irritative lenticular fragments by incising the capsule at its margin only, so that the soft lens-matter which remains after the nucleus has made its exit may rest within the shelter of its natural protector, to be dealt with at a subsequent period.

Any ophthalmic surgeon will, from time to time, have such a prolonged run of successful cases with a particular form of operation, that he may begin to persuade himself that the goal to which we all desire to attain is to be reached through that method only. But the tide will inevitably and relentlessly turn, and the favoured method will be found wanting. "Tis not in mortals to command success, but we'll do more, Sempronius, we'll deserve it;" and, in my humble opinion, that operator is most likely to be most uniformly successful in restoring the priceless boon of sight, who keeps a firm hand upon the reins of his judgment, and uses his most matured judgment in adopting the particular form of operation which operative and clinical experience has proved to be most suitable for each individual case.

By following these principles, if failure should, in any unfortunate case, result in the loss of the first eye, we may go far towards ensuring success in the second; for we have then an opportunity of avoiding the hidden rock upon which we ourselves, or others, have struck, and so may ultimately guide the vessel safely into harbour.

With this end in view, it is impossible to overestimate the value of such meetings as our International Ophthalmic Congresses and those which are now regularly held at our newly fledged Ophthalmological Society, where the interchange of varied experience places us in the possession of ever-increasing facilities for bearing aid to suffering humanity.

CROUPOUS PNEUMONIA TREATED BY COLD SPONGING.

By O. BOWEN, M.R.C.S., Everton, Liverpool.

IN the JOURNAL for October 13th, there is reported fully, by Dr. Day, a case of croupous pneumonia in a child treated successfully by the cold bath. From its obscure nature, it was at first considered to be a case of typhoid fever, and that was partly the reason why cold water constituted part of the treatment, because it was immediately withheld when the physical signs of pneumonia could be detected.

In connection with Dr. Day's case, the following may be of interest. On October 22nd, I was called to a man, aged 21, who was perfectly well up to the previous afternoon, when he had a rigor, and almost immediately afterwards a pain in his right side. He was delirious, and had a dry brown tongue, and sordes on his teeth; the skin was hot and dry, and a slight pleuritic rub existed where he had complained of pain. I diagnosed "probably pneumonia," and ordered a diaphoretic mixture, a mustard poultice on his side, and a Dover's powder. In the evening his skin still felt hot and dry, and he remained delirious. His temperature was between 102° and 103°. I now told his wife to sponge his body and limbs with cold water, and to apply linseed poultices to the side, which had the effect of lessening the delirium, and making his skin act freely.

October 23rd.—He had had rather a restless night, wandered a good deal, was feverish, and, on auscultation over the base of the right lung, the breath-sounds were weak, but there was no crepitus.

October 24th.—There was fine crepitation, with scanty rusty expectoration. Temperature 103°. He was sponged well two or three times.

October 25th, 11.30 A.M.—Temperature 104°. The usual signs of consolidation were present, and there was delirium. Cold sponging was again recommended every hour, which had the effect of reducing the temperature in a few hours to 101.8°. He now expressed himself as feeling much better, and the delirium had ceased.

October 26th.—Redux crepitation was heard. Temperature 101.6°. It was improving.

October 29th. He had been steadily getting better. The temperature was normal. The breath-sounds were nearly normal.

The brief account of this case helps to prove that the external application of cold water in pneumonia, pure and simple, may be apparently fearlessly and beneficially resorted to. The good result from its use on the 25th was, to my mind, very marked.

MR. JOHN P. HOWARD, of Burlington, Vermont, has just given 10,000 dollars to build a new medical department at the University of Vermont. In ten years, Mr. Howard has given 400,000 dollars to this institution.

BRITISH MEDICAL ASSOCIATION.

FIFTY-FIRST ANNUAL MEETING.

PROCEEDINGS OF SECTIONS.

THE MAGNET AND ELECTRO-MAGNET IN OPHTHALMIC SURGERY.

Read in the Section of Ophthalmology.

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

Ophthalmic Surgeon to the Sheffield General Infirmary, and to the Institution for the Blind.

WHEN honoured with the request that I should open with a paper a discussion on the use of the magnet in ophthalmic surgery, I felt some hesitancy in complying, as my little work (*The Electro-Magnet in Ophthalmic Surgery*; Churchill, London), embracing my experience, had so recently passed through my hands. Anything, therefore, I could bring before you, I had thus previously treated of, and in a much more complete manner than I could possibly hope to do in the time now at my disposal. It was, however, pointed out to me that the meetings of our Association took place, perhaps, more for the diffusion of ascertained experience and facts, than for the registration merely of novelties. Moreover, I was led to consent to read this paper from the knowledge that our meetings are attended by others than those engaged more especially in ophthalmic practice; for the treatment of the class of cases in which the magnet should find employment is, I conceive, as much, or nearly as much, a matter of importance to the general practitioner as to the specialist. As surgeons to large works, it is they to whom, in the first instance, those suffering from these injuries frequently apply; and to be used with success, in its widest meaning, the electro-magnet must be employed early. I may here remark that two of my own cases, before coming under my observation, had passed in rapid succession under the notice of the same medical man, to whom, following the usual course in accidents, they had been taken in his capacity of medical officer to the works.

In this paper, I can only treat of the subject before us in a very general way; and I hope, in this manner, by avoiding details and references to individual cases, to take a survey of the present state of the question in its whole range, which otherwise, in the time at my disposal, it would be impossible to do. It will be maintained that the introduction of the employment of magnetism into ophthalmic surgery has been a decided advance in the treatment of ocular injuries, by separating, and making more amenable to treatment, those particles on which the magnet exerts affinity.

The question we are discussing must be regarded as one of the present; a past can hardly be said to be connected with it; for, though the employment of the magnet was suggested and practised in the seventeenth, eighteenth, and earlier half of the present centuries, yet it was so advocated only by a few operators, and its use was in the crudest manner, and with no definite ideas as to the means of arriving at the ends they had in view. It is only from the year 1874 that we date the employment of the magnet on anything like precise lines, and its holding a place in the *armamentaria* of the surgeon. To our distinguished associate, Dr. McKeown of Belfast, the meed of praise must be rendered for attracting attention to the usefulness of this procedure by a series of successful cases published by him at the date given. He employed a simple bar-magnet. It is, however, only with the construction of instruments, mostly electro-magnets, designed to treat chips of steel or iron of varying size and position, and with a greatly augmented attractive power, that the rapid increase in the recorded cases in which magnetism has been employed has occurred. This has especially been so during the last two or three years. In my little work, I have collected about one hundred cases, mostly recorded, but others communicated to me by the operators; but of this number about half have occurred in the hands of McKeown, Hirschberg, and myself; and, if my aggregate number is at present the largest, it arises from my practising in a town—"Steelopolis," as it is sometimes called—where accidents to the eye unfortunately abound, perhaps, more than elsewhere, and of which injuries those

¹ Fabricius Hildanus, 1646; Milles, 1745; Morgagni, 1779; Meyer of Minden, 1842; Dixon, 1858; White Cooper, 1859.