performed quite recently for the removal of a recurrent colloid tumour from the inner side of the thigh. A large tract of skin was taken away, and the internal saphenous system of veins was destroyed. The very large wound which resulted was dressed in the manner I have described, and subsequently water-dressing, and occasionally poultices, were had recourse to. The process of repair was hindered in this case by the oedema which resulted from the hurt to the venous system; and it was some weeks before the external saphenous and the deep veins compensated for the loss of the internal saphenous vessels.

ON TRAUMATIC CATARACT: WITH RESULTS OF SIXTY OPERATIONS.

By J. R. WOLFE, M.D., F.R.C.S.E.,

Surgeon to the Glasgow Ophthalmic Institution, and Lecturer on Ophthalmic Medicine and Surgery in Anderson's University.

SINCE May 1870, I have operated, in the Glasgow Ophthalmic Institution, on sixty cases of traumatic cataract—in the great majority, with good results. The exact nature of the injuries and their complications having been various, and especial care having been bestowed upon the study of their progress, I propose to classify them, and point out the operative procedure which, in my opinion, is applicable to each case. This subject is the more interesting, that hitherto we have little else than the records of isolated cases; and a comprehensive view, based upon a large experience, is still a desideratum.

In the cases to which I shall refer, the injuries were such as to permit an attempt to obtain the restoration of sight from the wreck of torn and damaged eyes; but, in addition to these, a large number of other cases came under observation, where the injury was so great as to preclude the possibility of any such attempt being made, and the eye had to be removed. These last cases, however, afforded ample opportunity of carefully observing the changes produced by injury and inflammation of the deep structures; and thus our operative procedure came to be based both upon pathology and on practical results.

I will not enter here on the question as to whether an injury inflicted upon the lens or its capsule is capable of repair; for abstract speculation and discussion of theories is foreign to my object, inasmuch as the cases dealt with were such that vision was completely lost, the lens having become irrevocably opaque. I will take it as an axiom that, whatever may be the case in the lower animals, in the human subject, at least, an injury to the capsule or the lens, either by a foreign body having lodged within it, or by the capsule being ruptured by concussion without an external wound, sooner or later produces opacity. It may also be assumed that, in dislocation forward into the anterior chamber, the lens cannot fail to act as a foreign body, which it becomes absolutely necessary to remove, not only to save sight, if possible, in the affected eye, but also to avoid the risk of sympathetic irritation and possible destruction of the other eye.

Our cases may be classified into:

A. Recent injuries.

1. Foreign bodies impacted in the lens. 1. Simple impaction; 2. Complicated with hypopion; 3. Complicated with laceration of the iris.

II. Dislocation of lens into anterior chamber. 1. Partial; 2. Entire.

III. Puncture. 1. Simple; 2. Complicated with laceration of iris.

B. Old injuries. 1. Simple; 2. Complicated with anterior adhesion; 3. Complicated with posterior adhesion.

CASE I. *A Fragment of Quartz, three-fourths of a grain in weight, buried in Lens; Extracted; Cure; Good Sight.*—James J., aged 28, a granite-polisher, Dalbeattie, was admitted into the Glasgow Ophthalmic Institution in May 1869. The patient, whilst following his occupation, was struck by a small fragment of quartz, which pierced the cornea of the left eye, and became imbedded in the lens. The lens was opaque and tumefied, pressing the iris slightly forward. The ciliary circle was strongly injected. The iris was slightly discoloured. The lens was extracted along with the quartz by a linear incision, without iridectomy, five days after the accident had occurred. He was dismissed cured, with good sight, six days after the operation. The quartz weighed three-fourths of a grain.

CASE II. *Fragment of Brass lodged in Lens; Iridectomy, followed by Extraction; Cure; Good Sight.*—Samuel O., aged 61, a chandelier-polisher, thirty-one years previously had his right eye destroyed by a ramrod, on which occasion the cornea of the left eye also had sustained some damage, resulting in slight opacity. On presenting himself at the Institution, the cornea of the left eye (the only one he had) was found lacerated, and a fragment of brass imbedded in the lens. Iridectomy was performed; and, four weeks afterwards, the lens and brass

were extracted by a small corneo-conjunctival flap, a hook being used. He was cured, with good sight.

