completely divided, and a few ounces of blood lost by the incision. The lips of the wound were kept apart by a thick dossil of lint soaked in turpentine, and strips of adhesive plaster were laid transversely over it, to keep it in its place.

All medicine, except an occasional purge, was now laid aside, and the wound dressed daily.

7th. He has been very delirious during the night, and appears nearly the same as yesterday.

8th. He has had a restless night but less delirium. There is greater prostration, and much difficulty in rousing him from *apparent* stupor; this, however, is ascertained to arise from deafness; for on speaking loudly close to his ear, he answers questions correctly. There is less fever. His tongue is clean, and he begins to take food.

9th. At midnight he fell into a sound sleep, and did not wake till nine o'clock this morning. He is generally better. It is evident that the cerebral functions are being relieved. The issue is discharging.

10th. He has slept soundly the whole night, and is progressing favourably in every respect. He has completely regained his senses, and recognises every one around him. The issue continues to discharge well, and his appetite is improving.

He went on admirably till the 17th, when he became affected with the anasarcous sequelæ of scarlatina. These symptoms were soon removed by the hot air bath, which caused him to perspire profusely, and by other ordinary remedies. After this he was sent to the Isle of Wight, where he rapidly recovered. He is at this time perfectly well.

Southampton, August 23, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 18, 1844.

The attention of the members of the medical profession, a body not in general very readily roused to action, seems at length fully alive to the necessity for exertion on the subject of Sir James Graham's Medical Bill. The outrage upon the community contemplated in the removal of all restrictions to the practice of medicine by persons not merely unqualified from ignorance, but disqualified by false and interested pretensions to a knowledge which they do not possess, is too gross to be passed over. The proposition is too monstrous, and every effort by those who are the real and only safe guardians of the public health, educated and qualified medical practitioners, will be made to prevent its adoption.

We recently reported the meetings held in the counties of Hereford, Surrey, and Warwick, to take into consideration the bill of the Home Secretary. In another part of the present number will be found an account of the proceedings at Bedford, Birmingham, Stourbridge, and Reading. Preliminary arrangements were yesterday entered into

for calling together the medical practitioners of the county of Worcester; meetings are also intended to be held at Ipswich, and at Manchester and other towns in the north, and there is little doubt but that the expression of opinion on the subject will be as general as it is decided.

There is no immediate necessity for extending these remarks further on this occasion, nor do we now propose to enter upon the general merits of Sir James Graham's measure. In compliance with the request of the Council of the Provincial Medical and Surgical Association, it is purposed next week to publish the bill at full length, and it will then be time enough to enter into a calm, and we trust, unprejudiced and unbiassed consideration of its provisions. Some of them are of unquestionable utility, and we are glad to perceive from the tone of the meetings which have already taken place, that, while the most strenuous resistance will be offered to that part of the bill, which, by the withdrawal of the small amount of protection now enjoyed by the public against the artifices of the quack and empiric, affords such direct encouragement to impostors of this description, the general disposition seems to be rather to amend, if indeed it shall be found susceptible of amendment, than entirely to defeat the proposed measure.

MANCHESTER EYE HOSPITAL.

Cases by JOHN WALKER, Esq., Surgeon to the Hospital.

CENTRAL OPACITY OF THE CORNEA—TREATMENT BY HYDROCYANIC ACID—OPERATION FOR ARTIFICIAL PUPIL.

Robert Newall, aged 53, applied for my advice on the 23rd of January, 1844. He stated that two years previously he had a very severe attack of ophthalmia, affecting both eyes, which continued with more or less severity for about six months, and left him in a condition of almost total darkness. The vision of the left eye had, however, somewhat improved since, as he can now discern the shadows of objects passing before him, but he is unable to find his way without a guide.

On examination, a central opacity of the cornea of both eyes is observed, the circumference being perfectly transparent. The conjunctiva is of a deep olive colour, arising apparently from an excessive use of nitrate of silver. The central portion of the iris of the right eye is adherent to the corresponding portion of the cornea, evidently caused by a penetrating ulcer of the latter texture, the pupil being obliterated. No such adhesion has taken place in the left eye, the pupil being visible at several points from the circumference of the cornea. The pupil does not appear to contract or expand, but remains fixed, although of moderate size.

Since the loss of his sight, he has applied several kinds of drops with a view of removing the opacity, but without benefit; indeed, he thinks his vision has improved more since he left off using them than previously.

He was ordered to attend three days a week for the purpose of having sulphate of copper applied to the inner surface of the lids. This was continued for a fortnight without any alteration in the appearance of the eyes, or any improvement of sight.

