own physician, by order of two seniors, who decided that the patient was in convulsions. "Bis vena pertunditur: primo ex vulnere nihil exit; ex secundo sanguis quidem prosilit. Sed continuo impetum amittit languideque adeo exit, ut tametsi vena mox clausa sit, pulsus amplius percipi non potuerit, &c. "Mors"—ingruit secundum Valsalvæ (medici) predictionem." *Epist.* 30–2.

I shall now conclude with a brief summary of my opinions relative to this disease.

The Indian epidemic is the cholera morbus of authors in a violent form. The remote, in which I include predisposing and exciting causes, are deviations of the seasons from their ordinary course, and abnormous vicissitudes of weather; dense population; defective and noxious food; and generally, (a concentrated state perhaps of) whatever is calculated to produce intermittent fever.

The phenomena and consequences of the disorder resemble the effect of poisons. Depression and atony of the general system permitting the circulating mass to accumulate within the central trunks, the consequent irritability, secretion, and action of the alimentary canal, constitute the proximate cause.

The grand indication of cure is to restore the equilibrium of the circulation, by renovating the vital powers. Diffusible stimulants, chiefly tincture of opium, in large doses, with the application of external warmth to the surface and extremities, are the most successful remedies.

II.

Report of Cases treated at the Ophthalmic Hospital, Chatham. By Andrew Smith, M. D. *Communicated to Professor Thomson.*

(Continued from Vol. xviii. p. 519.)

Cataract.—Ten soldiers, with blindness in one or both eyes, from opacity of the crystalline lens, or its capsule, were received into Hospital. Eight of them were of one eye, and the remaining two of both. The operation for the cure of the disease was performed on four; and in the other six no treatment was adopted, in consequence of the senior medical officer agreeing with the general opinion, that when one eye was sound, the other ought never to be meddled with. Such a rule

of practice cannot, I think, be too soon abolished; and therefore I avail myself of the opportunity which offers itself, of examining into the validity of some of the arguments by which it has been supported. I shall then consider the advantages which result from operating upon one eye, when the other is sound.

The advocates for delaying the operation assert, *in the first place*, that, from the sympathy which exists between the two eyes, the sound one is apt to suffer from the violence done to the other; *secondly*, that in consequence of the lens being lost, the rays of light will not be concentrated and impinged on the same part of the retina as in the other eye; and that indistinct or double vision will be the result. With respect to the *first* of those objections, I have to observe, that no such occurrence has ever come within my observation. In two cases operated on by Staff-surgeon Murray, no inconvenience was felt in the sound eye; and in the case in which I broke up the lens, in the Depôt Hospital at Edinburgh, as you no doubt will remember, nothing but the most perfect success followed. Since that time, I have performed extraction thrice, and breaking up twice, without the least detriment to the unaffected eye; which results, in addition to what are to be met with in the works of Wenzel, Scarpa, Travers, &c., leave no doubt on my mind but that the dangers are supposed only, and not real. As to the *second* cause of delay, I have to remark, that it appears to me as frivolous, and nearly as groundless, as the one just examined. That a slight degree of double vision does occur for a short time after the lens has been extracted, I must admit; but it is so trifling, and of so short duration, as often scarcely to be observed by the patients, unless inquiries be made at him directly to the point. In the cases, again, where the lens was broke up, this casual imperfection did not occur, as the eye became accustomed, before the lens was absorbed, to its privation. The following were the remarks I made on the cases in which extraction was performed. Three saw objects double when the bandage was first removed, and for nearly twenty-four hours afterwards; then singly. Two saw double for about three hours; and one of them, two days after, upon being surprised, and opening his eyelids suddenly, experienced, for a few seconds, the same imperfection. A sixth saw constantly double for four days, and, after that, as distinctly as ever he did; and the other three cases, as above remarked, always single.

