the eyeball, after Bonnet's method, will materially shorten the patient's sufferings, and enable him to resume his employment earlier than when partial excision is performed.

CASE XXII. S. D., 36 years of age, applied to me July 23rd, 1863, twenty minutes after sustaining a smart blow upon the eye from a piece of metal, which had cut a small wound in the centre of the cornea. The aqueous had escaped; the iris was pressed forward by the lens, the centre of which was opaque. Severe pain in the eye. He was ordered an opiate.

On the 23rd, he again came to me. He had not slept since the accident, so violent had been the ocular neuralgia. The cornea was surrounded by a conjunctival zone. No iritis. Two grains of opium to be taken immediately, and repeated at night if necessary. He consented to have the lens extracted on the 27th; but no relief followed the operation, and he was tormented with remittent scleritis and neuralgic seizures up to Christmas.

On the first of April of the following year, I removed a small piece of metal which had made its way to the surface of the cornea.

[About the middle of September, the month after the accident, the fellow eye was dim, and he burnt his fingers in an attempt to snuff a candle. He resumed his employment as a pistol-maker on the third week in October, making five hours daily. The introduction of diluted hydrocyanic acid within the eyelids afforded decided relief to the intensity and duration of the attacks of ophthalmodynia.]

TREATMENT. The plan of treatment I recommend may be summed up as follows. Where the patient applies before the position of the lens can be accurately made out, as in Case XIX, opium should be given in sufficient dose and frequency to induce sleep. Should the pain be unrelieved at the expiration of twenty-four hours, or should the lens, now or when the case was first seen, be obviously making injurious pressure against the iris, a double edged iris knife is to be pushed through the upper and outer circle of the cornea, a line from the rim of the sclerotics, into the pupil; and by depressing its point there, the capsule will be freely opened, and the lens so disturbed that, on enlarging the corneal wound to the extent of two or three lines, it will be washed out of the eye piecemeal by the aqueous; any remaining fragments are to be removed by the silver scoop, care being taken that the pupil is cleared of capsule, the iris not bruised, or the incision fretted. (A foreign body may sometimes be successfully removed by this operation.) An opiate is now to be given, and for the next thirty-six or forty-eight hours the case treated as an ordinary case of extraction for cataract. If at the end of the latter period the pain continues urgent, we may be sure that the eyeball is the seat of a foreign body, and we must facilitate its egress by the removal of a flap of the cornea and iris, and by the administration of calomel and opium until the gums are sore. Cotton wool dipped in warm almond oil affords a better dressing to the lids than a poultice. Excision of the cornea and iris is generally followed by a smart attack of ophthalmia, of which scleritis, with its severe nocturnal pain, forms a prominent symptom. Therefore, in the case of soldiers actively engaged in the presence of an enemy, and of mechanics, whose time and services are often very valuable, or of those who would suffer a minimum of pain, the removal of the globe by Bonnet's method—viz., a close dissection of the eyeball, by which the capsule of Tenon is entirely, and the muscles of the orbit and conjunctiva are almost entirely, left in their integrity—is a preferable means of relief. The operation has not been followed in cases I have observed and treated, by severe pain or much constitutional irritation; and in ten or twenty days the patient has been in good health, and fit for laborious work; whereas, after the minor operation, many weeks will sometimes elapse before the strength, prostrated by loss of rest and attendant derangement of the general nutrition of the body, is regained. In either operation, chloroform, unless contraindicated, is to be employed.

ST. GEORGE'S HOSPITAL.

CASES OF PARALYSIS OF THE FACIAL NERVE.

By T. HOLMES, Esq., Surgical Registrar to the Hospital.

AFFECTIONS of the nerves, from injury inflicted on their peripheral extremities, are so very rare (considering that every wound whatever of the soft parts must involve the termination of some nerve) that I have thought the following case worthy of a short notice. The affection of the facial nerve was well marked, and its only possible cause was the slight injury to those filaments of it which are traceable into the orbicularis palpebrarum muscle. The slight conjunctival irritation, which showed itself in the neighbourhood of the wound some time after his admission, showed that there was still some irritation persisting about the part injured, though the skin was soundly healed over it. The symptoms of commencing trismus, which induced a fear at first that the irritation of the nerve had been propagated to the nervous centres, were also curious. As they subsided almost without treatment, it is difficult to suppose that they depended on tetanus; while, on the other hand, there was no affection of the hypoglossal nerve; and the paralysis of the facial, though it might affect the digastric muscle partially, would hardly be expected to offer any serious impediment to the action of the other depressors of the lower jaw. In contrast to this affection of the portio dura from peripheral irritation, I have added short notes of one which occurred about the same time, of interference with the functions of the same nerve from inflammation and effusion within the ear. The symptoms affecting the nerve have yielded to the action of mercury; but the disease of the ear, though it has not progressed, can hardly be considered as yet subdued, and it is possible that it may offer some further points of interest. If so, I will bring it again under the notice of your readers.

