

extensile to admit of filling up the wound made in their removal, some modification might be suggested that will meet the difficulty, and give in the end the same advantages over the ligature.

ST. BARTHOLOMEW'S HOSPITAL.

EXCISION OF THE KNEE-JOINT FOR INTRACTABLE DISEASE.

(Under the care of Mr. SKEY.)

FOR the second time in this hospital the operation of excision of the knee-joint was performed by Mr. Skey on the 7th inst. The patient was a child, with disease of the articulation of some standing, which resisted every means employed to afford relief, after a prolonged stay in the hospital. It was therefore submitted to excision as preferable to amputation, and the child has progressed favourably thus far. We shall publish the details of the case, with several others, shortly. It will be remembered that some years back, when we recorded in the "Mirror" our first series of cases of excision of joints, they included one under the care of Mr. Stanley, in the person of a girl, who subsequently had her leg amputated to save her life. The operation, we may truly say, is now better understood, and is becoming more orthodox every day in hospital practice.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

NEW OPERATION FOR ENTROPIUM: DIVISION OF THE TENSOR TARSII MUSCLE FOR INVERTED EYELASHES.

(Under the care of Mr. HANCOCK.)

H. L.—, aged twenty-four years, has been an out-patient for several weeks, suffering from entropium of the upper eyelids. The eyelashes have been removed from time to time, with temporary relief.

On the 27th ult. he again applied. At this time he was suffering more than usual. The corneæ were hazy; conjunctivæ much congested; and he could scarcely open his eyes from the intolerance of light.

He was admitted into the hospital, and on the 29th ult. Mr. Hancock cut through the tensor tarsi muscle of each eye between the punctum lachrymale of the upper lid and the caruncle.

He left the hospital on the 2nd inst., much benefited. The haziness of the corneæ had much diminished, the congestion of the conjunctivæ and intolerance of light had disappeared, and he could open his eyes with a degree of comfort he had not experienced for months past.

LONDON HOSPITAL.

OBSTINATE CONSTIPATION, WITH VOMITING, THE EGESTA HAVING A FÆCAL ODOUR; RECOVERY AFTER KNEADING THE BELLY.

(Under the care of Dr. FRASER and Mr. MAUNDER.)

A. B.—, aged fifty, laundress, was admitted under the care of Dr. Fraser with the following symptoms and history. She had suffered more or less from constipation during the last two months, and during the last twelve days had experienced no alvine evacuation whatever, but constant nausea and vomiting. There was no history of previous attacks of constipation. At the present moment (the twelfth day from the commencement of the attack) constipation and vomiting persist, the matters ejected from the stomach having a most decided fæcal odour; abdomen tympanitic, especially over the region of the colon, both anteriorly and in the lumbar region; the pain of distension exists, but is not referred to any particular spot; loud gurglings are heard, and the patient says that they traverse to and fro the region of the large intestine.

Mr. Maunder saw the case at ten P.M. with Mr. Mackenzie, resident medical officer; and having failed to detect a hernial protrusion, and after having employed an O'Beirne's tube and a warm water enema in vain, it was determined to place the patient under the influence of chloroform and to manipulate the abdomen. As soon as perfect relaxation of the abdominal wall was obtained, the contents of the cavity were well shaken

and kneaded by the hands of the operator, during which manœuvre a constant gurgling in the left iliac region was felt by him. (Mr. Maunder remarked that should ulceration be taking place in any part of the intestinal canal, such rough handling would in all probability lead to extravasation of the contents of the bowel and to a fatal result; but that any means affording the least chance of relief were justifiable prior to the alternative of opening the colon in the loin.) The patient was now returned to bed, and during the night and following morning a great quantity of flatus passed per anum, but the previously constant vomiting recurred twice only.

Dr. Fraser and Mr. Luke saw the case the next day, and advised a repetition of the use of the tube and enema; this was done, with a most favourable result, for a copious alvine evacuation followed.

The patient remained for some days with more or less tympanitis and sluggish bowels, but both symptoms subsided under the use of small doses of the watery extract of aloes, and she left the hospital well.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOV. 26TH, 1861.

DR. BABINGTON IN THE CHAIR.

CONGENITAL MALFORMATION OF THE EYES IN THREE CHILDREN OF ONE FAMILY.

BY THOMAS NUNNELEY, ESQ., F.R.C.S.

DURING the summer of 1860 a young lady aged fifteen was brought to the author. She had recently been sent to a boarding-school, where it was noticed that the sight was defective, and that application to books caused pain in the eyes, which soon became inflamed. Mr. Nunneley found both globes smaller than natural, not perfectly round, but somewhat flattened and rather soft to the touch. The sclerotic coats were vascular; the corneæ conical; the irides thin, dull, and tremulous; the pupils considerably towards the nasal side of the centre, and very imperfect in action. Both eyes were myopic. The left eye was in all respects worse than the right. By attention the inflammation soon subsided, and she is now able to read and sew with comparative ease.

An elder sister who accompanied her had a similar congenital condition of the eyes, but in a much less degree.

In a brother, then thirteen years of age, the author found a total absence of the iris in both eyes. The ciliary processes, if at all developed, were so in a very slight degree. The choroid appeared normal; in an ordinary light, of a dense black; in a reflected light, the vessels were seen to be well developed. The retinae seemed to be natural, and the lens in each eye was then perfectly transparent. Though no difference could be detected between the two eyes, the sight of the right was more defective than that of the left. The boy had attended the village school, and learned lessons with the other scholars. A strong light was unpleasant, but he did not court darkness. Neither lenses nor diaphragms were of any benefit to the sight. A few weeks after this time the lens in the right eye became muddy, and at the present date lenticular cataract has become fully formed, showing an expansion coequal with the cornea. The left eye continues in the same state as when first seen.

The father and mother have good sight. Some years ago the author operated for congenital cataract in a first cousin (on the mother's side) to these young persons.

Mr. SOELBERG WELLS wished, if Mr. Nunneley was present, to ask him for some information upon one or two points in connexion with these cases. First, whether the asthenopia in the case of myopia did not depend upon insufficiency of the internal recti muscles. Asthenopia was almost always due either to insufficiency of the internal recti muscles of the eye or to hypermetropia. This weakness of the internal recti was generally met with in cases of considerable myopia, in which the print or work had to be held very close to the eyes; if the internal recti were not sufficiently strong to maintain the requisite amount of convergence of the optic axes, symptoms of asthenopia soon showed themselves, and necessitated a temporary cessation of reading, &c. Hypermetropia was, however, a still more frequent cause of asthenopia. In the second place, he (Mr. Wells) would like to know whether Mr. Nunneley had made any examination of the power of accommodation in the case of irideremia totalis. Such cases were of