he struck his eye, and this explained his state satisfactorily. His sight became much better before he left, and a month after his return home his sight was improving. I heard of him again a year and a half afterwards, and he had then excellent sight, and was able to attend to his farm. The blow on the eye in this case caused effusion of blood into the anterior chamber, and the absorption of it restored his vision.

[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 p. 994 of volume for 1860.]

CASE XIV. *Fatal Obstruction from partial Stricture leading to Impaction: Cæcum opened by operation.* On July 20, 1857, I saw Mr. —, aged 48, a wealthy farmer accustomed to generous diet, and not particular in his choice of food, ruddy and portly; general health good but occasionally interrupted by pain in the abdomen and constipation, which a dose of castor-oil had always hitherto removed. He had been suffering from obstruction of the bowels since Thursday the 16th, and had taken castor-oil without effect; neither had the most assiduous application of all the usual means of treatment produced any relief. He had several times vomited stercoraceous matter; the abdomen was tumid with a sense of general fulness; and in the right iliac region, there was tenderness on pressure with dulness on percussion, a sense of fluctuation, and also to my perception, although not to that of the others present, feeling like the crepitation of air under the pressure of the fingers, or the creaking of inflamed surfaces of serous membrane rubbing against each other. Pulse small and rapid; general exhaustion; intellect clear and manner composed, although he was under the strong impression of approaching death. We tried to inflate the bowels; but it was of no use. A consultation with the two surgeons who were attending him, Mr. Cadge of Norwich and myself being present, was then held to consider whether any form of operation could be practised with a chance of success. It was very difficult to determine where the obstruction had taken place; the tender spot in the right iliac region marked the seat of the mischief, and we thought it most likely that the ileum near its termination was the bowel stricture. It might, however, be the cæcum, although there was no very marked bulging in the right loin. At