With respect to the arguments which have been urged in favour of the operation—*first*, by waiting till the other eye becomes affected, the retina of the diseased one, from long want

of its natural stimulus, is apt to become amaurotic; *secondly*, inflammation is more easily excited in an eye affected with cataract, than where the disease does not exist; *thirdly*, the field of vision is much more considerable with both eyes than with one; and, *lastly*, by operating early on one eye, the other has been known, when affected with incipient cataract, to undergo a spontaneous cure; but should this not take place, it will prevent the blindness, which is the inevitable consequence of a cataract on both. That the eye may become amaurotic, from being long deprived of the stimulus of light, I can readily conceive; and I know two instances in which the retina became insensible during the existence of a cataract, without the slightest appearance of any external inflammation. Mr Travers and others have also seen the same thing occur. That inflammation is more readily excited in an eye affected with cataract, than in a healthy one, is a certain fact; and that the inflammation, if deep-seated or of long continuance, will induce disease of the retina, every one must know who has attended to the diseases of the eye. A variety of a lippitudinous affection also very often coexists with cataract, and is only to be got rid of by a removal of the opacity; which fact, though rather singular, and not easily accounted for, I have observed in more than one instance. That the field of vision is much more limited with one eye than with both, every one can convince himself, by simply covering one, and observing surrounding objects with the other, and then immediately making the same inspection with both. Lest, however, it might be said that the field of vision, though enlarged, would not be distinct, with both, I invariably put the question to *every* man who came in my way, where the lens had been absorbed or extracted from one eye, and they always answered, that their vision was neither by any means so good nor so extended, when they looked with the sound eye, as when they employed both. That incipient cataract in one eye sometimes disappears, after the operation has been performed, for a complete one in the other, I am not warranted from my own observation to assert; but proofs to that effect are to be found in an excellent paper, by Mr Carmichael, published in the nineteenth volume of the London Medical and Physical Journal, which sets the matter beyond a doubt; and, along with the other reasons, throws the balance, in my opinion, much in favour of an early operation. Independent of those reasons, another of very great weight might be urged, if necessary, viz. the great chance there is, by pursuing such a plan, that complete blindness will be prevented; a circumstance so desirable to every one, but more particularly to those of the lower class

of society, who, by their manual labour, have not only to gain a livelihood for themselves, but often for large families.

Let us now return to the detailed account, by stating, that extraction was the operation performed in the four patients treated. As the disease in two of them existed in both eyes, one of each was first treated; and as soon as they had perfectly recovered, the others were subjected to the same operation. In both of those, and in one of the others, the section of the cornea was made in the usual place; but, in the fourth case, it was formed in the outer part, the more completely to guard against any protrusion of the iris, which occasionally takes place after the first method. In consequence, however, of the patient thus operated on having been very unsteady, the whole of the lens could not be got out; but what remained was suffering absorption rapidly at the time I was ordered away to the *Isle of Wight*, and his vision was daily, nay, I may say, hourly improving. The treatment, after the operation, was very simple, and consisted in keeping both eyes covered for three days, or longer, with wet cloths and a bandage, whilst the patient was confined in a room either entirely dark, or only with a dull light, and his bowels kept moderately open. The diet, for the first ten days, was very low; and great attention was paid to prevent the eyes being exposed to a strong glare of light, which was found to occasion an aching sensation in the eyeballs, and a temporary indistinctness of vision. One of the patients, who had the lens extracted from both eyes, and one of them who had it only removed from one, were able, fourteen days after the operation, to find their way about with ease, to distinguish a man from a woman at fifty yards distance, or read large print without glasses; and the other two, though much benefited, were still, at the time I left Chatham Hospital, under treatment. I may remark here, that, in ascertaining the degree of vision possessed by the patient after the operation, who had one eye only affected, the sound one was previously covered by a bandage and compress.

Amaurosis.—Three of the patients admitted, laboured under this disease in its advanced stages; and the fourth had it only in an incipient form. In all of them it commenced while serving in warm climates; and in three, attacked both eyes at the same time; but in the fourth, the disease began in the form of hemeralopia in one eye; and in the course of a year after, the other was seized with dimness of vision, which went on increasing to complete blindness. The disease, in one of the patients, commenced during his convalescence from ague; in a second, it remained after a severe attack of purulent ophthalmia; and

in the other two it came on gradually, while doing the usual duties of soldiers.

