that create this tumor; perhaps it is degenerating into a species of hydatids.

To one other case I shall this day draw your attention. It is that of the poor woman, to speak to whom I regularly stop when going round, Catherine Tatham. She is forty-three or forty-four years old. I do not strip her to examine or show the abdomen, because it gives her pain, and where no real benefit can be derived from such inspection, we should be careful to avoid inflicting any pain or distress. You have, or most of you have, seen her person already. Her abdomen is immensely distended—indeed incredibly enlarged—solid, and presenting several irregular eminences or projecting bosses; her intestines lie backwards, towards the flanks. The enlargement began five or six years ago, on her left side, low down, with pricking, shooting pains—and from that time she was subject to sickness and vomiting. Three years ago her legs began to swell—doubtlessly, from the pressure of the tumor on the inferior cava, or iliac vessels. This may be a case of ovarian disease. Her general health was not much affected until about a year and a half ago. For the last two years and a half she has had no menstruation; she had been regular before that. Her present condition is most distressing, her breathing is much oppressed, and sharp plunging pains keep her in continual suffering. I regret to say that there is nothing now to be done for her, with any hope. There would be no utility, no propriety, indeed we should not be justified in the use of any expedients, which could only give pain without the possibility of effecting any good. Another ominous fact as regards her is, that her mother is a patient in the cancer ward. This fact, coupled with the plunging pains and the irregularity in the menstruation, increases the probability of her malady being a carcinomatous affection. Whatever it is, it is incurable, and must be fatal. Further light we cannot throw upon it now. Our only duty at present is to alleviate the sufferings of the poor woman, which I have sought to do by opiates—our only hope must be to render as little agonising, as little uncomfortable as possible, the brief span of her existence.

CONTRIBUTIONS.

TO

OPHTHALMIC SURGERY.

By JOHN WALKER, Esq., Manchester.

CATARACT.

Mrs. H., aged seventy-four, consulted me on the 14th of April, 1842. Her vision was at that time so much impaired that she was obliged to be led about, and she was unable to discern anything but a strong light, as that of the candle or fire; she could, however, perceive the motion of the hand when waved before the eyes. She had occasionally suffered rather severely from headache, and was sometimes troubled with a cough, but her health was in other respects usually good.

About eight years since she received a blow over the *right* eye, and from that time had been unable to see with it. With this eye she could not perceive a lighted candle, when held so close as to be sensible of its heat. This experiment I made very carefully, and

came to the conclusion that this eye was most probably amaurotic. The pupil, however, contracted and dilated with the varying intensity of the light, but less actively than natural, or as compared with the other eye. It was also habitually more contracted than that of the other eye, and was not perfectly circular, being apparently slightly adherent at one point to the capsule of the lens, the capsule being opaque throughout. The vision of this *left* eye had been seriously impaired only during the last year. With this eye, as before stated, she could readily discern a light, and the pupil was very active. The opacity was of a greyish color and evidently seated in the crystalline body, as there was a small transparent space observable behind the iris.

The general appearance of both eyes was healthy, the corneæ rather small, and the anterior chambers not very spacious; the eyebrows being likewise rather prominent and the eyes somewhat sunken, but not to such extent as, in my judgment, to contraindicate the operation of extraction, to which I advised her to submit. Previous to the operation being performed, she was directed to take some aperient medicine, which operated rather freely on the bowels.

April 18. This morning, according to previous arrangement, she was prepared to submit to the operation. She was accordingly placed on a sofa, with the head raised, and I seated myself on a music stool behind her. I commenced with the left eye. The usual incision through the upper half of the cornea was readily effected with my double-edged extraction knife. The curette was next passed into the pupil so as to lacerate the capsule, after which slight pressure with the scoop at the lower portion of the eyeball speedily expelled the opaque crystalline, which was of a decided amber color, and very firm; very little vitreous humor escaped with the lens, but there was a rather free discharge of it shortly afterwards. Two strips of adhesive plaster were laid vertically over the lids, and secured on the brow and face.

Deeming it desirable that she should have a chance for the recovery of both eyes, I, after allowing her a few minutes' repose, proceeded to the operation on the right, although I regarded the result as somewhat doubtful. I made a similar incision in the upper half of the cornea of this eye. Greater irritability on the part of the patient was evinced during this than at the former operation, and the eye rolled upwards and inwards somewhat out of view. A good incision was, however, effected, and the opaque lens escaped immediately on the withdrawal of the knife. The lens was of a deep amber color, rather less than that of the other eye, and discharged with it was a quantity of pultaceous matter, which was probably the outer portion of the lens partially dissolved, probably the result of the injury received eight years before. A membranous substance, being evidently the opaque capsule, was likewise discharged at the same time. Strips of adhesive plaster were then passed over the lids, as in the other eye. No vitreous humor escaped after this operation.

