trovery against one for whom I entertain great respect and to whom I owe so much. But when Mr. Spence attempts to prevent the spread of a system which I know to be efficacious against septic poisoning by bringing forward an exceptionally favourable series of cases treated by a method which I know to be, even in Mr. Spence's hands, often followed by pyæmia and other allied diseases, I feel that I should not be doing my duty if I remained silent. I might have made the case against so-called simple methods of dressing as compared with strict antiseptic treatment much stronger had I, using Mr. Spence's published description, traced the progress of those cases which recovered; or had I referred to the struggle for life which I know more than one of his patients had to pass through. I have, however, preferred to meet Mr. Spence on his own ground—on his numerical results; and even though such statistics have not as a rule the power of proof possessed by cases related in detail, yet I think there can be no doubt as to their force in this instance.

ANTISEPTICS IN CATARACT EXTRACTION.*

By SIMEON SNELL, M.R.C.S.,

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My attention was drawn to a short reference in the BRITISH MEDICAL JOURNAL of September 7th last, to an article by Dr. Alfred Gräfe of Halle on the Antiseptic Method of Cataract Extraction. He stated that "the percentage of failures in the cases so treated was 1½, while it varied from 5 to 6 in the cases operated on before the adoption of the antiseptic plan".† On my return from my holiday shortly afterwards, I determined to adopt the plan he suggested in some of the cases presenting themselves for operation at the Sheffield General Infirmary; not that I was in any way dissatisfied with the success attained by the usual methods; indeed, I hold the opinion that in careful hands cataract extraction can hardly be expected to be successful in a much larger number of instances than it is, with the various operative procedures at present in vogue; but antiseptics being largely used in general surgery, it seemed to me desirable to test their efficacy in ophthalmic practice.

The plan carried out in all the cases, except the last, has been, with slight modifications, that recommended by Gräfe. Shortly before the time of operation, the eye was carefully washed with a two per cent. solution of carbolic acid; the eye being then closed, the external surface was well cleansed, and covered until the operation with a sponge wetted with the carbolic solution. The instruments, before being used, were permitted to remain for a short time in absolute alcohol, and afterwards were dried on lint or cotton-wool. The sponges also required during the operation were soaked in the carbolic solution, and kept applied to the eye until the *débris* or coagula, if any, were removed. A pad of lint, wetted with a four per cent. solution of boracic acid and covered with a piece of fine gutta percha tissue, was then applied, while a simple pad of lint was put over the sound eye, and over all a closely-fitting bandage was placed. Gräfe changed the dressings every twenty-four hours, but in my cases the lint was kept constantly soaked by dropping the boracic solution on to it, and only removed on about the fourth day, when it has been my custom to ascertain the condition of the eye. The dressings were renewed for the next three or four days, and then discarded for a shade. The instillation of atropine, also recommended by Gräfe, was not adopted, as I have only been accustomed to use it in exceptional cases.

No difference has been made in the method of extraction it has been my practice to adopt for a considerable time, viz., a shallow lower flap with the puncture and counter-puncture in the sclerocorneal junction, the summit of the section being situate midway between the lower edge of the pupil and the corneal border. No iris is, as a rule, removed, but if it fail readily to return and the pupil to resume its rounded form, a portion has been excised; though it is better, if possible, that it should be avoided, if merely for appearance sake.

The first case operated on by me according to the antiseptic method was on September 16th; and, since then, seven other extractions have been done; the last being, however, by a somewhat different method, and which will be referred to later on. Of the first seven, four were men and three women; three were in the right eye and four in the left. The women were aged respectively 63, 47, and 25; and the men 63, 56, and 62; this last having had both eyes operated on. In all the cases, the results were good. Three were, with suitable glasses, able to

read J. 1; while, in the others, sufficient time has not yet elapsed for them to return after leaving the Infirmary, in the usual manner, to be fitted with spectacles, and the state of their vision to be accurately tested. The immediate results, however, left little to be desired. Each of the patients complained of a good deal of pain and discomfort at the time and after the eye was washed with the carbolic solution; and in every instance, on being placed on the table for operation, the conjunctiva was found to be deeply injected and chemosed. In addition, there was some amount of thick gummy secretion, which had to be wiped away before the operation. No pain or discomfort was caused by the subsequent dressings.

