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OPHTHALMOLOGY.

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A GENERAL objection has been made to the schools of Paris, that although much diagnostic power may be there acquired, one is enfeebled in his practice. Without particularly noticing this sweeping application, we must make an exception as regards the diseases of the eye. Such undoubtedly is the conclusion of those, who have the pleasure of Professor Desmarres's instructions, who have beheld his unerring diagnosis, his bold decisive treatment and flattering successes.

An extensive practice having prevented this gentleman from completing the work, upon which he has been for some time engaged, many of his ingenious processes are of course hidden from those who have not had the good fortune to enjoy the public instruction of this leader in a new school of ophthalmology. For this reason, I offer a hasty sketch of some important processes, with the further desire of directing the attention of American surgeons to his promised work.

For years past, physicians have acknowledged the omnipotent sway of the German writers; but here their power is fast yielding, and newer, simpler doctrines guide the leader of the Parisian school. The nomenclature of the former is vanishing, and one rarely hears of the catarrhal, the scrofulous and rheumatismal ophthalmiæ, as the French adopt a simpler method, and designate the anatomical lesions as they appear. Where the German would tell you a catarrhal ophthalmia existed, here the eyelids are everted and the existence of a simple or granular conjunctivitis is demonstrated. The one speaks of a scrofulous ophthalmia, a depraved constitution, and wastes his time in a solely general treatment; the other shows a pustular inflammation, and treats a local disease, whilst at the same time he watches the impaired constitution of his patient. The French surgeon admits that inflammation, in strumous patients, may be modified by the diathesis, yet he will not grant the expediency of believing it to be dependent on that general constitution, and that the latter alone is to be regarded.

The German talks of a rheumatismal ophthalmia, bleeds his patient, and gives colchicum, because he sees an extraordinary injection of the sclerótica, whilst his wiser opponent merely observes a sympathetic engorgement of the sub-conjunctival cellular tissue. But in rejecting also the ideas of

a rheumatismal ophthalmia, it is not intended to say that there can be no such inflammation of the fibrous sclerotica ; he is far from advancing such a doctrine, and merely maintains, that if such occur, it is purely exceptional. He opposes this sweeping classification of the German school, and supports his objections by facts. The very infant in its cradle, in whose case we have no reason to suspect the existence of a rheumatismal tendency, affords him a means of combating this opinion ; for are not these injections seen in their cases, when there exists solely, as a cause, a keratitis, an iritis, or a pustular inflammation ? Upon what, then, does it depend ? The laws of the general system are perfectly applicable here, and the same sympathy, or inflammation by contiguity of tissue, must have its usual course. The membranes of the eye derive their vascularity from the same sources, and if the external are highly inflamed, this condition will be sympathetically propagated to the internal, and a relative excitement ensue. In like manner the course of the same process, being from the centre outwards, the same sympathetic injections are observed.

This sclerotical injection, then, depends upon the excitement of vessels, which in the normal state are minute and convey but a small portion of blood, an excitation produced by an highly inflammatory state of contiguous membranes, and in the great majority of cases has no relation whatever to an original affection of the sclerotica itself. We conclude, therefore, that if the original inflammation be intense, a general revulsive action is indicated, and when its effect is felt the surgeon can resort to his local treatment with benefit and safety.

It is only necessary to follow the cliniques of the French professor, to see the perfect accuracy of his statements ; for example, we will examine one of the causes of this injection, and although it is the feeblest, because the rarest of all those indicated, still it will serve to prove the truth of the doctrines advanced. A patient is presented with an intense inflammation, a sclerotical injection, with all the signs leading to the German diagnosis of rheumatismal ophthalmia. On everting the eyelids, what do we observe ? Large granulations, conical, flattened, and often so far advanced as to take on partial ossification. Here then is the evil ; the friction of these upon the highly sensitive mucous membrane is productive of this deep-seated inflammation, this so called rheumatismal ophthalmia. What can general treatment here avail ? will venesection, will colchicum, will the whole armory of medicine, reduce a granulation, if applied to the general system ?

But suppose that there is a favorable change, and that the inflammation subsides, can we consider the affair as terminated ? The friction of these granulations on the cornea must take place continually, a keratitis is the result, opacity takes place, ulcerations follow, with perforation and proclivencia iridis, and in many cases the eye is irremediably lost. We have here considered a well-marked instance, but such undoubtedly will be the result unless the granulations are attacked in their velvety stage, when local applications can avail.

