The practice in the Liverpool Ophthalmic Infirmary, for the year 1834 : being the first special report / by Hugh Neill.

FOR Mr NEILL'S CLINICAL REPORT

Fig. 1.

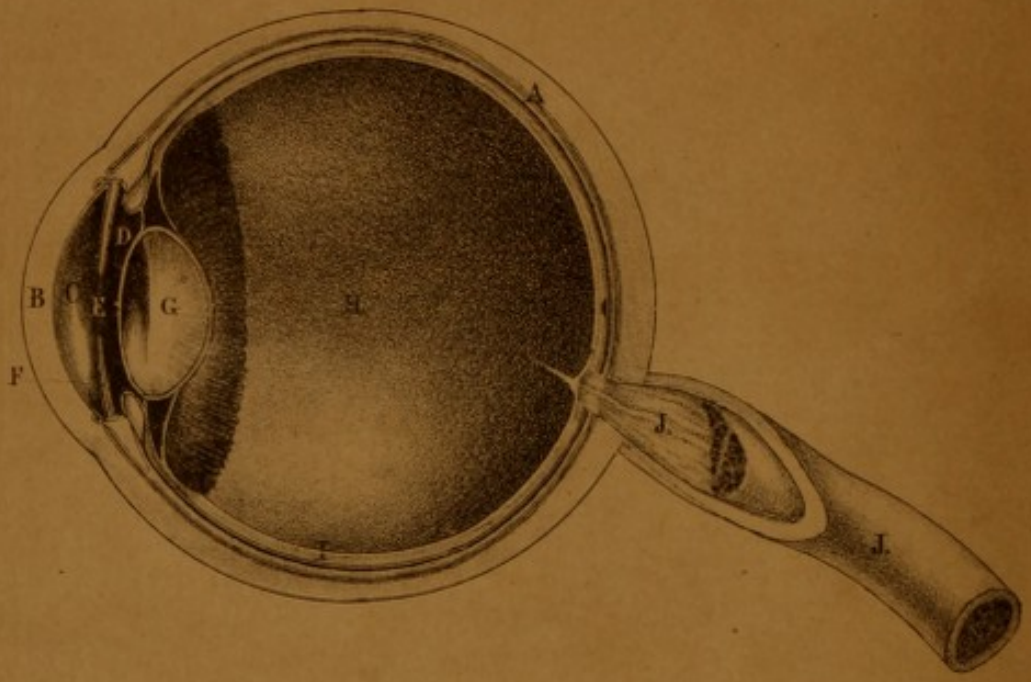
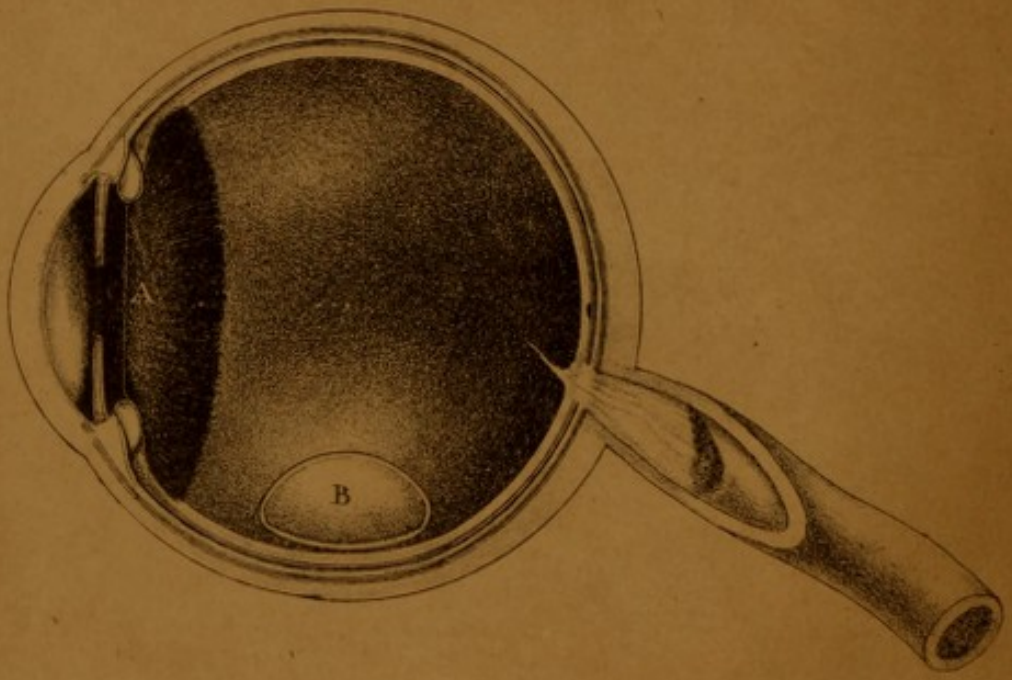


Fig. 2.



THE PRACTICE

IN THE

LIVERPOOL

OPHTHALMIC INFIRMARY,

FOR THE YEAR 1834;

BEING THE FIRST SPECIAL REPORT.

BY HUGH NEILL,

Surgeon to the Charity.

[DEDICATED TO THE TRUSTEES AND SUBSCRIBERS OF THE INSTITUTION.]

LONGMAN, REES, ORME, AND CO., LONDON;
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1835.

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PREFATORY ADDRESS.

To the Trustees and Subscribers of the Liverpool Ophthalmic Infirmary.

To you, Ladies and Gentlemen, as expressed in the title page, the following sheets are respectfully dedicated.

Many *reasons*, — perhaps it may be said by some "mixed motives," — prompt me thus to present you with a report of my practice in the Liverpool Ophthalmic Infirmary. From among the number, it would suffice were I to content myself with specifying one to which all others are subordinate, namely, an anxious desire *to render to you* A FAITHFUL ACCOUNT OF MY STEWARDSHIP.

Surely this motive will be considered as legitimate by every reflecting judge. On my part, it is at least heartfelt, and professed sincerely. It must be one shared and felt in common by every trust-deserving medical officer, holding, as I do, a public and responsible appointment. To consummate this wish, then, no mode seemed better adapted than putting my narrative in the form of a Clinical Report; in which, too, I am enabled to outline those views, which have influenced my treatment of the DISEASES OF THE EYE, during the last past year. Publicity should not, and need never be feared nor shunned by the well educated and honorable minded practitioner. An institution like yours can only flourish — can only gather strength and stability — can only grow old in dispensing its many sterling blessings to the indigent classes of this great and multiplying community, by *general* PUBLICITY.

It would be out of place, rather than invidious, were I to descant upon the advantages possessed by those holding appointments in public charities. It would be perfectly germane, however, were I to show that medical men attached to public institutions have many duties which they are truly bound to perform, not only to the charities* and to themselves, but also to their professional BRETHREN at large. In your Institution, for instance, to which I am proud in having been by you attached, one class of diseases only is attended to; and from among a population so dense, thousands of eye diseases are annually presented to the surgeon's notice. To withhold the practical result of such ample observation, whether favorable or the reverse, when the invaluable lessons of tested experience might be afforded to fellow practitioners in private practice, would, in more than my opinion, be considered little, if it all, short of crime.

* While on this subject, I may mention that, after my appointment to your Charity, nothing surprised me more than finding so many most respectable looking applicants presenting themselves and their children at the Ophthalmic Infirmary! Again and again have I dismissed females and others, whose circumstances amply admitted of any physician or family attendant being "*fee*-ed." Medical officers attached to our charities are bound in honour to dismiss such shameless applicants, not only in justice to fellow practitioners—to themselves—but as responsible agents, in which capacity they should not only defeat, but expose, reiterated attempts to prostitute, by misapplication, the sacred purposes of CHARITY.

I have thought it right, even in self-defence, to speak out thus openly. Gentlemen holding public medical appointments are often most disagreeably placed, when obliged to deny the *use—abuse* rather, of a charity to particular applicants. A few months back, I was under the painful necessity of dismissing a well attired *lady* who brought her child to the Charity. Aware, however, that in a commercial community like that of Liverpool, reverses of fortune are often sudden and unavoidable, I felt unhappy, till I prosecuted enquiries respecting the *private* circumstances of the individual in question. Will it be credited, that this female's husband was not only in a business in which ready money is uniformly "tabled" down; but that she and her family occupied a private tenement, whose rent could not be less than £40 or £50 per annum!! To show how much the feeling of pride, and a sense of honourable independence is unhappily lost in some cases, I regret having to state that this same person had made enquiries as to the days on which my colleague officiated, and she unblushingly presented herself and son to him as fit objects for gratuitous advice and medicine! This, too, in an Institution whose claims on public support are only beginning to be liberally responded to *generally*, by the benevolent and opulent families of Liverpool.

In how many instances, however, is not this duty overlooked, unhappily neglected—perhaps timidly shrunk from—owing to a spurious dread of evoking the calumnies of pettifogging detractors, and jealous-hearted contemporaries and hypercritics.

It is satisfactory to me that, having framed my report in my own words, I know that it cannot be *un*intentially vitiated, even by my friends and well-wishers. You have, then, a report, for whose authenticity I alone stand responsible.

I shall now beg your attention to the following sentiments, entertained by professional men of accredited reputation in the commonwealth of medicine. Sentiments particularly valuable, in so far as hospital management and hospital efficiency are concerned. One of the surgeons to Guy's Institution, London,* an author, need I say even to you, of no ordinary repute, observes —

"The benefit conferred upon the community by the establishment of large hospitals resolves itself into two points, of which the most ostensible, undoubtedly, is the charitable and gratuitous treatment of the afflicted poor. But it may be averred that the second is, if not greater, yet of equal moment, namely, the education of professional practitioners. A hospital thus contains within its walls, not only the patients, and those to whom their treatment is committed, but schools both of medicine and surgery, wherein the principles of the healing art are in illustration for the contemplation of the medical student; and where a centre is formed, from which the radii of professional EDUCATION and practice may be said to emanate, and where its most valuable precepts are constantly drawn to a focus."

To these opinions, which I humbly think none will attempt to gainsay, I must append the sealing testimony of one of the most philosophical writers of the present age—Dr. John Thomson, who, in his Biography of that

* Bransby B. Cooper, Esq.

great systematic physician, CULLEN, thus simply and tersely expresses himself:—

"It seems remarkable that the regular delivery of *Clinical Lectures* on Physic and Surgery, should not every where be regarded as a fundamental and necessary part of the medical constitution of ALL hospitals for the reception of the sick and diseased poor, that are erected and maintained at the PUBLIC EXPENSE. That the primary object of such institutions is the relief and cure of the patients admitted into them, is unquestionable; but it seems to be still very imperfectly understood how great the advantages are that would result to ALL CLASSES of the community, were the opportunities of professional improvement, which attendance upon hospitals is calculated to afford, extended to as great a number of those engaged in the study and practice of Physic and Surgery, as may be consistent *with the main objects* of such establishments, when it is intended by the public that the POOR shall receive *every* advantage which *money* can procure for the RICH, from the attentions, skill, and humanity of able physicians and surgeons."

