

of carrying out strictly antiseptic treatment in ordinary eye operations, seem to be almost insurmountable. The eye is, however, sponged with antiseptic solutions before and after operations, and caution is used to prevent the infection of wounds from blenorrhœa of the lachrymal sac, the discharges from trachoma, &c., and where atropine or eserine is used continuously for some time, it is considered advisable that these salts (which, by-the-way, should be quite neutral) should be dissolved in a two or three per cent. solution of boracic acid. Boracic acid solutions are also used in cases where there is purulent discharge.

Among the new remedies recently introduced into ophthalmic practice, duboisia and homatropine dilate the pupil, while eserine and pilocarpine contract it. Duboisia can be substituted for atropine in the exceptional cases where the latter is found to irritate the conjunctiva. Atropine is the most reliable for dilating the pupil in plastic iritis. It also acts as an anodyne to the sensitive nerves of the iris and cornea. But it is contra-indicated where there is a tendency to glaucomatous complications,—or in serous iritis, on account of its tendency to increase intraocular tension; in the latter case, homatropine is substituted for the atropine.

In cases where it is simply desirable to dilate the pupil temporarily, as, for instance, for an ophthalmoscopic examination, homatropine, used in a weak solution, will dilate the pupil without paralyzing the accommodation, and its effect upon the pupil is more transitory than that of atropine. Used in stronger solutions, say 5 or 6 grains to the ounce, homatropine will paralyze the accommodation, and the paralysis is not nearly so persistent as it is after using atropine solutions. This is an advantage in favour of homatropine in treating anomalies of refraction.

Eserine is used both for contracting the pupil and relieving intraocular tension. It is a valuable adjunct in the treatment of glaucoma, and in some cases may alone ward off an inflammatory attack. By relieving intraocular pressure, it is a valuable remedy in suppurative and ulcerative diseases of the cornea.

Pilocarpine is not so powerful a myotic as

eserine, and is not much used as a local application. Used hypodermically, however, in $\frac{1}{4}$ or $\frac{1}{3}$ grain doses, it acts beneficially upon scleral and episcleral disease, and is recommended for sub-retinal effusion and opacities of the vitreous.

Pagenstecher thinks massage occupies a very important place in ocular therapeutics. He uses either circular or radial friction of the eye with the finger against the closed lid, making very light and rapid motion. It is recommended in old corneal opacities, in pustular conjunctivitis, in scleritis and episcleritis. Pagenstecher prefers combining the massage with the use of the oxide of mercury ointment, but claims very satisfactory results from the massage alone.

The interest now taken in ophthalmology is quite remarkable. An International Ophthalmological Association, which meets every four years, was established about 12 years ago, and many vigorous local societies are now in operation. The American Ophthalmological Society numbers over 75 active members, and quite a large volume of transactions is published annually. There are now over one dozen journals devoted either exclusively or very specially to the advancement of this department of medical science. But, as we sometimes say, "It never rains but it pours." During the past 12 months four treatises on diseases of the eye were issued by the American press alone—one written by Dr. Noyes, of New York, one by Dr. Williams, of Boston, one by Dr. Schell, of Philadelphia, and one by Dr. Mittendorf, of New York.

FRACTURES OF PELVIS AND SPINE.

REPORTED BY MR. C. M. FOSTER.

(Under the care of Dr. A. H. Wright, Toronto General Hospital.)

Susan K——, æt 20, a domestic.

August 30th, '82.—While washing a window in an upper story fell 15 feet to ground, lighting on feet, and then falling on back. Was unable to move.

August 31st.—Was brought into hospital 24 hours after receiving the injury; lay on back; disliked to be moved; countenance anxious;