

Feb. 15th. Examined at office. Media clear. Vision was $\frac{20}{40}$: of the uninjured eye, $\frac{20}{30}$.

A week later, vision was $\frac{20}{30}$; and it has remained at this to the present time. The pupil of the injured eye is now slightly larger than that of the other, and this with the difference in vision is all that is left of a very serious lesion.

The points of special interest in this case are, the rapid resorption of the first hæmorrhage into the vitreous; the secondary hæmorrhage twenty-four hours after the injury; the complete clearing up of the anterior chamber, and of the vitreous for the second time; and the absence of late complications, the final condition of the eye being practically normal.

The second case, which was under treatment at the same time, is reported for the sake of contrast.

W. S. L., aet. 41, hotel-keeper, came to my office on Feb. 13th, 1896, with the following history: On Feb. 9th, he was struck over the left eye with the edge of the base of a lantern which was swung with great force from above downwards. As he was drinking at the time no attention was paid to the eye, tho' he stated that he knew from the time he was struck that he could see nothing with that eye. On the morning of the 13th he found the vision of the right eye also blurred, and became alarmed. He consulted me that day. On examination of the left eye there was very little ciliary injection; the pupil was semi-dilated and responded feebly. With the ophthalmoscope no red reflex was obtained. With oblique illumination a dark mass of blood clot could be seen in the vitreous chamber. No perception of light. He was at once put under treatment. For the three days following he was difficult to manage, being threatened with delirium tremens. Vigorous means were employed to promote resorption for one month but without effect. A wet cup was applied to the temple twice, about two ounces of blood being drawn each time. Saline cathartics and alteratives were administered. Pilocarpine was used hypodermically. Hot boracic compresses were constantly applied for two weeks. At the end of the month there was no practical difference in the condition of the eye. To the extreme temporal side there was perception of light. With oblique illumination the mass of blood-clot in the vitreous was contracted as compared with its first appearance, but no red reflex appeared in any portion of the field. The eye is in the same condition at the present day.

Such is the more common course and termination of these cases. The excellent result in the first case is not to be explained merely by the youth of the patient, but by a power of repair, the ultimate elements of which it is impossible to determine.

THE VALUE OF FLUORESCIN.

In the diagnosis of corneal abrasions and ulcers nothing can equal