ON THE SUCTION-OPERATION FOR CATARACT.*

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MY chief reason for bringing before you two men on whom I have lately operated for cataract by the suction-method is, that in a recent number of the BRITISH MEDICAL JOURNAL it has been stated by an eminent authority that the use of suction "seldom leaves the pupil round and free". Experience gained from cases operated on by myself, and from others which it was my good fortune to witness in the practice of Mr. Pridgin Teale some years ago, has led me to quite a contrary conclusion, and to be well pleased with the results obtained.

These two men illustrate well the use of the operation. Both were affected in one eye only. In one case (M. F., twenty-eight years of age) no very definite cause was discoverable, while in the other (W. R.) there was an indistinct history of a kick over the eye about eleven years ago, though it was only between two and three years since he found out his inability to see with the eye. He is about the age (forty-four years) when one would expect the nucleus to have become firmer, and when one would substitute extraction for suction; but, from its appearance and probable long duration, it was thought of softer consistence than his age would suggest, and the use of the suction-curette was therefore determined upon. This proved correct, although the curette had to be withdrawn on account of its becoming plugged, and to be re-introduced. A week after the operation, he was following his employment.

In both cases the capsule was freely opened by the needle two or three days before using suction; and the usual steps of the operation, which are well known, were subsequently adopted. As a rule, an anæsthetic is essential, and is in children a *sine quâ non*. In both these cases, however, we were able to dispense with its use. One point of importance in the after-treatment I would urge, is the free use of atropine, until after all signs of irritation have passed away.

With a suitable convex lens, one (M. F.) reads No. 1 Jäger; and the other is, as he says, no scholar, but sees letters of No. 1, although he cannot read them. The pupil in both cases is beautifully round and free, is movable, and responds to light as actively as its fellow. It is black and clear, and presents no different appearance to the other eye, for the tiny portion of opaque capsule remaining is hidden behind the iris, being only visible on dilating the pupil—in no way interfering with vision, and, consequently, rendering any further operative procedure unnecessary.

Such results as these are by no means unusual after the operation. I have seen as good over and over again. Mr. Carter, in his recent work on *Eye-Diseases*, suggests a reason which may possibly in some measure account for the want of success which in some hands has attended this operation. It is that, owing to the difficulty of cleaning the curette, some particles of organic matter may have been left in it, "and these, accidentally introduced into other eyes at subsequent periods, may have excited the inflammation described" (plastic iritis). He washes the instrument, therefore, with diluted Condy's fluid. The speediness of result, and, to my mind, little risk attending the operation, would lead me to use it in most cases in which the tedious, and many times oft repeated, needle operation was formerly practised, and which certainly, in adults, is not free from danger. And in speaking of suction, it must be understood that the curette, by which suction is made by the mouth of the operator, and which can be thus very nicely regulated, is the kind referred to. Of suction-syringes, I have had little experience.

SURGICAL MEMORANDA.

CASE OF STRANGULATED INGUINAL HERNIA
REDUCED BY A NOVEL METHOD.

MRS. P., aged 60, has been "ruptured" for seven years, and has regularly worn a truss. On April 19th, while working in the factory, she strained herself, and felt that the truss had slipped. A few hours later, she was attacked with vomiting and severe pain in the abdomen, when she called to see her medical attendant, Mr. A. M. Sculthorpe, at his surgery. He ordered an aperient and an enema, and desired her to go home to bed. At 2 P.M. (20th), he called to see her, and found the following symptoms present. She had constant vomiting, and complained of feeling faint and ill. The enema had been given,

* Read at the meeting of the Yorkshire Branch at Rotherham, where the cases were also shown.

and had come away accompanied by but little fecal matter, and the pain was not relieved. The taxis was now tried for upwards of an hour, but with no success; and, when he again saw her (about 10 P.M.), the pain and vomiting were present still, and the latter had become stercoraceous. The hernia was hard, as large as a walnut, and renewed and careful efforts to reduce it by the ordinary methods completely failed. I was now consulted as to the propriety of operation, as the symptoms had continued for thirty-six hours, and were becoming urgent. I suggested that, before resorting to an operation, trial should be made of cold applied by the ether-spray, and proposed, as an adjunct, if this should fail, inflation of the bowels by means of a common pair of bellows. After raising the patient's hips on two or three hard pillows, and leaving the shoulders low, the taxis was again tried unsuccessfully. Mr. Sculthorpe now applied the ether-spray, which quickly blanched the surface and emptied the part of blood. I now made trial of the taxis, and, after some time, a small portion of the sac's contents returned, but the greater part was quite immovable. The bellows' point was then well oiled and introduced *per anum*, and the application of the spray and taxis was renewed. The bellows (not being double-action) required to be withdrawn and filled again. On the fourth bellowsful being pumped slowly in, the bowels were much distended, and, by careful pressure and manipulation, the hernia was reduced. It was of the oblique variety, but had become (apparently) direct from age; and the size and hardness of the sac's contents rendered their return by pressure on the outer side, unaided by the traction from within, impossible. This traction was supplied by the inflation of the bowels, while at the same time the hernia was reduced in size by the extreme cold (which the ether-spray produced) depriving the parts of blood. The idea of the ether-spray for such a purpose is probably not new, and would naturally suggest itself to anyone. Inflation, I believe, is often used in France, and, several years ago, I remember reading of a case in which it was had recourse to in this country; but I have never seen the combination of the two, and, in the case I have detailed, I believe that either by itself would not have proved successful. This belief induces me to publish this brief notice, hoping that some other patients may possibly be saved a difficult and dangerous operation by these no less rational than simple means of treatment. J. HOLMES JOY, M.A., M.D., Tamworth.

THERAPEUTIC MEMORANDA.

A PLEA FOR VENESECTION.

IN the BRITISH MEDICAL JOURNAL of March 18th, I read a very full and most interesting report of "three fatal cases of cerebro-spinal fever" by Staff-Surgeon Robert Nelson, R.N., communicated by the Director-General of the Navy. I am one of the old school, but always very thankful for any instruction from the new; but I could not help thinking that sometimes the old paths resulted quite as satisfactorily as the new, the cure of the patient being the grand object. The "morbid appearances" were similar in character, and it is stated that "the meningeal vessels of the brain and spinal cord were much engorged; the puncta vasculosa of the brain-substance were increased in size and number; and a large effusion of serum was found in the ventricles". In my younger days, these young men would have been placed in a sitting or upright posture, and bled *ad deliquium*. Had this practice been adopted in these cases, the immediate result, I think, would have been the emptying of those engorged blood-vessels. The ultimate result might have been favourable; and surely, in so fatal a disease, any one would be justified in trying the remedy. I have had no cases of the sort under my own care; but a friend had at my recommendation used the lancet in the manner suggested with the most happy results. I think the lancet would save many lives that are now sacrificed to an unjust prejudice caused by its former abuse.

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CLINICAL MEMORANDA.

AN UNCOMMON FORM OF LOCAL SPASM.

E. B., AGED 18, a young gentleman of steady habits, was brought to me on May 23rd, a little before one o'clock. He had not had anything the matter with him for a long time, and seemed as well as usual in the morning. He had gone to church with his brother, and, while there, suddenly and without warning his lower jaw began to shake or chatter somewhat violently. By a strong voluntary effort to close the teeth, he could keep it still for a short time with some pain. The