The symptoms, on admission, in the confirmed cases, were, great dilatation of the pupils, which, in one of them, were not at all affected by a bright light, and in a very slight degree only in the other two. The eyeballs had an unusual bluish tinge, felt soft, and yielded considerably to pressure. *Two* of them were able to observe some change, when brought from a dark room into a bright light; but, to the third, no such alteration was perceptible. The countenance, in all, had a dull vacant stare, and the eyeballs appeared as if nearly fixed in their sockets; at least their motions were much less rapid and extensive than is usually observed in healthy eyes. In the incipient case, there was considerable dimness and imperfection of vision, great intolerance of light, and slight lachrymation, without the least signs of external inflammation. The pupils were rather more than naturally contracted, and the patient felt, as he expressed it, " a throbbing and fulness in his head." Appearances like flies, or balls of fire, were also frequently observed by him, as if issuing out of, or floating before, his eyes; and his bowels were generally confined.

The attack of the disease in the patient who was seized during his convalescence from ague, was marked, he stated, by " weak sight, a ringing noise in his head, and occasional pains in the ears." In the other two, no other symptom but impaired vision was ever experienced; and that, though very slight at first, soon went on to perfect blindness.

Three of them attributed their complaints to the strong glare of the sun, to which they had been much exposed; one while serving in Gibraltar, another in St Helena, and the third in the East Indies. The fourth thought it was the consequence of a severe attack of inflammation of both eyes, accompanied with purulent discharge, which he had a short time before in Malta.

Treatment.—The patients affected with amaurosis in its confirmed form, had their bowels at first well evacuated by a dose of calomel and jalap; after which, they were kept for some time on an alterative course of mercury, with an occasional purgative. But as no benefit, after a considerable time, appeared likely to result, those remedies were changed for electricity, moxa, &c. The former of these was used, in the form of sparks to the outer side of the upper eyelids and brow, at first every other morning, but, after some time, every morning; and the latter was applied to the temples, so strongly as to destroy the vitality of a portion of the integuments, and thereby afford an

opportunity of establishing issues, which, in all, were kept discharging for some time, without effecting the slightest change in the diseases. The bowels, during this stage of the treatment, were kept regular, by the constant employment of mild purgatives when required. Both the above plans having failed, a course of tonic medicines was tried, composed of bark, carbonate of iron, and rhubarb, but with equally bad success; which circumstances, together with the knowledge of the assigned causes, and which, I think, there is no reason to doubt were the real ones, led to their dismissal from Hospital, in compliance with their own requests. In the fourth case, or that where the disease was only in its early stage, a cure was readily effected by the plan of treatment recommended by Stevenson, in his work on "Weakness of Sight." On admission, a strong drastic purge was exhibited, so as freely to evacuate the bowels; and afterwards, half an ounce of sulphate of magnesia was given three times a week. Six leeches were applied to each temple every morning, and the bleeding encouraged by warm fomentations; the feet were bathed at night, and a scruple of Dover's powder given at bedtime. By a continuance of this treatment, the intolerance of light gradually abated, and the vision became more and more distinct, till at last he was discharged, about the fourteenth day from admission, quite cured.

The cases just detailed, together with many others which have come under my observation, have perfectly convinced me, that that form of amaurosis which comes on gradually in warm climates, from much exposure to the glare of the sun, is to be cured only in the early stages; and that, when it has existed for some time, and is marked by much dilatation of the pupil, and insensibility to light, it is rarely if ever curable; indeed I may go so far as to say, not to be benefited by any treatment. Such an inference, I assure you, has not been drawn in a moment, but is the result of observation and reflection on different cases which I have seen treated, both by the first army surgeons, and by those in civil life, who have devoted much of their attention to diseases of the eyes. Topical blood-letting, and the other means employed in the case already alluded to, would, I am satisfied, put a stop to many cases of incipient amaurosis, which, by being either let alone, or treated in some other way, would terminate in a complete and incurable blindness.