CASE III. *Fragment of Iron in Lens and Ciliary Processes; Hypopion; Iridectomy and Extraction; Removal of Foreign Body; Cure; Good Sight.*—Edward Q., aged 20, a rivetter, was struck with a piece of iron in the right eye. On presenting himself at the Institution in July 1871, four days after the injury, the lens was found opaque, and presenting an elevated ridge on its surface; and there was pus in the anterior chamber, and infiltrated into the lower part of the cornea. A linear section with Graefe's knife was made in the lower healthy portion of the cornea above the suppurating part, and iridectomy was performed, thus giving exit to the pus in the anterior chamber and the lens. On the sixth day, the anterior chamber was found clear. The patient could count fingers; but the lower part of the cornea still remained opaque, having a yellowish puriform look. At the end of a fortnight, this part had cleared, bringing into view a black point, which was at first sight taken for a shred of the iris, but, on examination, was found to be the point of a piece of iron, imbedded partly in the cornea at its junction with the sclerotic, and partly in the ciliary processes. This was removed, after which the lower part of the cornea became flattened, and the pupil contracted. An artificial pupil was then made, which resulted in good sight.

CASE IV. *Fragment of Steel piercing the Iris, and driven against the Lens; Extracted; Cure; Good Sight.*—Benj. M., aged 21, coker, presented himself with the right eye injured by a rivet, a fragment of steel having been driven against the cornea and iris, which it lacerated, and lodged in the lens. The left eye had been destroyed by a similar accident two years before. Linear extraction with iridectomy was performed. The cicatrix of the tear in the centre (right across the middle) remains opaque, but in other respects the sight is good.

CASE V.—With the last case I may contrast the following, in which the foreign body was a mere speck of iron, and the lenticular opacity did not set in till a fortnight after the accident. Robert W., aged 22, boiler-maker, was struck with a piece of iron, which penetrated the cornea, traversed the iris, and became imbedded in the lens. On presenting himself at the Ophthalmic Institution on October 2nd, two hours after the accident, we could distinctly discern, by illumination, the course which the foreign body had taken; but, as the sight was good, he was kept under observation as an out-patient. The lenticular opacity was steadily progressing until November 4th, 1871, when the cataract was found complete, and he was admitted for an operation. The pupil having been atropinised, I opened freely the capsule with a needle; and, five days later, the lens was extracted by a linear incision without iridectomy. The fragment of iron imbedded in it was a mere speck. On the third day, his sight was found good; and on the sixth he was discharged cured.

CASE VI. *Traumatic Cataract; Partial Dislocation of Lens, without External Wound; Linear Extraction; Cure; Good Sight.*—J. C., aged 9, Falkirk, was struck on his right eye with a towel, which caused him great pain at the time. There was inflammation of the eye persisting for a week or two, which yielded to local treatment. On presenting himself at the Institution in January 1871, about four weeks after the injury had occurred, the lens was found opaque, and pressing considerably at the inner angle upon the iris; and the pupil dragged towards that part. On examination, the capsule of the lens was found ruptured in that spot, the colour of the iris normal, and ciliary circle not much injected. I opened the capsule with a needle through the cornea, and in a fortnight later I extracted the lens by a linear incision. He was dismissed cured, with good sight, eight days after operation.

CASE VII.—A. R., aged 30, engine-keeper, Schotts, was struck with a piece of iron, producing traumatic cataract, with laceration of the cornea. The inner part of the lens was found dislocated, pushing the iris upwards and inwards; the capsule was lacerated, and lenticular fragments were floating in the anterior chamber. I extracted the lens with iridectomy fourteen days after the accident. He counted fingers immediately after the operation, and was dismissed cured, with good sight.

