

left No. 3. Seven weeks later the menses reappeared, and the sight gradually became normal. Many cases similar in general outline to this one have been recorded. In almost all vision returned with the reestablishment of the menstrual flow, but in a percentage of the cases the blindness became permanent. A more common and serious class of cases is that which is characterized by intraocular hæmorrhages. These are sometimes accompanied by epistaxis, hæmoptysis or hæmatæmesis. These hæmorrhages may take place into the optic nerve, or its sheath, into the retina, or more commonly into the vitreous. A flush of red and then darkness is their story. The fundus is found to give no reflex or a dark one only. The treatment of these cases should be cupping or leeching the temples and the hypodermic administration of pilocarpine as described by me in the *American Journal of Ophthalmology*.^{*} Optic neuritis and retrobulbar neuritis are occasionally met with. Leber† has written very fully of these. I would refer you to his writings for a detailed account.

A very striking case of retrobulbar neuritis is recorded by Franz Stocker.‡ A lady aged twenty-eight menstruated regularly every four weeks. In the previous year she began to suffer from anæmia. On the 8th of April, 1889, her menses should have appeared but did not do so. On the following morning on awaking she observed a marked limitation of the lower half of the field. During the day the sight grew gradually dimmer, and by night she was quite blind. An examination showed a dilated and sluggish pupil, but the ophthalmoscopic result was negative. Three days later the papilla began to swell. Its margins were hazy, the veins enlarged and tortuous. After the next menstruation the fundus-picture did not alter, but after the second period, seven weeks from the attack, the sight began to return, and she could with some difficulty count fingers. By the 1st September, vision was almost restored, energetic treatment tending to the restoration of the menstrual function having been used in the interval.

In conclusion, I think I may fairly claim to have

established, with the aid of the authorities quoted, the close relationship which exists between eye and menstrual disorders, especially amenorrhœa. I hope on some future occasion to consider the relationship which exists between other diseases of the female generative organs and the ocular apparatus.

APPENDICITIS.*

BY DR. H. P. WRIGHT, OTTAWA.

Case I.—J. M., taken ill on a certain Sunday suddenly with acute abdominal pains, which, notwithstanding warm applications and opium, increased, and that night was diagnosed as *acute appendicitis without tumour*, by the attending physician, Dr. Garrow. As far as I can recollect, a few hours after the first onset of the pain, it became localized in the iliac region, and remained there with the usual subjective symptoms of rapid small pulse,—slightly elevated temperature,—anxious facial expression, and constipation till Tuesday morning, when the pain and tenderness became more general, associated with tympanites, and a pinched condition of the features. On Tuesday night I saw him with Doctors Garrow and Henderson, and found marked tympanites, pain and tenderness over both flanks, with deep dullness on percussion, particularly in the right iliac region. Pulse small and wiry, facial expression bad. The diagnosis was acute perforating appendicitis with general peritonitis, and it was decided to operate early on the following morning. Willard Parker's operation was adopted; a curved incision was made over the site of greatest dullness, about an inch above the middle of Porpart's ligament. The division of the deep tissues was followed by a gush of stinking pus. The appendix inflamed, thickened and adherent was tied and removed. Peritoneum was adherent at different points to intestines which, on separation, was found to pocket pus, an accumulation being found even on the opposite side. The abdominal cavity was well washed out with boiled water, a double drainage tube inserted, and the wound packed and brought together. Death occurred in about twelve hours.

Probably in this case perforation occurred on

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†Handbuch des gesanten Augnheil kunde Graefen, Sæmisch.

‡Cohn, loc. cit., page 113.

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