REPORT OF A CASE OF TRAUMATIC IRITIS AND CATARACT.

RUPTURE OF ANTERIOR CAPSULE OF LENS FROM
VIOLENT SNEEZING;
ABSORPTION OF LENTICULAR SUBSTANCE; VISION RESTORED.

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H. C—, aged nineteen, a blacksmith, while working at his trade on the 4th of June, 1858, was struck on the left eye by a small piece of hot iron. He consulted a surgeon, who put a couple of leeches on the temple, and gave him a cold lotion and some extract of belladonna to apply to the eye.

On June 10th he came to me, when I found a small wound at the upper part of the cornea, but not penetrating it. There was no iron remaining in the wound. The lens was opaque, and there was extensive iritis and conjunctivitis. Ordered a lotion of sulphate of zinc and tincture of belladonna; a small blister to the left temple, and a grain of calomel three times a day. Patient to be kept in a dark room.

13th.—Inflammation subsiding; blister to be repeated. Ordered to continue the calomel, and to take three grains of iodide of potassium three times a day.

16th.—Great improvement. Patient has a very faint perception of light. There is partial adhesion of the iris to the capsule. Extract of belladonna to be applied to the eyelids.

22nd.—Patient had steadily progressed up to this time, and could begin to perceive the light more fully, when he was induced by an old woman to take a large pinch of snuff, which, she averred, was an excellent thing for the eyes. The event proved that she was not altogether wrong, though the benefit was received in a direction which one could scarcely have anticipated. The patient sneezed several times with great violence, and while doing so felt a sudden severe pain in the injured eye. He came to me immediately, and I found that the anterior capsule of the lens had split transversely, and that a small button-like portion of softened lenticular substance was protruding into the anterior chamber. The piece was about the size of a millet-seed, and remained attached to the lens by a broad base. The zone of inflammation had increased. Ordered four leeches to the temple, a blister and cold lotion; to continue the former treatment.

25th.—Iritis decreasing; the protruded portion of lens is evidently contracting at the base. Patient is weak, and his appetite fails; slight salivation. Ordered to take a quinine mixture, and to omit two doses of the calomel.

28th.—The piece of lens has separated, and now lies at the bottom of the anterior chamber. Appetite improved. To take bitter ale and mutton chops freely.

July 6th.—The surface of the lens has contracted considerably, and is flattened. At the upper margin the lens itself is becoming translucent. Patient begins to perceive the light faintly. The sloughed portion is more than half absorbed.

16th.—Iritis almost gone. Patient can distinguish the flame of a candle, the lens being translucent at its upper half. Only a mere line of the slough now remains.

28th.—The slough has entirely disappeared. The lens, which was before translucent at the upper part, is now rendered transparent by the absorption which has been going on. Patient can count the fingers held up at a distance of two feet.

Aug. 8th.—Can read letters of two inches in length at the distance of a yard. The lens is almost entirely absorbed, the only obstruction to vision being the anterior capsule, which is thickened and corrugated below.

20th.—A mere shred of this now remains, and it is floating in the anterior chamber attached to the margin of the iris; leaving the pupillary orifice quite free, with the exception of a slight fringe round the margin. Patient can read half-inch letters. Discharged, cured.

He was seen after two months, and he could then read large print with great facility.

Remarks.—This case is a very instructive one; for, besides showing how beautifully Nature employs her *vis medicatrix* in restoring an injured member to its normal condition, or, failing that, the nearest and best resemblance to it, this suggestion is at once prompted,—namely, that by adopting an operative

measure of great simplicity, we may succeed in imitating the process which was here attended with such a fortunate issue. I have not yet had an opportunity of testing this idea; but it seems to me that at a certain stage in the formation of a traumatic cataract—that is to say, when the inflammation has nearly subsided, when softening has reached its maximum and absorption is commencing—we might with advantage pass a fine needle through the cornea and tear up the anterior capsule of the lens, thus placing it in the best condition for being absorbed.

The above drawing is an accurate representation of the eye as it appeared after rupture of the lens.

King's Lynn, Norfolk, May, 1861.

ON A CASE OF CHOREA.

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THE following case is chiefly remarkable because of the age of the patient, and from the fact of the affection having returned at regular intervals thrice in the course of a long lifetime. It also tends to prove the hereditary connexion of chorea with epilepsy and insanity.

On January 4th, 1859, I was called to see the patient, a gentleman aged seventy-five, of bilious temperament and active habits. He stated that he had been troubled with rheumatic pains in different parts of the body at various periods, but never had acute rheumatism. Two members of his family were subject to affections of the nervous system; a daughter having epilepsy, and a son being insane. He said that he was first attacked with a shaking affection of his limbs when in his twenty-fifth year. It came on after convalescence from fever, when he grew very stout in a short time; and he always refers to this as having some connexion with the origin of his complaint. The second attack came on in his fiftieth year. He thought that he had derived little benefit from treatment for these attacks; but that the disease exhausted itself after several months, and so disappeared gradually. His present and third return of the affection was preceded by anxiety of mind and depression of spirits, occasioned by family troubles. The choreic movements came on at irregular periods during the day, continuing several minutes, and were varied in their duration and intensity. I had not long to wait before I had an opportunity of witnessing the affection. He first became uneasy, and said he was "about to be affected." This was succeeded by twitchings of the muscles of the left side of the face; then the arm and leg of the same side commenced shaking. The motion of the arm soon increased in an extraordinary degree; it was all up and-down motion, similar to that produced in using a hand-saw in a rapid manner. An attempt that was made to restrain the motion of the limb had certainly the effect of aggravating it; but after several minutes the movements subsided, leaving the patient very much exhausted. On examining carefully now, I had reason to think there was some congestion of the liver, and I ordered five grains of mercury pill to be taken at bed-time, followed by a saline purgative in the morning; also ten minims of nitro-hydrochloric acid every four hours, diluted with water. On the next day he was rather better, and thought he had passed a good night. A member of his family suspected, from the state of the bed-clothes early in the morning, that he had been shaking in his sleep, but of this there was no other corroboration. I now gave him strychnine in doses of one-sixteenth of a grain three times a day, continuing the nitro-hydrochloric acid, with an occasional mercurial. The frequency of the shakings gradually diminished under this treatment, and in the course of ten days or so he was altogether free from them.