

gave way coincidently with the recently formed and thin cicatrix of the vein under the increased blood-pressure whilst she was violently exercising in jumping a child.

Injury to Eye, with Loss of Lens; subsequently, Remarkable Acuity of Vision. By H. S. OPPENHEIMER, M.D., Resident Surgeon at the New York Eye and Ear Infirmary.

M. C., male, æt. 32, a robust labourer, while chopping wood, was struck on the right eye by a flying stick. He presented himself at the Infirmary the next day, and was admitted as a patient on Dr. Callan's service.

The eye presented a slight cut at the tarsal edge of the upper lid, about its middle. The upper portion of the ocular conjunctiva was greatly ecchy-mosed. At the superior portion of the limbus, and following its curve almost exactly, was an irregular cut about five millimetres in length. In the lips of this wound could be seen some pigment, which was at the time thought to be a prolapsed portion of the iris.

The cornea was clear in most of its extent, and only around the wound showed fine, faintly-opaque lines. The anterior chamber was filled with blood, the iris and pupil invisible. V. = movements of hand. Tension — 2. No pain present. The treatment consisted of cold compresses, instillations of atropia, and the supine position in bed. No pain or inflammatory reaction ensued, the wound healed kindly, and at the end of two weeks after his admission the patient was discharged. At that time the anterior chamber was perfectly clear. At the level of the iris there was a web-like membrane stretched across the pupillary space, obscuring pupil and iris. Fundus still invisible. Tension about normal. One week after his discharge the patient returned. The membrane had disappeared completely, showing an entire absence of the iris, lens, and capsule.

A number of floating bodies could be seen in the vitreous. The fundus appeared normal in all its details, with the exception of a slight rupture of the choroid at its superior periphery. With + 3.4 spherical V. = $\frac{2}{3}$ +. Some astigmatism present.

Oct. 2. Patient presents himself to-day—seven weeks after the accident—the media perfectly clear (excepting a small stationary opacity in the posterior portion of the vitreous), and a + 3.2 sph. with stenopaic apparatus, slit directed vertically, brings his vision up to $\frac{2}{3}$.

In this case the absence of all inflammation after such a severe injury to the globe, the small opening through which the iris, lens, and capsule must have escaped, the very rapid recovery after the extraction, which gave the patient vision of $\frac{2}{3}$ + at the end of three weeks (a result which would be very gratifying so short a time after an extraction *lege artis*), and the ultimate astonishing vision of $\frac{2}{3}$ (which is rarely attained after an operation under the most favourable circumstances) seem to me remarkable points of sufficient rarity and interest to justify publication.

A Case of Paroxysmal Hematuria, with Unusual Irregularity of the Paroxysms. By A. H. GOELET, M.D., of New York.

Attention was first called to this curious disorder by Dr. George Harley