

na having been used for some days without any beneficial result, it may be inferred that the pupil has been rendered as large as possible by this agent, the operator proceeds thus :

The upper eyelid being held by an assistant, and the lower eyelid depressed with the index finger of the left hand, he applies with the right hand the point of a pencil of nitrate of silver to the conjunctiva of the bulb, close to the cornea, and cauterizes it in three or four points as energetically as possible, without penetrating the mucous membrane too deeply. A very active irritation of the vessels which feed the ulceration of the cornea is thus provoked, and the secretion necessary to set the iris free is the result. Sometimes, instead of points, a line of cauterization is made in the neighbourhood of the hernia, and in some instances, where the first cauterization has failed, after an interval of two or three days, a second, third, or fourth even, on the cornea, but taking the greatest care that the caustic does not extend to the iris, otherwise the hernia would at once be increased. In a rare instance success was not obtained until after the 8th application ; but the reduction is generally effected after the first, second, or third. Desmarres has succeeded in so many instances by this method, that he has ceased to count the operations.—*Mr. Ancell's Report on Ophthalmic Surgery, Half-Yearly Abstract, Vol. VI.*

Treatment of Ununited Fractures—Mr. Rynd, after alluding to the practices invariably adopted in the above cases, such as friction of the ununited fragments, cutting down and removing the extremities of the bones, and passing a seton between them, as recommended by Dr. Physick, of New-York, suggests a modification of the latter, as exhibited in the following cases :—

1. Eliza Kavanagh, had fracture of both bones of the leg five inches above the ankle joint. Splints applied, but bony union not obtained. After eleven weeks, Mr. Rynd introduced a seton in the following manner :—A curved needle was passed into the inside of the leg opposite the fracture, through the integuments, so deeply as nearly to touch the posterior internal edge of the tibia ; it was then directed in a semicircular course anteriorly, over and close to the permanent extremities of the fractured bones, and was brought out on the outside of the limb, so that the fracture lay between the parts of its entrance and exit ; it did not touch or pass between the fractured extremities. Perfect rest was enjoined, and on the 21st day union was established.

2. John Reilly, aged 30, had ununited fracture of the left humerus, immediately above the condyles ; fragments moveable, and produce pain by pressure on the brachial nerves, when the cervix is raised. On the 10th a seton was introduced with the same precaution as in the former case. The arm was released from the splints somewhat too soon, but the union was ultimately perfect.

3. William Archer, aged 13, had oblique fracture of the femur fifteen months since ; motion perfect between the fragments, but no grating, shewing that there is ligamentous union. The boy is of a scrofulous habit. On the 14th, a seton was introduced posteriorly to the bones, and brought out in front. Dessault's apparatus was applied, and perfect rest enjoined. The seton was removed on the 28th. In a month's time the fractured portion appeared to be firm, and in another week the boy walked without a crutch.—*Dublin Quarterly Journal, 1847.*

New Method of Applying Ligatures to Tumours.—Professor Ferguson and Mr. Walne have both described this method. It consists in passing a double ligature through the base of the tumour and then dividing it ; a needle with the eye to the point is then threaded with one tail of the ligature, and passed also through the base of the tumour at right

angles to the double thread ; this tail is withdrawn from the needle, and the eye threaded with the other tail of the double ligature ; the needle is then drawn backwards, bringing with it the second ligature, which then passes at right angles to the original double ligature, and through the same channel as the first tail. The end of the ligatures having been left long enough for tying, there are now two ligatures, forming two figures of 8, each embracing two opposite segments of the tumour, and the surgeon has only to tie the ends of each ligature once, in order to command the base of the tumour.—*Medical Gazette.*

MIDWIFERY.

Lesions of the Nervous System, in the Puerperal State, connected with Albuminuria.—Dr. Simpson has related some cases illustrative of the effects of Bright's disease, as denoted by the appearance of albumen in the urine under the action of heat and nitric acid. He draws the following conclusions :—

1. Albuminuria, when present during the last periods of pregnancy and labour, denotes a great and marked tendency to puerperal convulsions.

2. Albuminuria, in the pregnant and puerperal state, sometimes give rise to other and more anomalous derangement of the nervous system, without proceeding to convulsions, and Dr. Simpson has especially observed states of local paralysis and neuralgia in the extremities, functional lesions of sight (amaurosis, &c.) and hearing, hemiplegia and paraplegia more or less fully developed.

3. Œdema of the face and hands, going on occasionally to general anasarca, is one of the most frequent results of albuminuria in the pregnant female.

4. The presence of this œdema, or of any of the lesions of the nervous system, with or without the œdema, should always make us suspect albuminuria ; and if our suspicions are verified by the state of the urine, we should diligently guard, by antiphlogistic means, &c., against the supervention of puerperal convulsions.

5. Albuminuria and its effects are far more common in first than in later labours, and these constitute a disease which in general disappears entirely after delivery ; but Dr. Simpson has seen one case commencing with slight blindness, but no œdema, and ending gradually in hemiplegia, where the palsy partially remained after delivery, and after the disappearance of the albuminuria. In another patient amaurosis came on with delivery, and had been present for six months when Dr. Simpson first saw her. There was no œdema or other symptom of albuminuria except the amaurosis ; but, on testing the urine, it was highly albuminous.

6. Albuminuria, with convulsions, &c., occurring in any labour later than the first, generally results from fixed granular disease of the kidney, and does not disappear after delivery.

7. In puerperal convulsions, &c., produced by albuminuria, the immediate pathological cause of the nervous lesion is perhaps some unascertained but poisoned state of the blood. Is there a morbid quantity of urea in the blood ? In several specimens of the blood of patients suffering under severe puerperal convulsions, furnished by Dr. Simpson to Dr. Christison and Dr. Douglas MacLagan, these gentlemen had been unable to detect any traces of urea. Is the poisoning material caseine in morbid quantity or quality ? The dependence shown by Gluge and others of albuminuria upon steatorrhea of the kidney, makes this connection worthy, perhaps, of some inquiry.

8. In cases of severe puerperal convulsions, &c., from albuminuria, the renal secretion is in general greatly diminished, and Dr. Simpson has found active diuretics apparently of great use along with or after venesection, antimony, &c.,