carpin sweats. Locally atropin 1 per cent, dionin 5 per cent, were used; the pupils would not dilate. The atropin was increased gradually, even using powdered atropin, until signs of toxicity developed, the patient growing irrational, but still no dilation. The blood Wassermann was negative, none made on the spinal fluid. There was a marked local and general reaction to 1 mg. of O. T., and to 3 mg. of O. T. The patient observed that his vision was better after each injection of tuberculin. The opacities were fewer, apparently. The vision was not tested.

January 8th, 1917, against advice he left the hospital. He came to my office, where the size of the pupils, 4 mm., was noted and cocain 5 per cent, and euphthalmin 5 per cent again instilled. Much to my surprise the pupils dilated to 7 mm. each, and I requested the patient to return to the hospital that the internes might observe the dilatation secured by cocain which we had been unable to secure with atropin.

From January 8th, 1917, to January 30th, 1917, I made numerous attempts to secure mydriasis with atropin and also with cocain. The results obtained were uniform with the first results above noted and were observed by several other physicians. It is worth noting that cocain each time produced good, prompt mydriasis. If instilled when the pupils were under the effect of atropin, mydriasis was secured a little wider than when not under the influence of atropin. When euphthalmin was used alone, mydriasis was secured between 4 and 5 mm.

Summing up my observations of the case; first, there was no mydriasis, either eye, secured by atropin carefully applied, pupils 3 to 4 mm.; second, euphthalmin alone secured some mydriasis, 4 to 5 mm.; third, cocain alone produced prompt mydriasis, 6 to 7 mm.; fourth, cocain, 5 per cent, and euphthalmin, 5 per cent, secured prompt mydriasis; fifth, cocain in the atropinized eye secured widest mydriasis, 7 mm.

Although having no bearing directly upon the subject, the patient's vision when he passed from under observa-

tion, January 30th, 1917, was unimproved but was as good as when first seen; 6/12 right, 6/6 left with correction. Repeated efforts to locate him since have failed.

REFERENCES.

1. Text Book of Ophthalmology, 1913, p. 590.
2. Pharmacology and Therapeutic Action of Drugs, p. 310.
3. Diseases of the Eye, 1915, p. 70.

UNILATERAL OPTIC NEURITIS.

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Two isolated cases are recorded below because it is believed there are some points of unusual interest pertaining to each.

CASE 1. *Unilateral optic neuritis following the extraction of senile cataract.* D. J. B., aged about sixty, was first seen February 18th, 1913. There was a macula in the center of the left cornea which, according to the patient, had been present since an attack of scarlet fever in childhood. The lens was cataractous and mature. Light perception and light projection were good. In the right eye the lens contained numerous opacities, but the cataract was not yet mature.

Extraction of cataract from the left eye was advised, the probability of the macula interfering to a considerable extent with the central visual acuity subsequently explained, and on July 3rd, 1913, the operation was performed by the combined method without complications. After healing the patient was glassed, obtaining 6/22 vision, but unable to read ordinary type because of the corneal macula.

On March 14, 1914, the cataract in the right eye being mature, it was extracted by the combined method. Patient was quite nervous during the operation and a small amount of vitreous was lost. Convalescence was uneventful, there being no further complications. On April 21st following, the thickened capsule was needled at the hospital. There was no complica-

tion and the patient read with glasses Jaeger 2, having 6/12 vision.

On May 14th, about three weeks later, the patient presented himself at the office, stating that he was unable to read the small type any longer. Examination showed a good opening in the capsule, the media clear, but the patient could read only Jaeger 6, and it was impossible to improve the vision beyond this amount. Further examination revealed what was apparently a swelling of the optic disc. Never having had the opportunity to observe a case of optic neuritis in an eye from which the lens had been extracted, it was rather difficult to determine whether the rounded edge of the disc was normal or pathologic. In two weeks more, however, there was absolutely no doubt, distinct optic neuritis being present. Vision which had been 6/12 with glasses was reduced to 6/45, and could not be improved.

Examination of the urine was negative as to albumin and sugar, but the patient was passing a somewhat smaller amount than normal. No blood examination was made. Examination of the nasal accessory sinuses was also negative. As this was before the time we were looking for focal infections, his tonsils and his teeth were not examined.

The fundus of the other eye could be distinctly seen, notwithstanding the macula, and there were no changes either in the media or in the optic nerve.

The patient was given the usual sweating treatment, together with mercury and the iodides, and on November 2nd, 1914, the swelling of the optic nerve had entirely subsided, and with glasses he could read with the right eye Jaeger 3, and his distant vision equalled 6/12.

It must be rather unusual to have an optic neuritis follow the extraction of senile cataract, either as a complication or coincidence, and the case is reported for that reason.

CASE 2. Unilateral optic neuritis following a blow on the frontal region.

Mrs. A. H. M., a married woman, who had enjoyed apparently good health, consulted me September 4th, 1909. She stated that three weeks before she had received a severe blow on the forehead about three inches above the right eye. No disturbance of any kind was observed for two weeks, but about one week before presenting herself for examination she noticed considerable foggiess in the vision of the right eye. Two days before she was first seen only light perception remained. The vision was, for R., L. P., and for L. 5/5.

Examination of R. showed a marked and extensive optic neuritis, the edges of the disc being everywhere blurred, no hemorrhages being present. The media and fundus of the left eye were normal.

The patient's nasal accessory sinuses transilluminated well, there was no free pus in the nares and no indication of any sinus disease. No crepitus could be elicited.

She was given mercurial inunctions and rapidly increasing doses of iodid of sodium. In a few days' time the vision began to improve. On October 16th, 1909, the swelling of the nerve head had so subsided that the nerve was distinctly pale, and injections of strychnia into the temple were employed. On December 3rd, 1909, there was distinct optic nerve atrophy, so far as the pallor of the nerve head was concerned; but the vision for the right eye equalled 5/6+ and remained so until the patient passed from observation which was some months later.

It is believed that in this case the blow on the frontal region, altho a considerable distance above the orbital cavity, produced a periostitis or some other disturbance at the apex of the orbit which in turn gave rise to the optic neuritis. The patient having only light perception at the time of presenting herself for treatment and 5/6+ at the time treatment was discontinued is to be considered exceedingly fortunate.