Feb. 3rd. The vapour of hydrocyanic acid, double the strength of Scheele's, was now resorted to, and was kept in contact with the eyes for about two minutes. A sense of heat was experienced, with a slight uneasiness, scarcely amounting to pain. Increased vascularity was observed, and the eyes were watery. None of these effects were so intense as those produced by the sulphate of copper, and more quickly disappeared. This remedy was used at first every other day, and soon every day, until the 19th of April, on which day he was admitted an in-patient of the hospital under my care.

April 20th. He is now in every respect the same as previous to the employment of the acid, the opacity not having diminished, and no more of the pupil becoming visible in either eye. Having now abandoned hope from any remedy short of an operation, I determined on making an artificial pupil in each eye. I accordingly made a puncture at the lower margin of the cornea, with an extraction knife, drew out a portion of iris with the forceps, and snipped it off with scissors. This was done first in the right and then in the left eye. No inflammation supervened; an excellent pupil in each eye, opposite the lower portion of the cornea, was the result of the operation, and the patient was shortly restored to a very useful amount of vision, having no longer occasion for a guide.

The much-vaunted powers of the hydrocyanic acid, in opacities of the cornea, were put to the test in this case and found valueless. I have tried it in a few others with the like result. I have no doubt it will be useful in some cases, in which other stimulants would act beneficially, but I am satisfied that a case which does not yield to ordinary stimulants will never be benefited by it. With this view of the subject, we can easily account for the recoveries said to have followed its employment.

PUPIL OBSCURED BY A PENETRATING ULCER OF THE CORNEA—OPERATION OF STRANGULATING A PORTION OF THE IRIS.

Samuel Galley, aged 26, from near Crewe, was admitted an in-patient of the hospital July 16th, 1844. It appeared that he had been occasionally subject to ophthalmia for many years past, and that the left eye had been destroyed nineteen years before. Two years since he was attacked with an inflammatory affection of the right eye, attended with ulceration of the cornea, which terminated in an extensive cicatrix at the inner margin. There had evidently been a penetrating ulcer at this point, for the pupil was drawn underneath, and nearly obscured by the opaque portion of the cornea, a mere line of the pupillary margin being alone visible. With this eye, he had no useful sight, being merely able to guide himself about. The general appearance of the iris, and of the whole of the eye, was healthy.

July 27th. There appearing good reason to believe that the lens and capsule were transparent, it became a matter of importance to select some operation which would not interfere with their integrity. As the pupil

had been drawn towards the inner cornea by a prolapsus of the iris through the ulcerated portion of the cornea, so it seemed probable that if an aperture were made at the opposite margin, and a portion of the iris drawn out and left to strangulate, the pupil would be again drawn towards the centre. The following proceeding was therefore adopted:—A puncture was made with an extraction knife at the outer margin of the cornea; the aqueous humour immediately escaped, and the pupil was seen to extend itself across like a fine black line. A pair of forceps was next passed through the wound of the cornea, a piece of iris laid hold of, pulled out, and left outside the wound, forming a tumour about the size of a very large pin's head. This operation then had the effect of bringing the pupil quite across from near the inner to the outer margin of the cornea, and rendering the patient's vision almost as good as ever. A slight degree of inflammation succeeded to the operation, which was kept up by the strangulated portion of the iris. At the end of the first week the caustic pencil was applied to the projecting point; it was again applied on two different occasions at intervals of two or three days, when the tumour had disappeared.

August 24th. All irritation has now ceased. After the application of the caustic, although some portion of the prolapsed iris sloughed off, there was a degree of retraction of the iris internally, and the pupil did not extend so far towards the outer margin of the cornea; but what was lost in the horizontal was gained in the upward direction, its size now being about four lines across and two lines upwards. Vision is completely restored.

GALVANISM IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Uterine hæmorrhage sometimes proceeds to such an extent as to render the delivery of the child, in my opinion, a dangerous practice, although sanctioned by some of our best obstetric writers, and adopted by the great bulk of the profession, being considered by them as giving the woman the best, if not the only chance of surviving, and of saving the child's life in such cases of extreme exhaustion from flooding. I have, therefore, in this short communication, suggested the application of a most important remedial agent, capable, as far as I am able at the present time to state, of rousing the subdued energies of the uterus, and thus bringing into operation that power which can alone secure the woman from further loss, I mean the contraction of this organ. This consequently would enable the practitioner successfully to adopt such measures as would have the effect of raising the vital powers, and at the same time would also prevent any further effusion (which nearly always occurs) in cases where the action and power of the heart and arteries are increased by the administration of stimulants, or other means of support, while the uterus still remains in an atonic state.

The remedy I allude to is galvanism. Slight shocks carried through the long axis of the uterus, by means of a conductor being introduced along the vagina to the os uteri, and another being placed externally over