"While CLINICAL LECTURES *are, in an eminent degree, useful to practitioners and students, it is no less certain that they must* INDIRECTLY *benefit the* PATIENTS *who are the subjects of them;* FOR IF THERE BE ANY THING WHICH CAN INDUCE THE RASH PRACTITIONER TO PAUSE, THE INCONSIDERATE TO REFLECT, OR THE ILL-INFORMED TO SEEK FOR INSTRUCTION, IT IS THE NECESSITY *of explaining the grounds of his practice, and his opinions of disease, to an audience composed of well-educated medical students.**

Nor is this all.—

"The greatest benefit is to be derived by communicating to the profession in general, the results of those advantages afforded by a large Public Hos-

* See Dr. Thomson's Life of Cullen, pp. 104 & 5. For the italics and small capitals in the above quotation I am responsible.

pital, in which all the professional improvements of the day are continually receiving the confirmation of practical experience."*

With one other allusion, I have done for the present. The advantages are manifold and great, in the *Sciences* as in *Manufactures*, from the subdivision of labour. Rather than offer to you my own sentiments, I prefer submitting those of a first-rate continental philosopher and practitioner — Monsieur BOURGOT ST. HILLAIRE, physician and surgeon ophthalmologist, lately Chief Officer for DISEASES OF THE EYE, and Professor of Natural History, &c., Paris. This able man speaks, in language the most enthusiastic, of the eagerness with which he pursued, at Naples and Florence, a *specialty*, or department of surgery, "fraught with so much honor." In a note to a didactic article on *Purulent Ophthalmia of Adults*, he exclaims, in a style which attests that his heart is with his subject—"*Naturaliste aux écoles publiques, au Museum, je me ferai gloire de rester aux yeux du corps médical médicin et chirurgien opthalmologiste.*"† But enough of this. *My* opinions may be inferred from the citations which I have offered. If this little Work, unpretendingly tendered, not only to you, but to my professional brethren, be in a form calculated, as I think, to admit of INDIVIDUALIZING a most laudable publicity, a chief object will be gained, to the satisfaction of one who, with honourable pride,

Ladies and Gentlemen,
subscribes himself,
Your faithful Servant,
HUGH NEILL,
Surgeon to the Liverpool Ophthalmic Infirmary.

1, OXFORD-STREET,
ABERCROMBY-SQUARE,
Jan. 1, 1835.

* Bransby B. Cooper's Surgical Essays, *Preface.*

† *Journal Hebdomadaire*, for August, 1834. Page 121.

HISTORY OF THE CHARITY.

THE LIVERPOOL OPHTHALMIC INFIRMARY was instituted in the month of August, 1820, and is supported by voluntary subscription.

JOHN GLADSTONE, Esq., M.P., presided at a meeting which was called in that month, by public advertisement, at the Depository of the Auxiliary Bible Society. It appeared, from certain documents laid before the meeting, that, in addition to the aid afforded by the existing medical charities of the town, the poor, afflicted with diseases of the eye, had received, for the last six years, very extensive benefit from certain individuals in the profession, who had associated themselves for the purpose of giving gratuitous advice and assistance, in complaints of that nature, on the plan of a *dispensary*.

It was determined that this association should in future be designated the "LIVERPOOL OPHTHALMIC INFIRMARY;" and that from August, 1820, it should be considered as one of the public charities of the town.

The Right Honorable THE EARL OF STAMFORD AND WARRINGTON was appointed President, and the following gentlemen Vice-Presidents.

JOHN GLADSTONE, ESQ., M.P.
HENRY BLUNDELL HOLLINSHEAD, ESQ.
LIEUT. GENERAL DIROM,
THOS. MOLYNEUX, ESQ.
WM. EARLE, ESQ.
ADMIRAL MURRAY.

The original Medical and Surgical Officers of the Charity were —

Dr. TRAILL, now Professor of Medical Jurisprudence in the University of Edinburgh; Mr. CHRISTIAN, now the Consulting Surgeon; Mr. DAWSON, now Surgeon to the Liverpool General Infirmary; and the late Mr. HAY.

The premises at present occupied, in Slater-street, were taken, and fitted up for the accommodation of in-patients.

On the 1st of May, 1826, Dr. TRAILL and Mr. DAWSON, upon being appointed Physician and Surgeon respectively to the Infirmary, tendered their resignations, which were reluctantly accepted. These gentlemen, after being repeatedly thanked for the very valuable services which they had performed in behalf of the Charity, were elected *Members of Committee* FOR LIFE.

Mr. CHRISTIAN, also, tendered his resignation, as his professional engagements became so numerous that he was unable to devote his attention as constantly to the Charity as he had hitherto done. He was forthwith elected Consulting Surgeon.

An arrangement was now made, that there should be only two Surgeons, instead of three, as formerly: and that each Surgeon should attend every alternate day. Mr. GILL was elected Mr. CHRISTIAN'S successor.

Mr. HAY having sent in his resignation, on the 17th of May, 1827, Mr. EDWARDS was appointed Surgeon in his stead.

Mr. GILL'S resignation was accepted on his being appointed to the Northern Hospital; and at a General Meeting of the Subscribers, held on the 31st of January, 1834, Mr. NEILL was elected to the vacancy.

Having prefixed a history of the Charity, I shall go on to give a sketch of its arrangements.

As has been already mentioned, there are a Consulting Surgeon and two Surgeons in ordinary: the latter attend at the Charity daily, each Surgeon alternately, Sundays excepted. There is a Cupper and a Matron. The house is comfortable and roomy, with accommodation for eight *in-patients*. These *in*-patients must be extreme cases — urgent, from the danger which an absence for a few hours from a Surgeon's care might create; cases of *accident, or of operation.*

All Ophthalmic Institutions must be more upon the principle of Dispensaries than Hospitals. Cases of *very* extreme urgency fortunately not occurring frequently, we must not look with surprise at an Infirmary—such as the Liverpool Ophthalmic—having in-door accommodation for so few: for well do I remember, when I was the pupil of Mr. GUTHRIE, in the Royal Westminster Ophthalmic Hospital, when his admirable "OPERATIVE SURGERY," and the operations and practice of the institution, created the greatest sensation, that hospital could not boast of accommodation equal with the present Liverpool Eye Infirmary.

Another thing to be remembered is, the difficulty of supporting any charity by PUBLIC contribution. This difficulty has latterly been most severely felt; but I am happy to say that the funds of our Infirmary are again beginning to flourish.

The hour of attendance of each Surgeon is twelve o'clock, and he remains until the business of the day is completed.

The arrangements for the conduct of patients are the following. — On entering the common-hall, they receive tin tickets, having numbers stamped on them, from *one* upwards. According to the number, they are attended by

the Surgeon, who registers each *new* patient's name, age, residence, and disease, with its duration. The patient is supplied with a letter, having the foregoing marked upon it, together with the treatment.

The Surgeon has a neat *tray*, containing the drops, ointments, or other pharmaceutical preparations, or instruments, necessary for his manipulations. Each patient is therefore examined, prescribed for, &c. &c. *by the* SURGEON *himself*.

Extemporaneous prescriptions are compounded in a Laboratory attached to the Institution, by the Cupper, who performs the double office of Cupper and Apothecary.

TABLE OF DISEASES.—1834.

	Jan.	Feb.	March	April.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total.
Abscess of Lids	1	...	...	1	1	2	1	1	3	1	1	1	13
Amaurosis	2	11	4	8	9	5	8	13	5	5	7	6	83
Closure of Pupil	1	...	...	...	2	...	1	...	...	1	...	1	6
Cataract	3	2	2	3	4	3	6	7	5	3	8	2	48
Contusions and Wounds of the Eye, injuries from Lime, &c.	8	9	6	5	8	8	8	14	11	11	10	12	110
Cornea, Conical	...	...	...	...	...	1	...	...	...	1	...	...	2
———, Opacity of	6	11	15	22	25	21	15	9	10	13	10	12	169
———, Pustules of	4	1	...	2	2	6	2	2	6	4	4	5	38
———, Ulcer of	5	4	5	7	7	8	10	4	7	8	8	10	83
Corneitis	10	9	2	16	8	9	5	10	7	8	2	5	91
, Strumous	...	...	...	...	1	5	...	2	3	2	1	...	14
Encysted Tumours of lids	...	...	3	2	5	3	1	1	1	3	3	2	24
Ectropium	...	...	3	...	...	...	...	...	...	1	...	1	5
Entropium	...	1	1	...	...	1	1	...	2	1	...	...	7
Epiphora	...	2	...	...	1	2	...	...	1	...	1	...	7
Fistula Lacrymalis	...	1	2	...	...	2	...	2	2	...	3	3	15
Fungus Hæmatodes	...	...	...	...	...	1	...	...	1	...	1	1	4
Glaucoma	...	1	...	2	2	...	...	...	...	2	1	1	9
Hæmopthalmus	...	1	...	...	1	...	...	1	1	...	...	...	4
Hydrops Oculi	...	...	...	...	...	...	...	...	...	...	...	...	...
Hypopyon	...	2	...	...	1	1	...	1	...	...	1	...	6
Iritis	...	...	2	3	3	3	1	1	2	2	2	...	19
——, Syphilitic	2	...	2	2	1	4	...	2	1	...	...	...	14
Lagopthalmia	...	...	...	...	...	...	...	...	1	...	...	...	1
————, ————, of Lids	2	2	5	11	6	9	5	5	7	10	...	11	73
————, Conjunctival Acute	...	...	...	...	2	2	1	...	...	1	...	...	6
————, ————, Chronic	24	17	32	21	23	35	40	27	21	32	32	15	319
————, Erysipelatous	...	4	11	22	11	9	6	3	8	4	10	8	96
————, Gonorrheal	...	1	2	1	7	4	1	1	1	2	...	3	23
————, Morbillous	...	...	...	...	1	...	...	...	...	...	...	1	2
————, Purulent	1	1	...	...	...	1	...	...	...	...	...	...	3
————, Pustular	3	7	1	4	1	4	5	5	7	8	6	5	56
————, ————, with Ecchymosis of Conjunctiva	2	1	4	7	12	12	5	1	8	5	1	2	60
————, Rheumatic	...	1	...	...	...	2	1	...	1	...	...	...	5
————, Scarlatinous	...	1	1	2	4	1	...	...	1	...	...	2	12
————, Strumous	...	...	...	...	...	1	1	...	1	...	...	...	3
————, Tarsal	9	...	5	7	13	7	8	1	6	6	12	12	86
————, Variolous	12	15	12	20	21	9	22	10	21	13	25	22	202
Pterygium	...	3	...	...	...	6	1	...	1	1	1	...	13
Ptosis	...	1	2	...	...	...	...	1	1	1	1	1	8
Staphyloma	...	...	...	1	1	1	...	1	1	...	...	...	5
Strabismus	1	...	3	...	1	1	1	4	1	...	7	1	20
	...	...	1	1	1	1	...	1	1	...	...	...	4
Total	96	109	126	170	184	190	156	129	156	149	158	145	1768

Number of *New* Cases admitted in the Year 1833 1,129
Number admitted in 1834 1,768

Increase in 1834 ..... 639!

