

of potash in these cases—not because I have any doubt as to the propriety and necessity of using it, but because it appears to me to hold rather the second place, in the treatment, to mercury. In the first two of the cases related it was freely used in addition, and, I have no doubt, with advantage; and it is most probable that in due time it will also be employed in the third. But in the crisis of these alarming cases the palm must, in my judgment, be conceded to the older and more energetic remedy.

Comparing these three cases together, and assuming that we have a right to consider the third as an instance of syphilitic insanity, they illustrate the different ways in which the venereal poison acts upon the nervous system. In the first it produced epilepsy, differing in no respect from the ordinary form of the disease, to be succeeded, after years of suffering, by symptoms of mental derangement; in the second, epilepsy did not occur at all; and in the third, insanity took the precedence, and epilepsy followed. With respect to the form of mental derangement presented by these cases, no two of them appear similar. The first was clearly an instance of wild delirium, as transient as it was violent. The other two had a certain resemblance to each other in the acts of extravagance committed, in the style of their ideas and conversation, and in their general quiescent temper. But here the similarity ends. The one exhibited a tendency to violence—to break furniture, to injure, and even murder, his wife—while in the other no such symptoms could be observed.

ART. IV.—*A Note on Reflex Disease of the Eye, of Traumatic Origin.*

By J. VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital.

The Mechanical Irritation of an Orbit from which the Globe has been removed is capable of Producing Symptoms of Reflex Disorder in the Previously Healthy Eye of the opposite side.

W. V., a healthy man, 36 years of age, by trade an iron moulder, received a severe burn of his *left* eye, from the spurting in of some molten iron, on the 1st of July, 1857. He obtained prompt and careful treatment, yet, the vision was lost, and a connecting band

formed between the globe and its lower lid. Early in the following September the right eye suffered sympathetically. It was painful, and there was a sensation of external compression. The vision, which was best in bright light, became, at the same time, disturbed by what appeared to be a cobweb, which constantly floated before the eye. The pain and dulness of sight increased so much that, on the 17th of March of the following year, 1858, the patient requested me to remove the disorganized globe, which was accordingly done by enucleation, in the usual way. The optic nerve was divided close to the globe. In three hours after the operation there was a marked mitigation of the severe cutting pains which had affected the right eye during the last three or four months, and the cobweb (*musca*) appeared to be much smaller. In the course of a short time the band which connected the lower lid to the globe was regenerated, and presented an obstacle to the introduction of an artificial eye. It was therefore divided, and a glass mask inserted in the orbit. The mask excited a good deal of local pain and conjunctival inflammation, which, in its turn reproduced sympathetic ocular disorder of the same degree and kind as had existed before the excision was performed. On the withdrawal of the mask, and subsidence of the conjunctival irritation, the left eye assumed its former condition of usefulness. At the end of a fortnight the mask was once more used, when the sympathetic symptoms reappeared—flashes in the dark (*photopsy*) being super-added. The patient has now for more than four years been engaged in his trade, as an iron moulder, taking the precaution of ceasing work whenever the eye becomes dim or affected with flashes. The sight is generally clear, and he is capable of reading small print without fatigue.

English authors on ophthalmology have hitherto attributed the occurrence of sympathetic traumatic ophthalmia to the commisural arrangement of the optic nerve fibres.

The phenomena presented by the preceding case do not appear to afford a *locus standi* for such theory, inasmuch as the optic nerve on the side of irritation had been severed; but they may be satisfactorily explained on the supposition that the irritation from the eyeless orbital cavity was conveyed by the ophthalmic division of the fifth pair of nerves to the centre, and thence reflected to the opposite side. This view derives support from examples of reflex traumatic disorder wherein the symptoms are purely those of hyperesthesia of the fifth, and which yield, almost *instantaneously*, on removal of the

original source of irritation. Of this class of cases some account is given in a paper which was read by me, before the Birmingham Branch of the British Medical Association, on April 9th, 1857, and published in the journal of that society for June 13th (p. 496) of the same year.

Careful observation of a large number of instances of reflex ophthalmia—a disease of great frequency in Birmingham, and the neighbouring mining districts—has led me to the following, among other conclusions, namely:—that the *primary* traumatic irritation is conveyed to the sound eye through branches of the fifth nerve; that soon afterwards, and sometimes simultaneously, the vaso-motor nerves take on disordered action, and, as a consequence, intraocular congestions and their results occur; that, if the disease be not arrested, the optic nerve fibres become inflamed, or affected with such other changes as induce atrophy, and which lead to similar degeneration of the opposite nerve, attended by an amaurosis, which is incurable. In this stage of the complaint the commisural arrangement of the optic nerve fibres is probably the channel through which the disorder is conveyed.

When the state of the eye admits of its fundus being examined by the ophthalmoscope, in the early stage of reflex ophthalmia, the most constant appearance is congestion of the vessels of the retina, and more especially of the veins; but where there is an advanced amaurosis the usual signs of atrophy of the optic nerve entrance, which are sufficiently familiar to render description in this place needless, are revealed.

ART. V.—*A Case in which a Disease, like Measles, arose from an unusual cause; with some brief remarks.*^a By HENRY KENNEDY, A.B., M.B., one of the Physicians in Ordinary to Sir P. Dun's Hospital.

THE following case, though but a solitary one, I wish to bring under notice; as it presented some points of curious interest, or even importance. I should state that, at the time of its occurrence, some five months since, I was in total ignorance of its nature. But thanks to our periodical literature, a paper has, since then, come

^a Read before the Med. Association of the King and Queen's College of Physicians.