

express the trachomatous material from the conjunctiva with Knapp's roller forceps—after instillation of cocaine. The boric acid was continued, but in addition the conjunctiva was lightly painted with a solution of nitrate of silver gr. xxx. ad \bar{z} i. I might remark, in passing, that in my opinion five and ten grain solutions of nitrate of silver are useless in these cases. At the end of two weeks this man was able to go home in a very much improved state. The treatment given for home use was—Boric acid solution, hot, every morning, and the following oxide at night :

R Hydrg ox. flav. gr. iv.
 Zinci oxide gr. ii.
 Thymol m. ii.
 Camphor gr. $\frac{1}{2}$.
 Cocaine mur. gr. ii.
 Vaseline. \bar{z} i.

Rub up thoroughly. This is a very useful combination, and is a great improvement on the old so-called "plasma." Mild astringent washes are useful after the acute stage has passed. The best substance for this purpose I believe to be iodide of zinc, gr. v. ad \bar{z} i. It is inadvisable to use astringents when the eye is acutely or sub-acutely inflamed : heat and emollients are then indicated. Fluid extract of belladonna \bar{z} i. ad Ogr. aq. fervent, is most soothing. Don't use atropine. It tends to aggravate the granular process in many cases. Cocaine is almost indispensable in the treatment of acute and sub-acute granular ophthalmia. It should always be instilled before using the nitrate of silver. It can also be used to allay pain. It has a marked influence on the granulations, rendering them almost ex-sanguine and more readily acted on by astringents. Don't put it in the patient's hands. He will certainly use it to excess, and, as well known, such use promotes rather than retards the downward progress of these cases.

In using solutions of nitrate of silver, wash off the excess with plain warm water. Don't use salt and water ; there is always more reacton after its use.

(To be continued.)

A sentence of two and a half years confinement in a fortress has been passed upon a German medical student for killing a physician in a duel.

A CASE OF TOXIC AMBLYOPIA, WITH REMARKS.

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 ED., ETC.

Mr. President and Gentlemen,—I have much pleasure in presenting to your notice the case of the patient before you, kindly referred to me by Dr. Prevost just one month ago, on account of gradually failing vision in both eyes for several months past, the onset of which was so insidious that he is unable to say definitely when it commenced. For three months he has been unable to read or write, or to follow his avocation of parliamentary translator.

He is fifty-five years of age, of swarthy complexion, with no special diathetical bent : and as far as his feelings go, and as near as can be judged, excepting a general muscular tremor, is otherwise in good health and possesses more than average vigour of mind and body. He has never had any previous eye trouble, and comes of a long-lived family, having good vision. He has no pain or local discomfort, but complains that objects appear as in a fog, and that he is growing blind.

He sees better in a dull than in a bright light, better morning and evening than in the middle of the day.

On external examination his eyes present nothing unusual, excepting that the pupils are slightly dilated and the conjunctivæ are somewhat dark and muddy, as is sometimes seen after excessive use of nitrate of silver drops—which he has not been using, however. The pupillary reflexes, both to light and convergence, are normal.

His vision equals $\frac{20}{60}$ ($\frac{10}{60}$) in the right for distance, and for near work, Jæger 19 at 20 cent., while in his left, his better eye, $\frac{4}{60}$ ($\frac{14}{60}$) and Jæger 10 at 20 cent.

Glasses do not improve vision. The ophthalmoscope showed marked pallor of the temporal sides of both discs. There was not any visible atrophy of the discs or other apparent changes in the fundus of either eye. That the pupillary reflexes were active, I would recall to your attention as the absence of another reflex, which, taken with the

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