DISEASES TREATED.

Prefixed is a general Table of the Diseases treated during the last twelve months, up to the close of December, 1834. To what may be called a scientific arrangement, I have made no pretensions; and prefer proceeding at once to a concise notice of some of the affections of the Eye, in *alphabetical* order.

ABSCESS OF SUPERIOR LID.

This complaint is not uncommon. The treatment has been — leechings, fomentations, and poultices, with free incisions.

Many cases of Erysipelas of the lids have terminated in Abscess, but in none has there been any permanent alteration in the structure of the lid.

AMAUROSIS.

This interesting disease has been of very frequent occurrence; and many opportunities have therefore been afforded me of trying the different remedies which writers of different days have pointed out.

My practice has been general. I have cupped, purged, and depleted where plethora was evidenced. I have stimulated where there was atony; and where general

debility has shown itself, I have not been deficient in the exhibition of my tonics. Mercurials, too, have had their fair trial; but I have not *yet* found a *panacea*.

If any one remedy has stood my friend more than another, it has been *Strychnine*, judiciously administered, combined, or not, as necessity pointed out, with one or other of the general forms of treatment already alluded to.

Surgical assistance, in some cases, is unfortunately of no avail; but in the early stages of the complaint, the skilful practitioner may, and *can*, do much to protract, if not to prevent, its progress; and the disease, if not cured, may be made to linger on its way.

I am not aware that the continued exposure of the Eye to strong astringent vapours has ever been pointed out, by any author, as one of the many assigned causes of AMAUROSIS. Several cases, in which the patients attributed the origin of the disease to such causes, have come under my care. One patient (Samuel Barrow), an exceedingly intelligent person, from Northwich, distinctly attributes his Amaurosis to exposure to the vapour of coal-tar. Barrow's daily labour consisted in applying coal-tar to the concave surface of the arches of canal bridges. He also informs me that some of the men employed by him in similar occupation have been affected in the same manner. My informant is now quite blind.

I have a patient at present under my care, who is daily exposed to the fumes of sulphur. He, too, attributes his diminished vision and muscæ volitantes to this irritant. It will be interesting to prosecute this enquiry. I shall on some future occasion communicate the results, if any, to my professional brethren.

The following Paper, published in the *Liverpool Medical Journal* for June last, illustrates my success from the use of Strychnine—a most efficient agent when administered with discrimination.

"ON THE

USE OF STRYCHNINE IN AMAUROSIS.

BY HUGH NEILL,

SURGEON TO THE LIVERPOOL OPHTHALMIC INFIRMARY."

[*See No. 2 of the Liverpool Medical Journal, published by an Association of Physicians and Surgeons.*]

"The beneficial effects of Strychnine, in Amaurotic affections, have been so fully pointed out by Drs. Shortt and Heathcote, and Messrs. Guthrie, Liston, and Middlemore, that it would be superfluous in me to attach any preface to the history of the following cases. I shall, therefore, merely add that in no instance have I seen Strychnine useful in Amaurosis, if internally administered; nor in any have I seen it successfully used where the *Iris* had completely lost its motion. In many cases also, where I have used it with advantage, no twitchings were perceived by the patient; but just about the time that sight began to improve, a very considerable sensation of bitterness was communicated to the palate, a few hours after each application of the remedy.

"It is also but justice to acknowledge, that I have often been disappointed in the use of Strychnine, in cases where I had looked for the happiest results.

"Case 1.—In September, 1831, I was consulted by the late B—— H——, Esq., upon a disease under which he had been labouring for several years—Diplopia, having some extraordinary peculiarities.

"Mr. H. had resided for many years in the Brazils, and although a moderate liver, was liable to repeated attacks of Dyspepsia. It was during one of these protracted illnesses, that he first became affected with the following symptoms—nausea and vertigo, followed by permanent Strabismus and Diplopia in the left eye; and a constant sound of rushing waters in the ear of the same side. The colours, blue, red, orange, and yellow, appeared

to the eye so vivid, that the effect, on fixing it upon them for a few moments, was extremely painful. The diploptic figure appeared two feet taller, and was always to the right. Mr. H. handed to me Sir Charles Bell's opinion upon his case, which was as follows:

Sir Charles Bell's note—

'There are some remarkable circumstances in this affection:—there is confusion of sight from double vision; the defect is in the left eye, yet with it he distinguishes colours, and has them brighter than with the other eye; on looking at you, he sees you with another image, of larger dimensions (two feet taller), to the right. When the images approach, they assimilate in size. The remedies have been, a mercurial alterative, with a smart occasional purgative—the electric aura drawn from the eyelids; a blister was talked of, with Strychnine. On the whole, thought unfavourable from the continuance of the symptoms (three years). And it was deemed advisable that the patient should very much confine himself to the regulation of the bowels, and an alterative diet.'

It was six months after this opinion was given, that I was consulted. The symptoms were quite as troublesome as before, and, as I conceived that the alterative treatment had had quite a protracted trial, I determined to immediately commence the use of Strychnine. Mr. H. being much occupied with mercantile arrangements previous to his intended return to the Brazils, and not liking the blister, I was obliged to satisfy myself with the *internal* exhibition of the remedy, which was given in *eight days*, to the extent of *four grains;* no particular effect was produced. At the end of a fortnight, a blister was applied to the left temple, and on the following morning, the cuticle being removed, half a grain of Strychnine was sprinkled over the surface. His sensations, afterwards, were warm prickly pains. On the following evening, the same quantity of the powder was again dusted on. The next day I was told that the rushing sound of waters had

decreased, about two hours after this application. It was then applied for the third time; and on the following day the sound in the ears was quite gone. There had been considerable twitchings in the eyelid of that side all night. It was now applied, for a fourth time, to the extent of a grain, and next day I was told that there was evident improvement in vision—that there had been a thrilling sensation in the eyeball, sparks of light, and twitchings of the lid, which had lasted for several hours. He said that the false image resembled a shadow—not the solid substance which it had formerly exhibited. I had now become sanguine as to the result, but postponed the fifth application of the Strychnine until the following day, when my patient, being obliged to visit town, promised to call upon me. Before the hour appointed, however, on stepping out of his office, a weight fell upon him from a store above, and killed him on the spot. I had no opportunity afforded me of an autopsy.

"Dr. Shortt has said, 'In fine, in my opinion, it is only in cases of paralysis of the optic nerve, and those arising from congestion, that Strychnine can be advantageously employed.' I would go further—and I think I am authorized in doing so, by the amendment which took place in so many of the symptoms of this case, where the peculiar character of the complaint seemed to depend upon a defect in the nervous twig of the *abducens* muscle, and of the fifth pair—I say, that I would go further, and use Strychnine in almost every form of imperfect Amaurosis. I think it might also be used with much advantage in many of the atonic diseases of the ear.

"Case 2.—*Robert Tait*, æt. 56, has had an amaurotic affection of the right eye since the beginning of September, 1833. The left eye has always been weak, and its sight imperfect. Early in the succeeding November, I was consulted. He complained of a sense of weight over the right eyebrow; could tell day from night, but could not distinguish objects placed before him. He was ordered

to lose ʒ xii. of blood by cupping, from the right temple, and, as the bowels were confined, to take a cathartic pill every alternate night. At the end of a week, he thought himself a little better. He was ordered to be cupped again to the same extent, and to take four grains of the blue pill, twice a day. At the end of this week, he thought himself still improving; the sense of weight over the brow was relieved. He was ordered to continue the pill, and have a blister applied to the right temple, to be kept open. The blister having produced slight erysipelas of the cheek, with conjunctival inflammation of the right eye, it was allowed to heal, and the vinum opii was dropped into the eye.

"Dec. 15th.—Five weeks had now elapsed since the patient was placed under my care. There was certainly improvement, but it was not great; the patient could distinguish objects, but very imperfectly, and only one half of the object was discernible. The iris had all along been very sluggish, but had never completely lost its mobility. A blister was again applied to the right temple, and on the following morning, half a grain of Strychnine was dusted over the abraded surface; and this quantity was repeated daily until the 20th. On the 18th, the iris had acquired the most lively motion, the slightest stimulus of light affecting it. On the 20th, a grain of Strychnine was applied, and on the 21st, a grain-and-a-half. The patient, this morning, put on his spectacles, and read the title-page of the *Lancet*, which lay upon my table. From this date until the 24th, a grain was dusted on every morning. A creeping sensation was now felt after each application, *and also a considerable sensation of bitterness* in the mouth. 25th. The iris continues lively. He was ordered to discontinue the Strychnine.

This patient returned to me on the 21st of February, at the Ophthalmic Infirmary, saying that the weight over the brow had returned. He was cupped to ʒ xiv., and a blister applied to the nape of the neck. 22d. A grain of Strychnine dusted over the blistered surface, and repeated

daily until the 25th, when it was intermitted in consequence of head-ache and confusion.—27th. One grain more was applied, and the Strychnine was then discontinued. March 6th. The patient's sight and health are better than they have been for years. Discharged cured.

"March 20. Reports that he has, since the last date, resumed his occupation as a joiner; that his sight is sufficient for the purposes of his trade; and that it improves. April 22d. Sight very good, and very strong.

"Case 3.—*John Grey*, æt. 20, a red-faced carter, applied at the Ophthalmic Infirmary on the 6th of February last. He complained of nearly total loss of sight in both eyes. The complaint had lasted for five months. Between the 6th and the 19th of February, he was twice cupped on the nape of the neck, and he took blue pill, which affected his mouth, but without any improvement in his sight. On the 18th, he was ordered a blister to the left temple. 20th. Half a grain of Strychnine was dusted over the blistered surface. 21st. Had bitterness in the mouth three or four hours after this application; half a grain of Strychnine was again dusted on. 22d. Sight *not* improved; one grain repeated. 24th. Better; one grain repeated. 25th. Continues improving; one grain was now dusted on every alternate day, until the 1st March; the improvement gradually going on, and bitterness being perceived after each application. On the 6th March, the patient was discharged cured. He never had twitchings.

