tion, or to cause effusion into the orbital cellular texture; and to loss of tonicity in the orbital muscles, so that the globes, as it were, drop forwards. The last is, perhaps, the least likely of these unlikely things. There is not any loss of voluntary power, which I think would be inevitable, were there loss of tonicity on the orbital muscles; and the freest movement of the eyes may be combined with the greatest protrusion. Again, in the most debilitating diseases, with perfect muscular protrusion, the eyeballs do not protrude.

I am inclined to attribute the protrusion to congestion of the deep-seated veins of the orbit, which I think offers a better explanation than any other of the variable amount of the exophthalmia, and of the readiness with which the eyeballs can be replaced by gentle pressure. Mr. Taylor, adopting Dr. Marshall Hall’s views as to the spasmodic contraction of the muscles of the neck in paroxysmal and convulsive diseases, suggests that this may be the cause of the impeded return of the blood from the head; and this view is supported by the fact that, in the only two post mortem cases that have been made on jugular veins were found to be much dilated, although there had long been some cause of obstruction at the lower part of their course; and, as in neither case was there any solid growth which could have impeded the circulation, it is not unreasonable to suppose that the obstacle was due to muscular spasm. But if this were true, how is it that there is no cerebral congestion, when the return of the blood from the brain is so checked?

It has been supposed that, if venous obstruction be the cause of the protrusion, to a lengthening of the thyroid gland must the obstruction be attributed. The reader must decide how much this is worth, when he is told that considerable protrusion of the eyes is met with when there is not any perceptible thyroidal swelling.

From what has been said as to the nature of this disease, it will be obvious that the treatment must be directed towards overcoming the exciting cause of the anemia, which, in the great majority of instances, depends upon uterine disorder. In addition to the special measures which may be adopted for this purpose, proper and nutritious food, and some preparation of iron will be invariably found useful; and those who believe its efficacy, may apply iodine locally over the thyroid gland. I have not seen complete recovery in any case, although several are recorded; but I have seen modifications of the symptoms in all the cases that I have treated, improvement has followed the steady employment of the means I suggest.

Abscess. An abscess may form within the ocular tunic, and the symptoms would be protrusion of the eyeball, and pointing or swelling externally between it and the eyelid. Purse may be deposited in the orbital cavity without the ocular tunic, and whether it be acute, subacute, or chronic suppuration, the physical characters will be the same; namely, the bulging of the orbital portion of the eyelid corresponding to the seat of the suppuration. The formation of pus is, according to my experience, a common orbital affection; and when, with protrusion, there are the usual constitutional symptoms attendant on abscess—the pain, with or without movement of the globe, the haziness and puffiness of the eyelid, and the throbbing—we should early endeavour to discover the deposit by an exploratory puncture, made, if practicable, within the eyelids, in the probable direction of the abscess.

Inflammation of the Orbital Arcal Tissue, Idiopathic. With this protrusion from this cause, there is always much swelling and redness of the conjunctiva—chemosis, as it is called. As an idiosyncratic affection in various stages, it is not uncommon. It would not answer any practical end to notice in detail the degrees of chemosis that occur; it is enough to say that in the worst cases it stands out as a vascular tumour, and thrusts the eyelids completely aside. It may be limited in extent, and confined to the upper portion of the conjunctiva. As in very slight cases there is but little protrusion of the eyeball, it may be the only objective symptom, and it is always the most marked one. There are rarely absent the pain and the constitutional disturbance.

The traumatic variety is that most frequently met with. It occurs after severe blows about the temples, or on the margin of the orbit. Of course, all the contents of this cavity are always more or less involved. With the protrusion, the eyeball is generally restricted in its movements; sometimes it is motionless. I have been surprised to find the vision affected in all the severe cases that have come under my notice; and in all that I have been able to watch, it has never been restored.

The treatment consists in rest, leeching, or cupping at the temple, and incisions into the chemosis. It is decidedly wrong to attempt to press back the swollen conjunctiva by pulling the eyelid over it and applying a compress, as the eyelid is apt to suffer, while the disease is not thereby arrested; and it is equally improper to excise any part of the membrane. As I have seen done, for contractions follow, and entropium is likely to ensue. It is not necessary to dwell on general treatment.