Persons unaccustomed to French practice, would consider it exceedingly barbarous to introduce powerful astringents under the conditions of

such intense inflammation; they would fear too violent reaction, and rush into the error of a too general treatment, although experience had demonstrated the comparative excellence of the two methods.

In France, there is but one counter-indication to the use of powerful astringents, the coëxistence of an inflammation of the internal membranes. Should an iritis, for instance, exist, recourse should be had to calomel in small doses, to dilatations of the pupil with belladonna, the application of leeches to the temples, and frictions with mercurial ointment about the orbit; and when this condition is overcome, the external disease may be treated with sulphate of copper. This astringent is not used as a collyrium in these cases, as a much more certain effect is obtained by its application in substance: the eyelids are first everted, and this is by far the most difficult part of the operation, for, simple as it may seem, no little tact and delicacy are requisite. The palpebral mucous membrane being thus well exposed, the surgeon passes his crayon of sulphate of copper over its surface, and if this should be the first examination, the application must be gentle, or the most intense pain will be occasioned. During the course of the day, the patient is counselled to bathe the eye with cold water, and make use of a feeble collyrium of borax, or sulph. alum. et potass. On examining the eye, next day, the amelioration is astonishing, and it is only necessary to repeat the cauterization; proceeding in this manner for a few days, the practitioner will find his rheumatismal ophthalmia totally disappear, and often without the assistance of venesection, and certainly without dosing with colchicum, unless he chooses to use it as an ordinary purgative. His only duty now, is to watch for the exciting cause, and if the granulations reappear, they are to be immediately repressed by the free use of the astringent.

The nitrate of silver has been much prescribed in the acute diseases of the eye, and perhaps as much abused; although, as an escharotic, it is of the utmost importance, and when we wish to change a secreting surface, as in purulent ophthalmia, it cannot be replaced. And should the surgeon be much annoyed with an external ophthalmia, which resists all treatment, the nitrate of silver may change its nature, by rendering it traumatic, and thus more tractable under general and local antiphlogistic measures. In cases, too, of diphtheritic formations upon the conjunctiva from purulent ophthalmia, the surgeon cannot dispense with this powerful agent.

Those persons who objected to cauterization with the sulphate of copper, the fear of too violent reaction, most assuredly forgot that there was greater reason to distrust the nitrate of silver, as a single application of the latter collyrium undoubtedly increases the excitement of the organ, and instead of an alterative would produce a decidedly pernicious effect. But its instillation should not stop here, nor should the practitioner be content with its application twice or thrice during the course of the day; the collyrium in the first place should be strong, and in the proportion of grs. x. to f 3 i. of water, and applied to the eye every half hour, *coup sur coup*, as indicated by M. Desmarres. Iced compresses are to be maintained during the intermediate intervals, and in the course of a few

hours there will result a sedative effect, a decided abortion of the inflammation. Useful as may be this remedy, still its dangers are so well known that the surgeon is unwilling to trust it in the hands of ignorant patients, who from a sensitiveness to pain, or forgetfulness, perhaps, may neglect the frequent instillations, and consequently produce, instead of an abortive effect, such re-action as to compromise all his efforts. Another objection may be opposed on the score of coquetry ; to females of a certain position, the discoloration of the eyelids produced by the caustic, is sufficient to cause them to neglect a remedy which for a time thus impairs appearance.

For these reasons, the sulphate of copper in substance is preferred, as being milder, as being applicable by the surgeon himself, and regulated by his own judgment.

Another preparation is also frequently used, and is likewise applied in substance ; this is composed of equal portions of the nitrates of silver and potash, moulded in crayons.

The acetate of lead is confined to the treatment of simple conjunctivitis ; as it has been proved by cases in which ulceration of the cornea co-existed, that deposits of the metal were left in the wound, and an incurable opacity resulted.

In the use of all these astringents, it should be remembered that there is a scale in their application proportionate to the intensity of the inflammation for which they are prescribed ; thus, purulent ophthalmia being the most intense of all, demands the use of the nitrate of silver in substance, whilst the others may be made to yield to cauterizations with the sulphate of copper.