"Case 4.—*Wm. Crean*, æt. 34, a native of Dublin, a bricklayer, applied at the Liverpool Ophthalmic Infirmary, on the 27th February. He stated that nine years ago he fell from a height of forty feet; that his right wrist was dislocated; he experienced injury in the small of the back, and was unable to return to his work for three weeks. That three years afterwards his sight began to fail him; the right eye, which was first affected, soon losing completely the power of vision, and that then the

left eye began to go. About five years after the accident, partial paralysis of the inferior extremities was observed, and this has gradually increased. When he applied at the Ophthalmic Infirmary, he was just able to totter along; the vision of one eye enabling him to make his way, but insufficient for any other purpose. He was that day cup-cup to ℥ xiv., on the nape of the neck, and purged. On the 1st of March, he was made an *in-patient*. A blister was immediately applied to the nape of the neck, and in the evening one grain of Strychnine was applied. 2d. One grain applied. In the evening, had bitterness in the mouth, and twitchings in the legs. 3d. Sight a little improved, and he could perceive the line where the wall of the ward joins the ceiling. 4th. One grain repeated. 5th. The Strychnine was discontinued, as he was very nervous, and complained of headach. 8th. From this date until the 12th, two grains of Strychnine were taken internally without any visible or perceptible effect. The left temple having been blistered on the 12th, a grain of the Strychnine was dusted on, and repeated on each of the three following days, when it was finally discontinued. The half of every object was now very discernible. 18th. The patient, this morning, sees the whole of the picture. He was obliged to return to Ireland; and to-day, in the presence of many persons, strutted *stoutly* out of the Hospital, saying, that for years he had not been so strong in sight, or in limb.

"Case 5.—*Wm. Baxendine*, æt. 36, was admitted an out-patient of the Ophthalmic Infirmary, on the 15th February last. His appearance was most wretched. He stated that he had been for three months laid up with rheumatism, and that he had also had, for the same period, partial paralysis of the tongue, with nearly complete blindness. He complained of much pain across the forehead, and articulated with difficulty. He was immediately cupped to ℥ xiv., on the nape of the neck, and had a dose of purgative medicine. 19th. The pain of the head relieved. A blister was applied to the nape of the

neck, and on each of the two following days, half a grain of Strychnine was dusted on the blistered surface. 22d. Perceived a "strong bitterness" in the mouth last night, with twitchings over the forehead, and creeping at the nape of the neck. One grain was dusted on. 23d. Sight improved; one grain repeated. 24th. Great improvement; one grain applied. 25th. He pronounces himself to be quite well. His sight and speech are both restored. 29th. Discharged cured.

March 6th. This patient was attacked with pain in the left side of the head, and a return of his difficulty of articulation. He was again cupped, and gently purged, and in a few days was free from these symptoms. His sight was not affected by this relapse. *

"Case 6.—*Edward Sale*, æt. 28, a stone mason, applied at this Institution, April 17th. Complained of diminished vision in the left eye, with confusion from diplopia and muscæ volitantes; pain over the brow, and much occasional pain of the head; the pupil is dilated, but slightly moveable. *Pil. Hyd. gr. iv.* night and morning, and the drop of the *Vin. Opii* to be applied in the morning.

"26th.—Mouth sore; great pain of head. *To be cupped to ℥xiv. on the nape of the neck, and have Sulph. Magnesia* 1 *oz., and* 1 *gr. of the Tartarised Antimony.*

"29th.—Head relieved, but vision not at all improved. *A blister to be applied to the nape of the neck.*

"May 1st.—½ *grain of Strychnine dusted over the blistered surface.*

"3rd.—Thinks his sight was better after the application. 1 *gr. applied.*

"4th.—A sensation of bitterness in the mouth, and since two hours after the last application has had a feeling of suffocation, as if from sulphur, but vision improved. 1 *gr. dusted on.*

* This Patient died about three months afterwards in the Liverpool General Infirmary.—I *could* not obtain a Report of the appearances which were exhibited upon the Autopsy.

"5th.—The left eye is quite well; but the dimness has attacked the right one; with it he perceives objects double. 1 *gr.*

"6th.—1 *gr. repeated.*

"7th.—Double vision gone.

"8th.—1 *gr., then discontinue.*

"15th.—*Discharged cured.*

"CASE 7.—*Charles Clark*, æt. 67, admitted an out-patient of the Ophthalmic Infirmary, February 18th, 1834. Complains of weight over the brows, *muscæ volitantes*, diminished vision, and confusion in the head. After a purgative of Salts and Tart. Antimony, two-and-a-half grains of Strychnine were dusted, on successive days, over the right temple (previously blistered). This was followed by confused noises in the ears, and great pain at the right angle of the jaw, but there was no improvement in the sight; nor did the blue pill, given until the mouth was affected, produce any better result. On the 22d March, he was discharged as incurable.

I have merely stated this case, as one of many where I have unsuccessfully used Strychnine. The pain under the ear of the side to which the remedy had been applied, is not a singular occurrence, being often complained of after the third application."—*From the Liverpool Medical Journal.*

In his review of the foregoing paper, in the "LONDON *Medical and Surgical Journal*," of June 28*th*, 1834, Dr. RYAN, alluding to the want of success in some cases, says, "We are not surprised at this last declaration, as it is extremely difficult to procure Strychnine in its genuine form. Mr. Neill maintains that this medicine may be advantageously used in almost every form of imperfect Amaurosis. 'I think,' (says Mr. Neill), 'it might be used with much advantage in many of the atonic diseases of the ear.' We fully agree with him in the last opinion, as we have cured many nervous persons of deafness with this remedy."

It was two months previous to the publication of my paper "on Strychnine in Amaurosis," that the following interesting case of deafness was under my care; and it was the success of the Strychnine in this case which led me to advance the foregoing opinion. Mrs. H., aged 50, after the birth of her first child, was seized with deafness in both ears. She has never had inflammation in, nor discharge from them. This deafness has now constantly existed for thirty years, and is so complete as to require the continued use of a trumpet. She says that sounds are *heard* with one ear, but are *perceived* with the other. *One* hears the sound, the *other* distinguishes (internally) what that sound is. She consented, on the 14th of April last, to have a blister applied behind the right ear, and on the following morning I commenced the use of Strychnine, by applying ½ gr. daily over the blistered surface. This was continued for three days, when the quantity was increased to one grain. On the fifth day, she heard *distinctly* without her trumpet, which she laid aside; on the sixth day, sounds the most minute were distinctly heard, and sharp sounds were extremely painful; on the evening of this day, she complained of lowness of spirits; she did not sleep at night. On the seventh day, she frequently burst into tears, although she could not say from what cause. The Strychnine was discontinued. For four days longer her hearing was retained. As the nervous agitation decreased, her deafness returned, and on the fourteenth day from the commencement her deafness was as complete as before.

I waited a week, and again applied a blister behind the left ear, and commenced the use of Strychnine as in the former instance. The same effects were exhibited until the sixth day, when I speedily resigned the use of the remedy, from the patient complaining of numbness and dragging in one leg. Her deafness returned in a few days. She can now, as formerly, only distinguish the sounds of the voice by having her trumpet held in proximity to the speaker.

One other case I must add to the list of these, illustrative of the beneficial effects of Strychnine in Amaurosis.

I was lately consulted by a young and lovely lady, who for six years had been afflicted with symptoms which rendered her existence almost miserable. About six years ago, she had suffered from severe rheumatic fever, and was for many weeks confined to a sick bed. Upon her recovery, it was discovered that the superior straight muscle of the right eyeball had lost its power. Headach followed the rheumatic attack; these headachs became more and more frequent—the lids began to fall—sight became diminished, with slight outward squint. Medical men after medical men were consulted, but the ailment became more troublesome. Several of the Metropolitan opinions were taken, and their advice pursued, but with no advantage.

I found her seated with the lids drooping. If she wished to raise her eyes as far as my face, her chin was required to be thrown up, until the effort and effect were most painful. The right eye had lost its brilliancy; it was dull and muddy looking. She complained of great weight over the brows, and of general debility; and expressed her determination to endure any pain or uneasiness, provided the slightest hope could be held out of even partial recovery.

I proposed the use of Strychnine, by blister to the temple, and immediately commenced its application.

A small *horse-shoe* blister was applied over the right brow, at night; and on the following morning the one-fourth of a grain of Strychnine was dusted over the denuded surface. On the following morning, half-a-grain. Next morning, the same quantity. Fourth morning, a grain. On the evening of this day, the lady said that "she thought, when she looked at a printed page, the type and paper were brighter than they had been." Fifth morning, a grain. She is certain, this evening, "that *there is* improvement." Her spirits are high—no twitchings—tongue clean.

On the seventh day, a grain is applied, morning and evening. She slept badly, started much during the *night*.

On the eighth morning, one grain and a half is applied. About five o'clock, P. M. she was seized with difficulty of breathing — general languor — cold feet — her face was flushed. She had hot bottles to the feet, and stimulants; this difficulty of breathing wore off about eleven o'clock at night—she slept well.

Ninth morning, the lids are *well up* — the eye's motions restored — it rolls rapidly in every direction, so far that the cornea is raised at its lower edge above the edge of the lower lid.

There is, however, unequal motion when the two eyes act at the same time. I continued the Strychnine for five days longer, in the quantity of one grain every morning, and the improvement gradually progressed. Fourteen grains in all of Strychnine were applied.

I now commenced the use of tonics, with small doses of blue pill; one grain each night. The sound eye is bound up, and the (formerly) bad one is obliged to do all the work; it is *bright, lively, and sparkling*, but has not obtained complete motion upwards.*

The two eyes are parallel until they catch the cornice of the ceiling. But upon a sudden exertion, or in straining the eye much upwards, there still is to be perceived a slight want of parallelism. However, I am not without hopes that this imperfection will yet be overcome.

All dropping of the lids, all imperfect sight, and general uneasiness, from a sense of weight over the forehead and brows, are gone.

I must not omit mentioning, that when I first saw the lady, the pupil was dilated and the iris sluggish; indeed motion was almost lost. But after the fourth application of the Strychnine, it gained the most lively motion.

The complaint, according to her voluntary statement,

* The reader will understand what I mean by "complete motion," when I mention the fact of this lady being now able to exercise her eye, and improve her bodily health, by daily amusement at the billiard table.

had increased very rapidly during the three months immediately previous to my attendance.

I am so sanguine, I hope not too much so, as to the successful issue awaiting my management of this case, from the steady and progressive improvement hitherto, that if a result every way as satisfactory to my interesting patient, as to myself, be not procured, it will be owing chiefly, if not entirely, to the want of judgment and discrimination on my part, in my subsequent treatment.

I make this statement the more readily, as I possess a not always extended, yet most essential, auxiliary to a successful issue of my professional services—the complete confidence of the patient.

I write this three weeks after the date of the last application of Strychnine.

CATARACT.

So very much has lately been written on this subject by British, and particularly by Continental Authors, and the controverted points in respect to the different operations so ably discussed, that I need offer no apology for a short notice of the complaint.

My operation is the needle operation, and my reasons are —

1st. For *Congenital* Cataract, no man should use any other instrument than a needle.

2d. For *soft* Cataract, it would be unsurgical to attempt any other than a needle operation.

3d. For *Capsular* Cataract, when the lens has ceased to exist, or is softened in texture, the needle is the best instrument.

And lastly. For *hard* Cataract, the *reclination* operation by the NEEDLE is surgical, elegant, least painful, and less likely to be injurious than any other operation.

You should not extract a Congenital Cataract; you should not *attempt* to extract a *soft* one; and you *need* not extract a hard Cataract.