Entropion.—Of the six patients treated for this disease, one had it in the right upper lid, one in the left lower lid, one in the right lower lid, one in the upper lid of both eyes, one in the lower lid of both eyes, and one in both lids of each eye. In two, the inversion was only partial; but in the other four, the

whole extent of the tarsus was inclined inwards, and consequently required a more severe operation for their cure. All of them had been, for a long time previous, much subject to ophthalmia, particularly that form of it complicated with a granulated state of the lining of the lids. The tarsus, or tarsi, in all of them, were more or less completely hid, in consequence of being inclined inwards and upwards under the palpebræ, the cilia were distorted, and assumed various directions;—which states kept up a constant increased vascularity of the eyeball, intolerance of light, lachrymation, pain, itching, and a sensation of weight and restraint on moving the lids; and, eventually, were attended with specks of the cornea, impaired vision, &c. In the two cases in which the disease was only partial, the inflammation, and other symptoms, were neither so violent nor so general as in those in which it was complete. When the palpebræ were everted, which could only be done after considerable exertion, their inner surfaces were found more or less irregular and contracted, or bound down by small membranous bands, which diminished not only their length and breadth, but also impeded their motions, and rendered them much more limited.

Four out of the six attributed their disease to cutting off the granulations from the inner side of the lids, and the other two could assign no cause for the complaint. Considering the appearances exhibited upon everting the palpebræ affected, and that the inversion occurred soon after cutting instruments had been employed for the purpose above mentioned, it appears probable that the disease was induced by the contractions and irregular cicatrices formed during the healing of more or less extensive wounds of the conjunctival lining, which had been made during the removal of the granular bodies which were dispersed upon its surface. This is not taking things merely for granted; for I have frequently observed such wounds occasioned, and such consequences result, from the mode of treatment just referred to, although not in any of the cases under consideration.

Treatment.—In the two patients where the disease only affected part of the tarsus, a vertical incision of the cartilage, of about two and a half or three lines in length, near to the extremity or part affected, was found sufficient to effect a cure. In those, however, in which the inversion was complete, a vertical incision of the same extent was required within a line or two of each extremity, and a longitudinal connecting one along its meibomian edge, which being done, generally relieved the stricture, and allowed the margin of the lid to resume its natu-

ral position. Whichever of those operations was adopted, the tarsus was kept well everted for three or four days afterwards by sticking plaster and bandage, whilst the wounds were prevented from healing by the first intention, by the repeated application of lunar caustic. In one of the patients, in whom the disease appeared to depend partly on an unnatural relaxation of the integuments of the lids, the second mode of operating was practised; and, in addition to it, an elliptical portion of the relaxed integuments was raised by a pair of forceps placed longitudinally on the lid by an assistant, and removed by the operator with a pair of curved scissors, which he found most convenient. The edges of the wound thus inflicted were brought together, and retained so by two or three sutures and sticking plaster, whilst the whole eye and lids were covered with a pledget of lint and bandage till the parts had healed, only being now and then removed, in order to cleanse and dress them. Attention was paid, during the cure, to the state of the bowels and diet of the patient; and, in one of the cases, four leeches were applied to the temple, to remove some active inflammation which supervened on the operation.

Pterygium.—Four patients affected with membranous pterygium were admitted. In three of them only one eye was affected; but in the fourth, it had attacked both, and occurred, in all, towards the inner canthus. The base, or broadest part of the diseased membrane was situated towards the *valvula semilunaris*; and the apex on the cornea, over which it had extended, in three cases, for more than a line, and, in the fourth, farther than the centre of the pupil. In two of the cases, a probe could be passed completely under the diseased parts, which indicated that they were newly formed, and not thickened conjunctiva; but, in the other two, they adhered firmly to the eyeball. In all, they at first presented a pale membranous appearance, with here and there small red vessels running from the base towards the apex, but they soon became more vascular, and thickened, after the treatment was commenced. On the cornea, the diseased membrane was nearly, if not perfectly white, and had a slight nebulosity all round it, which caused a considerable dimness of vision. In the case in which it had extended for more than half way across the pupil, vision was almost entirely destroyed. All the four individuals had been for a long time previous much subject to inflammation and weakness of the eyes.

