

has previously been cut short. The prepared multiple strip in a single roll, after being dipped a few moments in water, is completely unrolled, its centre is then applied to the forehead well away from the eyes, the two ends are next carried along the sides of the head to the back of the neck where they cross—one end being carried under the neck first, then the other (pulley-extension being still kept up), they are drawn firmly enough to closely embrace the head and back of the neck; the ends are brought forward one on each side of the neck, where they again cross each other in front of the neck and sternum, and lastly the two ends are fastened by a plaster jacket. Before the multiple plaster strip is applied a flannel strip or long fold of lint is put on in the same way, and a little cotton-wool is put over the ears and in front of the neck. The flannel strip and subsequently the plaster strip are put over the adhesive plaster chin and occiput sling, the uncovered portions of which latter may be cut away when the plaster is set.

Again, understand that this jury-mast may be put on during suspension so long as an adhesive plaster sling is used. In cervical cases the use of pulley-extension in the horizontal posture some time before the head is fixed is preferable. In severe cases of cervical disease it would probably be admitted that suspension is inapplicable. Whether the pulley-extension be preliminary and prolonged, or temporary, the weight must not be more than that which can be borne with comfort.

CASE ILLUSTRATING THE

VALUE OF THE OPHTHALMOSCOPE IN THE INVESTIGATION AND TREATMENT OF DISEASES OF THE BRAIN.

By J. HUGHLINGS JACKSON, M.D., F.R.S.,

PHYSICIAN TO THE LONDON HOSPITAL, AND TO THE NATIONAL HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

I HAVE many times, since 1863, urged that very marked ophthalmoscopical changes may exist when sight is good. Under treatment this pathological condition may disappear, or leave but slight and doubtful traces, sight remaining good. I am tempted to illustrate these two dicta once more by facts from a very striking case. The statements to be made do not rest merely on the authority of a physician. The examinations were made, not by myself only, but by Mr. Couper, whose reports are given. The patient never had any defect of sight, and thus, unless his eyes had been examined by routine, a very striking pathological condition must have been missed. The patient had, besides, what looked like slight fits of epilepsy, and also headache and vomiting. I say nothing of the nature of the case beyond remarking that such a condition of the discs usually points to gross local cerebral disease. I make no predictions as to the patient's further progress. Unless I had examined with the ophthalmoscope I should have thought I had to do with an ordinary case of epilepsy; what I discovered led to different, or rather to additional, treatment. I only wish to show in this note that double optic neuritis may exist with good vision, and that it may pass off without impairing sight. I have seen and recorded cases like this before. This is not a case of recovery from amaurosis; the patient had a pathological condition without any attendant symptom; he had no amaurosis to recover from. In all cases I have seen the recovery from optic neuritis has been under the administration of iodide of potassium; in this case bromide was given too. Whether the neuritis would pass off were no drugs given is a question I cannot answer, nor am ever likely to be able to answer, as I should never fail to give the iodide in any case of optic neuritis; I would not risk its omission. My impression is that early recognition of neuritis would save many patients from blindness or defect of sight.

It is not meant to be implied that treatment by the iodide always causes disappearance of the changes of optic neuritis, and leaves sight good. I have now under my observation a young woman who was treated by iodide, and later by mercurial inunction, who has become blind, although her sight was good when the iodide was first employed. Nor do I wish to imply that when with optic neuritis there is defect

of sight, treatment is hopeless. I hope shortly to report the case of a woman recently under my care in the London Hospital who had become practically quite blind with neuritis, and who got good sight again after treatment by iodide of potassium and mercurial inunction.

Double optic neuritis without defect of sight; recovery under treatment.—Mr. B—, aged eighteen, was sent to me in June, 1879, by Mr. Baxter, of Cambridge, for slight epileptic seizures, the first of which occurred a year before. The patient looked well, but had headache and vomiting. There was no albumen in the urine. He could see well, but I discovered double optic neuritis. Mr. Couper saw him also, and reported as follows:—

"June 12th, 1879.—I find normal acuteness of vision for near and distant objects in F. K. B—'s eyes. There is also normal accommodation and field. At the same time there is well-marked double optic neuritis. The swelling, although not extreme, is yet sufficiently pronounced to admit of accurate optical measurement. It amounts in the right eye to an hypermetropia of $\frac{1}{16}$, and in the left to $\frac{1}{16}$: i.e., the macula being emmetropic, the highest part of the respective discs has H $\frac{1}{16}$ and $\frac{1}{16}$. There is further objective proof of the swelling in the high parallax between disc and adjoining retina, as seen by direct examination.

"There is a high degree of capillary engorgement in the nerve-substance of both discs, the visible small vessels being much increased in number. This condition, together with the oedema and some increase of the connective-tissue elements of the discs, wholly conceals the choroidal boundary in all directions. The course of the optic nerve fibre bundles in crossing over to the retina is visible as a fibrillar appearance at the margin of the swollen disc, and radial to its centre. The veins of the disc and adjoining retina are distended, prominent, and abnormally dark in colour. The sheaths both of arteries and veins are somewhat thickened, and are seen as greyish lines parallel to the vessels, or as thin fibres crossing the surface of the larger trunks. Excepting one minute doubtful patch on the right disc there are no hæmorrhages on either.

"The maculæ are normal with the exception of a very slight increase of grey colour in the retina immediately around the right fovea; this indicates a trace of cedema at that spot. But at neither macula is there a vestige of the corona of plaster white patches so often visible in renal disease.

"The state of the discs accurately corresponds to that often associated with brain mischief."

The patient took iodide and bromide, the former in doses of four grains, raised in July to six, up to his second visit to me in March, 1880, with but one week's omission. He was much better, but had had two "fainting fits"—slight epileptic seizures. To ordinary indirect examination the discs seemed normal. Let the reader carefully compare Mr. Couper's second report on March 24th, 1880, with that on June 12th, 1879. The patient's sight was good; he knew of nothing wrong with it, except during his "fainting fits," when he said he did not quite lose consciousness. There was no albumen in the urine. Mr. Couper reports as follows:—

"March 24th, 1880.—I re-examined yesterday, and found the translucency of both discs perfect. Their colour, although somewhat full, is within normal bounds. By direct examination, the redness of the left disc is seen to be somewhat patchy, and there is a little more projection of nerve substance than normal. Both these conditions are absent in the right disc. There are no thickened sheaths, except a trace in the case of one retinal vein on the left disc. The maculæ and their regions are healthy and free from greyness and cedema. Either his accommodation was unduly active, or a slight myopia has developed in the right. It requires -72 spherical to get $\frac{2}{3}$. Even the left got $\frac{2}{3}$ more easily with -72. The amount of myopia, even if real, is of no importance. It thus appears that a very satisfactory improvement has come in the discs and retinae."

THE JOHN HUNTER MEDAL.—This medal, of the value of fifty guineas, was executed by Wyon, and has on the obverse in bold relief a striking likeness of Hunter, with the simple inscription "John Hunter"; on the reverse is a shield, surrounded by a wreath of laurel, on which is inscribed the Collegial-triennial prize, awarded to Mr. George Arthur Woods, a member of the College, 1880. Dr. Woods obtained the Astley Cooper prize in 1877. No award of the triennial prize has been made since 1858.