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Original Communications.

GRANULAR OPHTHALMIA WITH PANNUS, TREATED BY INOCULATION.

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Notwithstanding the great advances made in Ophthalmology within the last half century, one of the commonest and most easily recognized diseases of the eye still remains a real opprobrium to the healing art.

Essentially chronic in its nature, granular ophthalmia at best runs a tedious and protracted course, but when corneal complications arise, and more especially when the condition known as trachomalous pannus, has become developed, the chances are the sufferer will become weary of himself, of the disease, and of his medical adviser, long before he reaches the end of his troubles. Although nature, perhaps assisted by art, may still, sometimes, achieve a final, though tardy victory, there remains a no inconsiderable proportion of these cases that bid defiance both to nature and to all the resources of the pharmacopœia.

These are the cases that come to the specialist, often in a state of blank despair, and with the sorrowful record of having been everywhere and tried everything without obtaining relief. Desponding and dejected to the last degree, they are willing to submit to any plan of treatment that holds out a reasonable hope of cure. For them a desperate remedy has no terror and they cheerfully take the chance, though the odds are represented as being strongly against success.

Fortunately there is one remedy that rarely fails when judiciously used, to effect a complete and permanent cure of this distressing condition, and the worst cases are, with the exceptions presently to be mentioned, the most suitable for its application. As a general rule it may be said the more complete and the longer the duration of the pannus, the better the results obtained by inoculation.

I have twice seen a moderate degree of pannus cured in both eyes by the unintentional auto-inoculation from gonorrhœal virus in consequence of the filthy practice, so common among the lowest classes, of using urine as a wash for sore eyes; probably some such observation first led to the employment of the mode of treatment known as inoculation.

It has been said that every case of granular ophthalmia might be treated and cured by inoculation, if some efficient means could be found to protect the cornea from the destructive effects of the resulting purulent ophthalmia, a desideratum not yet obtained and probably not attainable.

Inoculation then for the cure of granular ophthalmia is only justifiable when all the ordinary remedies have failed and when the cornea is completely covered with blood-vessels. If the latter are but thinly scattered over the surface, or if any part of the cornea is clear the danger is considerable but if so dense as to hide the colour of the iris and pupil, the procedure is a safe and certain cure excepting in feeble and strumous subjects or where the general health is very much deteriorated. Under these circumstances, I believe the resulting purulent ophthalmia is more likely to be of a virulent type and the resisting powers of the