DR. BAKER, in response to Dr. Hotz, said that he did not intend to convey the impression that Dr. Stevens did not correct errors of refraction, which he does most thoroughly; but he protested against his giving all the credit to the results of an imaginary operation, and ignoring the benefit derived from the use of spectacles.

A CASE OF SYMPATHETIC OPHTHALMIA TWO WEEKS AFTER ENUCLEATION OF THE INJURED EYE.

Read in the Section of Ophthalmology, at the Forty-first Annual Meeting of the American Medical Association, Nashville, Tenn., May, 1890.

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The patient whose history I report was a boy 11 years of age. He was injured in a quarrel with another boy on the third day of last October, and was brought to my office immediately after the injury. He had been struck by a rock the size of a man's fist, and from the absence of any marks on the face must have received the full force of the blow in the eye. Examination showed a complete vertical rupture of the cornea and a slight extension of the wound into the sclerotic below. Exactly to what extent the contents of the globe had suffered it was impossible at the time to determine. The serious nature of the injury was explained to the friends, and the mere possibility of retaining the eyeball, though shrunk, was placed before them; while the probable necessity of its removal at any future time was impressed. The wound being free from anything which might retard its union, the course of treatment was an expectant one. The boy seemed to get along fairly well for a few days, there being very little inflammatory reaction. There was nothing further done for two weeks, but "waiting and seeing" what developments would take place. About that time the eye was quite painful to touch, and the prospect for a speedy subsidence of the inflammation was not very flattering. There was nothing in the condition of the uninjured eye to cause alarm, but nevertheless I advised the removal of the damaged eye, in order that the boy might be able to return to school, and especially that all future danger might be obviated. However, had I had more confidence in the friends giving the case the attention it needed I might have continued my efforts a little longer to save the injured eyeball.

The mother desiring a consultation, Dr. Robert Sattler was called, who advised the removal of the injured eye; which I did on the following day. There was nothing about the operation out of the ordinary, except that the corneal wound, which had not firmly closed, ruptured and rendered the enucleation a little more difficult. This being done, I felt that I could safely assure the

mother that the boy had escaped the danger of future trouble. I, too, felt responsibility lifted from me, and little thought that the case was to prove one of the rare exceptions to the rule. Treating this case as any other after such an operation, after a week had elapsed, as there was nothing further to be done but await the proper time for the wearing of an artificial eye, I dismissed him temporarily. I was therefore surprised to see the boy return to my office at the end of the second week, with what his mother called "a cold in the right eye." I did not agree with her in her diagnosis, but recognized the fact that he had a well-marked iritis. A mydriatic produced an irregular dilatation of the pupil. After a short continuance of the atropine the synechiæ were relaxed and the pupil dilated *ad maximum*. The posterior surface of the cornea was, too, partially studded with punctate deposits, so that the inflammation seemed to be of a sero-plastic nature. The ophthalmoscope revealed nothing. Vision was reduced to $\frac{2}{60}$. An examination of the stump of the enucleated eye showed nothing—there was no tenderness, nor was there any contraction. As there was no increased tension, atropine was continued, leeches were applied and hot water applications made. Under this course of treatment the acute inflammatory conditions subsided, and after some weeks the eye assumed externally a normal appearance with the exception of still a hazy appearance of the posterior surface of the cornea. This condition gradually improved and all external manifestations disappeared, so that the chances of a speedy recovery were hoped for. It was only a short time, however, that I was again called to see him. This was some time in February. After pursuing the same course of treatment as before, he again improved, and since the first of April has visited my office occasionally to be under observation.

At the present time his vision is only about $\frac{2}{60}$. Had I not examined the vision of this eye before there was any trouble and found it $\frac{2}{60}$, I might account for the defect as being due to congenital amblyopia. The ophthalmoscope shows no lesion sufficient to account for the diminution. I am, however, still in hopes that the vision will improve.

MEDICAL PROGRESS.

WEIGERT'S HOT AIR METHOD IN PHTHISIS.—A recent discussion led by NYKAMP, in which Rieth, Lazarus, Frankel and Rosenfeld took part (*Allg. Wiener Med. Zeitung*), seems to have effectually disposed of Weigert's method as a therapeutic procedure. It was claimed that, owing to the dryness and heat of the air, there was a marked increase in the congestion of the mucous membranes, the cough was aggravated, and this