Treatment.—As no symptoms existed which rendered any preparatory measures necessary, consequently the removal of the diseased body became the first step of the cure; and that

was done, in all of them, by excision, with a pair of scissors. The patient was seated as in the operation for cataract, with the surgeon immediately opposite to him, and then an assistant, with the fore or middle finger of the right hand, provided it was the left eye that was to be operated upon, and *vice versa*, gently raised the upper lid, while, with the corresponding ones of the other hand, he depressed the lower, and made such a degree of pressure against the eyeball, as, with the assistance of the patient, rendered it sufficiently steady for the completion of the operation. The surgeon then, with a pair of small forceps, held in the hand most convenient, laid hold of the preternatural membrane about a line behind the cornea, and gently raised it, which, being done with a pair of curved scissors, he commenced cutting close to the edge of that tunic, and extended backwards as far as the origin of the disease, whereby a wound of nearly a triangular form, and of considerable depth, was inflicted. The bleeding was encouraged by warm fomentations; and as soon as it was stopt, the eye was covered, for three or four days, with a pledget of simple dressing, and the patients kept in a darkish room, with their diet and bowels well regulated. The portion of diseased membrane which was not removed from the cornea, was, after a few days, touched with a point of lunar caustic, an operation which was repeated frequently till it was destroyed; but in neither of the two cases in which a cure was effected, did the entire transparency return, although vision suffered little, if at all, from the state that remained. In those in which the operation succeeded, about the third or fourth day the surface of the wound was covered with a thick whitish stratum of lymph, and the edges commencing to cicatrize, this process went on rapidly till the whole had healed. In those, again, where the disease was regenerated, a red soft fungus-looking substance was observed where the lymph ought to have been, and there was a considerable degree of surrounding inflammation and soreness, with slight puriform discharge, and a few minute red vessels, extending towards the diseased part of the cornea. These appearances were soon succeeded by the formation of a similar disease to that just attempted to be destroyed; with this exception only, that it was more of a fleshy than a membranous nature, and had a greater number of vessels ramified throughout its substance.

In the last description of patients, one of whom was the individual with the disease in both eyes, the same operation of excision was repeated, and exactly with similar results, which led to the employment of caustics. Nitrate of silver and nitric acid were the two preferred. The first of these was applied for

some time to the whole diseased surface, with evident benefit; butit seemed, by repetition, to lose its charm, and instead of diminishing, appeared actually to increase the disease. It was then laid aside for the acid, which was applied at first a good deal diluted, but latterly nearly in its pure state. It produced, as well as the other, each time, a more or less considerable eschar, which, upon being detached, left the parts very tender for a day or two, and excited a good deal of puriform discharge. As soon, however, as those symptoms had abated, it was applied again; and at the time I left Chatham, the disease which affected one eye of one, and both eyes of the other, was evidently upon the decline. Immediately after either of the above applications was made, the parts were besmeared with almond oil, to protect the sound parts against the effects of those portions which might be carried away by tears, or otherwise detached.

Those cases, however, as well as most others that have come within my observation, strongly point out, I think, the propriety of abstaining from any treatment in this complaint, till either vision is much impaired by it, or else some other very disagreeable symptoms exist, as, in by far the greater number of cases, if a complete cure is not effected, the disease is only aggravated, and that often even under the hands of the most learned and experienced surgeons.

Hordeolum.—This being a disease generally of so trifling a nature, will account for only two cases having been treated in Hospital. In both of them it had its site towards the outer extremity of the right upper lid, and was in each accompanied by much swelling and redness of the palpebræ, with a good deal of itching, smarting, and lancinating pain on moving them; which latter, by degrees, was converted into a dull pulsatory kind. The patients were freely purged, and put upon a low diet. A poultice was applied to the tumours, and changed several times a day. As soon as matter had formed, an opening was made with the point of a lancet, and the poultice continued for another day, after which it was changed for a little simple dressing, an application that was continued till the cure was completed, which in both took place in the course of three days from the time the matter was evacuated.

