gave way coincidently with the recently formed and thin cicatrix of the vein under the increased blood-pressure whilst she was violently exercising in jumping a child.

Injury to Eye, with Loss of Lens; subsequently, Remarkable Acuity of Vision. By H. S. OPPENHEIMER, M.D., Resident Surgeon at the New York Eye and Ear Infirmary.

M. C., male, æt. 32, a robust labourer, while chopping wood, was struck on the right eye by a flying stick. He presented himself at the Infirmary the next day, and was admitted as a patient on Dr. Callan's service.

The eye presented a slight cut at the tarsal edge of the upper lid, about its middle. The upper portion of the ocular conjunctiva was greatly ecchy-mosed. At the superior portion of the limbus, and following its curve almost exactly, was an irregular cut about five millimetres in length. In the lips of this wound could be seen some pigment, which was at the time thought to be a prolapsed portion of the iris.

The cornea was clear in most of its extent, and only around the wound showed fine, faintly-opaque lines. The anterior chamber was filled with blood, the iris and pupil invisible. V. = movements of hand. Tension — 2. No pain present. The treatment consisted of cold compresses, instillations of atropia, and the supine position in bed. No pain or inflammatory reaction ensued, the wound healed kindly, and at the end of two weeks after his admission the patient was discharged. At that time the anterior chamber was perfectly clear. At the level of the iris there was a web-like membrane stretched across the pupillary space, obscuring pupil and iris. Fundus still invisible. Tension about normal. One week after his discharge the patient returned. The membrane had disappeared completely, showing an entire absence of the iris, lens, and capsule.

A number of floating bodies could be seen in the vitreous. The fundus appeared normal in all its details, with the exception of a slight rupture of the choroid at its superior periphery. With + 3.4 spherical V. = $\frac{2}{3}$. Some astigmatism present.

Oct. 2. Patient presents himself to-day—seven weeks after the accident—the media perfectly clear (excepting a small stationary opacity in the posterior portion of the vitreous), and a + 3.2 sph. with stenopaic apparatus, slit directed vertically, brings his vision up to $\frac{2}{3}$.

In this case the absence of all inflammation after such a severe injury to the globe, the small opening through which the iris, lens, and capsule must have escaped, the very rapid recovery after the extraction, which gave the patient vision of $\frac{2}{3}$ + at the end of three weeks (a result which would be very gratifying so short a time after an extraction *lege artis*), and the ultimate astonishing vision of $\frac{2}{3}$ (which is rarely attained after an operation under the most favourable circumstances) seem to me remarkable points of sufficient rarity and interest to justify publication.

A Case of Paroxysmal Hæmatinuria, with Unusual Irregularity of the Paroxysms. By A. H. GOELET, M.D., of New York.

Attention was first called to this curious disorder by Dr. George Harley

in 1865 (*Med.-Chir. Trans.*, vol. xlviii.); and Roberts, in his excellent *Treatise on Urinary and Renal Diseases*, says:—

“Each paroxysm lasts from three to twelve hours, and it is noteworthy that no paroxysms occur at night; the urine voided before breakfast being invariably natural. . . . The temperature during the paroxysm was observed in three cases; in one case it was 96.1°; in another it was 96.6° during the cold fit, and five minutes after the voiding of the porter-like urine it had risen to 98.6°; in a third case the temperature, after passing the dark urine, was 103.2°; this last case is the only instance in which a febrile heat existed.”

The following case presents two unusual features, viz.: (1) the paroxysms did sometimes occur at night, and the first urine voided in the morning was not always natural; (2) the elevation of temperature was greater than has yet been noted.

CASE.—Mr. R., æt. 43, married, and of temperate habits, sent for me on the 9th of August, 1878, at which time he was suffering with pain in the region of the right kidney, and was passing dark porter-coloured urine. The history of the case was as follows: About the 19th of July he was taken with slight pain in the right loin, which increased in severity, and a day or so after he passed “bloody water” for the first time. He took some quack nostrum, which failed to benefit him, and then he concluded to take a trip to Richmond, Va., for his health. According to his statement his urine was “bloody” most of the time, but there were intervals when it was natural.

On his arrival in Richmond, about the 24th of July, he had an attack of retention, and called in a physician, who drew off his water, which was at the time “bloody,” and contained a few small clots. The introduction of the catheter gave him considerable pain, though he had very little in the kidney, and no tenderness or pain in the bladder. His physician suspected stone, but sounded for it without success. The catheter was used twice a day for three days, after which time the retention disappeared. His urine remained “bloody” all this time, but became clear under the use of *watermelon-seed tea*; and remained clear until the 7th of August, when it again became “bloody.”