She was directed to remain on the sofa in the recumbent position until towards evening, and then to be removed carefully to bed. As she was occasionally troubled with a cough during the night, a demulcent

mixture, with laudanum, was prescribed to allay any bronchial irritation that might arise.

19. She had some pain in the left eye during yesterday and last night, but it had much abated this morning; there was also some discharge of water from this eye yesterday afternoon, but this too had ceased. The right eye had been very easy. She did not sleep much, but was not teased with coughing during the night. The dressings were not removed.

20. The patient was much the same as yesterday. She complained of pain in the left eye. After the dressings were removed a considerable quantity of mucous discharge was found to have accumulated about the left eye, and a less quantity about the right. There was a considerable amount of intolerance of light, and it was difficult to see the condition of the eyes. The bowels not having acted since the operation, a mild purgative was prescribed. There was no constitutional disturbance, but the cough had been rather troublesome.

21. The left eye was still painful, and there was a small quantity of mucus adherent to the dressings. With the right eye she could distinctly perceive her hand, and there was an entire freedom from pain. The dressings were reapplied.

23. The right eye looked extremely well; no undue vascularity, and no pain. She could open it freely, and distinguish the colors of the bed-clothes, &c. The left eye was much inflamed, and a great deal of mucous discharge exuded when the lids were separated; the lower portion of the cornea appeared clear, but the upper had an opaque and rather sloughy aspect, and the eye continued painful, and unable to bear exposure to light.

It is unnecessary to detail the further progress of the case. The inflammatory condition of the left eye continued for several weeks, and terminated in extensive opacity of the cornea, and partial atrophy of the globe. The right progressively improved, retarded, probably, by the disturbance of the other organ; but very excellent vision was ultimately restored, so that, with the aid of the usual convex spectacles, she was able to read with great fluency.

This case is interesting, as illustrating the uncertainty of diagnosis, and of the result of operations on the visual organ. The eye which, previous to the operation, was regarded as amaurotic, was restored to perfect vision, whilst the other, which appeared so very promising, was destroyed by the subsequent inflammation. No particular reason could be assigned for the bad success of the operation on the left eye, the only difference in the two being that the incision in the left was probably somewhat larger than that of the other. There was also a great discharge of vitreous humor from the left. The uncertainty of any given operation is, to my mind, a strong inducement to prefer operating on both eyes at the same time, as there is then a double chance of success, and at least one may be fairly expected to recover.

FIBRO-SANGUINEOUS TUMOR OF THE DURA MATER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg leave to forward you the following case, which I trust will not be deemed unworthy a place in your Journal.

I am, Gentlemen,

Yours obediently,

T. NEWCOMBE DAY, M.R.C.S.

Kenton, Nov. 24, 1842,

W. B—, a male, aged ten months. About ten weeks since (previous to which time he had been in perfect health and had cut several teeth) a slight enlargement and ecchymosis were observable over the right eye; the enlargement increased rapidly and to such an extent that, eventually, the eye was protruded far out from the bed of the orbit. Shortly after the commencement of disease, other irregular enlargements and ecchymosed masses appeared on the vertex and right side of the head, which was swollen to double its natural size. It was evident, on examination by the hand, which always appeared painful to the child, that the source of the swelling was from within the cranium; nevertheless, during the whole progress of the disease the functions of the body were carried on as if in health—there was nothing like coma, paralysis, or convulsions, or any symptoms indicative of pressure on the brain. The child gradually sunk without any one remarkable symptom, and apparently from exhaustion.

The body was examined about fifty-six hours after death. Its appearance generally, with the exception of the head, was similar to that usually observed in cases of death from profuse hæmorrhage, the surface presenting that peculiarly white and waxen appearance so often seen in such cases. On examining the exterior of the head, the tumor was found to have receded somewhat, the scalp being more movable over it than at any time before death.

The interior of the head was examined by carrying an incision from behind the ear of one side across the head to the corresponding point on the opposite side; this divided the scalp, the two portions of which were reflected, the one anteriorly and the other posteriorly, in the usual manner, and found, with the exception of one small spot of about the size of a shilling, to have no connection whatever with the growth below, a layer of cellular tissue being interposed; this connection, however, was not, strictly speaking, with the substance of the tumor, but with the upper surface of the pericranium which closely invested it; it appeared to be the result of adhesive inflammation. By this dissection, that portion of the tumor occupying the upper and posterior part of the head was brought distinctly into view; it evidently came from beneath the cranium, and had pushed itself up through the posterior fontanelle, where it had caused a conical projection, as well as through the posterior half of the sagittal suture, the space between the two parietal bones being fully an inch in width; the bones themselves were also considerably raised by the upward pressure of the tumor, which was of a uniformly dark color, as if containing blood; it was, however, very