Among the operative processes of M. Desmarres we will notice one, which is of exceeding simplicity, and has the effect of relieving a very annoying disease. The painful effects of trichiasis, or deviated ciliæ, as well as the inflammations and ulcerations of the cornea, which are so frequently its results, are perfectly well known. Perhaps more unavailing methods have been invented for this simple infirmity, than for most of the serious diseases of the eye ; the extraction of the ciliæ is rendered null, by re-production ; the process of burning the ciliary bulbs with red-hot pins, has led to erysipelas and deforming cicatrices of the palpebrum ; the excision of a fold of integument has produced ectropion ; in a word, all have failed. M. Desmarres introduces the points of a very fine double hook into the integument of the eyelid, entering about a line from the free edge of the tarsus, which is to be especially avoided by the instrument ; the points are then to be brought out, just below where the ciliæ make their appearance at the edge of the lid. A small portion of the eyelid being thus commanded by the double hook, a cataract knife, or fine scalpel, is placed under it, just where the points first entered, and the surgeon cuts towards the free extremity, thus taking away the portion of integument held by the instrument. The most important part of the operation is to avoid wounding the tarsal cartilage with either instrument, in order to prevent any liability to ectropion from the injury. By this method, a small, oval portion of the integument at the base of the deviated ciliæ is

removed, and upon the cicatrix of this wound the cure is dependent. The next day, the deviated ciliæ are observed to approach the proper direction, and by the time cicatrization is perfect, they occupy their true position. The wound thus made is trifling, the scar is not perceptible ten days after the operation, and should there be more than one trichiasis on the same palpebrum, the operation may be instantly repeated, or at short intervals, so that the whole range of ciliæ may be placed in perfect order and with the greatest ease. The application of the double hook and the excision of the fold of integument, are seen at A of the figure, whilst B represents the wound caused by the operation.

Many cases of chronic photophobia in lymphatic patients, present themselves to the notice of surgeons, and every antiphlogistic measure in their power has failed to render the slightest benefit; in most instances it is dependent upon a sub-acute inflammation of the cornea; but be the cause what it may, the best treatment generally fails. The method of M. Desmarres is to apply the unguent of red precipitate, of which the following is the formula: *R. Butyri col., ʒij.; binox. rubr. hydrarg., camphoræ, āā grs. ij.* M. These ingredients must be well triturated in the porphyry; a light orange color indicates the excellence of the trituration; but if it should present a darker tint, the ointment must be rejected as being too powerful. A portion of this, not exceeding the size of the smallest pea, is introduced between the eyelids morning and night, and by means of external frictions on the globe, well spread over the surface of the eye. An alterative, excitant effect is produced, and in a week cases which may have resisted all treatment for months, will yield to its action. The same unguent is now made to take the place of insufflations of calomel and sugar in indolent, or so called scrofulous ulcerations of the cornea, and likewise can be most advantageously employed in chronic granulations.

Hernia, or procidentia iridis, has most frequently baffled the surgeon, and the discovery of a new mode of treatment has the greatest importance in the ophthalmic art. The simplest physiological laws led M. Desmarres to his present mode of treatment, and the most flattering successes have crowned his efforts. The fundamental principle is derived from the old medical law of "*ubi stimulus, ibi affluxus.*" A perforating ulcer of the cornea having taken place, a procidence of the iris immediately ensues, and if the reparative process goes on at all, it tends to throw out a plastic matter, so as to cause an adherence between the edges of the ulcer and the prolapsed iris, and thus prevent further hernia and a perfect destruction of the pupil. Each day, this plastic deposit increases in density, until a false membrane is formed, gluing the two together in such a manner that surgery can be of no avail, and that the pupil will be irreme-

