

his "habit to order from the third to one-half of a grain of the solid extract of belladonna, made into as small a pill as possible—this sized pill to be taken every four hours; to be continued till the toxical effects of the medicine manifest themselves, or till relief comes, which latter is generally the case long before the former are manifested."

*Amputation at the Knee-Joint.*—Dr. JOS. F. MONTGOMERY, of Sacramento, records (*Pacific Med. and Surg. Journ.*, Oct. 1870) a case in which he performed this operation in March, 1864. The resulting stump, he states, "is smooth and well covered with original or natural integument, as the edges of the cuts finally united closely and firmly, and it bears pressure well. The patient wears a plain wooden leg, with a socket, cushioned with prepared sponge, covered with soft leather, in which the stump fits—the weight of the body being borne upon it without causing abrasion or soreness, and with perfect comfort. A gum-elastic cushion, ingeniously fixed with a spring to the lower end of the leg, prevents any noise or jar in walking; and, with the aid of a cane, the patient walks rapidly and easily in attending to his business. The movements of the thigh are very free in every direction, as in the perfect limb—the muscles and their attachments, save the ligament of the patella, being intact. The patella itself is retracted on the front of the thigh about two and a half inches, where it is as movable laterally as it was in its natural position, the attachment at its lower end being firm and unyielding."

*Excision of Os Calcis.*—Dr. HUNTER MCGUIRE records (*Medical Times*, Oct. 1, 1870) two cases of caries of the os calcis in which he excised that bone. In both, the tendo Achillis, he says, "formed a new insertion, and acted in raising the heel. Probably it became attached to the dense callous fibrous or osseous tissue which filled up the cavity left after the removal of the bone."

*Failure of Vision, from Disease of the Retina, as a Symptom of Bright's Disease.*—Dr. JOHN GREEN, of St. Louis, reports (*St. Louis Medical and Surgical Journal*, July, 1870) four cases of Bright's disease, in which the changes in the retina as revealed by the ophthalmoscopic examination first aroused suspicion of renal trouble.

Dr. Green remarks that the one constant symptom of the amblyopia of Bright's disease "is failure of vision, which may be so slight as scarcely to attract notice, or so great as to incapacitate the patient from guiding himself. This may appear at any stage of the disease, and may increase and diminish or even almost entirely disappear after having reached nearly total blindness, while the fatal malady is steadily marching onward to its inevitable termination. It is absolutely painless in all its stages, and is marked by no external sign of inflammation. Occasionally, as in case 4, in an elderly person with otherwise normal eyes it is very liable to be mistaken for incipient cataract, on account of the general similarity of the subjective signs in the two affections. In case 1, the coexistence of serious head symptoms naturally suggested the diagnosis of amaurosis from cerebral disease. Cases 2 and 3 seemed to point to local lesions of the eye, in the one instance to commencing sympathetic ophthalmitis, and in the other to choroidal and retinal changes dependent on the distension of the eyeball incident to progressive myopia.

"The diagnosis of albuminuric retinitis by the ophthalmoscope is usually a matter of great simplicity. The principal source of possible mistake lies in the close resemblance which some cases of this disease bear to infiltration of the disk of the optic nerve and the retina immediately around it, occurring simultaneously in both eyes from obstructed venous circulation dependent on intracranial pressure from effusion, etc. Very recently, too, a case has been most carefully studied and reported by Dr. H. D. Noyes, of New York, in which the ophthalmoscopic appearances were absolutely identical with those which belong to albuminuric retinitis, but in which the disease was unmistakably not Bright's disease but *diabetes*." This case, taken in connection with the microscopical

<sup>1</sup> Transactions of the American Ophthalmological Society, Fifth Annual Meeting, 1868, p. 71.