CASE VIII. *Dislocation of Lens (entire) into Anterior Chamber; Extraction; Cure; Good Sight.*—The following case is remarkable from the circumstance that the entire lens remained for a considerable period (as far as I can learn, upwards of two years) in the anterior chamber, where it formed partial adhesions to the cornea, and the whole iris greatly atrophied. The patient was considered as hopelessly blind; and it was only after the eye was injured by a fall, which excited cyclitis, that the Secretary of the Glasgow Mission to the Blind, under whose superintendence he was, sent him to us for relief. Daniel B., aged 59, shoemaker, of Greenock, was admitted into the Glasgow Ophthalmic Institution in March 1871. The patient's right eye was completely atrophied; the left eye was cataractous. A large lens, with a

hard amber-coloured nucleus, filled the anterior chamber, and partly adhered to Descemet's membrane by two spots at its lower portion. The iris was completely pushed out of sight and covered by the lens. I extracted by a small flap. He was cured, with good sight.

CASE IX.—As a type of our unsuccessful operations, may be mentioned the following. Miss B., aged 19, cloakmaker, by an accident had a steel pen with ink driven into her left eye. On presenting herself a few hours after the accident had occurred, the cornea was found muddy, the iris lacerated, and the lens opaque and partially torn. There was excessive pain, photophobia, and lachrymation, followed next day by œdema of the upper eyelid. The lens was partially removed by a linear incision with Graefe's knife, whereupon the symptoms of panophthalmitis considerably diminished, but ended ultimately in atrophy of the eyeball.

I may here remark that, in cases where the mischief is too serious for recovery, there are peculiar features of the eye, which, in their ensemble, I may be allowed to designate *disorganising physiognomy*, readily recognisable, and indicative of extensive and deep-seated inflammation; viz., cloudiness of aqueous humour; dry look of the iris, if not actually amounting to change of colour; injection of the ciliary circle, causing an appearance of constriction round the lens; a muddy look about the cornea. The amount of damage, in fact, may be measured by the extent to which the cornea is involved, as that tissue, when inflamed, is far less amenable to treatment than the other tissues of the organ. But it is of the highest importance to notice the appearance of the lens. In favourable cases, the lens is tumefied, and acts as a foreign body, and the other tissues are only thus far implicated in their attempt to extrude that offending substance; whilst in unfavourable cases there is proliferation of the epithelial cells of the capsule; the capsule itself is thickened; while the lens is considerably shrunk, and grasped by the gorged iris, zonula, and ciliary processes. In short, in the one case the lens acts as an irritating foreign body; while in the other all the tissues of the eye are more or less implicated, and the lens becomes atrophied, and has no share in the inflammatory process.

[To be continued.]

ON SPERMATORRHOEA AND ITS TREATMENT.*

By GEORGE G. GASCOYEN, F.R.C.S.,

Surgeon to the Lock Hospital; Assistant-Surgeon to St. Mary's Hospital.

MR. PRESIDENT AND GENTLEMEN,—The subject which I have selected for the paper this evening is not altogether an agreeable one; but I make no apology for bringing it before you, as the Harveian Society has on many previous occasions shown that it considers the utility rather than the niceness of the subjects it takes up. I need only refer to the frequent discussions on venereal diseases which have taken place in this room, and remind you that in this Society originated the movement which has culminated in those most useful, though now much maligned, Contagious Diseases Acts; whilst it was owing to a paper read here by one of your members that baby-farming and its horrors have at length been forced upon the attention of an unwilling public. I have, then, precedent for choosing a somewhat uninviting subject for discussion to-night, and I do so without reluctance, because I think it particularly well suited for a practical society such as this; and because it is one which has of late been so much avoided by the profession as to have become to a great extent the property of those who may be termed the illegitimate practitioners.

When I first turned my attention to venereal diseases and made them the more especial object of inquiry, I read, of course, Lallemand's work, *Des Pertes Seminales Involontaires*, which, since the publication of its first part in 1836, has been the great authority on—I may almost say the father of—spermatorrhœa; at any rate, it has been so in this country, for it was a complaint scarcely known here until the issue of his book. From him I learned how common, how insidious, how destructive, was this little suspected affection; and I commenced my work in the out-patient department of the Lock Hospital, in the full conviction that I should speedily meet with overwhelming evidence of the fearful consequences of this disorder. I made, therefore, a practice of keeping back those patients who attributed their symptoms to masturbation, or who stated, to use their own phrase, that they were "suffering from nervous debility;" and I afterwards made a careful separate examination of these people, either at my own house, or when the other patients had left. I have continued to do this up to the present time whenever a good opportunity has occurred to me, either in public or