diably lost or become exceedingly deformed. The question arises, can this adhesion be broken up; and the annals of surgery, hitherto, have responded in the negative; but fortunately this new process has given a happier turn to the subject. On looking at the lesion, we observe a cut edge of the cornea, and the minute vessels of this tissue throwing a plastic matter at each instant from their divided extremities, which tends to hold the prolapsed iris firmly to the parts. Now the idea occurred to M. Desmarres, that if he could excite these divided vessels to throw out a more fluid and abundant quantity of plasma, it would act as a local fomentation, and tend to soften the new and illy formed adhesions. To this external action, he desired assistance from within, and this was readily afforded by the contractility of the iris itself. With a crayon of the nitrate of silver, he touches the sclerotica at a short distance from the cornea, and as near as possible to the ulcer; this cauterization being a local stimulus, increases the vascularity of the part, and more plasma is thrown out, which fills the ulcerated cavity and bathes and softens the newly-formed adhesions. Next, he introduces between the lids an aqueous solution of belladonna, or applies the unguent along the course of the frontal nerve; in a short time, its reflected action is observed, the dilatation of the pupil takes place by degrees, the prolapsed iris is pulled upon, the soft adhesions yield, and, in a word, the hernia is reduced. Although so far fortunate, the duty of the surgeon has not yet ceased; should he yield his efforts for a moment, a new procidence might take place, or perhaps an adhesion of the iris to the cornea, or capsule of the lens. Let him then continue his instillations of belladonna incessantly, keeping the pupil dilated to the extent of his power, whilst he makes therapeutical applications to the perforating ulcer. He need not fear for the iris on account of the mydriasis he may produce, for the ulcer once being closed, it may be made to resume its normal position, by means of a simple external cauterization; this has the effect of stimulating the ciliary arteries, which coming from the recti muscles, plunge through the sclerotica to the iris, and from their excitation, a diminution of the pupil will result. The application of the aqueous solution of belladonna cannot be too much insisted upon, and it should be immediately resorted to, when there is the slightest tendency to perforation; and its instillation should not cease, until the process of cicatrization is so far advanced, as to prevent the slightest possibility of accident.

The method of Desmarres is also perfectly applicable to cases of traumatic procidence, and should be resorted to at the same time that we hasten to antiphlogistic measures. But in order that there may be the best chance of success, the surgeon must resort to the process immediately, or else the adhesions having followed the usual course of development of false membranes, may have become too firm. I have seen many applications of this highly ingenious method, at the clinics of Desmarres, and have not in my notes a single instance of failure.

A few years since, one of the most fashionable operations in ophthalmic surgery was the division of muscles in cases of strabismus; yet the cutting zeal of the French surgeon of the present day has much dimin-

ished. It is true that the recti muscles are frequently divided, but the cases are well selected, and a more accurate diagnosis leads to much more favorable results; whereas it is well known that statistics were formerly unfavorable to this operation, on account of exophthalmos and other deformities arising from its hasty practice. The French surgeon now directs more of his attention to the education of the eye, and although a longer space of time is required for the accomplishment of his wishes, still, with a little patience, the most favorable results can be obtained. A common cause of strabismus is a central ephelion, or an albugo of the cornea, and the rays of light being unable to reach the visual portion of the retina, in right lines, the globe is turned in a position more favorable to vision. To cut the sinning rectus, in this case, would be a manifest absurdity; for if the eye were thus restored to its normal position, it could in no respect be subservient to vision, and would again, for the same reasons, be liable to deviation. He then acts upon the impaired cornea, by means of insufflations of calomel and sugar, or instillations, twice a-day, of the tincture of opium; when long-continued efforts have accelerated the usual course of the cicatrices, and the opacity is diminished, he commences his course of education. The healthy eye is closed by means of a bandage, and the patient is directed to exercise the other in every possible direction, watching its motions in a mirror. If this is patiently persevered in for some time, the normal position will be more permanently maintained, than by means of any operation, and the reasons are self evident.

In cases of amaurosis, where the strabismic eye is of no value in vision, and the operation is merely one of coquetry, the only objection which can be offered, is that possibly the deviation will recur. But the great difficulty in strabismus, is its differential diagnosis; for when there is paralysis of the 3d and 6th pairs of nerves, and the surgeon has not succeeded in proving its existence, it is evident, that all operation will be in vain. A paralysis of the 3d pair, which renders the superior and internal recti perfectly useless, destroys the equipoise of action between these and the external rectus, the result being a divergent strabismus with the eye thrown downwards. So a paralysis of the 6th pair, destroying the action of the external rectus, throws the eye, for a similar reason, towards the greater angle, and thus forms a convergent strabismus. In both these cases, it is evident that the division of the muscle upon which the strabismus seems dependent, must be perfectly useless, and a cause of unnecessary pain to the patient.

