

he was quite well. I am indebted solely to the parents for these particulars, as no medical man was present during the attack. The directions for the powders had been one every 12 hours, to be followed by castor oil.

W. E. B.

**OPERATION FOR COMPLETE STAPHYLOMA, FOLLOWED BY THE APPLICATION OF AN ARTIFICIAL EYE OF ENAMEL.**—By G. S. De Bonati, M.D., of Berthier: *Membre de la Société Impériale des Sciences, Arts et Belles Lettres de France, &c.*

We have received an excellent report of this operation, but unfortunately our limited space will not permit its insertion in full. It was performed in the usual manner by passing a thread through the protruding portion of the ball, which allowed of the escape of a portion of the fluid and served to steady the eye, and removing the staphyloma, posterior to the ligature, by means of a Demarre's staphylotome, an instrument with two cutting edges, similar in shape to an ordinary cataract knife. The lens did not escape, nor was there any hemorrhage, or other bad symptom; and iced compresses readily subdued the subsequent inflammation. After the third day, the portion of the eye, between the lips of the wound, presented numerous little white spots, which seemed more abundant in the centre, these rapidly extended so as to cover the whole surface which separated the incision. The cicatrix which formed had to be punctured on the fifth day after the operation, to allow of the escape of the newly secreted aqueous fluid; and this it was found necessary to repeat every second day for upwards of three weeks, by which precaution the ball was kept sufficiently reduced in size to admit of the artificial shell, which was applied on the tenth week after the operation, which proved satisfactory in the extreme from the beginning.

## Canada Lancet.

MONTREAL, MARCH 15, 1864.

To those who have responded to our appeal, and sent us cheering letters and remittances, we return thanks. The Lancet will be continued another year without increase of size. And as heretofore will be largely circulated abroad, that this country may not go unrepresented in the general advancement of medical science throughout the world. We would therefore have it understood, that all copies received by the profession in other lands must be considered as sent without desire for aught but the reading of them, and kind wishes for Canada and its little periodical.

### Review.

**A PRACTICAL TREATISE UPON ECZEMA, INCLUDING ITS LICHENOUS, IMPETIGENOUS, AND PRURIGINOUS VARIETIES.** By T. McCall Anderson, M.D., Fellow of the Faculty of Physicians and Surgeons; Physician to the Dispensary for Skin Diseases, Glasgow, &c. 8vo. pp. 144. Churchill & Sons.

The intention of this volume is to furnish the profession with a thorough guide for the manage-

ment of one of the most common and distressing affections which the practitioner is called upon to treat. Its author, a former pupil of the celebrated Hebra, speaks to us after an extended experience and much close observation, recommends himself to us as a thoroughly practical man, promises us in advance to make no statements that he has not verified, to bring forward no treatment that he has not thoroughly tested: let us then listen to him—give him on this praiseworthy agreement our valuable columns, we all want something useful—anything indeed to make us better doctors.

He begins at the very outset by startling his readers with the affirmation that vesicles are by no means essential to the eruption of eczema, but that the principal elementary lesion (meaning we suppose the initiative or first symptoms) may be either an erythema, a vesicle, a pustule, a pimple, or merely a chapped skin; and that during its course there are often a mixture of several of these in a single spot of eczema.

He says that these views are not his alone, that they are those entertained by many of the most celebrated French and German dermatologists, and states that Hebra of Vienna was the first to put forth this correct elucidation of seemingly contradictory symptoms—to do away with the difficulties in the diagnosis of eczema.

The first few chapters are so excellent, so practical, and settle, in our opinion, so satisfactorily the true nature of eczema, that we draw liberally from them; they are too good to be omitted.

He affirms that any one who studies this disease carefully can scarcely help arriving at similar conclusions concerning it as himself; and says that impetigo, lichen, and prurigo, are but varieties of eczema in which the foundation is either a crop of pustules or pimples.

That the symptoms of an eczematous eruption, when at its height, are infiltration of the skin, exudation on its surface, formation of crusts, and itching.

That the infiltration is due to the transudation of serum within the skin, and that upon its presence depend all the other symptoms enumerated; that the greater the infiltration the more inveterate is the affection. That it has a doughy feel, and as pressure the redness gives way for a moment to a yellowish colour; quite unlike the healthy white left on pressing a spot of simple erythema.

That the moisture, or exudation, on the surface of the skin, may take place constantly, or merely when the circulation is excited, or the part exposed to friction. The observer must not therefore be led astray by the absence of this characteristic symptom at the time of examination, but must inquire whether the eruption has ever been moist. That exudation has the property of staining and stiffening the underclothing; they may therefore be looked at if there be any doubts on the subject.

A solution of potash (10 grs. potassæ fusa to 10 oz. of water) applied to an eczematous surface, produces a copious exudation of this fluid externally, which seems to lessen the infiltration beneath.

The exudation is often purulent in character; and if the nails of the sufferer be too vigorously employed may be mixed with blood.

The crusts are the dried exudation and exfoliated epidermis, mingled frequently with sebaceous matter (especially when on the head), and if uncleanly with particles of dirt. But when these scabs are kept removed by poultices, the exudation dries but