CASE I. William F., aged 18 years, a healthy lad, was admitted on the 25th of February, under the care of Mr. Hawkins. It seemed that, twenty days before his admission, he struck his face against a staple sticking out of a door, and inflicted a small wound on the left lower eyelid. This healed in four days after the accident, without any unfavourable symptoms, leaving a small scar, about half an inch long, parallel to the inner part of the edge of the lid. Four days before his admission, sixteen days after the accident, he began to complain of difficulty in opening his mouth, and of slight pain in the back, just below the scapula, when he sat up. He had slight cramps in the legs two days before his admission. These had not recurred, but the pain in the back continued. He experienced considerable difficulty in opening his mouth, and could only do so to about half the natural extent. All the muscles of expression on the right side were partially paralysed, so that the features were considerably drawn when he smiled, etc. The sight and movements of the left eye were perfect. The tongue was clean, and protruded straight. There was no pain about the region of the diaphragm. He was ordered a purge, and to be kept quiet, and watched.

Next day the difficulty in opening the jaws was much diminished, and he could open them to about the natural extent, though not with the natural freedom. He felt perfectly well, and was rather amused than alarmed at the odd expression of his features in smiling, whistling, etc. Sensation was perfect in the face, and no thickening or deposit could be felt near the point of exit of the left facial nerve. The difficulty in moving the jaws soon disappeared. The inequality in action of the facial muscles, however, persisted for more than a fortnight. Three days after his admission, slight conjunctival irritation appeared about the wounded eyelid. This, however, soon subsided; and as it disappeared, the paralysis of the facial nerve also gradually vanished. He was discharged in a fortnight after his admission, perfectly recovered.

CASE II. Emma D., aged 22 years, admitted March 12th,

under the care of Mr. Cutler. A month before admission she caught a severe cold, and became soon afterwards very deaf on both sides, but worse on the right. Three days before admission she observed the features drawn towards the left side; and this deformity increased gradually up to the day of her admission. She complained about two years ago of loss of hearing after a cold, but this soon subsided, and the face was not then affected.

At present, the features are much drawn towards the left side; the orbicularis palpebrarum of the right side is also partly paralysed, so that the lids shut only partially. There is little or no pain or tenderness; no deposit is felt near the mastoid process.

She was put under the influence of calomel and opium, and kept in bed. Under this treatment, which has been continued up to the present time, the paralysis of the facial nerve has entirely disappeared, so that the features are not perceptibly drawn; but the deafness still persists, and she complains of slight pain in that side of the head. The general health appears quite good.

Original Communications.

A CASE OF ABDOMINAL CANCER.

By EDWARD H. SIEVERING, M.D., F.R.C.P.

[Read before the Harveian Society, March 20th, 1856.]

THE particulars of the following case appear to be worthy of being brought before the Society, both on account of the divergence of opinion which it gave rise to during life, and on account of several points of pathological interest which the necropsy suggested.

CASE. On Oct. 4th, 1855, I was invited to see Mr. R., in consultation with Mr. Ray. The patient, a bachelor, aged 65 years, had always enjoyed good health, had been a generous liver, and, being head cashier in a city bank, had led a sedentary life. He was a large built man, formerly of ruddy complexion. Fifteen months previously, he had been attended by Mr. Ray for an ulcer on the left leg, which was treated by strapping, and soon got well. About that time, he also laboured under an attack of bronchitis. Since that period there had been painless oedema of the left foot and leg, gradually extending upwards. There had been no evidence of phlebitis, nor for a long time much general disturbance. He continued at his desk till within three months of my seeing him. As his health failed him, he had taken the opinions of several eminent surgeons previous to my seeing him. The necessity for a truss on account of inguinal hernia had suggested the possibility of pressure upon the femoral vessels causing the oedema, but this was shown to be erroneous by the persistence of the symptoms after the removal of the truss. The urine had shown no marked derangement; no local disease had been discoverable; and the remedies employed having had no effect, the old gentleman had, shortly before my seeing him, placed himself under the care of a person of the name of Harrop, at Brighton, who is said to have a large *dientèle* among persons supposed by the faculty to be incurable. This person had encased the whole extremity with leather, and had promised him a cure.