I have only one piece of advice to give my junior brethren. No matter what may be the patient's wish—no matter how much the surgeon's own inclination may lead him to operate—he should pause, always pause, and try to gain a faithful knowledge of the constitution he is about to act upon. It is a want of this knowledge, and a precipitancy in operating, which brings this, as well as other operations, into disrepute; if the reader will bear this warning in mind, when he reaches my notice of Rheumatic Ophthalmia, he will discover that my advice, now given, has been gained by an experience too indelibly marked to be ever forgotten.

The cases to be detailed hereafter will show the success of my practice.

CLOSURE OF THE PUPIL.

I have operated frequently in cases of Closure of the Pupil. I forbear, in the present report, submitting my observations as regards the operations usually practised in cases of this kind. I may, however, mention that, almost always, so much functional disorder or organic disease has co-existed, that even after *artificial* PUPIL has been made by the most dexterous operation of the experienced oculist, little or no advantage has ensued. Why? Because the no less delicate than important organ, the RETINA, has been implicated in the morbid action of the iris, terminating in Closure of the Pupil.

CONTUSIONS AND WOUNDS OF THE EYE.

Some, among the many accidents which have come under my care, in private and hospital practice, have

been of the most severe nature; although many, having a very unpromising appearance at the commencement, have nevertheless terminated favourably. The desideratum, indeed, appears to be, to have *early* notice of the accident to *prevent* inflammation.

I may contrast several cases. One was a fine young woman, from Cheshire, who came to me with general suppuration of the eyeball, resulting from a slight scratch of a thorn on the cornea; her eye was lost from want of timely aid. I may contrast this with two other instances, where injury more severe occurred, and yet sight was not affected. One had a penknife run through the cornea, and the protruding portion of iris was strangulated for two hours before I returned it; the other, the eyeball was transfixed with a fork; and yet in neither of these cases was sight injured. But I could repeat a multiplicity of cases in proof of this point. There is such a difference in general surgery. You there look for reaction as a healthy process; and when it comes, you temper it. In the EYE, however, you ought to dread, and should prevent reaction. Inflammation, long before it gives notice by PAIN, has done irreparable injury to the non-sensitive and delicate structure of the INNER eye.

Management of injuries of the eye has made me a tolerably fortunate manipulator. Now I do not consider myself "clumsy;" but even if I were, I know that my clumsiness may be in part remedied by good after treatment.

If a young surgeon,—I mean "young" in the operative and practical department of the Ophthalmic Surgery,—be long in his operation, he may take comfort to himself by recollecting that he is not, by such tediousness, producing violent pain to his patient. When he is aware of this fact, his "nervousness" will leave him, and he will conduct his operation steadily and ably.

Mr. GUTHRIE was the first to call the attention of the profession to the fact of the eyeball being insensible to pain. In the preface to his "*Operative Surgery of the*

Eye," he states that a foreign body does not produce pain if simply resting upon the conjunctival surface of the eyeball, or on the lining membrane of the lid; and that pain alone results when that body is grasped between the two surfaces.

Mr. GUTHRIE, however, has attributed an equal sensibility to the lid and eyeball, when they are thus in opposition. Now I differ from Mr. GUTHRIE in this. I grant that if dust lie gently on the lining membrane of the lid, it will not produce pain; but, if you press it upon that membrane, very acute pain will instantly be produced, accompanied by lacrymation, and distended vessels; showing a sympathetic and easily excited sensibility in the contiguous texture. But you may press a body, rough and sharp, against the eyeball, without much uneasiness; and further — you may, as I do every day, touch the corneal or sclerotical conjunctiva with the solid nitrate of silver, and the patient does not exclaim that he suffers pain, *until* the lids are allowed to glide over the injured surface, and THEN, how acute it is! But touch the *lining membrane* of the LIDS with nitrate of silver, and pain is the immediate result!

Hence I infer that that sensibility to pain which has usually of late been attributed to the eyeball, alone pertains to the lid.—Observe, I speak of the eyeball in health; for when inflammation has attacked the compact texture of the tunics, we all know how sensitive they become.

The conjunctiva of the eyeball is comparatively insensible: it is braced on the ball tight as a drum head. Draw the skin tight over a healthy finger, and you may prick it, but pain is scarcely perceived. On the healthy conjunctiva of the eyeball, we should scarcely detect a blood-vessel; although, when inflammation exists, we can trace hundreds. In health, the nervous irritability of the conjunctiva is at rest; but in disease, it becomes excited: hence, during inflammation of the conjunctiva, as in all other mucous or serous membranes, we have an extremely

acute pain, with a rapid inflammation, and great destruction of texture.—So we have a loud cry about sensibility!

I now conclude this subject, by hinting at the advantages to be obtained by the use of *Belladonna*, even during the inflammatory stage, when the result of injury. Its peculiar action of *dilating* the PUPIL, is a property which I often embrace; and I am half inclined to believe that its action upon the Iris tends much to keep back inflammation; or that, if inflammation exist, it is a powerful agent in checking it.

I apply the Extract, over the upper lid and brow.

The gentle use of *Mercurials*, in checking chronic inflammation of the Iris and Retina, should also be remembered, as well as its peculiar stimulation of the absorbents. The removal of pieces of steel, when impacted in the *Cornea*, is often found very troublesome. The instrument which I find best adapted for the purpose, is the curved cataract needle which has two cutting edges. Its temper should be softened, as the point, otherwise, is very liable to break. A lancet, or a straight needle, I consider very improper instruments.

When a patient comes to me with steel or other substance impacted in, or adherent to, the cornea, in the first place I use the flat or eyed end of Anel's probe; if I do not succeed in removing it with this instrument, I resort to the needle alluded to above.

CONICAL CORNEA.

I have nothing to say with regard to this complaint. I must see its progress. Two patients have presented themselves at the Ophthalmic Infirmary—one, a lad eighteen years old, who consulted me about the use of spectacles; the affection of the eyes in his case was congenital. In the other instance, one eye only was affected, and the patient offered himself to my examina-

tion with his sclerotic deeply tinted with the nitrate of silver. Both cases were incurable, as I regard the disease in *all* cases to be. In fact, this so called Conical Cornea may more correctly be denominated Transparent Corneal Staplyloma.

OPACITY OF THE CORNEA.

Of this state of disease, a multiplicity of examples has been afforded. My treatment is very simple. If the case is recent, I stimulate by a weak solution of the nitrate of silver. If the opacity has an onyx shape, I dilate the pupil with the belladonna, and stimulate the absorbents.

If the complaint is of long standing, I create a fresh inflammation by the nitrate of silver ointment of Guthrie, and mercurialize *gently*, &c. &c. Such treatment, in my practice, hospital and private, has been gratifyingly successful.

PUSTULES OF THE CORNEA.

Pustules of the Cornea constitute a dangerous complaint.

There is generally febrile excitement, full pulse, foul or unnaturally red tongue, redly inflamed inferior palpebral conjunctiva, and, in young persons, a round drum-sounding belly.

I purge, bleed by leechings or small cuppings, sicken by the tartarised antimony. Give Dover's Powder at night, use fomentations of poppy heads, and when the irritation marked by intolerance of light subsides, I use the weak solution of nitrate of silver. I recommend the patient to drink water impregnated with carbonate of soda, and finish off with alterative doses of blue pill.

This complaint sometimes leaves permanent specks. If the Pustule occur in early life, I generally com-

mence my treatment by applying the two grain drop of the nitrate of silver, and give half grain doses of calomel every night, with antacids.

ULCERS OF CORNEA.

Ulcers of the Cornea are seldom the consequence of pustules, if the surgeon be applied to in time. Ulcers generally occur in strumous habits. The hospital surgeon is usually applied to when there is intolerance of light and lacrymation; and when he examines the eye, he finds one or two large vessels twisting and twining from the outer angle of the eye. They may come from any part, but usually from the outer angle. When they reach the edge of the Cornea, they appear to raise themselves above the conjunctival surface: they hang and twist about the edge of the Cornea for a time, and ultimately rush forward upon it. They generally stop as near the centre as possible, and begin to show a little soft pulp at their extremity; this is an absolute ramolissement of the exterior structure of the Cornea. The surgeon should immediately destroy this substance, by the application of the nitrate of silver pencil. If this is not speedily done, a *permanent* speck will remain. The false texture should be immediately destroyed, and the slough separated; in the event of which the cure will go on well. To apply the caustic with advantage requires some dexterity, the patients being usually young. The little one should be laid on the knee of an assistant, mother, or nurse. Turn the head back into your own lap. Separate the lids, then apply your pointed pencil steadily, quickly, and surely. Do it well *at once*, and you save much after annoyance; for reasons known both to you and the child, this operation cannot be done so well a second time — the "young one begins to know you." The after treatment should consist in frequent

fomentations, with poppy head infusion, and then a weak solution of sulphate of zinc.

While on this subject, I must advert to what has frequently been impressed upon my observation from consultations during the last twelve months of my practice, viz. that the use of *acetate of lead* as a lotion is bad. In several cases, treated afterwards by me, where this salt had been employed, by gentlemen previously in attendance, a white slough, very hard to be separated, was created.

When the usually great irritation has subsided, I stimulate the granulating ulcer with the one grain or the two grain drop of the nitrate of silver. The only internal remedy which I give is the blue pill mixture; three grains of the mass should be given in mucilage every night, for a week or fortnight.

CORNEITIS.

Inflammation of the Cornea is usually an aggravated state of the early stage of either pustule or ulcer of the Cornea. Cup, sicken with tartarised antimony, and if deposition take place, treat as for OPACITY.

STRUMOUS CORNEITIS.

This is a very teasing complaint. In the first instance, it is necessary to examine the upper lid; perhaps you may find the vascularity of the Cornea produced by tubercular granulations on the lining membrane of the lid, which mechanically keep up constant irritation. If so, they must be touched with sulphate of copper or nitrate of silver, and the complaint, by mild treatment, will be overcome.

If the vascularity exist without this irritant, foment, give blue pill, and from time to time apply Mr. Guthrie's

ten grain ointment. The *Proto-iod. Hyd.* is, as far as I can judge, a very uncertain remedy; it is a bad and inefficient substitute for either calomel or blue pill.

I will quote a case of Strumous Corneitis, from my case book, which will show my treatment.

Margaret Porter, aged 14, from Ormskirk, was admitted an in-patient on the 29th March, 1834.

She has been unable to bear the slightest light for three months. On examining the eye, the Cornea has a bright red appearance, the pupil is not to be seen. Ordered fomentations of poppy heads, three grains of blue pill night and morning.

April 8th. Pain and intolerance of light gone. The eye can be easily examined, and the Cornea is quite a net-work of twisted red vessels. Apply Guthrie's *ten grain Nitrate of Silver* ointment, and continue the blue pill at night. The ointment to be repeated twice every week.

May 4th. Made out-patient.

July 8th. No vestige of disease remaining. My patient's complexion is now ruddy, and the plumpness natural to her interesting age, as a female, is perceptibly appearing.

