

indicate it, between the internal and inferior recti) through the sclerotic into the eye. It is not allowed to pass more than 4 or 5 millimetres. On its withdrawal, eserine is instilled and a compress and bandage applied. The patient is kept on his back in a darkened room for some days, the eresine being daily repeated. I have seen benefit result from this operation.

Amongst other novelties in modern eye surgery, I may mention the disguising of indelible leucomata of the cornea by tattooing the surface with Indian ink, an operation very easily performed, and producing the most wonderful change in the appearance of the patient. A very perfect imitation of the pupil may be produced in this way. It is also useful in diminishing the dazzling produced by an iridectomy done for prophylactic purposes elsewhere than under cover of the upper lid.

What bids fair to be another step in progress consists in the substitution of "ablation of the ciliary nerves" for enucleation in certain cases of sympathetic ophthalmia. Given a case where the sympathizing eye is going through all the distinctive phases of an Irido-choroiditis, and where the irritating eye still possesses a certain amount of vision, what is to be done? In the old days they would say enucleate, now we endeavour to preserve the irritating eye, but to put an end to the irritation by dividing the ciliary nerves in that section of the globe, where most irritation and tenderness exist. A section of the rectus tendon on that side will expose the posterior segment of the globe and the nerves which surround the optic may be snipped with a blunt-pointed scissors, care being taken to avoid damaging the great nerve itself. I regret that I have not been able to follow up the cases in which I have seen this operation performed.

Other matters which might be interesting, crop up as I go on, but time does not permit my dwelling upon them now; such as the various operations for conjunctival transplantation, the new treatment of that opprobrium of surgery, granular lids, by De Wecker, etc., etc.

It suffices if I have shown that, since its great revival 30 years ago, ophthalmology has not relapsed into slumber, and that the great names of Helmholtz, Donders and Von Graefe, will not be the only ones to live in the memory of those who interest themselves in this branch of surgery.

IRREDUCIBLE FEMORAL HERNIA.

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E. M., æt. 44, female. Generally fairly healthy; has had some trouble with varicose veins and ulcers on leg. Femoral hernia appeared on right side six or seven years ago. During the last year she has had four or five attacks of strangulation, which were relieved after the return of a portion of hernia, chloroform being required more than once to assist in its reduction. There always remains a lump nearly as large as the fist, which is irreducible. Finally, she has become entirely incapacitated to do housework, as going about on foot gives rise to symptoms of strangulation. I may mention also, that just previous to menstruation and during the first day or so after it begins, she suffers a good deal of pain and soreness in the tumor, the pain running down the thigh. As she had become so unfit to do her ordinary duties as a housemaid, I advised an operation, and after some delay her consent was given.

Dec. 7, '81—Operation.—Chloroform given and assistance rendered by Drs. Coburn and Coulthard. A fold of skin was pinched up over the swelling and a bistoury run through it, making a vertical incision $2\frac{1}{2}$ or 3 inches in length. After getting through subcutaneous fat, the hernial sac was soon reached; this being opened, its contents were found to be omentum, with something firmly adhering to it, which proved on subsequent examination to be a diminutive ovary with Fallopian tube attached. After separating adhesions to sac, these could not be returned and were therefore excised, their neck being ligatured with catgut. Catgut being scarce, I then tied the neck of the sac with silk and cut away the portion outside of ligature. Finally, a wire suture was put through borders of saphenous opening and neck of sac and the wound in the skin brought together with wire also, a small drainage tube being inserted at its lower part. Operation was performed with Listerian precautions and dressing of carbolized gauze applied. One quarter of a grain of morphine was given hypodermically. Ordered bits of ice to suck and milk in small quantities; also a suppository, containing half a grain each of morphine and ext. belladonna, to be used *pro re nata*.