

no change whatever in disc or vessels, and beyond a slight blurring of edge of disc due to slight retinal edema, fundus of each eye was normal. Vision was almost nil; he could see hand moved at twelve inches. Cornea was almost totally insensitive to touch with camel-hair pencil.

Treatment consisted in immediate confinement to bed in a darkened room. Three hot foot-baths were given during the night, and 20 grs. each of calomel and compound jalap powder in divided doses. He received  $\frac{1}{8}$  gr. pilocarpin muriate hypodermically twice during the night.

This treatment caused active diaphoresis and catharsis, and at 9 o'clock the next morning patient was able to count fingers with each eye at ten inches.

The pilocarpin was continued,  $\frac{1}{8}$  gr. hypodermically at intervals of six hours, and calomel in 1 gr. doses every two hours for the next two days, when the pilocarpin was discontinued and 20 gr. doses of potassium iodid supplanted the calomel, slight tenderness of the gums occurring.

Patient's vision continued to improve, and on the fifth day he was allowed to come to my office; vision in each eye was 20/30. At no time was there any change in the ophthalmoscopic picture. His field of vision could not be obtained when first seen, but in the second office-visit, the fifth day after his indiscretion, no scotoma nor narrowing of the field could be demonstrated. Pupils reacted strongly to light and accommodation. He could read J. No. 1 with an effort, and read No. 4 readily. He has 1 D. hypermetropia with which, corrected, vision in each eye = 20/20.

I have seen this patient from time to time since his acute attack of blindness and, having been thoroughly frightened, he has totally abstained from alcoholic stimulants. His ocular condition remains the same as above noted. I saw him last, March 27, and obtained from him a negative history in regard to syphilis. He uses tobacco in moderation, and before his sudden attack of blindness, was a periodic alcoholic, going on a spree about once every six weeks and which usually lasted three to four days.

I believe, with Thompson and Woods, that the lesion in these cases is an acute retrobulbar neuritis, and that it is of a toxic nature.

The sudden onset in an individual who had practiced alcoholic indiscretions periodically for a number of years without any evil effects to his eyes, and who then becomes suddenly blind after drinking an enormous quantity of an irritating essence containing volatile oils, resins, and a questionable form of alcohol, inclines me to believe in the toxic factor in producing the neuritis. This belief is further strengthened when prompt eliminative measures are followed by improvement and cure.

#### THE DOUCHE IN THE TREATMENT OF OPHTHALMIA NEONATORUM.\*

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On May 22, 1899, Dr. Fuller, of Bath, sent me an infant suffering from ophthalmia neonatorum. Dr. Fuller had been called in consultation to see the baby in Richmond and found it in such a critical condition that he advised having it taken to me at once. The baby was between two and three weeks old, and the disease had

developed into a critical condition. There was a profuse purulent discharge issuing from both eyes, and so much chemosis and swelling of the lids that it was difficult to make a satisfactory inspection of the cornea of either eye; it was finally determined that the cornea was involved and about to break down in each eye.

The mother was making a supreme effort to save the sight of the child, having recently left her bed to make the journey to Portland. She was delicate, exceedingly nervous, but intelligent and anxious to do anything to save some sight for the child. As she was nursing the child I assured her that it was absolutely essential for her to compose herself in order to give her baby the best chance for recovery. This she did in a heroic manner; cow's milk was given in addition to that of the mother's. On carefully considering the case it did not seem to me that continuing the ordinary methods of treating eyes in such cases would preserve much sight for the child; but it occurred to me that if the eyes could be thoroughly douched and all the secretions from the conjunctiva kept constantly washed away there would be some chance of saving sight. Acting on this suggestion I took a Davidson syringe, and with the No. 1 point I pressed it between the lids at the outer canthus and threw a stream of tepid water containing about 1 per cent. of boric acid until I had used a quart or more for each eye. The point of the syringe was always directed away from the eyeball and was gradually worked along the whole length of the retrotarsal fold so that the conjunctival sac was thoroughly washed out. The douching of the eye was repeated every half hour, night and day, for the first twenty-four hours; then less frequently and at the end of the fifth day the baby was opening its eyes and looking about the room. This was certainly a revelation to me and the nurses who were familiar with the usual methods of treatment, and had witnessed the rapid change.

The cornea cleared, recovery was complete and the mother went home with all the happiness that could come from such a rapid and unexpected result.

The same method of douching has been carried out on other cases in about the same critical condition with the same happy result.

In the first case cited a 2 per cent. solution of nitrate of silver was used from the first and the eyes were cleansed by irrigations, pipettes and absorbent cotton. When the child came under my care the 2 per cent. solution of nitrate of silver was continued daily, care being taken that it did not reach the cornea; cold packs were applied to the lids between the intervals of douching, and the nourishment of the child was given all the attention possible.

All authorities are agreed that cleanliness is of the highest importance, but I fail to find any mention of the douche to accomplish this result. The douching may be carried out by the use of the fountain syringe, but I prefer the syringe like that known as the Davidson where the force of the stream can be increased or diminished at will. For the purpose of accomplishing the douching, especially at the beginning of the practice, I have had the Davidson Rubber Company make me a hook-like point which has several openings at its end that may be attached to the syringe and used instead of the No. 1 point that comes with the syringe.

I believe that the douche properly carried out will be as efficient to check the disastrous course of those cases of purulent conjunctivitis which have arrived at the critical condition here described as Cr  d  's method is in preventing them from reaching this critical condition.

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