and in the Dictionary of Medicine. Amongst the most remarkable we may enumerate, *in anatomy*, Researches on the Spleen, on the Veins of Bones, on Fibrous and Erectile Tissue :—*in physiology*, on the Nerves of the Tongue, on the Motions of the Brain, on Absorption, and on the Influence of the Eighth Pair of Nerves :—*in pathological anatomy*, Memoirs on the Neck of the Long Bones, on False Membranes, on Amputation of the Lower Jaw-bone, on Ligature of certain Arteries, on Fracture of the Fibula, on Artificial Anus, on Diabetes Mellitus, on Congenital Luxation, and on Retraction of the Fingers. It is said that he has left an unpublished treatise “on the Diseases of the Glands.”

Besides these permanent “titles,” Dupuytren has modified a great number of operations, and is the author of several most useful instruments. For example, his *enterotome* is sufficient alone to have immortalized any reputation ; indeed we should be inclined to place his operation for artificial anus after that of lithotrity, and it is infinitely more successful. Thus, up to 1824, forty-one operations, the greater part of which had been rendered necessary by gangrene of strangulated hernia, were performed with the enterotome. Of these only three were unsuccessful ; the remaining 38 patients were cured without any accident or risk. Since 1824, at least 100 operations of the same kind have been performed, and with similar results. Dupuytren also invented a double-bladed bistoury for the bilateral operation, a cataract needle, a compressor in cases of hemorrhage, a porte-ligature ; and, as we have mentioned, he has introduced excellent modifications of most of the great operations in surgery.

By his death the science has lost one of its most solid ornaments, and the school of medicine in Paris its most accomplished professor. The void which he has left is immense. Who can fill it ? Who can now succeed to that chair with éclat, which has been filled by Dessault, Pelletan, and Dupuytren ? That it will even be filled to the best advantage which circumstances admit, we have reason to disbelieve. Intrigue is at work, and there is cause to engender a fear amongst the profession in Paris, that the clinical instruction in the *Hôtel Dieu* will be intrusted to one of the worst clinical lecturers in that capital. M. Roux removed to the hospital on Monday, March 1st, and his place will be filled by Velpeau.—*Lancet*.

CASE OF SPECTRA OF THE RIGHT EYE—CATARACT AND ARTIFICIAL OR FALSE PUPIL OF THE LEFT EYE.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REUBEN CURTIS, seventy-two years of age, farmer—Hanover, Mass. applied April 1835, with defective vision of the right eye. He states that the difficulty consists in the appearance of black specks “before his eyes.” He first began to notice them about three years since, and while engaged in reading ; and it is seldom that they appear except when applying his eyes upon small objects, as in reading and writing.

At first they continually increased in density and number, but afterwards they diminished. They had the appearance, at the commencement of the attack, of small black motes, round and resembling the head of a fly; and they varied in size from time to time, being sometimes no larger than the head of a pin, and at others apparently of the size of a pea.

Of late these spectra have assumed the appearance of luminous and very brilliant objects (thus approaching to photopsia or lucid spectra), of a reddish or purplish hue. The patient describes them as being very beautiful; and as occurring when his eyes are directed towards luminous objects, as the fire; and also not unfrequently in the night, and when his eyes are closed. All these spectra, Mr. C. feels confident are *stationary*—a very unfavorable symptom in the opinion of some eminent writers upon this subject.

As regards his present power of vision, Mr. C. is able to read, with the aid of convex glasses of a high magnifying power*, small print with considerable facility, but he complains that the letters appear to be smaller and finer than natural (which may be owing to his glasses not being sufficiently convex for the state of his eyes); and what is of more consequence in a diagnostic point of view—that after reading a short time, he finds a “blur over his eyes” and the letters become indistinct. His vision, however, enables him to pursue without much difficulty his usual avocations.

