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 justified my change to an improved nutrition of the conical 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 reports 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 instance or two 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. 2. That, on my return to Birmingham, I prepared the notes 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 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 Birmingham Medical Journal, of my cases of nearsightedness treated by intracocular myotomy. I send 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 the hospital 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. It will suffice 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. In fact, it is a case which, in my experience, occurs more frequently in the male patient than in the female. 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 beyond 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坐urnine 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 adherens has not formed. The parts is not sufficient; a pan must be placed beneath

363
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 infusion 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 infusion in promoting the reduction of the growth.” 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 infusion; 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 I applied 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 infusion, 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 Syngue, 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 10£ 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!