hands. The urine was retained. He complained still of his head, but had perfect control over the sphincter ani. Mustard poultices were applied to the nape of the neck, and he was ordered to continue the calomel, etc.

November 13th. He was much worse; had become drowsy, and was with difficulty aroused. The breathing was somewhat oppressed. A large blister was applied between the shoulders. He passed his motions involuntarily.

November 14th. The blister had risen, but the man was in a sinking state, and unable to take stimulants, which had been ordered. He lingered on till late in the afternoon, when death terminated his sufferings. No *post mortem* examination was allowed.

Remarks. This case presented itself somewhat obscurely. The fact of his having rheumatic pains in his back at different times, getting wet feet, and exposure to the night air, seemed to tend to the opinion that one of his former attacks of lumbago was coming on; but as time wore on, the case assumed a more serious aspect, by the loss of power over the bladder and lower extremities. Still there was no tenderness over the region of the spine, nor febrile symptoms. He had a clean tongue, etc.; and up to a certain period perfect control over his bowels.

The supposition then is, that effusion was going on within the spinal canal, giving rise to paraplegia, and as the fluid increased, affecting the upper extremities, producing death by apnœa.

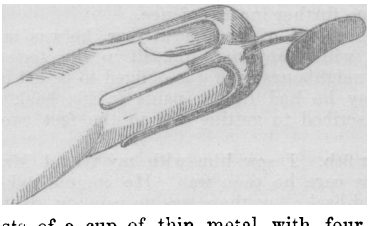
Treatment in these cases appears to be of little or no avail; as, in spite of remedies, the patient succumbs sooner or later.

THE CATARACTOUS EYE COMPRESSOR:

A NEW INSTRUMENT FOR FACILITATING THE EXTRACTION OF CATARACT.

By James Vose Solomon, Esq., F.R.C.S., Surgeon to the Birmingham and Midland Counties Eye Infirmary.

In the removal of hard cataract from the axis of vision by extraction, after the upper section of the cornea has been completed (say in the right eye), and the capsule of the lens has been sufficiently divided, the operator, in order to dislocate the cataract through the pupil, raises the upper lid with the fore-finger of the left hand, and with the "curette" in his right, makes pressure with the spoon-end of that instrument upon the globe, at a point about midway between the lower margin of the cornea and the insertion of the inferior rectus muscle. It will, however, sometimes happen, notwithstanding the corneal and capsular incisions have been properly executed, that the cataract does not come forward, but slips behind the iris, or perhaps sinks more or less deeply into the vitreous humour. Under these circumstances, it is usual (and a very good practice) to get an assistant to harpoon the lens with a small sharp hook, and then gently withdraw the cataract through the pupil and the corneal incision—care being taken not to evert the flap to such an extent as shall favour an escape of the vitreous. This manipulation, to be performed safely, requires that it shall be executed by the steady and delicate hand of one who has been practically instructed in the operation under consideration. But such a one is not always at hand. I have, therefore, been led to devise and make use of the instrument here delineated.



It consists of a cup of thin metal with four elastic ribs attached to it, which fits on the end of the second finger; to the centre of the cup is riveted a curved stem, something less than half an inch in length; this stem terminates in a transverse bar, which is concaved, and set on at such an angle as will render it easy of adaptation to the globe of the eye. Either silver or steel may be used for the manufacture of the cup and ribs. Each rib should be hollowed so as to give it strength and elasticity.

It will be obvious to those accustomed to operate for cataract, that the upper lid can be elevated and fixed by the index finger, and pressure made upon the eye-ball by the second finger of the same hand, arched in front of the eye, and having attached to it "the compressor".

From the trials I have made with this instrument, I believe that in the operation of extraction the surgeon will gain by its use an equivalent to a third hand. It is less painful to the patient than Daviel's spoon. The exact amount of pressure exerted is accurately appreciated through the tactile sensibility of the point of the finger. Moreover, by placing the stem of the hook held in the right hand just behind the incision, a useful degree of counter-pressure may be employed; and should the cataract not then come forward, or should any untoward accident threaten, the hook can be used to seize the cataract at the precise moment, and in the exact mode that the surgeon may consider advisable. In fact, one mind will direct the whole of those manipulations, which demand skill and knowledge for their perfect execution.

I have had several instruments constructed, which were modifications in detail, but not in the principle of the one delineated on this page; but I prefer the elastic ribs to a flat ring of metal, and the curved stem to a straight one set on obliquely to the cup. It is of importance that the shoulders of the cup should be hammered over a solid thimble, or what is called by mechanics "a spike".

Reviews and Notices.

Human Osteology: Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone, and its Developments. To which is added, a brief Notice of the Unity of Type in the construction of the Vertebrate Skeleton. By Luther Holden, F.R.C.S., etc. Second edition. pp. 276. London: John Churchill. 1857.

Any man who manages to simplify books of instruction, which are the tools of the mind, deserves well of society. In medicine, the grasp is so wide, and the things to be learned so numerous, that the student is at first stunned, as it were, and despairs of ever mastering the details of a profession which presents so many aspects for his study. The production of such a book as Mr. Holden's marks, therefore, a new era in our method of teaching. The volume that, up to the present time, was the text-book in the schools on Human Osteology, is perhaps the most lucidly written and the most elegantly constructed volume we have on this subject. We allude to Mr. F. O. Ward's little volume, so familiar to students; yet, in consequence of its want of illustrations, it ranks infinitely inferior to the one before us. The attempt to give an account of the bones and the attachments of the muscles by mere verbal descriptions is indeed both arduous to the writer and perplexing to the reader. One good illustration will fix the knowledge to be acquired firmer in the mind than pages of mere text. Mr. Holden's plan of printing the names of the different parts of the bones upon the drawings of the bones themselves, is the true method of teaching directly by the eye. The student will be deeply thankful for this short cut to the first professional knowledge he has to master. "The bones" are proverbially dry; and when he has thoroughly familiarised himself with them, he has built a solid foundation for future studies. The illustrations are admirably drawn, and so ample in size that full room is afforded for the letterpress upon them indicating the different parts; and the plan of distinguishing the origin of muscles by red lines, and their insertions by blue, is happily carried out. No student need seek a grinder as long as he can possess himself of this very admirable volume, which is now the text-book of the schools. The second edition contains, as additional matter, the cartilages and muscles of the larynx, and the anatomy of the internal ear, illustrated by numerous plates and engravings.