A very rare form of this kind of protrusion is hypertrophy of the orbital aural tissue, just as occurs in elephantiasis. In the only case I have met with, there was no loss of ocular movements. The conjunctiva were highly injected, of a coarser structure than natural, and bolstered out around their ocular attachments by the posterior swellings, which were dense and doughy. Vision was perfect. There was much pain. I lost sight of the patient. I learn from the few cases which are recorded, that the disease is progressive, and the conjunctiva becoming dry and cuticular, the cornea gives way by slough or ulceration, and the eyeballs collapse. Verapine pain had induced the surgeon to resort to extirpation.

[To be continued.]

NOTES ON HERNIA.

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

UMBILICAL hernia occurs with such frequency in infancy, that it might, without impropriety, be termed "infantile hernia". It is sometimes congenital, but most frequently first makes its appearance some months after birth, when the muscular movements of the abdomen and lower extremities become forcible. Probably, in most cases the umbilical aperture has not been thoroughly contracted, and an expansion rather than rupture of tissue takes place. I have been struck with the comparative rarity of the complaint after the first year, which is explained on the supposition that the orifice of the umbilicus is then fully occluded.

The appearance of this hernia in infancy is peculiar, presenting a protrusion like a filbert or walnut, seldom exceeding the latter in size, except it be congenital; its delicate softness and elasticity on touch exceed these properties in the finest caulouchou manufactures. It is not often met with in the adult; but when it occurs, is generally in females who have borne many children, and are past the middle period of life. Its size may then vary from an orange to a

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melen; and on handling, a peculiar boggy elastic feeling is communicated. An impulse is perceived in every variety of this hernia on the patient coughing or otherwise making forced expiration. I have never read of any other affection simulating this disease; and in the following case, as affording an instance, may therefore interest.

A child, about five or six years of age, had suffered from fever, believed to be typhoid; but, during the convalescence, a small tumour appeared at the umbilicus, accompanied with pain, tenderness on pressure of cough or sneeze. I found, on being called in, a protrusion at the umbilicus exactly resembling umbilical hernia; it could not be returned, and was accompanied with great tenderness of the abdomen, pain, sickness, and constipation. It looked to me a case of strangulated umbilical hernia; and, as the objective and subjective symptoms were so unfavourable, relief by operation seemed a forlorn hope. In no long time, the tumour became discoloured, gangrenous, and sloughy; and within a few days from its first appearance, gave way, the assistance of the support afforded by the usual dress of the infant, do well. I knew a practitioner of large experience who left these cases to the care of the parents, with the assurance that they would be cured, and no untoward results were known to follow. The assistance of the surgeon may, therefore, be rather an aid than a necessity—valuable in expediting, rather than ensuring, the recovery of the patient.

**DISLOCATION OF THE HEAD OF THE RADIUS.**

By Henry Hale, M.D., Great Baddow.

The following case, which occurred in my practice on September 28th, may be considered of interest.

A boy, about 10 years of age, was thrown from a donkey, pitching on his hand. When he came to my surgery, I found the left arm hanging down by his side; the hand being in a state of pronation. I could easily bend the forearm upon the arm, and also extend it fully; and that without giving pain. I could effect supination and pronation, with the infliction of little uneasiness. The head of the radius could be felt on the outside of the external condyle of the humerus. It was perceived and felt to move under the finger on effecting supination and pronation. The ulna was normal in its position; and without fracture. There was no fracture of the radius. The appearance of the forearm that struck me most, was that of a depression behind, beneath the olecranon, along the margin of the ulna, making the whole of that bone prominent, brought out, as it were, in relief, when the hand was put in the state of supination; but did not disappear altogether. I diagnosed dislocation of the head of the radius outwards.

I made an unsuccessful attempt at reduction by extension; grasping the boy's hand with my right, and his arm with my left hand. I afterwards put my knee in the bend of the elbow, and flexed the forearm; the head of the radius immediately returned to its normal position with a snap.

When I saw the boy next morning, the arm appeared quite normal, with the exception that behind, the margin of the ulna remained somewhat prominent; and there was a slight appearance of depression (a muscular effect, I imagine) about the middle, along the margin of the ulna.