

patient complained of severe pain around the orbit. The right eye was healthy. The patient had had gonorrhœa nearly a month, when the eye became inflamed; but he could not tell how or when it had become inoculated. The next day, the treatment was commenced by injecting every two hours a mixture of one-third of spirit in two-thirds of water; the eyelids being held apart, the injection was applied by means of a small glass syringe. The first application produced severe pain, which lasted about ten minutes. In the intervals between the injections, cold water dressing was applied. Three days afterwards, the condition of the eye was much improved; and the patient was ordered to keep applied to the eye a mixture—one-third as strong as that already described, and to have the injection used three times a day only. Ten days after the commencement of the treatment, the cure was complete. Notwithstanding every precaution, the conjunctiva of the right eye showed some injection and redness, but this soon ceased on the application of compresses dipped in a mixture of one part of spirit and three parts of water.—*Brit. Med. Journ.*, Sept. 16, from *Bull. Gén. de Ther.*, May 30, 1865.

36. *Sympathetic Ophthalmia*. By MM. GUÉPIN and WECKER.—M. Guépin, of Nantes, believes that reflex ophthalmia would be a preferable appellation for this affection. He states that in the early period of his career he treated it by mercurial frictions, belladonna, and bleeding, and that many of his patients became blind, although he found the advantage in several cases of traumatic ophthalmia of extracting the cataract and liberating the iris from tension as a means of relieving the temporal and supra-orbital pains which so often precede the internal fluxion. Since 1838, however, he has acquired the conviction that sympathetic ophthalmia is almost always a sign of debility, and that bloodletting does not constitute the best antiphlogistic; and he now finds himself, by the employment of ammoniacal vesicants, cupping at the nape, and the use of mercurials, joined to a careful watching of the progress of the case, always able to prevent the development of the affection. During the twenty-six years in question he has, it is true, frequently practised the ablation of the anterior portion of the eye, extracted cataract even during the acute stage of the inflammation, and performed iridectomy, in order to assuage pain in an organ whose functions were lost or nearly lost; but he avers that he has never so acted under the idea of preventing the supervention of sympathetic ophthalmia, as he has always found this readily yield to the treatment indicated.

We have thought it right to place on record the results of the observation of so experienced a practitioner as M. Guépin, but the practice of M. Wecker will be found more in harmony with that which prevails amongst ourselves. He recently delivered a clinical lecture for the express purpose of impressing upon his auditors the necessity of performing the speedy enucleation of the eye, as the only preservative from sympathetic ophthalmia to be relied upon. In some exceptional cases this remedy may prove of efficacy even after the inflammation has commenced; and he relates an interesting example of this, in which the mischief was arrested with remarkable rapidity. The sympathetic ophthalmia manifested itself under the form of serous iritis in the right eye of a man fifty-nine years of age, whose left eye, struck with a fragment of steel three years since, rapidly atrophied, retaining much morbid sensibility, which was capable of being roused by pressure even at so remote a period. The only effect of a partial ablation of the eye, performed three and a half months after the accident, was the production of prolonged and painful suppurative inflammation in the remaining portion of the organ. On the patient's admission, the pupil was neither irregular nor encumbered with plastic deposits. There were slight diminution of colour and contractility of the iris, some injection of the perikeratic vessels, moderate ciliary pains, and amblyopia somewhat more considerable in proportion to the intensity of the other symptoms. These symptoms were in themselves of little consequence, but considered in connection with the history of the case, and the efficacy of the rational means of treatment which had been adopted, they indicated a condition of such gravity that enucleation was at once performed. The success which followed was remarkable, for the disease, which had remained stationary during several weeks, now rapidly yielded to ordinary

remedies. But all this case teaches is, that under such circumstances we should not absolutely despair, as we may exceptionally succeed, even after inflammation has been set up; but the true manner of regarding enucleation is to view it as a prophylactic, the opportunity for employing which has already passed away when the earliest morbid phenomena have appeared. "Enucleation, in fact, becomes urgent in any case in which an eye injured by a foreign body that induces inflammation and destroys all perception of light, remains after the loss of its functions hard to the touch and spontaneously painful—almost certain signs that the vulnerant body remains within the injured organ. Moreover, it should be practised whenever an eye, whether injured or not, lost to vision, becomes a source of annoyance to its owner by remaining the seat of continuous or intermitting pains of a certain intensity. Not only may we in this way prevent sympathetic ophthalmia, which may take its point of departure from these pains, but we restore to the patient a peace and repose of which he has been sometimes deprived for several years." As to the partial ablation of the organ, which has been recommended as a substitute for enucleation, as affording more facility for the adaptation of an artificial eye, not only is its prophylactic efficacy unestablished, but it too often gives rise to very painful suppurative inflammation. Even after enucleation, too, the divided muscles, retracted though they be, will usually impart a considerable amount of movement. "To sum up: this is the sole method which indubitably secures the patient from sympathetic ophthalmia, and of all the operations which have been proposed to this end it is the most certain, the most easy, and the least dangerous in its consequences. To convey an idea of the importance which I attach to conservative enucleation executed in opportune time, I may be allowed to say that I should prefer performing it ten times without absolute necessity, to neglecting it once in a case of misunderstood urgency."—*Brit. and For. Med.-Chir. Rev.*, Oct., from *Annales d'Oculistique*, May, 1865.

37. *Retinal Disease occurring in the Course of Kidney Disease.*—In the No. of the *Med. Times & Gaz.* for Nov. 18, 1865, there are reported a number of cases, from several sources, showing the connection of certain changes in the retina with Bright's disease.

Mr. HULKE gives, in the same journal for Jan. 2, 1864, the following account of these changes:—

"The structural alterations which give rise to these morbid appearances have been ably worked out by German investigators, with whom the retinal disease appears to be more common than with us. Summed up briefly, the grayish opacity of the nerve-disk and retina proceeds from serous infiltration, from sclerosis and hypertrophy of the connective tissue, and from a nodular thickening of the nerve fibres, which acquire such dimensions that some have maintained them to be sclerosed ganglion cells. The small, brilliant white dots are groups of large granular oil-corpuscles, situated in the layer of the outer and of the inner granules. Schweigger supposes that they originate in the connective tissue corpuscles. The redness of the optic disk is from capillary congestion, and perhaps also from the presence of new vessels. The apparent interruption of the vein is due to the intervention at those spots of a thicker layer of opaque retinal tissue between them and the observer. The white appearance of the arteries is caused by amyloid changes in their walls, with corresponding diminution of their calibre. The hemorrhages proceed from—*a*, the disturbed vis capillaris resulting from the morbid state of the blood produced by the kidney disease; *b*, an increased mechanical resistance to the free efflux of blood through the veins at the nerve-disk offered by the sclerosed connective tissue; *c*, and in some cases, hypertrophy of the left ventricle, which urges the blood more freely into the retina than it is able to escape from it. These are the morbid changes which cause the loss of sight. The sudden obscurations (distinguished from accidentally discovered pre-existing dimness) depend on hemorrhages, and their recession coincides with the removal of the extravasated blood. Some cases are susceptible of considerable improvement by treatment. That which I often follow consists in putting a leech to the temple once a week, and the internal