When, however, the surgeon is convinced that the operation is clearly indicated, and the deviation is not very great, the following simple method of Taylor is adopted. Taking, for instance, the case of a slight convergent strabismus, he seizes, with a pair of fine forceps, a fold of the conjunctiva within the external angle, and excises it with his scissors; when the internodular tissue of the cixatrix is formed, the eye is drawn upon by its gradual contraction, and by degrees assumes its normal position. Should the deviation, however, be so great, as to render this simple mode unavailing, he resorts to the division of the muscle. With his fine forceps he

seizes a fold of the conjunctiva near the insertion of the muscle, and after having lifted this up from the globe with a pair of fine scissors, he makes an incision in it of five or six lines in length, so as fairly to display the insertion of the tendon. A fine blunt hook is then passed between the sclerotica and the tendon, and when the surgeon is convinced that he commands the whole muscle, he divides the fibres with his scissors—thus reducing the operation to its simplest terms. There are, however, two rules in this operation which are not generally known, and they should be strongly insisted upon, as their neglect may compromise the results. 1st. If the globe of the eye is large and prominent, the muscle must be cut as far *forward* as possible, and *exactly* at the point of insertion upon the sclerotica. Should this rule be neglected, the muscle retracts and takes a new insertion behind the vertical diameter of the globe, and, according to a simple mechanical law, its action will be greatly diminished. Moreover, if the operation has been badly performed on the superior rectus, for instance, and its line of action is changed by a posterior insertion, the action of its opponent will not be counterbalanced, and a deviation in an inferior direction must result. 2d. If the eye is small and sunk in the orbit, cut the muscle at some distance behind the point indicated in the first rule and for similar reasons. In this manner the subject of strabismus is simplified, and all its secrets may be conveyed in two or three paragraphs.

To many practitioners, atresia of the pupil seems an almost insurmountable difficulty, and, fearful of an internal inflammation and its propagation to the membranes of the brain, they are unwilling to lacerate the sensitive iris, and thus leave the patient to his fate, without a hope. In the remedy of this condition, by the formation of an artificial pupil, the Parisian surgeon is unrivalled, and his successes are truly wonderful. The chief principle of French surgery, or of reducing every operation to its simplest terms, has been capitally applied to this process, and the delicate formation of an artificial pupil can no longer baffle the physician. The instruments required are but two, a pair of fine forceps, a lancet, or, for convenience sake, a lanceolar knife. The process most admired here, is the one chiefly employed by M. Desmarres, or that of *excision*; but in order to perform this, the atresia should not be perfect, there must be a small lacuna in the iris, so as to permit the use of the forceps. Having decided as to the position of his pupil, so that there may be convergence of the visual rays, the small aperture is dilated as much as possible with belladonna, and the surgeon proceeds to enter the anterior chamber of the eye. The great modification of Desmarres is to prevent a keratitis by avoiding the cornea, and placing the point of his instrument just behind its fusion with the sclerotica, he passes it beneath the cornea and perfectly parallel with the plane of the iris, taking every precaution to avoid wounding either tissue. The knife cutting on both edges is thus passed gently into the anterior chamber for two or three lines, and then as carefully withdrawn, enlarging the orifice, but with every precaution to prevent the escape of the aqueous humor.

The first time is thus accomplished with facility, but the second is the

most important and demands every precaution; the fine forceps are closed and introduced by means of the aperture thus made in the anterior chamber, passing gently in front of the iris, until they reach the lacuna, at its pupillar edge. Being allowed to expand and then compressed, a portion of the iris is seized between their teeth, and this the surgeon carefully withdraws through the wound in the sclerotica and excises with a pair of scissors previously prepared, thus completing his operation. In the second time, the greatest care should be exercised, that the points of the forceps be not too much depressed, else the capsule might be seized with the iris, and a capsular cataract appearing shortly after, the most perfect artificial pupil would be rendered useless. Should an ephæoma result from the bleeding of the incised vessels of the cornea and sclerotica, the operator can elevate the corneal flap and evacuate the blood with a small spatula; but generally absorption is sufficiently active to render this assistance unnecessary. The case needs but little after treatment, perhaps a few purgatives, iced compresses, and possibly a v. s. of precaution. The rival operation, by "decollement," or tearing away the iris from the ciliary ligaments, is in nineteen out of twenty cases perfectly unnecessary, as the existence of the slightest pupillar opening should induce the operator to resort to *excision*. The decollement is also more difficult, and presents much less certainty in its results, from the fact that the puncture to enter the anterior chamber must be made generally in the centre of the cornea, and if a traumatic keratitis ensue, there is no certain hope of saving the eye from a disorganizing inflammation.