ENCYSTED TUMOURS OF THE LIDS.

Some of these were interesting; all required to be removed. My plan is to evert the lid, in the generality of cases; hook up the tumour, and remove it with a bistoury; it is the work of a moment, and inflicts very little pain. If a portion of the sac remain, touch it with the nitrate of silver.

If the tumour is very large, turn out the contents of the sac, and apply the nitrate of silver pencil to the inner surface; the secreting power will thus be destroyed, and adhesive inflammation be produced.

ENTROPIUM AND ECTROPIUM.

In treating these diseases, Mr. Guthrie's "Operative Surgery" has been my principal guide.

EPIPHORA.

Some cases of Epiphora were cured by —— *never introducing Anel's probes*, (for the fact is, in most instances too much inflammation of the sac and duct already exists,) by applying over the course of the duct one *leech* every alternate day for a week, fortnight, or longer; and by keeping the edges of the eyelids continually smeared with *Unguent. Hyd. Nit.*

FISTULA LACRYMALIS.

The young surgeon almost invariably performs his first operation for this complaint badly. He has difficulty in introducing his knife into the sac; he forgets, or acts as if he forgot, that the sac lies almost within the orbit; he makes his incision too low on the cheek, fumbles, and gives much pain to his patient, and probably fails in introducing a style; for he keeps pushing against the firm thick edge of the orbit. This I confess was my case, and I thought myself a very decent anatomist.

If there be disease of the *os unguis*, as often happens, puffiness will exist around the mouth of the wound, and unhealthy granulations *within* it. In such cases, I use a catgut stilette; it is light, and does not hurt the diseased parts. The catgut swells gradually, and enlarges the opening without producing pain. In fact, under peculiar circumstances, it is an excellent little instrument. One thing, however, must be remembered—it must on no account remain longer than twenty-four hours in the passage. Any surgeon may make it in the following

manner:—Cut about an inch of cat-gut bougie; file down one end; give it roundness, and a little tapering; then polish it with sand-paper. To give it a head, hold the cut end to a candle, it will swell, and a little heated black sealing-wax will then give it a famous head. Before the instrument is used, it should be dipped in oil.

HYPOPYON

is an extremely interesting complaint, there being always considerable risk of loss of vision. It may be, but rarely is, idiopathic. It more frequently occurs from injury of the cornea, either from accident or ulceration. The following cases show my treatment, and illustrate spontaneous and sympathetic Hypopyon.

Case 1. *Hannah Bradshaw*, æt. 24, admitted an out-patient, 8th February, 1834. The anterior chamber of the right eye was nearly filled with pus; there was intolerance of light, with conjunctival inflammation; the cornea, however, was transparent, and the pus behind perfectly fluid. She stated that she had experienced considerable pain over the brow, and throbbing in the eyeball, for about a week.

She lost ℥ xiv. of blood by *cupping* on the nape of the neck the same evening, and was *briskly purged.* On the 11th, the sense of fullness in the eyeball, with the pain over the eyebrow, were gone. She was ordered three grains of the *blue pill* thrice a day. 13th. The pills continued, and the *five grain Ointment of the Nitrate of Silver* was put between the lids, and repeated every alternate day until the 11th of March, when she was DISCHARGED CURED.

Case 2. *William Berry*, æt. 34, a miller at Woolton, applied at the Ophthalmic Infirmary on the 18th February.—Four days previously, while picking a granite mill-

stone, the centre of the cornea of the left eye was penetrated by a piece of steel. Next morning the spicula was removed by a brother workman, with much difficulty, and after much destruction of the conjunctiva of the cornea. He was *cupped* on the left temple to ℥ xvi., and was ordered an ounce of the *Sulphate of Magnesia* with one grain of *Tartarized Antimony.*

The cupping was repeated on the 20th.

As the patient was obliged to walk five miles to and from Liverpool for advice, the inflammation from this excitement became so violent, that it was deemed advisable to receive him as an IN-PATIENT on the 25th.

Almost the whole of the conjunctiva of the cornea had now sloughed away, and the anterior chamber was filled with pus. He again lost ℥ xvj. of blood by *cupping*, from the left temple; was ordered four grains of *blue pill* thrice a day, and to *steam the eye* over warm water. 26th. Continue the pills, and apply the drop of the *one grain solution of the Nitrate of Silver.* The pills were continued for two days, when the mouth became sore; the two grain drop was now applied, and only one pill to be taken at bed-time.

Six days from the date of his admission the pus was completely absorbed. He was DISCHARGED CURED on the 18th of March, only a very small indenture being perceptible where the original injury had been inflicted.

HÆMOPTHALMUS.

Hemopthalmia, or Hœmopthalmus, is almost always the result of injury, and the blood is removed nearly as rapidly as effused.

The rapidity with which the absorbents of the membrane of the aqueous humour act is well exemplified by a case occurring in my private practice, and which is detailed in the following note from Dr. Hancock.

"Great George-square,
"8th of 1st Month, 1834.

"Dear Friend,—In answer to thy note just received, I have to say that I cannot recollect the precise date when the accident occurred to my son's eye, but believe it was in the spring of 1833. A hard ball was thrown against it by one of his school-fellows. Great pain immediately followed, and loss of sight from the effusion of blood. [Leeches were applied to the temple of the same side, and towards evening of the same day, the form of the pupil, before obliterated, could be seen. The eye was covered with a shade, a little cooling aperient was used, and in two days scarcely a vestige of injury was observable.] With recollection of thy kind and judicious advice, I remain thy obliged friend,

"THOS. HANCOCK."

IRITIS, AND SYPHILITIC IRITIS.

My cases were successfully treated by mercurials; keeping the pupil constantly dilated by the Belladonna, and applying afterwards the Camphorated drop or Vin. Opii.

At present I shall say no more upon this interesting disease. I am delighted to see, by an announcement in one of the French Medical periodicals, that the Symptomatology, Diagnosis, Pathology, and Treatment of *Iritis*, form the subject for the Prize Essay of 1835, for which a gold medal, value 300 francs, will be given by the *Royal Society of Paris* for the *Improvement* of the PRACTICE OF MEDICINE.*

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* *Prix proposé par la Société Médico-Pratique de Paris.*

La Société Médico-Pratique de Paris propose pour sujet de prix pour 1835, la question suivante:

"*Décrire l'* Iritis, *établir ses diverses espèces, faire connaître le traitement.*"

L'importance des maladies des yeux, aujourd'hui mieux étudiées peutêtre, les nouveaux efforts que l'on a faits récemment en France pour en éclairer

CATARRHAL OPHTHALMIA.

During the past year (1834) these cases have been frequent. My treatment consisted in administering Sulphate of Magnesia, with Tartarized Antimony as a purgative, or Calomel and Jalap; warm fomentations of the Poppy-head infusion (gr. ij. of the Acetate of Lead to each ounce of infusion); in a few days an astringent lotion; cold applications; Vinum Opii, or the Nitrate of Silver drop.

CATARRHAL OPHTHALMIA OF THE LIDS.

The only difference in treating this affection, consisted in the application of the Ung. Hyd. Nit. at bed-time, to the lids.

ACUTE CONJUNCTIVITIS.

The treatment of Acute Conjunctivitis was—cuppings on the temple or nape of the neck, with brisk purgatives; the Tartar Emetic, *usque ad nauseam;* then, the same treatment as in Catarrhal Ophthalmia.

CHRONIC CONJUNCTIVITIS.

Treatment of Chronic Conjunctivitis.

In the very first place, evert the upper lids, take a

l'histoire, ont engagé la Société Médico-Pratique à appeler l'attention sur l'une d'elles, qui présente, à plus d'un titre, le plus grand intérêt. En demandant l'histoire de l'iritis, la Société appelle surtout des travaux cliniques; elle désire que si l'on admet plusieurs espèces, celles-ci soient établies d'après des distinctions bien exactes, que des faits bien observés puissent faire apprécier la valeur des moyens de diagnostic, et enfin, que l'on indique avec soin les divers modes de traitement que réclame chacune d'elles.

Le prix est une médaille d'or de la valeur de 300 fr.

Les Mémoires, en latin ou en français, doivent être rendus *(francs de port)*, avec les formes académiques ordinaires, chez M. le docteur Alphée Cazenave, Secrétaire-général de la Société, rue Saint-Anastase, N° 3, avant le 1er Mars 1835.---*Journal Hebdomadaire, &c., No.* 40, *Paris.*

close peep at them. If your patient is a snuffer or smoker, make him, for a time at least, desist. Commence, for a day, with steaming the eyes over warm water. Introduce Guthrie's invaluable Nitrate of Silver Ointment beneath the lids—it is easily applied. Take about the size of a small pea upon the point of a probe, open the lids, close them upon the probe, which withdraw in such a way that the ointment shall remain within.

So much faith do I place in this ointment, that in making my daily visits, I would as soon leave my *lancet* at home as my little glass pot containing the Ung. Arg. Nit.

In some cases of Ecchymosis, when there was great relaxation of the conjunctiva, I have used ice with advantage. One patient, a shoemaker, presents himself after an extra glass of grog, or after a late night's labour, with the whole sclerotical conjunctiva a mass of semi-transparent jelly, protruding far beyond the cornea; the conjunctiva of which remains quite transparent, and free from the general disease. Pounded ice, applied between two folds of linen to the eye, for an hour, reduces this ecchymosis, and then, a common astringent lotion of acetate of lead, or sulphate of zinc, puts him to rights.

ERYSIPELATOUS OPHTHALMIA OF THE LIDS.

Regarding the inunction of mercurials I will give a most favourable voice. I have tried it in many cases with great advantage. Even when fluid had already formed, I have found absorption to take place. It is in erysipelas of the face that I consider mercurial inunction to have proved itself in reality the surgeon's friend. Those horrid scars which used to mark the ravages of this disease may now be completely prevented by a timely use of mercurial inunction.

A private patient, however, of mine, I would not on

any account use such a remedy to. He has a most extraordinary predisposition to erysipelas, and in less than two years has had five very severe attacks. In two cases, attacks resulted from the external application of the Ung. Hyd. Fort. and the Ung. Hyd. P. Alb.; in two other cases, from taking a few grains of calomel; and in the fifth, from swallowing some quack medicine, containing as one of its ingredients the Hyd. Mur. in solution. His sensations after the external application of mercury are burning heat of the surface of the body, headach, pruritus, &c. There is redness of the skin, and in milder attacks, only loss of the cuticle after a few days; but in two, after the external application of the mercurial, vesicles were formed in the perinœum, scrotum, axilla, poples, and groins. Convalescence was tedious to a degree; the cuticle of palms of hands and soles of feet peeled off; the hair also, after one of these attacks, fell off.

The *General Treatment* has been the exhibition of purgatives, smearing the lid with the Ung. Acet. Plumb., and cloths dipped in cold lotions. Or, if matter form, a treatment similar to that detailed under "Abscess of Superior Lid."

MORBILLOUS OPHTHALMIA.

