progressing disease, these points being absolutely essential in making diagnosis. In this connection the author expresses his firm belief that ninety per cent. — yea, a much larger per cent. than ninety — of the cases of hip disease reported as cured without lameness or deformity, cured completely, are not and never have been cases of hip disease, but more likely cases of perinephritis, of perityphlitis, of peri-arthritis, of primary traumatic periostitis, of the various neuroses of the hip, of subacute rheumatism about the hip, or of acute primary synovitis of the hip, all of which affections are insignificant as compared with that terrible malady, with the advanced stages of which we are all so painfully familiar, despite the great improvements in orthopædic surgery.

At the end of this article is appended a list of the large bulk of authors who have written on the subject of perinephritis.

Hospital Practice and Clinical Memoranda.

CONTINUED TOLERATION OF FOREIGN BODIES WITHIN THE EYE-BALL FOR FIFTEEN AND TWENTY-TWO YEARS.

BY HENRY W. WILLIAMS, A. M., M. D.,

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THE following exceptional and rare cases, which came under my care during the past month, are worthy of record among the instances showing that foreign bodies may sometimes be retained at the fundus of the eye for a long period without giving rise to active symptoms.

CASE I. December 15, 1880, I saw in another city Mr. —, aged thirty. He had consulted me fifteen years before on account of an injury from a bit of gun-cap, which had penetrated his left eye some short time previously, passing through the cornea and iris, and probably through the margin of the lens, to lodge at the deeper parts of the eye. A cicatrix in the cornea near its centre, and a hole through the iris towards its inner part, indicated the direction which the foreign body had taken; but it could not be seen on account of haziness of the crystalline lens. As the eye was then quiet, and free from injection and sensitiveness to touch, I advised no immediate interference; but that the eye should be carefully watched and shown to me at once in case of the manifestation of any active symptoms.

Two years since he came to see me with slight vesication of the cornea of this eye, which yielded readily to treatment.

At present the eye has no perception of light. The pupil is of normal size, and shows behind its lower two thirds a shrunken, cataractous lens; the upper third of its field being clear. Dilatation by atropia does not enable the foreign body to be seen. The perforation in the iris behind the corneal scar is still visible, as when the eye was first seen, fifteen years previously. Below the cornea there was a large bulging of the sclera, which pushed the lower lid outward. The projection had a very dark color, was not translucent when examined with oblique illumination, and the conjunctival vessels over its surface were much enlarged, so that it had been thought possible that a melanotic or other intra-ocular tumor existed. The mass,

however, was easily indented by pressure with a probe; there was no general injection of the globe or vascularity or tenderness of the ciliary region; no tension of the eyeball, and no pain. I therefore regarded the change as a staphylomatous thinning of the sclera.

The case required an operation for the relief of the steadily increasing deformity; the large extent of the staphyloma and the undoubted presence of a foreign body indicating enucleation rather than excision of a part of the globe. After the preliminary dissecting up of the conjunctiva to spare as much of this as possible, the thinned sclera gave way during the division of the recti-muscles, allowing escape of the vitreous, which had become completely fluid; and in the removal of the collapsed globe the bit of copper was probably sponged away with the blood. It was not within the shrunken lens, nor was it found encapsulated at the fundus, as is sometimes the case.

CASE II. Two weeks after the above, I saw J. H. W., aged thirty, whose right eye was penetrated by a bit of gun-cap exploded near him by his brother, twenty-two years since, when he was only eight years old. The eye soon recovered, and remained quiet, with, as he says, considerable vision, until last spring, when he began to have pain and injection of the eye, which continued four months. These symptoms subsided, and he had vision as before until within six weeks, since which time he has had agonizing pain in the circumorbital regions. I found the globe much injected and very sensitive to touch. There was a linear scar near the lower border of the cornea, and a little to the temporal side of this cicatrix there was a hole through the iris, not far from its outer edge. A yellowish reflex, deep in the eye, could be seen through the pupil. No perception of light.

Optico-ciliary neurotomy might have been done, with hope of relief and of the prevention of sympathetic inflammation of the other eye, if the patient could have remained under observation; but as he was obliged to return immediately to his home in Maine, enucleation was performed. The foreign body was found at the fundus, near the antero-posterior axis of the globe, enveloped in the yellowish mass of limited extent, which had previously been seen through the pupil, a process of suppurative softening having evidently begun in the inclosing material. The relief from pain was immediate, and the patient returned home two days later.

15 ARLINGTON STREET, January 13, 1881.

A CASE OF CONGENITAL TOTAL COLOR-BLINDNESS.¹

BY HUGO MAGNUS, M. D., BRESLAU.

EXTENSIVE as has already become the literature of color-blindness, yet cases of entire absence of the color-sense are extremely rare. Hence the value of any such when carefully observed and recorded.

Miss C. S., a lady teacher thirty-eight years old, not a Jewess, came to me during the past year to have her

¹ Centralblatt f. Augenheilkunde, December, 1880. Translated for the JOURNAL by Dr. B. Joy Jeffries. Two very interesting cases of red blindness in one eye from Dr. Hippel and Professor Holmgren and a case of monocular violet blindness from the latter will be presented to the readers of the JOURNAL, whom they will interest, as also scientists, in reference to the Young-Helmholtz theory of color-perception. A case of monocular total color blindness is reported in the JOURNAL, May 6, 1880.