both eyes, but to a most marked degree in the left. Ten days from the extraction of her stumps—nine in number—the palpebral fissure was wide enough to expose more than half her cornea, and she could see to read and to find her way about without any bending back of her head.

EMBOLISM OF THE ARTERIA CENTRALIS RETINÆ.

(Under the care of Mr. VERNON.)

R. H—, aged seventeen, a well-nourished and healthy girl, awoke one morning with pain in her right eye, which she found was blind. She visited the hospital next day. The pupil of the right eye was dilated and insensitive to light, that of the left side reacted well. On ophthalmoscopic examination the optic disc was found to be hazy, its margins ill-defined, the retinal vessels exceedingly small, almost invisible at some spots, at others filled with small dark clots. On the following day effusion was noticed round the "cherry spot" at the site of the macula lutea. The effusion looked like a bluish-white mound, with a dark red centre. She had no perception of light in the right eye. The left eye was normal, and its pupil reacted well to light. The effusion round the yellow spot or disc increased for some days, and a small hæmorrhage appeared at the outer margin of the disc. The whole fundus appeared almost a facsimile of the picture in Liebreich's Atlas. This effusion gradually disappeared. The cherry spot first extended, so that at the end of the first week the white clot in the fovea had become obliterated. At the end of a fortnight the disc was very white, its vessels extremely small, the whole fundus dark, and a trifle hazy where the effusion had been. After three weeks she said she could appreciate light with her right eye; no further improvement, however, took place. Her blood was examined by Dr. Harris, and found normal. Three and a half years ago she suffered from rheumatic fever, followed in a month by chorea. She was then in the hospital, and on referring to the notes of her case it was found that there had been no cardiac affection. On examination, however, the first sound of the heart was found prolonged and rough at the apex and audible behind. Two years ago she had an attack of scarlatina, which was followed by chorea. Her catamenia were regular, and there were no symptoms of embolism in any organ but her eye. Neither did she at any time present constitutional symptoms of such an event, unless, indeed, adopting the theory of Kirkes, we look upon the two attacks of chorea as evidences of cerebral multiple embolism.

ECTOPIA CENTRUM ; IRIDODONESIS ; MYOPIA AND OLD CHOROIDITIS.

(Under the care of Mr. VERNON.)

F. P—, aged nine, a thin but well-nourished girl, of healthy appearance, was admitted complaining of dimness of vision. Her sight had never been good, but appeared now to be growing worse. The external parts of the eye and its appendages were natural. The pupils were dilated, and the irides trembled, especially at their upper parts, in a most marked manner on the slightest movements of her head. The anterior chambers were deep. On focal illumination the right iris was seen to be finely fringed at its pupillary margin, and one or two very fine darkish-coloured bands or filaments crossed the upper and outer part of the pupil in a direction downwards and inwards. The catoptric test gave three images, and it was not until direct examination was made with the ophthalmoscope that the crescentic edge of the partially dislocated lens could be seen crossing the upper and outer part of the pupil. The space between this and the iris was too narrow to permit of the fundus being examined through it, and it also accounted for the fact that the patient had no monocular diplopia or polyopia. There were large posterior staphylomata in both eyes. Her vision was, when unaided, only equal to the seeing of large objects and counting fingers at a foot and a half, and could only be improved by —8 D V —18 D in the two eyes respectively up to $\frac{2}{3}$. There was no history of injury or of any inflammation of the eyes. The cause of the dislocation was obscure. It might have been congenital, as in the cases recorded by Mr. Dixon in the London Ophthalmic Hospital Reports, vol. i., p. 55, and it further resembled these cases in the presence of myopia. On the other hand, the evidences of past choroiditis and the filamentous bands crossing the pupil suggested a pathological cause—viz., the weakening and relaxation of the ciliary processes by choroido-iritis, probably intra-uterine and syphilitic.

CUMBERLAND INFIRMARY, CARLISLE.

TWO CASES OF WOUND OF THE WRIST-JOINT TREATED ANTISEPTICALLY.

(Under the care of Dr. LEDIARD.)

FOR the following notes we are indebted to Wilfrid Wilson, M.B., and Archibald H. Veitch, M.B.

CASE 1.—Joseph H—, aged twenty-four, a dyer, was admitted on October 8th, 1880, suffering from a wound of the wrist-joint, which he had got when shifting a strap in connexion with a drum which works the beetles. His hand was caught by the strap and drawn into a pulley. The wound extended across the posterior aspect of the wrist. The tendons of the extensor communis digitorum, the extensor carpi radialis longior and brevior, the extensor indicis, and the extensor secundi internodii pollicis were torn away from their muscles and were hanging out of the wound to the extent of two inches. The other extensor tendons escaped. The joint between the radius and the first row of carpal bones was completely laid open, and the hand was dropped to a right angle. The cartilage of the scaphoid bone was lacerated and covered with dirt. The radial artery, as it lay between the extensor carpi radialis longior and the extensor primi internodii pollicis, was laid bare to the extent of an inch, but was uninjured. The amount of blood lost was small. The man was taken into the operating-room to have his hand amputated, but Dr. Lediard decided to make an attempt to save it. The wound was thoroughly washed out with 1 to 20 of carbolic lotion; the edges were drawn together with carbolised silk, and it was dressed with the ordinary antiseptic gauze dressing. A trial was made to unite the divided tendons, but the muscles were too far retracted. Evening temperature 100.8° F. On the 9th the wrist was dressed; the wounds were looking well. Morning temperature 99°, evening temperature 100°; the anterior splint was applied. On the 10th the morning temperature was 99.8°.—11th: Temperature normal. On the 13th the limb was again dressed; temperature normal.

After this date the wound was dressed weekly. The temperature remained quite normal.

On November 22nd the wound was quite healed, and the patient was discharged. He was able to extend both joints of the thumb, and the second and third phalanges of the fingers, but not the first phalanx. The mobility of the wrist was perfect. He went to work after providing himself with a leather support laced round the wrist and palm.

CASE 2.—Jane O—, aged fifteen, was admitted Dec. 1st, 1880, with wounds of the palm of the hand and anterior aspect of the wrist which had been inflicted about an hour before by a biscuit machine. There was a semicircular wound about an inch and a half in length over the lower end of the radius, penetrating deeply into this bone throughout its entire breadth, and dividing the radial artery. Immediately below this wound was another smaller one, which completely opened up the scapho-radial articulation. A wound over the ulna divided the ulnar artery. There was a deep circular wound in the centre of the palm, and between this and the wounds on the wrist a similar one, which divided the annular ligament, the central flexor tendons, and the median nerve. There were numerous small wounds on the fingers. There was a moderate amount of hæmorrhage. The radial and ulnar arteries were ligatured with catgut and the wounds were syringed out with 1 to 20 of carbolic lotion for half an hour. A few silk stitches were inserted, and it was dressed antiseptically. The wound was dressed daily, and the temperature remained normal till the evening of December 5th, when it rose to 101°; at the same time the patient complained of pain in the forearm. On Dec. 6th the morning temperature was 101°. When the wound was dressed the radial wound was inflamed, and redness extended up the forearm, owing to the discharge not having a free exit; the stitches were removed. On the 7th the morning temperature was 100°. The wound was again dressed. The pain had left the forearm, but persisted in the hand; sensibility to touch was absent in the hand, except in the fourth and half of the ring fingers. On the 8th the wound was dressed and the temperature was normal. On the 14th sensibility to touch was partially restored in the hand; the pain still persisted.

After this date the wound was dressed weekly. On the