

TREATMENT OF SYMPATHETIC OPHTHALMIA.

(Translated from the Paris Medical.)

Dr. Boucheron read a paper before the Society of Biology [!] in Jan., 1876, in which he proposes to replace enucleation of the globe of the eye, by section of the ciliary and optic nerves at the back of the eye. Here is his method:—

Between the external and superior rectus muscles at a centimetre (about $4\frac{1}{2}$ lines) from the corner, he divides the conjunctiva and Tenon's capsule and, with a pair of curved scissors, penetrates between the capsule and the eye. Then drawing forward the globe of the eye, seized near the corner by strong clawed forceps, he stretches the optic nerve, which feels a rigid cord beneath the scissors. The optic is divided and likewise the ciliary nerves and arteries, by means of slight touches of the scissors. A little hæmorrhage is produced, but is easily arrested by gentle compression of the eye.

When the section of the optic and ciliary nerves is achieved, he enlarges the opening in the capsule, and, by the aid of a second pair of clawed forceps, seizes the sclerotic in the posterior hemisphere in front, and this brings to view the section of the optic nerve. Any of the ciliary nerves which escaped section can now be easily divided, as they form a circle around the optic nerve.

He avoids severing the insertion of the recti muscles, in order to spare the anterior ciliary arteries, twigs of the muscular arteries, which again are given off from the ophthalmic. There is thus no hindrance to the establishment of the circulation in the eye by the anterior vascular system. And, moreover, in sparing the recti muscles, the eye retains its position and normal movements.

Indications for the operation. This operation can be substituted for enucleation in all cases, at least when suppuration of the eye is not certain. But above all, the great advantage of this operation is the power of applying it in a preventive manner. The International Ophthalmological Congress of 1872 has accepted its principle, that the enucleation of a wounded eye ought to be performed immediately, if we wish to avoid attacks, often irremediable, of Sympathetic Ophthalmia. This radical and terrible means has not entered into general use.

"We hope (says Dr. Boucheron) that this operation, so simple, so inoffensive, and so conservative, which we propose, will in many cases render important services, both to the sufferer and to the practitioner." Assuredly the operation proposed by Dr. Boucheron appears preferable to enucleation of the eye if the results are considered, but is our *confrère* certain he can stop sympathetic ophthalmia by these means? We would have liked to find in this communication, either observations or experiences which would prove that the section of these nerves would suffice to stop the propagation of sympathetic ophthalmia. If the eye continues to be nourished by these anterior ciliary arteries, it is probable that they carry to the globe of the eye filaments from the great sympathetic.

ON THE MOVEMENTS OF THE BRAIN.

Extract from M. Salathes' paper, read before the Academy of Sciences, Paris, June, 1876.

(Translated from the Paris Medical.)

Having trephined in the skull of the animal an aperture of two centimetres in diameter, he applies to the opening thus obtained, a tube of glass of the same diameter, the lower part of which is held in place by means of a little fixture of brass furnished with a screw. This tube is closed above by a stopper of caoutchouc, traversed by a small glass pipe which terminates in a little piece of caoutchouc tubing, communicating with a lever drum. Liquid is poured into this apparatus in such a manner that its level corresponds to the middle part of the smaller glass tube. In this way the finest oscillations of the liquid are seen by means of the indicator of the drum, which marks them on a registering cylinder, on which he can note at the same time the tracing of the respiration or of the heart.

(1) The oscillations of the liquid as regards respiration, feeble and sometimes absent in calm breathing, become very pronounced during violent efforts, shouting, etc. (2) The respiratory oscillations observed simultaneously at the skull and at the spine, are synchronous. (3) Artificial respiration reverses the order of the oscillations, the liquid rising in respiration and falling in expiration. (4) The oscillations depending on the cardiac systole, which can be in