The pupil of the diseased eye (I say of the eye affected with spectra, because, as will be directly mentioned, the vision of the opposite eye is much impaired from an accident) is preternaturally contracted and possesses little motion. The deep-seated humors are somewhat opaque. The iris is of a dark hazel color. The corneæ are flattened, but clear and transparent, and without a trace of the marginal opacity peculiar to persons of advanced age, known under the name of *arcus senilis*. The eyeballs are deeply set in the head. In reading, Mr. C. prefers a strong light, and requires to have objects viewed strongly illuminated.

He has experienced no pain either in the eye or neighboring parts. His health is good; and his habits are temperate, except in the use of *tobacco*, in which he indulges to excess.

The vision of the left eye, I have said, was impaired by an injury received from the knotted end of a whip-cord striking with violence upon the eye, probably upon the cornea.

This injury occurred fifteen or twenty years ago, and was followed by severe inflammation and immediate loss of vision; so that he despaired of ever seeing again with this eye, but within a few years a spontaneous improvement in vision has taken place. Upon examination of the eye, the natural pupil was found to be elliptical and irregular, considerably dilated, and having its motions much restricted, (perhaps by adhesions of the uvea to the capsule of the lens), but it is *not* insensible to the stimulus of the light.

* In Mr. Curtis's eyes we have an instance in which convex glasses are necessary to enable a person to see distant as well as near objects, as is generally the case after operations for cataract. With reference to this state of the optic apparatus, Mackenzie says, Ch. XVIII. Sec. 11, “Although the eye, after middle life, loses the power of distinguishing near objects with correctness, it generally retains the sight of those that are distant. Instances, however, are not wanting of persons of advanced age requiring the aid of convex glasses to enable them to see distant as well as near objects.”

The capsule is perfectly opaque, and has the appearance of blotting paper which has been immersed in water ; the lens also being opaque, presents an instance of capsulo-lenticular cataract. But the most remarkable circumstance, and that which explains the spontaneous improvement of vision, is the occurrence of an artificial pupil, produced, no doubt, by the same accident that occasioned the cataract.

This *false* or *artificial* pupil is at the lower and external edge of the iris, and was caused by a separation of the circumference of the iris from the choroid, where it adheres to the ciliary ligament. And it was from observing an accident precisely of this kind, that the celebrated surgeon Scarpa was led to adopt the mode of forming an artificial pupil by separating with a cataract needle the outer edge of the iris from the choroid coat. This mode has been called the operation for *artificial pupil by separation*. Through this oval fissure or false pupil, which is larger than the natural pupil, appears a portion of the lower margin of the opaque lens ; and here the lens has evidently been diminished in size from absorption, leaving a transparent opening between its margin and the ciliary ligament, through which the rays of light find a passage to the eye, and thus enable him to distinguish objects with considerable distinctness.

It may be well to observe, however, that in looking straight forward with this eye he has but an inconsiderable degree of vision, but objects are most distinctly seen in looking obliquely upwards.

In connection with the diseased state of the right eye, it becomes interesting to inquire in what manner, and with what chance of success, an operation could be performed upon the left eye for the removal of the cataract. The operation by *depression* or *displacement* is, for obvious reasons, objectionable in this case : the flatness of the cornea, together with the small size of the anterior chamber and the depth of the eye in the socket, would present serious but by no means insuperable obstacles to the operation by *extraction*, the incision through the cornea being made upwards : the operation by *dissolution* would involve less hazard, and should the lens prove to be hard, which from the age of the patient, and from some other circumstances, as the color, &c. is not improbable, then the cataract being pressed forward and kept in contact with the cornea by means of the cataract needle introduced through the sclerotic, the operator should immediately proceed to extract through a section of the cornea. It would appear in the above case that absorption of the body of the lens had taken place to a certain extent. Whether it is a common occurrence in adults, for absorption of the lens to take place, and to what extent, the integrity of the capsule remaining unimpaired, are points of inquiry upon which information is respectfully requested.

For the disease of the right eye, the patient was recommended to take blue pill, to be followed with infusion of senna ; to blister the nape of the neck ; to adopt a diet of vegetable and farinaceous food chiefly ; to avoid stimulants of all kinds, and particularly to refrain from exercising his eyes upon small objects.

Boston, April, 1835.