you will find a solution containing four per cent. of cocaine and 1 in 3,000 of perchloride of mercury, an exceedingly useful one, both for anæsthetic and aseptic purposes. In the early part of this lecture I mentioned the term secondary glaucoma; many of you have doubtless seen cases of it. In India and in Persia a very common method of treating cataract is by "couching" the lens. In this operation a needle is introduced through the sclerotic, or corneæ, usually through the former, and with it the lens is violently dislocated downwards into the vitreous. Now in an old person suffering from senile, hard cataract, absorption of a lens thus dislocated can but rarely be hoped for. On the contrary, this swollen and hard lens lying in the vitreous, immediately behind the iris, falls against the ciliary processes, and by its constant irritation not unfrequently causes sympathetic destructive inflammation of the other eye. You will, perhaps, with me be able to call to mind numerous instances where cataractous eyes thus operated on by "*couching*" have subsequently become the seat of glaucoma. I can assure you this is far from being uncommon, and you will be frequently consulted for the treatment of this secondary glaucoma. Where vision still remains in the eye, and where pain is present, you will find Mr. Hancock's operation as described above, one that not unfrequently gives permanent relief and stops the glaucomatous process. When the eye is already blind, but subject to attacks of pain, and the tension is raised, the same operation is indicated. Should the eye on which the operation of "*couching*" has been performed, set up sympathetic changes in the opposite sound organ, its extirpation should at once be undertaken. And now in conclusion let me say a few words to you regarding atropine. The use of this drug in cases of eye disease has become most common, and it is, I am afraid, frequently prescribed in an empirical manner. Of its value in the treatment of many affections of the eye there can, of course, be no doubt; but it is especially with regard to its use in cases of glaucoma that I would ask for your attention. It is true atropine causes contraction of the blood vessels, and by this action was formerly believed to be of use in removing the tension of the glaucomatous globe; but it also widely dilates the pupil and in doing so converts the iris into a thick and somewhat tense roll of muscular tissue. The iris so rolled up lies within and fills up the "filtration area" already described to you, thus most completely and effectually preventing the intra ocular fluids from gaining access to the region at which they find an outlet. A patient suffering from chronic glaucoma comes to you for treatment. In the course of his disease the attack has once or twice previously been subacute and attended by pain within the eye and around the orbit. If now for the relief of the subacute attack, for which you are consulted, you instil into the patient's eye a solution of atropine, you will in all probability convert the case into one of acute glaucoma with the almost inevitable after result of complete blindness. If an iridectomy were performed immediately the acute process set up in it *might* save the sight; but inasmuch as the acute process brought on by the use of atropine occurs in an eye that is already damaged by the disease, vision will probably be lost in spite of all you do. Remember this and in all cases of glaucoma avoid the use of atropine.

PRECIS OF OPERATIONS PERFORMED IN THE WARDS OF THE FIRST SURGEON, MEDICAL COLLEGE HOSPITAL, DURING THE YEAR 1889.

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(Continued from page 170.)

VII. *Removal of date-thorn from the foot.*—Hindu male, *æt.* 13. A date-thorn entered the sole of the foot a year ago. The dorsum is now painful and swollen, and there is a sinus between the first two toes through which a hard rough substance can be detected. This was enlarged, and another opening made on the sole of the foot through which a date-thorn two inches long was extracted. The wound healed by granulation in 30 days. (Dr. Raye.)

VIII. CASES OF LITHOLAPAXY.

i. Hindu male, *æt.* 60. Symptoms of eight years' duration. Two introductions of crushing and evacuating instruments sufficed. The débris weighed 5 drs. 12 grs. Discharged in 16 days.

ii. Hindu male, *æt.* 59. Symptoms of five years' duration. Two stones were detected, crushed and evacuated. The débris weighed 1 oz. 2 drs. Slight cystitis. Discharged in 9 days. (Dr. Raye.)

iii. Mahomedan male, *æt.* 40. A stone weighing 2 oz. and 2 drs. was crushed and removed by five introductions. Slight cystitis followed. Discharged in 9 days. (Dr. Raye.)

iv. Hindu male, *æt.* 40. Symptoms of 4 years' duration. A calculus weighing 3 drs. 12 grs. was crushed and removed by four introductions. No cystitis. Discharged in 4 days. (Dr. Raye.)

v. Hindu male, *æt.* 35. Symptoms of 1½ year's duration. Six introductions necessary. Débris weighed 2 oz. 2 drs. 30 grs. The operation was succeeded by fever and suppression of urine. Diarrhœa set in, and death ensued on the 7th day after operation. Both kidneys were extensively diseased. (Dr. Raye.)

vi. Hindu male, *æt.* 35. Symptoms of two years' duration. Eight introductions. Débris weighed 2 oz. 5 drs. 40 grs. The operation was followed by a sharp attack of cystitis, which subsided on the 5th day. Discharged in 23 days. (Dr. Raye.)

vii. Hindu male, *æt.* 25. Symptoms of one year's duration. Four introductions necessary. Débris weighed 1 oz. 1 dr. Slight cystitis. Discharged in 16 days.