Morbillous Ophthalmia, in the acute stage, requires leechings, followed by the warm solution of the Acetate of Lead.

PURULENT OPHTHALMIA OF INFANTS.

Case 1. *Isabella Mason*, æt. three weeks, admitted an out-patient February 15th—has been afflicted with this complaint for ten days. The lids are very much swollen, and the purulent discharge immense. The *ten grain Nitrate of Silver Ointment* (of Guthrie) is applied

between the lids, and the *Alum Lotion* to be injected, warm, between the lids every hour. DISCHARGED CURED, March 11.

CASE 2. *Margaret Winn*, æt. three weeks, admitted on the same day with similar symptoms; had the same ointment applied every alternate day, and used the same lotion. She was DISCHARGED CURED, March 6.

By the history of the foregoing cases, will be perceived my treatment. In no one case have I deviated from it. It will be seen how a treatment so simple, of a disease accounted very virulent, may be efficacious, with judicious and *well-impressed* advice.

It is now upwards of seven years since I first saw such a system of treatment adopted; in a paper which I published in the *Lancet* (23d July, 1831), I vouched for the efficacy of Mr. Guthrie's ointment in the following words.*

"It was in October, 1827, that I first had an opportunity of seeing this ointment introduced to practice; I was then a visitor at the Royal Westminster Ophthalmic Institution, and each day a number of cases were brought before my view, where its beneficial effects were so developed, that my attention was drawn towards it in the strongest manner.

The ointment, for the efficacy of which I shall vouch, is composed of ten grains of Nitrate of Silver, finely levigated, and a drachm of simple unguent, well mixed together. I started when I heard of its component parts, and saw Mr. Guthrie, the first who used it, fearlessly apply it between the lids, and rub it over the eyeball. Still more astonished was I when, a few days after, the beneficial effects of its action upon the diseased surface were developed. From this time forward it was used in almost all cases of chronic conjunctival inflammation, with a success which I may call universal. *It was used in many instances of the Purulent Ophthalmia of infants,*

* A paper on the same subject, by a Mr. Walker, of Manchester, will be seen by referring to the *Lancet* of three weeks later date (Aug. 13th, 1831).

and in each case in which I saw it applied, the best results followed."

In the early months of the little one's connexion with this world, its exposures to varied temperatures are so continual, that it often surprises me how the child can (in plain language) be reared. My astonishment increases when I look at the organ of vision, and see the infant held, by its *well-meaning*, but *ill-acting* nurse, with its eyes exposed to the light of a blazing fire, or the flame of a candle!—and yet how seldom do we find blindness a result? We, it is true, have occasionally cases presented to our notice, where such causes can be traced as origins of Ophthalmic disease; but such cases are rare. Here again is an instance of the fallacy of the much *canted* "extreme sensibility of the eye."

When the mother attends with the child, I seldom receive the answer "No" to the question, Have you suffered from *Whites* before your lying in? *Fluor Albus* is a frequent cause of the Purulent Ophthalmia occurring in a few days after birth.

This report is only to detail my practice. In a future one, I shall dwell at greater length on the philosophy of this subject.

PUSTULAR OPHTHALMIA.

Guthrie's ten grain *Ointment* again is my favourite, and indeed the only application necessary. I apply it every third day until a cure is completed.

RHEUMATIC OPHTHALMIA.

Rheumatic Ophthalmia is a disease where the cleverest surgeon is often at fault. It is troublesome, lingering, tedious, and uncreditable to the surgeon; painful, irksome, agitating, and wearisome to the patient. The sufferer loses confidence in his surgeon; the surgeon

can gain no credit by his attendance. If the medical man has a young and muscular subject to deal with, the case is one of active treatment, and of success. But I look at the old infirm and shattered constitution, the constant stimulant-requiring habit; at the chronic cough, irritable frame, and relaxed system. There is a case for a surgeon! His patient has perpetual torment, arising to agony as the paroxysm is declared. There is intolerance of light, but only slightly ecchymosed inflammation of the conjunctiva and a contracted pupil to be seen. He will perhaps apply leeches to the lids, which ease the patient; but the relaxed cellular texture occupying the upper part of the cheek, immediately assumes the form of Erysipelas. Cold is applied—the patient is distracted. Opiates by the mouth avail little. Colchicum now sickens the stomach. Blue pill the patient, and in three or four days his few remaining stumps of teeth rattle in their sockets.

What then is to be done? When the pain is darting and throbbing, I *apply* leeches, but I only apply *two* or *three* to the *temple* of the side affected, and this I repeat every night. I use continually *dry* warmth. Flannels and cotton wool over the face, brows, and forehead. I keep up the strength by JELLY *without wine*, and BEEF TEA *without spices*. The patient always has cold feet. I put them into a strong pickle of salt and warm water, and roll them in flannels. I give henbane, hop, and one grain of blue pill (making a five grain bolus) every fourth hour. I use from the commencement an ointment smeared over the brows and lids, consisting of half an ounce of strong mercurial ointment, and half a drachm of powdered opium mixed. I smear about the size of a pea or small bean on the surfaces mentioned. Do this, and your patient will usually be relieved; but should the greasy application afford no comfort, keep cloths saturated with warm laudanum laid over the brow and cheek of the side affected. The extract of belladonna should also be applied

to the upper lid, from time to time, that the pupil may be kept dilated.

I carefully attend to the state of the bowels, and as the secretion from the liver is always vitiated, I give a desert spoonful of castor oil every second or third morning.

The tongue becomes brown as the acute stage of the complaint decreases. I then give tonic bitters with ammonia. Porter is excellent, if the stomach will bear it.

This treatment I adopt in my private practice. The patients require to continue it from one to four months—hence the necessity for confidence in the medical attendant.

SCARLATINOUS OPHTHALMIA

requires the same treatment as the Ophthalmiæ resulting from eruptive fevers.

STRUMOUS OPHTHALMIA

often receives its beginning from either Measles or Scarlatina. The symptoms are all similar to those I have detailed (see Pustule and Ulcer of Cornea). There is the characteristic fever, intolerance of light, red tongue, full belly, &c. Although I have tried every treatment, none has ever had such happy effect as a long continued, but gentle, use of some of the milder preparations of mercury. The blue pill mixture is the best form for its administration to children—it will be weeks before its effects are developed, in some cases. To treat this disease with success, the surgeon must possess the confidence of the parent—for the attendance is always tedious; but by this blue pill mixture, or calomel, the complaint will be overcome; and unless there be ulcer, no other remedy need be applied to. I could relate a multiplicity of cases successfully treated upon this plan alone.

TARSAL OPHTHALMIA.

I recommend very frequent washings with warm water, and the application of the Ung. Hyd. Nit. Mit. or Ung. H. P. Rub. to the edges of the lids. If the case progress slowly, give gentle mercurial alteratives.

VARIOLOUS OPHTHALMIA

ranks with *Scarlatinous.* Both stir up the scrofulous constitutions, and both may require constitutional treatment.

EXPLANATION OF THE FRONTISPIECE.

As the history of the following cases is intended for the *General Reader*, I have given two sketches of the Anatomical Arrangement of the inner eye, that the steps of the operation which has been so successful in my hands, and which I most strenuously advocate, may be rendered sufficiently intelligible. *I refer to the Frontispiece.*

FIG. 1.

A. *The Tunics* of the eyeball, which are opaque.

B. *The Cornea*, which is transparent.

C. *The Anterior Chamber*, which contains the *Aqueous Humour.*

D. *The Posterior Chamber*, also containing the Aqueous Humour, and communicating with the former through the *Pupil* E, which opening is in the centre of the *Iris* F, a delicate fringe, or circular curtain, which hangs in the Aqueous Humour, and is the division between the Anterior and Posterior Chamber; it dilates or contracts, making the Pupil larger or smaller, and thus regulates the quantity of *light* admitted into the eye.

G. The *Crystalline Lens*, which, like the other humours of the eye, is, in health, beautifully transparent, but is opaque in the disease called CATARACT, and therefore prevents the light from permeating the *Vitreous Humour* H, and reaching the *Retina* I, which is the expansion of the *Optic Nerve* J J, and which lines the Opaque Tunics, and is therefore closely applied to the outer spherical surface of the Vitreous Humour.

FIG. 2.

A, the space formerly occupied by the *Lens* B, which is now *reclined* into the Vitreous Humour, the solidity of whose texture, with the flat position in which the Lens is placed, prohibits the chance of the Cataract (that is the Opaque Lens) again resuming its old position.

Thus there is now a transparent Pupil, the Aqueous Humour fills up the place of the Crystalline, and the light once more freely traverses the Vitreous Humour, and makes its natural impressions upon the Retina.

The operation for the extraction of Cataract is complicated, difficult, more painful, less safe, and of longer duration in its performance, than reclination, which is simple, elegant, surgical, nearly free from pain, safe, and speedy.

If you fail in your first attempt to extract, there are very many chances against your succeeding again. If, on the other hand, you fail to depress a hard lens, you have disturbed its position, admitted the aqueous humour within its capsule, and rendered it amenable to the action of the absorbents, which, in many instances, will dissipate the lens, and thus produce a cure. Nor are such the only advantages; for if this cure be partial, the operation may be repeated again and again, until any opaque portion be removed.

I shall now refer the reader to my former notice of Cataract, where he will find that the NEEDLE OPERATION is the only one applicable to ALL species of this interesting disease.

CASES OF BLINDNESS CURED BY OPERATION.

ELLEN MUCHIN'S CASE,

THE LITTLE GIRL WHO WAS BORN BLIND.

THE first case which I shall relate has already attracted considerable notice.

Ellen Muchin, *born* QUITE BLIND, was brought to me early in the summer of 1831. Her mother stated that she had previously had many opinions on her daughter's *blindness*, the chief of which were unfavourable to any operation being performed. Feeling deeply interested in the case, I made a minute examination into the state of my little patient's eyes, and general health. The result of the examination led me immediately to propose an operation for the removal of the cataracts which obstructed vision: it was cheerfully and readily agreed to.

In less than a week, this interesting child, then *eight years old*, who *had* NEVER *seen the* "*spangled heavens*," *nor known the* "BLESSED LIGHT OF DAY," was in possession of the most precious sense. Her father and mother, with a professional friend of mine, witnessed the first operation. The child was put under no restraint: she sat with her head resting on my friend's breast, her father sat at one side and held her by the hand, she uttered no exclamation, till the operation, which did not occupy half a minute, was completed, when she said, "Oh is that all."

On the 4th of October last, upwards of *three years* after the former period, in the presence of many persons, among others, our *amiable* and INDEFATIGABLE *Vice-President*, the Rev. T. BOLD, I operated on the other eye, in the *Ophthalmic Infirmary*. She made a similar observation, as on the former occasion, and remarked that she experienced "*hardly any pain*." SO MUCH THEN FOR THE "WONDROUS SENSIBILITY OF THE EYE."