The swelling of the conjunctiva occasioned by the carbolic solution is a serious hindrance to the performance of the operation, especially as in my own case, where one is accustomed to operate without fixation forceps and speculum, and merely to draw up the upper lid and fix the globe by gentle pressure with the ball of the middle finger of either hand, according to the eye undergoing operation. It conceals the corneal margin, and deceives one somewhat as to the situation of the puncture and counter-puncture.

I have said that the cases had been successful, but not more so than others operated on without such precautions; and, in some, the convalescence has certainly seemed prolonged; and, on the whole, the stay in hospital has been somewhat longer. Whether or not cases will do better in the aggregate from the adoption of this method, these cases are of course not sufficient to decide; but while it may easily be carried out in hospital practice with the assistance of an able and willing resident staff, the difficulties attending its use in private practice are obvious.

The pain and discomfort complained of by the patients, as well as the swelling of the conjunctiva noticeable at the time of the operation, induced me to substitute, in the last case, No. 8, thymol for carbolic acid, as one was led to believe its application was not irritating. The eye was washed with a solution of one part of thymol to a thousand of water. Thymolised sponges were used during the operation, and boracic acid applied on lint subsequently, and the instruments placed in absolute alcohol, as in Gräfe's plan. The thymol caused no pain nor uneasiness to the patient; and at the time of operating, the conjunctiva was in no way injected. The patient was a woman aged 69; and the operation was performed on October 28th. Since then, she has been passing through a severe attack of plastic iritis. This, however, is now showing signs of subsiding, but still it is doubtful whether the case will be able to be counted a success. (A subsequent iridectomy gave her useful sight.)

I propose, in subsequent cases, to give a further trial to the thymol method, omitting, for the future, the boracic acid, and using the thymolised solution in its place.

In conclusion, in a day like the present, when so much is heard of the treatment of wounds generally, and Listerism is so extensively adopted, I trust I shall be pardoned for troubling you with these remarks on antiseptics in cataract extractions, especially in the necessarily incomplete manner I have been able to lay the cases before you.

HOW A YOUNG CLAIMANT MAY ARISE: A MEDICO-LEGAL WARNING.

By THOMAS A. G. BALFOUR, M.D., F.R.C.P.E., Edinburgh.

ABOUT two months before the period to which my article refers, I attended Mr. X., who died of ischuria renalis. During his illness, his wife seemed to be assiduous in her attentions to him; but I was subsequently given to understand that the feelings then exhibited were very different from those which had been manifested previously. I merely mention this fact, as its importance will immediately appear.

On the 29th of December last, I received a note requesting me to call on Mrs. X. sometime during the day. As no urgency was expressed and I had many other patients to see, I did not make my professional visit to her till the afternoon. On entering the room in which she lay in bed, I was astonished to find a nurse sitting before the fire with an infant in her arms, and expressed to my patient my deep regret at not having called sooner; but at the same time I explained that I had no idea that it was a case of confinement to which I had been summoned, as there was no mention of it in the note, and as I was not even aware that she was pregnant. I was much pleased to witness the kindly spirit in which she received my explanation, especially when I thought of the severe pangs of childbirth through which she had just passed without any friendly obstetrical hand having been stretched out to help her. On making inquiries as to the time at which the child

* Read before the Yorkshire Branch, November 1878.

† Since the above was written, the recent number (No. 1, vol. vii) of Knapp's *Archives of Ophthalmology and Otolaryngology* has come into my hands, in which is a review of Gräfe's antiseptic plan. The reviewer says that, "on a visit to Halle, he was authorised by the writer (Gräfe) to add to his report that the recent results of extractions performed and treated in the same manner have been less favourable than before, showing an inordinate number of disastrous suppurative processes."