IX. INCISIONS.

1. *Tracheotomy for laryngitis.* — Mahomedan male, *æt.* 35. Admitted with urgent dyspnœa from laryngitis of two days' duration. Tracheotomy was performed at once, but the man died of exhaustion in five hours.

2. *Incision for incarcerated inguinal hernia.*—Hindu male, *æt.* 55. Has had reducible right inguinal hernia for 15 years. The hernia descended a few hours before admission while straining at stool. Tumour tense and tympanitic. Symptoms of shock present. Taxis after the application of ice failing, the neck of the sac was exposed, a tight band divided, and the contents returned without opening the sac. The pillars were brought together with catgut and the wound stitched. It healed mostly by granulation, having been forced open by a descent of the rupture in 23 days. Patient was discharged with a truss in 37 days.

3. *Operation for strangulated inguinal hernia.*—i. Hindu male, *æt.* 40. The hernia descended and became irreducible two days before admission. Symptoms of obstruction and strangulation well marked. The sac was laid open, and adherent omentum and a knuckle of small intestine exposed. The omentum was divided after ligature in sections and the bowel returned. The pillars were brought together and wound stitched without any further interference with the sac. The patient made a satisfactory recovery in 43 days. (Dr. Raye.)

ii. Hindu made, *æt.* 26. Strangulation of nine days' duration. Patient very prostrate. The sac was opened and the rupture found to be of the congenital variety. It contained matted omentum enclosing a coil of intestine. The stricture was found on laying open the inguinal canal, to be caused by a ring of omentum. The omentum was removed after ligature in sections and the gut returned. The sides of the canal were brought together and the wound stitched. The patient suffered from shock for four hours from which he recovered slowly. The wound healed by granulation in 41 days. (Dr. Raye.)

iii. Mahomedan male, *æt.* 30. Strangulation of 16 hours' duration. Condition very low. Sac opened, stricture divided, and intestine returned, wound stitched. Did not recover from prostration, and died in a few hours of exhaustion. (Dr. Raye.)

iv. Mahomedan male, *æt.* 45. Left oblique inguinal hernia. Strangulation of eight days' duration. Symptoms pronounced but not intense. Sac laid open, stricture (at external ring) divided, and contents (omentum and small intestine) returned, and the operation was then completed as for radical cure. Patient made an excellent recovery in 38 days. (Dr. Jameson.)

v. Hindu male, *æt.* 40. Right oblique inguinal; strangulation of eight hours' duration. Ice and taxis tried in vain. Operation as in last case. Recovered in 42 days. (Dr. Adie.)

vi. Hindu male, *æt.* 29. Right oblique inguinal hernia. Strangulation of one day's duration. Symptoms acute, patient very low. The sac was opened and found very much congested. Bowel and omentum exposed. The latter was adherent and was divided in sections and relieved. The operation was completed as for radical cure. Patient died of shock in 40 hours. (Dr. Jameson.)

4. *Operation for strangulated femoral hernia.*—Hindu male, *æt.* 30. The rupture occurred under sudden and violent exertion three days before admission. Bowels obstructed, vomiting. A tense tender tympanitic swelling at base of Scarpa's triangle. Ice and taxis applied without effect. The bowel was exposed by careful dissection. There was no sac. The stricture was situated at Gimbernat's ligament, which was divided. The hernia was then reduced and the wound stitched. On the sixth day fæces escaped from the wound, but the fistula closed spontaneously, and the wound healed in 22 days. Discharged 24 days after operation. (Dr. Raye.)

5. *Operations for the radical cure of hernia.*

i. Hindu male, *æt.* 40. Large right scrotal hernia of two years' duration. Has also got double hydrocele and scrotal elephantiasis. The sac was exposed, isolated, tied at the neck, and removed. The pillars were stitched together, a counter opening made in the scrotum, and the wound closed and dressed antiseptically. Operation performed on 26th January. The parts healed kindly, and the scrotal tumour was removed on 27th February (see VI, 1*b*. ix). He was discharged well on the 14th of April.

ii. Mahomedan male, *æt.* 25. Right oblique inguinal hernia of 18 years' standing. The rupture was found to be congenital. The sac was removed and tunica pared close to the testicle. The wound healed by first intention in eight days. Discharged with a truss in 27 days.

iii. Burmese male, *æt.* 27. Right oblique inguinal hernia. The usual operation was performed. The wound healed by granulation. Patient discharged in 56 days.

