

it was a case of "*Filaria Oculi*," and sent word to the owner to that effect, and that an operation must be performed to remove it, before any improvement of sight could be expected. The operation was performed at Lachine. The horse was cast with the ropes on the near side, an assistant holding the head firmly down while another retracted the lids and kept the "*membrana nictitans*" from closing, by a pair of *tenaculum* forceps; with a broad-bladed lancet an opening was quickly made through the inner margin of the cornea, and at once the aqueous humor gushed out, bringing with it the worm. On examining the eye afterwards, the wound was hardly discoverable, the cornea still retaining its natural curvature. From this date the cornea gradually became clearer, but still some opacity remains, apparently implicating the lining membrane.

Professor Williams, of Edinburgh, states that worm in the eye is unknown in Great Britain, being frequently met with in India, and less frequently in Canada. I have not met with any other case than the one now reported, and know of but one similar case, which occurred in the practice of Mr. Smith of Toronto. With these exceptions the occurrence of *Filaria Oculi* is unknown in Canada, so far as I am aware. In India, where it is more frequently seen, it occurs after damp foggy weather and where there is much stagnant water, and it also occurs during the cold months, from the first of October to the end of February. The symptoms being the same as in the case cited; conjunctivitis, opacity of cornea, intolerance of light, &c.

Two kinds of worm have been found in the eye, the *Strongylus* and the *Filaria Oculi*. The latter was the variety obtained on this occasion. It was about three inches in length and about $\frac{1}{8}$ inch in diameter; of a whitish colour, and under the microscope presented an obtuse extremity with an opening in its centre, which was guarded by two papillæ, opposite each other. The alimentary canal commenced at the above opening, passing straight downwards became slightly convoluted in the middle and again straight, terminating at the end of tail, which latter was pointed and curved; a large sac or tube was observed in conjunction with the intestine, probably uterine in character, showing it to be a female. In what manner did the "*Filaria*" get into the anterior chamber? Most probably it was due to the animal having drunk impure water, as pure water is detrimental to their existence. It is asserted, however that impure water containing these creatures, can be taken into the stomach with impunity, the action of digestion destroying them. It may be

that the ova or some other undeveloped form of the parasite may have been taken into the stomach, finding its way into the blood-vessels and by them carried to its future habitat, there to become developed. As it has occurred in this country there is reason to believe that fresh cases may occur; as the ova or young *Filaria* no doubt exist in our stagnant waters, as in India, and thus ready under favorable circumstances to become developed. Soil and climate having a great deal to do with their propagation. In conclusion I would state that just previous to the operation, I was in doubt whether there were not two worms present, so extremely rapid were its movements. This doubt, however, was soon cleared up. Bleury Street, Feb. 18th, 1873.

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*Report on Medicine.** By JAMES CUMING, M.A., M.D.; Professor of Theory and Practice of Medicine, Queen's College, Belfast; Physician to the Belfast General Hospital.

[On Nutrient Enemata.]

It has often been a matter of no inconsiderable difficulty to practical physicians to select the best ingredients for nutritive injections. The cases, in which this method of administering nourishment is necessary, are usually of a very distressing character, and commonly end fatally; and it becomes a question of much importance how far the fatal termination can be said to be postponed by such means. In œsophageal cancer, in cases of poisoning by corrosive substances, and in some diseases of the stomach and primæ viæ, nourishment cannot be introduced or absorbed into the system by the usual channels, and in cases of gastric ulcer it is of great importance to give the stomach absolute rest for as long a period as possible; and accordingly attempts are commonly made under such circumstances to support the system by injections. The components of such injections recommended by Dr. Foster, of Birmingham, whose paper on the management of gastric ulcer is one of considerable value, are strong, unsalted beef-tea, milk, eggs beaten up with milk, with occasionally a little brandy and a few drops of laudanum. The value of an injection administered for the purpose of nutrition depends not only on the extent to which its constituents will be absorbed by the large intestine, but in a great measure also on the length of time which it can be retained. Substances,

* The author of this Report, anxious that every contribution to Pathology and Practical Medicine should be noticed, will be glad to receive any publication on these subjects. If sent to correspondents of the Journal they will be forwarded.