After the first operation, Ellen and her parents went to Ireland, where they remained till August, 1834, the date of their return to Liverpool. The family had not been here long (in lodgings), ere Ellen and her mother were seized with Cholera, and taken to the Fever Hospital. Within a few hours only after their removal, Ellen's mother was a widow, and Ellen herself fatherless, Cholera having destroyed their only support. The workhouse received Ellen's three little sisters, who were without friends or home, and this poor family are now beggars!

It was at this period of her distress that Mrs. M. called upon me; I took Ellen into the Ophthalmic Infirmary as a temporary home, and that a cure might be completed by operating on the other eye. The issue of the second operation has also been gratifyingly successful, as the following notice of this little girl's case will show; it is extracted from the *public journals*.

October, 1834.—"There is at present in the Ophthalmic Infirmary, under Mr. NEILL'S care, a case of very great interest. The patient is a little girl who was *born blind*. About three years ago, Mr. Neill operated on the right eye; the operation was successful, and she obtained sight; she was then in her eighth year. On Saturday last, the 4th instant, he operated on the left eye, in the *Slater-street Institution*, with a *similar happy result*.

"This little creature, born blind, and for eight years in darkness, is now in full possession of the most precious sense. She can distinguish colours, and the smallest objects.

"The knowledge of distance after the first operation was

for a long time imperfect. The first object which was presented to the eye was a halfpenny; for weeks afterwards every circular object, no matter how large, or what colour, was called a halfpenny.

"When blind, her residence was in *Dove-court*, School-lane; she was then familiar with "every nook and cranny" in the neighbourhood. When she obtained sight, she often used to lose her way, sometimes even close to her own door. The instant this would occur, she would shut her eyes, and feel round until some known object was touched, then with her eyes closed she would hurry home, guided by her accustomed sense of touch. She is a pretty, intelligent child, and is a pattern of neatness."

Cheselden's case, the memoir of which is detailed in the thirty-fifth volume of the Philosophical Transactions, and *Ware's case*, as detailed in the second volume of his work on the Eye, both *materially* differ from mine.

Cheselden mentions that his patient, "upon obtaining sight, was so far from making any judgment of distance, that he thought all objects touched his eyes as what he felt did the skin." He saw all objects in proximity to the eye.

Mr. Ware is satisfied that "children from whom cataracts had been extracted, had a notion of distance the first moment they were enabled to see."

Cheselden's patient and Ware's patient could also distinguish colours previous to the operation. Now my little patient could only tell the *sunshine* from *night*, or a *flame* from *darkness*. When she obtained sight, it will be seen how very imperfect was her judgment of size or distance: all objects appeared smaller and farther off than their form or position really were. This, however, was what we might naturally expect; for the want of a refracting body, such as the lens, would at once point out this imperfection in vision. Mr. Ware "was astonished by the facility with which, on the FIRST EXPERIMENT, he (his patient) took hold of my (Mr. Ware's) hand at different distances; mentioning whether it was brought

nearer to, or carried further from him, and conveying his hand to mine in a circular direction, that we might be better satisfied of the accuracy with which he did it."

Mr. Ware also says, "In this case, however, and in others of a like nature, although the patients had certainly been blind from early infancy, I could not satisfy myself that they had not before this period enjoyed a sufficient degree of sight to impress the image of visible objects on the minds, and to give them ideas which could not afterwards be obliterated." In Mr. Ware's case this may have happened, but in the case of *the child, which I am now relating*, it had NOT taken place. *She never saw:* and her after sight proved that an early knowledge of the use of the organ had *never* been gained.

How is it that all my patients, who after cataract operation recover sight, see imperfectly? and that the imperfection chiefly consists in SHORT SIGHT, *the near object appearing to be* SMALL, *and far removed?* It is because the LENS is wanting, and when a false lens is supplied, the *far* object *approaches*, and the *near* object is *encreased* in volume.

Ellen's surprise was most ludicrous when she first placed her spectacles on her nose. She had already acquired a three years' knowledge of the surrounding objects, and from *experience* had gained an intimacy with them; when she saw through her spectacles, her mind had flown to "BROBDIGNAG." "Oh," said she, "your head touches the ceiling." Her knowledge of distance was again lost, and nearness was the fault, but *habit* will soon accustom her to the use of her spectacles.

A week after the second operation I bound up the right eye, *the one first operated on*, and desired her to use the other; with it (THE NEW EYE) she could tell every object with as much accuracy as with the other eye, and she could also distinguish colours. In fact, she said she could see with equal power with either.*

* I have this day, Dec. 30th, received a patient having *Congenital Cataract* in both eyes; he is a fine boy, 10 years of age; and I intend to operate upon him in about a week or ten days.

MRS. SAVAGE'S CASE.

The case of Mrs. Savage, *No.* 2, *Crown-street, two doors from Pembroke-place*, is interesting, inasmuch as the age of the patient might have been considered a drawback to the success of the operation.

Mrs. Savage applied to me in *May* last; she was in her 68th year, and *quite blind*, having Cataract in both eyes.

I extract the following note of the operation from the "*Liverpool Medical Journal*," in which it was reported.

"May 14th. *Mr. Neill* operated to day on the left eye. The straight flat needle was introduced into the posterior chamber, the capsule of the lens ruptured, the lens made to roll, so as to effect its disengagement, the flat side of the needle placed upon its upper edge, and by a gentle pressure downwards and backwards the lens was made to glide into the body of the vitreous humour.*

"27th. Operation on the right eye. The belladonna having being previously applied, *Mr. Neill* passed the needle, as related above, in the operation on the left eye, and the lens was made to glide, as in the former instance, into the body of the vitreous humour. The patient expressed great astonishment at the freedom from pain during the operation, which did not occupy more than the one-fourth of a minute."

She can now (with the assistance of spectacles) *read her Bible!*

ANN RUDD.

Ann Rudd, aged 64, quite blind, was received into the Ophthalmic Infirmary on the 19th of July last.

Her residence is No. 7, *Crosshall-street.*

"The right eye had been affected with inflammation many years since. There is cataract, with adhesion of the iris to the capsule of the lens. The iris is immovable.

"In the left eye there is hard lenticular cataract, and

* See the Frontispiece.—Fig. 2.

the iris lively. On Saturday, the 26th of July, I reclined the cataract of the left eye, in the usual manner, the patient expressing astonishment at the freedom from pain. She was discharged cured on the 8th of August, and with spectacles *is able to read very small print.*"

MARY MORRIS.

Mrs. Morris, aged 67. *Residence No. 2, Orford-street, Salthouse Dock*, was blind in both eyes from cataracts. I operated on both eyes on the 18th of October last, and made her an out-patient on the 24th of the same month, *six days after the operation.* SHE IS CURED, and with spectacles *is able to read the* SMALLEST PRINT.

ELLEN MURRAY.

Ellen Murray, aged 21, had cataract in the left eye, the result of injury sustained by a blow about twelve months since. As there were threatenings of amaurosis in the right eye, I considered it advisable to break up the soft cataract in the left eye, which I did on the 23d of August last. When the patient left the hospital her sight was very good. I have not seen her, however, for four months.

WILLIAM ABLETT.

William Ablett, aged 9 years, at play, ran a fork through the Cornea of the right eye, and punctured the Lens. Cataract formed, and blindness ensued. I performed the operation on the 4th of October last. The boy has now excellent vision.

None of my patients complain of disturbed vision after the operation upon one eye. In fact, I conceive that this opinion, which has been occasionally advanced as a reason for declining the operation when one eye alone is affected, is erroneous. There are very few persons indeed who, *in health*, see with equal power in both eyes; and yet we never hear of disturbed vision from this cause.

JOHN HUGHES.

John Hughes, aged 26, in the employ of Messrs. Lutwyche and Co., No. 19, Carruther-street, was blind of the left eye from hard lenticular Cataract. I operated upon this patient on the 18th November. *His sight is restored.*

MARY AUSTIN.

Mary Austin, aged 54, blind for three years from Cataract in both eyes, and so very *deaf* that she can scarcely hear the loudest sound of the voice. I operated on both eyes on the 18th November.

She is restored to sight.

Mrs. Austin's residence is No. 38, Warren-street.

WILLIAM GRIFFITHS.

William Griffiths, aged 66, from near Dolgelly, in Wales, was placed under my care a few weeks ago by Sir Robert Vaughan, Bart., M. P. for Merionethshire, who has taken much interest in his case.

I operated on the right eye on Saturday, the 13th of December last; but I am not very sanguine as to the result. I fear that disease of the Retina has *co*-existed with the Cataract.

JOSEPH JOYNSON,

The son of Arthur Joynson, groom at the Star and Garter Hotel in this town, a few days after birth was seized with Purulent Ophthalmia; the extent of the disease was not discovered until too late, and blindness in both eyes was the result of this destructive complaint.

He was brought to me in October last, and was then in his sixth year. One eye was quite destroyed, the other retained its form, but the pupil of the eye was blocked up by the opaque lens, which had fallen forward, and become united with the iris.

By the formation of an artificial pupil, I have given this child *sight*, which, although it can never be what a medical man would call "useful vision," will enable him to see his way, and distinguish larger objects.

Of the many cases which have been under my care during the past year, only one case of Cataract terminated unfavourably, and that unfavourable termination was the result of the stubbornness of the patient, who left the hospital too soon, and afterwards suffered most severely from rheumatic inflammation of the eye for many months.

In the month of October last, I operated upon *eight different patients* FOR CARARACT, from the age of 5 *years up to* 73; and every one terminated in *complete restoration to sight!* This, then, is my apology for so strenuously advocating the Needle Operation.

INJURIES OF THE EYE.

I mentioned, in treating of injuries of the eye, that many cases of most extensive injury terminated favourably. One case I cannot avoid particularizing. *James Greenow*, 20 years of age, *of Little Woolton*, had the stalk of a tobacco pipe thrust through the Cornea. The Iris was slightly injured. It protruded to the size of a large garden-pea. Inflammation was kept down. This patient, now seven weeks since the accident, has recovered the complete use of the eye; the Staplyloma of the Iris has retracted; the Cornea has no protrusion; and the only appearance of injury is in a lengthened pupil, which is oval, instead of circular; but his vision is not impaired, nor is there any opacity of the Cornea.

A more melancholy case was lately placed under my care by LORD SANDON. The patient, Mrs. Mary Ford, lives in one of LORD HARROWBY'S lodges at SANDON. She was in front of the lodge, when a game-keeper was shooting at a rabbit in a field at a little distance. One grain of shot entered her left eye, nearly in the position where the needle is made to puncture in the posterior

operation for Cataract; it tore away part of the Iris. The medical gentleman who first saw the case supposed that the shot had entered the Lens: this may have been correct. When I examined the patient; it was six weeks after the accident. The Lens was dislocated, and appeared to me to be sunk with the Capsule into the vitreous humour. I could have wished that this opaque body might have been removed; but, upon a consultation with my colleagues, it was determined not to adopt such a measure. The pupil was undilatable by Belladonna, and there was much softness of the vitreous humour. The patient still perceives the light, and does not suffer pain.

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