iv. The operation in this case was performed at the same time as for the removal of scrotal tumour (see VI, 1*b*. x). (Dr. Raye.)

v. Mahomedan male, *æt.* 30. Right oblique

inguinal hernia of two years' duration. The usual operation was performed. The ring was laced with kangaroo tendon. The wound healed by first intention in seven days, and patient was discharged in 21 days with a truss. (Dr. Raye.)

vi. Hindu male, *æt.* 3. Right oblique inguinal hernia of two years' duration. Usual operation. Wound healed by granulation. Discharged in 37 days. (Dr. Jameson.)

vii. Hindu male, *æt.* 50. Left oblique inguinal hernia of seven years' duration. Complicated with scrotal tumour and a sloughy ulcer on left side of scrotum. The usual operation was performed. The wound healed slowly by granulation. Discharged in 70 days. (Dr. Raye.)

viii. Hindu male, *æt.* 22. Right oblique inguinal hernia of one year's duration. Usual operation. Wound healed by first intention in 16 days. Discharged in 39 days.

ix. Hindu male, *æt.* 35. Left oblique inguinal hernia. Subject to bronchitic asthma. Operation performed at patient's earnest solicitation in the usual manner. The patient died of double pneumonia eight days after operation. The wound remained aseptic and was healing kindly.

x. Hindu male, *æt.* 36. Right oblique inguinal hernia. Had two hydroceles which were successfully tapped and injected before the hernia operation was performed. The wound healed by first intention, and he was discharged in 17 days.

xi. Mahomedan male, *æt.* 40. Right oblique-inguinal hernia. He had been operated on one year and seven months' ago in the hospital. He remained well for a year, but, during the last seven months, a new hernial protrusion has formed in the site of the old. The abdominal walls are very lax. He has a hernia on the left side also. The usual operation was performed. Some difficulty was experienced in dissecting out the sac which was closely adherent to the tissues surrounding it, in consequence of the former operation. At its fundus, a ring of thick tissue with central hollow, the expanded neck of the previous sac, was found. Special care was taken to close the aperture. The cavity of the wound got filled with blood and he suffered from fever and bronchitis for 11 days. The wound gaped and healed by granulation. He was discharged cured with a double truss in 45 days.

xii. European male, *æt.* 12. Left oblique inguinal hernia. Usual operation. Made an excellent recovery in 19 days.

*** The steps of the operation performed in these cases were precisely the same as described in full detail in previous reports. A counter opening was made in the scrotum for drainage in all cases. In most of the cases a well fitting truss would, no doubt, have kept the rupture under control; but patients of the classes who resort to hospital cannot afford to purchase trusses, and when they are supplied with them, they have not the sense to wear them properly, and they soon become useless, and are causes rather of danger than help. The operation in the fatal case was performed at the repeated and earnest request of the patient, rather against my judgment. He had delicate lungs, and though he was kept under treatment, and with benefit for some time, he developed double pneumonia very soon after the operation and died of it. None of the other cases gave any cause for anxiety. Each patient was provided with a truss on discharge with injunctions to wear it for six months. None of them have been seen or heard of since the operation, except No. xi, who has come this year to get the left hernia operated on. This has been done successfully; the right side remains firm. This man has undergone three operations for rupture.

(*To be concluded.*)

ON THE SURGICAL ASPECTS OF IMPACTED LABOUR.

Extracts from Lectures to the Midwifery Class of the Medical College, Calcutta, from 1881.

Delivered by Brigade-Surgeon ROBERT HARVEY, M.D.

THE great improvements which have been made in recent years in instruments for breaking up the fœtus have enlarged the range in which embryotomy is possible. When I was a student some authorities considered that a contraction to three inches required the Cæsarean section, and most of them thought it called for at two inches and a half. In theory at least they did, but in practice they almost never resorted to it until prolonged efforts to remove the child by craniotomy had failed. The consequence was that the mother's strength was so exhausted before the operation was begun that almost every case in British practice entailed the mother's death, and as the child had been previously destroyed, the operation got to be looked upon as almost necessarily fatal both to mother and child. I saw the late Dr. Dyce of Aberdeen perform the operation on a dwarf whose pelvis measured full three inches in the conjugate diameter. The forceps had been tried repeatedly, and three long hours had been spent in attempting to deliver with the crotchet. The woman's death was ensured, or nearly so, before the abdominal section was resolved on. Now-a-days she would be delivered readily enough, but in cases of greater disproportion there comes somewhere a limit where embryotomy is impossible, and where it should not be attempted, as the Cæsarean operation will still be necessary, and it should be performed, when performed at all, before the mother's strength is exhausted.

It is Mark Twain I think who gives this judicious advice: "Never prophesy unless you know." Yet I venture to prophesy that, unless some marvellous new improvement is made in our means for breaking up and extracting the fœtus, there