

perfect quiet enjoined. The pupils dilated very little, in spite of four successive applications of atropia. The examination by the ophthalmoscope did not show anything abnormal; the optic nerve appeared to be in good condition, and there was not a trace of extravasation or effusion within the eye. Six leeches were applied to the forehead the next day, but produced as little effect as all the other remedial measures which had previously been resorted to. A week after the commencement of the affection Dr. Saemann injected twelve drops of a solution of a grain of nitrate of strychnia in an ounce of water (equal to one-fortieth of a grain), in the region of the left supraorbital nerve. Scarcely two minutes had elapsed when the patient exclaimed,—“Good God! I suddenly see much clearer, I see the church steeple, the trees, I see the leaves moving.” The patient was, in fact, able to distinguish large objects with the right eye as well as the left, but no small objects. Vision remained in this condition until the evening of the same day, but was again much worse on the following morning, so that the patient could only very faintly distinguish the outlines of large objects. Another injection of one-thirtieth of a grain of the nitrate of strychnia was then made, which had the same almost immediate effect as the former. The injections were now repeated six times successively, the whole quantity of strychnia injected amounting to two-thirds of a grain. At the end of the treatment, the patient could read his newspaper and play a game of cards.

49. *Iridectomy in Glaucoma*.—Prof. QUAGLINO, of Pavia, at the end of an excellent account of our present knowledge concerning glaucoma, expresses the following opinions upon its curative treatment by iridectomy: 1. Glaucoma, arthritic amaurosis, and arthritic ophthalmia of the older ophthalmologists, are dependent upon one and the same identical morbid process, which only varies by the length or acuteness of its course. 2. The pathological condition which induces chronic and acute glaucoma is choroiditis, with increased secretion of the vitreous humour, and consequent distension of the retina and papilla of the optic nerve, associated with an extraordinary rigidity and hardness of the sclerotic, proper to the senile condition, or induced by an atheromatous and arthritic process at a less advanced age. 3. In acute glaucoma not only is the choroid implicated by the morbid process, but this also extends to the retina, the hyaloid, and the internal membranes, while in chronic glaucoma the choroid is alone in question. 4. The functional phenomena which precede and accompany the development and course of glaucomatous amaurosis are a consequence of the compression which the nervous elements of the retina and the optic nerve undergo, and of their progressive atrophic degeneration. 5. The most prompt and certain means which art possesses for arresting the progress of this disease, and restoring the equilibrium in the pressure of the vitreous humour and the lateral pressure of the vessels of the retina, is iridectomy, the excision of an extensive portion of the iris. 6. Iridectomy may be resorted to with advantage even in cases in which there are evident physical signs of atrophy of the papillæ with excavation, lateral limitation of the field of vision or amblyopia, providing there exists extraordinary hardness of the globe of the eye. In such cases iridectomy at least removes one of the morbid elements (internal pressure) which favours atrophy of the papillæ, and thus frequently arrests the amaurosis. 7. Iridectomy possesses no advantage in very inveterate glaucoma, when the papilla and the vessels have been for a long time atrophied; in cases in which an optic neuritis inducing atrophy of the papillæ has preceded the glaucoma, or when glaucoma is complicated with serious affections of the cerebral optic centres. 8. Iridectomy is of service in cases of obstinate ciliary neuralgia, even when amaurosis has become complete, providing that it depends solely upon compression of the ciliary nerves.—*Brit. and For. Med.-Chir. Rev.*, Jan. 1865, from *Annali di Méd.*, Oct.

