

## AMERICAN INTELLIGENCE.

## ORIGINAL COMMUNICATIONS.

*Case of a Gunshot Wound of the Penis and Scrotum, with Remarkable Course of the Ball.* By ISAAC NORRIS, Jr., M. D., Act. Assistant Surgeon U. S. A. John L. Williams, Private Co. D, 96th Regiment Pennsylvania Volunteers, aged 33 years, was admitted to the McClellan U. S. Army General Hospital, near Nicetown, Philadelphia, on the 23d of June, 1863, from the Mount Pleasant Hospital, Washington, with a gunshot wound of the penis, scrotum, etc., received at the second battle of Fredericksburg, May 3d, 1863.

The ball entered nearly the centre of the glans, the penis being partially erected at the time, and taking a slightly oblique direction, passed out on the right side about an inch and a half beyond the glans to enter the scrotum, and after striking the pelvis near the symphysis, glanced off, and running round the innominatum, finally made its exit some two inches above the anus.

A urinary fistula existed for a time before his entrance to this Hospital, which, however, finally closed; the wound cicatrized nicely under the usual treatment, and the only effects remaining were partial incontinence of urine, and an inability to assume a very erect position, requiring the use of a cane in walking. The patient also suffered from chronic rheumatism, acquired from exposure in the service, and was discharged early in September last, two months and a half after his entrance to the hospital.

Deeming this case as one of great interest from the rarity of these injuries, I have drawn up the above brief account, from notes made at the time.

McCLELLAN U. S. A. HOSPITAL, Oct. 12th, 1863.

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DOMESTIC SUMMARY.

*Astigmatism.*—Dr. F. J. BUMSTEAD, Surgeon to the New York Eye and Ear Infirmary, has published (*American Medical Times*, Oct. 31, 1863) a very interesting case of this defect of vision which recently came under his care; and in a subsequent number (Dec. 12, 1863) of the same journal, Dr. DERBY, Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, relates four cases of the same affection.

In the edition of Mr. Lawrence's Treatise on the Diseases of the Eye, published in Philadelphia in 1843, the editor of this journal related a very interesting case of astigmatism, and in a subsequent edition of the same treatise (Philadelphia, 1854) he related two other cases which came under his own observation, and he has since met with several others. This affection would therefore seem not to be a very uncommon one, and should be better understood by the general practitioner than it seems to be.

For the due performance of its functions as an optical instrument, it is necessary that certain parts of the eye should be transparent and of normal density, that the surfaces of the cornea and of the crystalline lens should present certain

regular and definite curvatures, and that the crystalline lens should be accurately adjusted, both as regards its own axis (that of the visual axis of the eye) and its relative distance from the cornea and retina. So many conditions being requisite for perfect vision, it is less surprising that defects of this organ should be met with, than that they should be ever absent.

The name Astigmatism (from *a*, priv., and *στειναι*, a point) was given to the defect under consideration by the Rev. Dr. Whewell, and is appropriate, the difficulty arising from the rays of light which fall upon the eye not being equally refracted to a point.

Both Dr. Bumstead and Dr. Derby seem to think that this defect arises always from an abnormal condition of the cornea, which instead of presenting "a surface of revolution with the curvatures of all its sections equal," has curves which vary to a greater or less degree.

This we regard as a too limited view of the subject. Astigmatism may arise, as we have already pointed out (*Lawrence on the Diseases of the Eye*, Philadelphia, 1854, p. 668) from a defect either in the curvature of the cornea or of the lens, and, according to Dr. Young, also to an obliquity of the cornea and crystalline with respect to the visual axis. If the surface of the cornea, that of the anterior or of the posterior surface of the crystalline lens, present a surface of revolution of a cylinder instead of a sphere, *i. e.*, if *either* of these *three* surfaces instead of being a surface of revolution, in which the curvature of all its sections through the axis are equal, should present a surface in which the curvature in one plane is greater than in that at right angles to it, astigmatism would result.

Ten years ago, we pointed out (*Lawrence, op. cit.*, p. 668) the mode by which it might be ascertained whether astigmatism arose from a defect in the curvature of the cornea or of that of the anterior or of the posterior surface of the lens. The image of a lighted candle reflected from the defective surface will be distorted, in the same manner as when we view our own image reflected from a cylindrical surface; and the direction in which the image is elongated shows the direction of the axis of the cylinder.

This defect of vision can generally be relieved by appropriate glasses, and in the cases which have come under our observation we have obtained such glasses from the Messrs. McAllisters, Opticians, of Philadelphia. In some instances the glass required was plane on one surface and concavo-cylindrical on the other; in other cases glasses plane on one side and convexo-cylindrical on the other were needed. Mr. Airy, the Astronomer Royal, who has minutely described this defect in his own eye (*Transactions of the Cambridge Philosophical Society*, vol. ii. p. 267, and vol. viii. p. 361, 1827 and 1849) found that a spherico-cylindrical lens completely corrected it, so that one of his eyes which had been useless became as useful as the other.

Prof. STOKES, of Cambridge, has constructed an instrument for determining the nature of the lens required to correct the vision of astigmatic eyes, which he described to the British Assoc. in 1849.

If we trace the history of astigmatism from the time of Dr. Thos. Young, one of the most erudite physicians and philosophers of his day, who laboured under this defect in one of his eyes, and described it in 1801, down to the present day, we shall find that we owe most of our knowledge of it to British philosophers; and if its frequency was not recognized, we conceive it is hardly just to say that neither "the symptoms nor the treatment of the disease were fully appreciated until the publication in 1862 of Prof. Donders' work, entitled *Astigmatismus und Cylindrische Glaeser*.

Most of the recent writers in this country, on eye affections, entirely repudiate the long accepted maxim "*Nuñius addictus jurare in verba magistri*."

*Spotted Fever*.—Dr. E. W. JENKS states (*Buffalo Med. and Surg. Journ.*, Oct. 1863), that this disease prevailed quite extensively during the past winter and spring in La Grange Co. and other portions of Northern Indiana.

The most striking characteristics of the disease, as observed by him, were the suddenness of attack, and in fatal cases, the sudden termination. "Most of the patients were attacked with a chill, following which would be the sudden occur-