I found Mr. R. sitting in an easy chair, with his legs resting on another chair, a man of considerable corpulency, but wearing the expression of a person prostrate by disease, his countenance presenting an icteric hue. He was able to walk about, but felt great debility. His appetite had failed him for twelve months past, but he now scarcely had a relish for anything; meat excited disgust. There had been no vomiting, sickness, or foul taste; the tongue was thickly furred; the pulse small, vibrating as if of heart disease, and quick; but no morbid action was discoverable

about the heart. The bowels were open, though the *fæces* were said not to be well formed.

The oedema of the left leg was very considerable, pitting deeply on pressure, and extending to the buttocks. There was no oedema elsewhere. There has been no pain till lately. (I am quoting from the notes taken at the time.) He now suffers considerable pain on lying down, at the upper part of the sacrum, where there is a place of the size of a five-shilling piece, which is puffy, but not painful. Owing to the large amount of fat in the abdominal parietes, the examination of the abdomen was unsatisfactory; it yielded no results, except that the liver was noted as being small. There was scarce any hepatic dulness. The diagnosis written down in my note-book at the time was, "Malignant disease of the hypogastrium, involving the left iliac vein, and atrophy of the liver." I recommended gentian and ammonia, with an evening pill containing a grain of camphor and four grains of extract of hyoscyamus. His diet was ordered to consist of jelly, blancmange, milk, gin or whiskey and water.

Oct. 7th. Pulse stronger and cleaner, otherwise much the same. He states that he has had more pain at night. The bowels being costive, he was ordered to have a laxative draught; otherwise to continue as before.

Oct. 14th. Intense pain occurred last night at midsacrum, where there appeared a depression, with considerable oedema in a pear-shaped form over the lower back. The difficulty of walking, from the pain in the lower back, is very great; he groans with pain; lying down causes much pain; he has no pain in raising the leg while sitting down, showing that the psoas is not involved. At the hypogastrium, a large dull tumour was felt in the region of the bladder, just above the pubis; it was globular, and apparently of the size of the fist. I attributed it to the cæcum being dragged into that position by the hernia; and that it was a feculent tumour, as the bowels had not acted for two days. Mr. Ray was to call in the evening, to see whether active purging does not remove the tumour. He was ordered to have one-third of a grain of morphia at night.

Oct. 18th. The tumour disappeared after free purging; it is not perceptible to-day. The patient has kept his bed since last visit. The oedema is diminished; the tongue clean; the pulse 76, full. The morphia has relieved the pain, and has not been taken for the last two nights. The appetite is improved. The patient appears altogether much improved.

Oct. 25th. During the last two nights, there has been much spasmodic action of the lower extremities, which induced a repetition of the morphia. To-day the patient is somewhat under its effects. He is cadaverous-looking; pulse 100, full; no tenderness at the sacrum, nor puffiness; the oedema of the left leg is diminished.

Oct. 29th. The patient is essentially the same as at last visit. The alvine functions in fair order; pulse 96, strong; the tongue clean. Having had a nurse from Mrs. Fry's Institution since last visit, he is much more comfortable. The urine is high-coloured, and contains much lithate of ammonia; specific gravity, 1026; it shows no casts under the microscope. He was ordered to have five grains of citrate of iron and ammonia twice a day.

Nov. 5th. I had before thought I felt a deep-seated tumour immediately above the pubis. To-day, by percussing and employing palpation from above downwards, the fingers met with a deep-seated tumour, apparently globular and moveable, and not very hard, about two and a half inches above pubis. Percussion over the spot was dull; otherwise the abdomen-sounds were tympanitic. The urine often passed involuntarily. He had a fair appetite; the bowels were open with medicine. He was ordered to take hyoscyamus instead of morphia, as the bowels were sluggish.

Nov. 12th. A consultation was held with Dr. Burrows. There is scarce a trace of oedema of the left leg remaining. Dr. Burrows entirely discarded the idea of the affection being due to malignant disease of the abdomen, and attributed it to spontaneous coagulation of the blood in the