In the case of depression for cataract, some modifications have also been lately made, which have a great effect upon the certainty of the operation. Having observed the unpleasant results of punctured when compared with those of incised wounds, M. Desmarres made an application of this rule to the operation by depression. Very frequently, in irritable constitutions, a puncture of the sclerotica with the couching needle, is followed by intense inflammation, an abscess of the eye ensues, the meninges of the brain, by continuity of tissue, are inflamed, and in some cases the patients have succumbed. These results can be avoided by adopting the incision of the sclerotica with a lancet or lanceolar knife, instead of the puncture with the needle. The place of election is below the antero-posterior diameter of the globe, and beneath the course of the external rectus, muscle in order to avoid wounding the ciliary arteries, which enter the eye from these muscles; a neglect of this precaution will cause an effusion of blood into the posterior chamber, and probably in too great quantity to be eliminated by the process of absorption. It is also requisite to enter the knife behind the insertion of the iris, to prevent its being wounded, and the complication of a consequent inflammation. At the point thus indicated, the knife is plunged for two or three lines in depth into the eye, and then carefully withdrawn, so as to prevent the escape of the aqueous humor in too great quantity; a common silver probe may then be made to take its place, and with this simple instrument M. Desmarres proceeds to the depression of the cataract, precisely as in the use of the ordinary needle. The

ordinary treatment follows, and, generally, the patients are free from after suffering; but if there should be signs of inflammation, violent pains and an agonizing sense of distension, it is only necessary to open the lips of the wound, and upon the evacuation of the aqueous humor, every unpleasant symptom will disappear. The surgeon need not be fearful of cutting through the ciliary body, or be alarmed at the apparent perfect collapse of the eye, as a few hours will suffice for the perfect re-secretion of the aqueous humor, and in some instances to such a degree as to give rise to the unpleasant sense of distension already mentioned. At the first glance, one would feel unwilling to proceed to the paracentesis of the eye in such a summary manner; but the most ample experience has now demonstrated that there is no more danger in such an operation, than if it were practised upon the abdomen, in a case of ordinary ascites.

The utmost importance ought to be attached to this method, and every surgeon should be most seriously counselled to proceed instantly to paracentesis, when, after an ordinary operation by depression, he sees the commencement of the unfortunate condition just described; he will thus give his patient rest, he removes the distension, and averts a fearful inflammation. Nor should he doubt the excellence of the process, if, after the opening has been made, there should be a recurrence of the same symptoms; he must separate the lips of the wound again, and in all probability the third dilatation will suffice. The only point which must be insisted upon, is that the surgeon be careful to avoid the hyaloid body in his paracentesis; and although the evacuation of half the vitreous humor is not a discouraging circumstance, a loss of a greater quantity may lead to an irremediable collapse of the organ.

Simple and beautiful as is this depression, there is still another method of operating in cataract, of which M. Desmarres has much more reason to be proud; he has succeeded in producing an absorption of the lens, whilst in its normal position, and without the slightest derangement of its relations. There are some cases of cataract in which the lens is tolerably soft, and yet the surgeon dare not operate without fear of the perfect loss of the eye, as depression is prevented by its adhesions to the iris, and a chronic iritis, an internal inflammation, or softening of the vitreous humor, forbid a resort to extraction. The lens must, however, be destroyed in these cases, as it is here a foreign body, and by fomenting the internal inflammation, increases the amaurotic condition of the retina and proportionably diminishes the hope of a successful operation. He therefore incises the sclerotica as described in a previous paragraph, and then introduces the fine hook of Reisinger through the wound; with this instrument he scratches upon the lens, in order to make a small opening in the capsule. Eight days after this first operation, he performs the paracentesis of the eye, through the original wound, and upon this he thinks the rapid absorption is greatly dependent, as the evacuation of the aqueous humor has a great effect in softening and hastening the deposition of the foreign substance. In forty days, the absorption is so far advanced that the patient begins to recover the use of the organ.

I have seen this interesting and original operation performed in two

cases, during the last few months, and with perfect success ; one patient recovered his vision after forty days, and in the second, who from anau-rosis and cataract had been blind for thirteen years, the lacuna was so perfect at the end of sixty-one, that she was able to read letters half an inch in height, without the assistance of glasses. The process of absorption being slow in the latter case, and as there existed false membranes in a portion of the pupil, M. Desmarres proceeded to the formation of an artificial pupil with his usual success. The patients now have the usual sight of those operated upon for cataract by the other methods.