private practice, so that I have managed to secure an examination of a large number of persons who believed themselves to be the subjects of spermatorrhœa; and the conclusion at which I have arrived is that, although a good many patients present themselves for treatment with nocturnal emissions and occasional losses of semen, yet the great majority of them are suffering from an unnatural excitation of the genital system, produced and kept up by mental causes, rather than by structural changes in the organs themselves, or from any real physical incompetency on the part of the patient. And I am quite satisfied that the involuntary seminal discharges, which have been described as leading to a state of progressive physical and mental decay, must be of extremely rare occurrence even if they have an existence, which is with me a matter of doubt. I have never yet met with such an instance, and I am fully persuaded that they are to be met with in the suggestive pamphlets of those who prey upon this class of patients rather than in reality.

With regard to Lallemand, it seems to me that he was trying to deceive himself: he had mounted a hobby, and rode it to death; he imagined that he had discovered the cause of all the obscure symptoms met with in practice, and could explain every difficult and complicated case by referring it to the frequent and unsuspected loss of semen; but I think that any unprejudiced person who will take the trouble to go through the 150 cases upon which he seeks to establish his hypothesis, must feel that he entirely fails to do so, and that the symptoms detailed can be better explained by other conditions which were present in these cases than by the loss of semen. To my mind, his book is a striking example of how an able man can mislead himself when he has a theory to prove, and how he can unconsciously wrest facts and symptoms from their plain simple meaning to interpret his own preconceived idea.

Much harm has, I believe, been done by the publication of this work; for it was at once seized upon as their text-book by that herd of charlatans who fatten upon the vices and fears of men, and it has proved an inexhaustible mine of wealth to the authors of shilling books on "Nervous Debility," to "The Silent Friend" of society, etc. These benefactors of the human race invoke Lallemand as their high priest; they quarry in his book for material for their own, and shelter themselves under the shadow of his name. Thanks to their popular expositions of his work, and their widely spread advertisements, the male portion of the public has become almost as familiar with the word spermatorrhœa as it has with gonorrhœa; whilst the symptoms of the disease and the awful ending foreshadowed for those who decline the assistance of the disinterested authors of these pamphlets are better known and hardly less dreaded than those of phthisis itself. Nearly all the patients who consult us for this class of affection have previously read one of these books, and it is quite easy to detect those who have done so by the glib manner in which they describe their symptoms, and by the half technical terms they use. Many even will at once say that they have reached such and such a stage of nervous debility, and will produce their favourite author to show chapter and verse in confirmation of their statement. This seems to us very ludicrous, but it is no laughing matter for them, as their existence is embittered by it to an extent almost impossible to credit; some become confirmed monomaniacs, and ruin themselves in their endeavours to be cured of an imaginary complaint, and very many can never get over the horrible shock experienced when they first read one of these alarming effusions; the impression remains for years or throughout life, and, in spite of themselves, every dyspeptic trouble or nervous sensation is referred in some way or other to that much dreaded affection spermatorrhœa.

Until the last few years, the standard English works on surgery were silent on the subject of seminal losses, whilst only a few of the more modern ones even now refer to it, and these in a most cursory manner—showing that it is a complaint of very recent innovation, and as yet its existence as a disease has not been satisfactorily proved to the writers. They allude to the injurious effects of repeated masturbation or excessive sexual indulgence, and to the nocturnal emissions and irritable condition of the genito-urinary organs induced by these practices; but they do not even hint at the distressing symptoms, or terrible ulterior consequences which have been described by Lallemand and his copyists; and I do not think they can be accepted as proved.

That phase of the disease in which it is stated that there is an almost constant discharge of the spermatic fluid without the knowledge or control of the patient, attended by very varied symptoms, yet all of them indicating extreme prostration, and which, if unchecked, will certainly terminate in imbecility, insanity, paralysis, or death, is based at present almost entirely upon Lallemand's series of imperfect cases, without much other confirmation than that obtained from the men who trade upon this hypothetical condition, and whose statements must therefore be received with great circumspection.

It is true that our lunatic asylums afford but too many examples of

* Read before the Harveian Society, December 7th, 1871.