He had an attack of malaria when about sixteen years old, but none since; and gonorrhœa about sixteen years since. Otherwise he has enjoyed good health.

When called to him, besides the symptoms already mentioned, he complained of chilly sensations, great depression and anxiety, and the bowels had not been relieved for several days. The temperature in the axilla was 104°, pulse full and strong. The urine was scanty, of a dark-red colour, highly acid, and contained a large quantity of albumen, which was thrown down in the form of a chocolate-coloured deposit with heat or nitric acid, the supernatant fluid being straw-colour. When agitated in a test-tube with a few drops of carbolic acid a pinkish coagula was produced which remained homogeneous. The urine, after being voided, if allowed to stand, separated into a brownish-red deposit, and a clear supernatant fluid which retained its deep-red colour.

Ordered a dose of Rochelle salt, a blister over the right kidney, and a mixture containing acetate of potash, sweet spirits of nitre, and tincture of hyoscyamus in camphor water, every two hours.

August 10, A. M. Considerably improved; pain entirely relieved. The urine was natural in colour, of normal reaction, and gave no coagula with

heat or nitric acid. Temperature 102° , pulse strong. Appetite good; could not retain the Rochelle salt. Ordered Seidlitz powder, and xv grs. quinia to be given at night, and v grs. in morning. The mixture every four hours.

11th, A. M. Very weak; urine changed again yesterday afternoon, and has remained "bloody" since. Temperature 104° . He did not retain the Seidlitz power, and was ordered pil. catharticae co. iv, quinia xx grs. at night, and v grs. in the morning. The mixture to be discontinued.

12th, 7 A. M. Was sent for, and found patient nervous and frightened. The pills had operated. The first urine voided this morning, though "bloody," was not quite so dark as that of yesterday, but acid in reaction. Temperature 103° ; ordered stimulus. P. M. The urine more deeply coloured, having the appearance of pure venous blood. Temperature 103° . Ordered x grs. gallic acid, to be repeated if necessary. Quinia as before.

13th, A. M. Urine passed at 11 o'clock is natural, but the first this morning was "bloody." Temperature 103° . Ordered fl. extr. of jaborandi in teaspoonful doses every two hours; gallic acid to be given when necessary. P. M. Was called in great haste; found profuse diaphoresis and retention. Urine was "bloody" again in afternoon, and he had taken x grs. of gallic acid. The introduction of the catheter was very painful, and its progress was arrested at the prostate gland, when the patient was seized with an irresistible straining, and on withdrawing the catheter a large clot was passed, followed by a quantity of "bloody urine" and smaller clots. Temperature 103° . Ordered x grs. gallic acid, to be repeated in the morning; the jaborandi discontinued.

14th, A. M. Though much improved, the urine has continued porter-coloured since last visit without any intermission, and contains small clots. Temperature $101\frac{3}{4}^{\circ}$. Ordered x grs. gallic acid three times a day.

15th, A. M. Urine was natural at 11 P. M. yesterday, but the first voided this morning was again porter-coloured, with a few clots. Temperature 102° . Gallic acid continued.

16th. Temperature $100\frac{3}{4}^{\circ}$. Gallic acid discontinued. Ordered xxx gtt. tr. of iron and v grs. quinia three times a day. The urine was natural yesterday afternoon, and until 6 o'clock this morning, when it was again porter-coloured. 10.30 A. M. Same, but without clots. 1 P. M. Same, with slight brownish deposit on standing, the supernatant fluid being red. 4 P. M. It is not so deeply coloured. 6 P. M. Amber-coloured with slight deposit on standing, which is only cloudy in appearance. 10 P. M. Urine voided more freely than before, but it is again porter-coloured.

17th, 3 A. M. Urine voided was natural. 9 A. M. Same, but with cloudy deposit; reaction normal. Bowels regular; appetite good. He is sitting up. Temperature 101° .

18th. Patient is improving. Urine is still natural, with only a slight opaque deposit. Temperature $99\frac{1}{4}^{\circ}$. Ordered iron as before, quinia iii grs., and strychnia $\frac{1}{60}$ gr. three times a day. Temperature $98\frac{3}{4}^{\circ}$.

20th. Urine was porter-coloured for the first three urinations this morning, but has since been normal. Temperature $99\frac{3}{4}^{\circ}$. Iron, quinia, and strychnia as before.

24th. Patient called at my office and is doing well; no return of porter-coloured urine since last date. Complains only of a little soreness in the right lumbar region.

26th. Since the 20th he has had no return of the hæmatinuria, and is gaining strength. He continues the iron, quinia, and strychnia.