Hemeralopia.—Two men were received from warm climates, affected with night-blindness. Both of them were first attacked with sore eyes, during the Egyptian campaign, and had been more or less subject to them ever since. They were both men advanced in years, with broken-down constitutions. One of them was about to be discharged the service for old age, and

the other was transferred to a veteran battalion; but as he did not recover his sight completely, I believe he was, soon after joining it, put upon the pension-list. The first of them likewise had, in addition to the blindness, an opacity of about the size of a pin's head, nearly in the centre of the lens of each eye, which, however, did not impair his vision in any perceptible degree. Both of them gave nearly the same history of their disease; with this exception, that, in one of them, it had existed in a greater or less degree for the last six years, and in the other for only two. They stated, that, as the sun went down, their sight became more and more imperfect; that in the course of the evening it left them entirely, and continued so during the night, till sunrise in the morning, when it returned again in the same gradual manner, and continued perfectly good till the same time next evening, when the usual symptoms were again experienced. Upon examining the eyes during the day, the pupils were observed to dilate and contract regularly, according to the quantity of light admitted; but when a similar inspection was made after sunset, the effects just described did not appear to result from the same degree of stimulus. They seemed then a little more dilated than natural, and contracted but sluggishly upon exposure to light, whilst the eyes themselves looked devoid of their usual energy and vivacity. Their eyeballs were firm, and did not yield to pressure; their bowels were regular, and appetite good.

They assigned, as the cause of their disease, the strong glare of light to which they were exposed, when on sentry and at drills, during the time they were quartered at Gibraltar and the Cape of Good Hope. That such a strong light is reflected from the rocky and sandy surfaces of both those places, I can vouch from experience; and am inclined to refer the origin of the disease to the same cause as they have done, because I have observed my own sight, after being out in the sun for some time, very much diminished, upon coming into a dull, or even a well lighted room, and sometimes continuing so for a very considerable time. Thus, I have no doubt, had I continued to expose myself in the same way, I should soon have been unable to distinguish objects in the dusk of the evening, or during candle-light. In consequence of the retina having been for some time acted upon by so strong a light, its sensibility would have been so far diminished, as not to have been affected by one so much weaker. The same consequences I have observed amongst tradesmen, who have been in the habit of working at bright shining objects during the day; for some of them at night have been unable to read or discover small objects, particularly when

of a dark colour, and this defect of vision would no doubt have terminated, had they persevered in their usual occupations, in confirmed hemeralopia.

The treatment pursued was very simple, and quite alike in both patients. It proved perfectly successful in one of them; but in the other, perfect vision was not restored; a circumstance which I am inclined to attribute more to age, and a general decay of the constitution, than to a local cause, more particularly as his sight was not good even during the day. On admission, they were put into a ward moderately lighted, and their bowels evacuated by some gentle cathartic. A blister was then applied to each temple, and kept discharging by savine cerate; while some solution of muriate of mercury, in the proportion of two grains of the salt to an ounce of water, was dropt into the eyes twice a day. The purgative medicines were repeated again on the third day; and on the fifth, fresh blisters were applied to one of the patients, as the old ones were healing up before the disease had given way. The quantity of light admitted into the ward was also at the same time increased; and in five days more, viz. on the tenth from admission, one was quite well, and the other was able to see a little at night. The first was now allowed to walk about, and enjoy all the advantages of the open air, without restraint; whilst the other was only in a limited degree, for a few days more, till his vision became a little better. He was then, after continuing some time in the same state, in spite of a continuance of the treatment, discharged from Hospital to join his regiment, then quartered at Canterbury.

During the whole time which those patients were under treatment, the strictest watch was kept over them, in order to ascertain if they were not feigning their complaints, (the diseased appearances being so obscure and trifling);—a trick frequently attempted by soldiers, for different purposes, and sometimes done with so much appearance of reality, as even to deceive for a little the strictest inquirer. The simplicity of the treatment, the complete cure of one, and the great amendment of the other, which followed it, together with their having frequently, when alone, run against fixed objects, so as to hurt themselves considerably,—all tended to remove any doubts as to the reality of the disease.