The resisting power of the sclerotica is very different in various persons affected with a chronic internal inflammation of the eye ; and in some, we find this membrane perfectly firm, whilst in others a dark bluish tint denotes the yielding of its fibres to the pressure from within. When there is an internal inflammation, and the sclerotica has the greatest resisting power, the presence of the increased secretion caused by the disease, has its effect upon the retina, and an amaurosis by compression is gradually produced ; but in those instances, where the blue tint of the sclerotica designates the yielding of its fibres, these symptoms are seldom if ever seen. M. Desmarres then makes a theoretical application of the paracentesis of the eye in the first cases, in order to evacuate the cause of compression, and at the same time to have an effect upon the condition of chronic internal inflammation. He has waited for further experiences upon this subject, to give the greatest confirmation to his theory, and when these are complete, they will be presented to the medical world.

Under the head of Sclerotomy, we can place the mode of operating for ancient capsular cataracts, as the same incision is requisite ; in these cases, the lens is generally absorbed, and the two layers of capsule are approximated, and most probably there is but little adhesion to the iris. A fine pair of forceps are passed through the wound in the sclerotica, and guided behind the iris, until these points are seen in the field of the pupil ; it is then necessary to seize the opaque curtain firmly, and by gentle torsion and traction, bring it slowly through the same aperture. The same operation may be practised in cases of bridles of false membrane, crossing the field of vision.

Although there is no objection to sclerotomy and paracentesis of the eye as just indicated, and although it is well proved that the organ is by no means so delicate as generally imagined, still there are some cases in which a puncture of its intrinsic membranes should be especially avoided. In cases of hypopion, the affair is quite different, when pus is well formed in the anterior chamber, and wounding the eye by an attempt at evacuation may lead to an abscess and loss of the organ. A general and local antiphlogistic treatment, the proper use of calomel and mercurial ointment, are generally sufficient to produce absorption, but if these means are un-availing in lymphatic or feeble patients, the practitioner can resort to a tonic course, with the greatest benefit. In the hands of M. Desmarres, I have seen an infusion of polygala senega $\mathfrak{z} \text{ j}$. to Oj. given in $\mathfrak{f} \mathfrak{z} \text{ ij}$. doses several times a-day, have the most remarkable effect in these cases. It

is a new application of a method long since practised at the Hotel Dieu, for ancient pleuritic effusions, which could not be absorbed by other means.

Passing to the retina, we will notice the treatment of amaurosis dependent upon torpidity. If this disease has not advanced too far, M. Desmarres is accustomed to make use of a new preparation of strychnine. He saturates a quantity of lactic acid with this alkali, and then, with the point of a lancet, introduces a small portion under the skin, along the course of the frontal nerve; he commences with five or six punctures the first day, and increases by two every second. Should the unpleasant symptoms of the remedy appear, he ceases for a time, and prescribes a purgative course. Another reflective excitatory action is produced with the ammoniacal unguent (of about the same strength as Granville's lotion) applied frequently along the course of the same nerve, but with the greatest care, to avoid vesication.

A short time since, it was truly astonishing to behold the method of dressing the eye after the operation for cataract; the bandages and compresses were entirely too numerous, and had no other effect than that of promoting any tendency to inflammation which might already exist. Instead of thus exciting and compressing the eye, the French surgeon merely uses a few strips of court plaster, which are placed in such a manner as to hold the lids firmly in an appropriate position; over these can be placed iced compresses, if they are indicated, and thus the operator has more command of his organ.

The idea has also been rejected that it is dangerous to open the lids before several days have elapsed; for in that time, inflammation may have gone so far, as to render surgical assistance perfectly unavailing. It only requires a little care in the removal of the strips of plaster, and then a slight traction on the lid, without the slightest compression of the globe, will effect the purpose, without any danger whatever.

Paris, April 12, 1846.

TREATMENT OF MANIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although I have been engaged in the practice of physic for nearly forty years, yet I have never been accustomed to write on medical subjects, and now offer you, for publication in the Journal, my first essay on one of those subjects, viz., mania. Many years ago, when I resided in Newfane, Vt., I was called to a female, in Brattleboro', who had been in a state of furious delirium for four days. She was attended by two physicians, who had treated her with what are called nervines, without making upon the disease any favorable impression. I tarried through the night and administered calomel and tartrate of antimony, until, with the aid of stimulating injections, the stomach and bowels were freely evacuated, when the delirium entirely ceased, and the patient, by morning, was calm and rational. Last Friday (May 1st), I was called to a similar case, in