50. *Cancroid of the Cornea*.—Mr. J. Z. LAURENCE exhibited to the Pathological Society of London (Jan. 17, 1865) a man 27 years of age, whose eye presented the following appearances when Mr. Laurence first saw him in April, 1863: Occupying nearly the whole outer half of the cornea was a soft, vascular, conical growth measuring about 4" transversely, about 3" from above down-

wards, and rising  $1\frac{1}{2}$ " above the surface of the cornea. The greater part of the tumour appeared to spring from the deeper layers of the cornea, the smaller portion on the outer side passing insensibly into the adjacent scleral surface. Numerous vessels passed from the highly congested conjunctiva to the surface of the growth, especially one large vein from the inner side. The patient stated that he had experienced but little pain in the eye, and that the growth was but slightly sensitive to the contact of a foreign body, such as a fine probe. The portion of the cornea unobscured by the tumour was nebulous and highly vascular, and at its upper end and outer part adherent to the upper lid, which was very much thickened and congested, and its palpebral surface roughened by minute fungoid elevations having the character of surgical granulations. The visual power of the eye was reduced to mere quantitative perception of light. When last seen, on January 17, 1865, the eye appeared to have undergone little general change, excepting that the conjunctiva was more vascular, the growth larger in all its dimensions, and its apex flatter, softish, uneven, and of a dirty white colour (ulcerated); numerous large tortuous vessels running to it, and ramifying over its surface. The protrusion of the growth between their edges prevented the complete closure of the lids. The upper lid was considerably thickened at its margin, and projecting from its under surface, moving freely upon the cornea, were two lobular fleshy growths, each measuring about  $1\frac{1}{2}$ " in length. Three cases of cancrroid of the cornea (an affection which Mr. Laurence said is by no means frequently observed) have been reported in the *Ophthalmic Review* (i. 79).—*Med. Times and Gaz.*, Jan. 28, 1865.

51. *Eczema of the Eyelids, Conjunctiva, and Cornea.*—M. FURNEAUX JORDAN, in a paper read before the Royal Medical and Chirurgical Society (Jan. 10, 1865), remarks:—

"Many observers, and especially writers on the diseases of the skin, have considered ophthalmia tarsi to be simply eczema of the lids. Dr. Mackenzie has pointed out that scrofulous, or, as he terms it, phlyctenular ophthalmia, is frequently associated with eruptions on the skin. It is the object of this paper to show that not only ophthalmia tarsi is eczema of the lids, but that granular lids, a peculiar swelling of the subintegumental connective tissue of the lids, lippitudo, strumous ophthalmia, certain forms of simple or catarrhal ophthalmia, keratitis and strumous keratitis, and certain ulcers on the cornea, are merely varieties of eczematous disease. Cases of extreme, firm, indolent, pale or pinkish swelling of the lids occur occasionally, the only cause of which is eczema of the margins of the lids. The eczema may be very slight, or it may pass away quickly, and leave only the swelling behind. Unchecked eczema of the eyelids terminates in lippitudo, just as persistent and progressive eczema of the cornea produces pannus. Both these conditions are analogous to the eczematously red, swollen, and moist condition of the skin which may persist for an indefinite period. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as chronic eczema. The several stages of pimple, vesicle, ulcer, or thickened patch, admit of indisputable demonstration. In acute eczema of the conjunctiva, there is for a few days a uniform scarlet colour; then a crowd of vesicles, which soon pass away, and leave an irregular or patchy redness—each patch, however ill-defined, having a redder, thicker, and possibly ulcerated centre. These cases have a slight muco-purulent discharge, and are always tedious. If treated as eczema, they speedily recover. The so-called keratitis, or strumous keratitis, is eczema of the cornea. When vesicles, white patches (necessarily white because of the anatomical structure of the cornea), or ulcers occur on the cornea in conjunction with vesicles on the conjunctiva, the term 'scrofulous ophthalmia' is commonly used. If the same pimples (necessarily flat), vesicles, patches, or ulcers occur on the cornea alone, especially near its centre, the term keratitis is applied, notwithstanding the symptoms are similar, and notwithstanding that there is usually, if it be carefully sought for, evidence of eczema of the lids or face, or ears or scalp. The characters of eczema of the cornea are quite as typical as they are of eczema elsewhere. The several varieties of eczema of the cornea, conjunctiva, and lids are combined in a great variety of modes. They are much more frequently combined than not,