Tumor Fungosus Bulbo Oculi exoriens.—The individual who was the subject of this disease, had had a small tumour twice, successively, in the same situation, many years ago, while serving in India, both of which were removed before they had attained the size of small peas, by the knife; a mode of treatment

which, for the time, proved quite effectual. The present morbid growth commenced about eighteen months ago, in the same situation, and after the same manner as those just alluded to, viz. in the form of a small red pimple, but increased much more rapidly than either of them did, and was only not removed in the early stages, *as he states*, from an idea that it would be soon reproduced. On admission into Hospital, it measured about an inch and a quarter from the margin of the upper lid, which lay immediately over its origin, to its most depending point; and its greatest breadth, which was just under where it protruded from between the tarsi, was fully an inch;—thereby filling up the whole palpebral opening, and concealing in a great measure the eyeball. Its thickness, which was nearly alike throughout, was about half an inch; and its general colour was a livid blue, streaked with red, more particularly towards its origin, where it was smaller than at any other point. Upon raising it with the fingers, and at the same time elevating the upper lid, the lower part of the eyeball was alike exposed, and the tumour was found to arise partly from the upper and outer part of the cornea, but principally from the conjunctiva immediately connected with it. It was very tender to the touch, bled easily, and felt very painful in cold weather. The vision of the eye, of course, was quite gone, and its motions, as well as those of the lids, almost entirely prevented. He could assign no real or supposed cause for the complaint.

As soon as the connexions and apparent extent of the diseased parts were ascertained, its removal was immediately decided on; and this was done by ligature, instead of the knife as hitherto. The thread employed for that purpose was of considerable strength, and was carried quite down to the commencement of the tumour before it was tightened. Severe pain in the diseased parts, as well as in the head and eye, was the immediate consequence of this operation, which, in a few hours, became so severe as to threaten phrenitis, and require venesection to be performed, which soon relieved the violence of the symptoms. The tumour by this time had acquired a dirty black appearance, and was quite insensible when touched, only giving him pain when moved up and down towards the part surrounded by the ligature. The headach and pain in the eye gradually subsided; and the fungus came away along with the thread, on the fourth day from the application of the latter, leaving a raw surface, of nearly the size of a sixpence, in the site already described, which soon healed by the use of a weak solution of nitrate of silver, dropt on it night and morning. The portion of the cornea to which it was attached, remained

slightly opaque; but, as it did not extend near so far as the pupil, vision suffered but little; indeed, it may be said that the patient was discharged from Hospital perfectly cured. His diet during the time he was under treatment was properly regulated, and his bowels were kept moderately loose, at least one or two stools were ensured daily, and he was confined in a great measure to his room.

Having now made the proposed remarks on the different diseases as they stand in the general return, and detailed the modes of cure which were adopted in each, I have to express my regret at not being able to give you any account of the operations for artificial pupil, as my notes relative to that subject have accidentally been lost. I regret this the more, as the number was so considerable, and the general success so highly creditable to the dexterity and talent of the operator, Staff-surgeon Murray, with whose professional character, however, you are already, to my knowledge, well acquainted. As soon as an opportunity shall occur of consulting the registers in which the different cases were inserted, I shall lose no time in giving you a full detail of the whole. And now, for the present, allow me to subscribe myself,

Your's, very sincerely,

ANDREW SMITH, M. D.
Army Medical Staff.

Cape of Good Hope, 1st *November*, 1821.

III.

Case of Osseous Disorganization of the Mitral Valve, accompanied with Inflammation of the Pericardium and enlarged Liver.

By JAMES ADAM, M. D.

J. WILSON, ætat. 21, Bengal Pilot service, stout made, rather muscular, admitted 5th January 1821.

5th.—Evening, 5 o'clock.—Is in a state of great apparent distress, breathing laboriously, with an anxious slightly tumid countenance, and a hue on the cheek approaching to livid, but not strongly marked. Complains of severe pain in the epigastric and right hypochondriac regions, which are visibly swelled, and projecting from the general level of the abdomen. The swelling is divided into two; and, by his own account, there were originally two distinct tumours in that situation. The whole belly is in some degree swelled. Was first taken ill