

I now submitted her to another examination with the ophthalmoscope. This time, also, in company with Dr. Hingston, and in the presence of two other medical gentlemen, who happened to be present, and before whom she displayed her ability to read the types above mentioned. The pupil is still but imperfectly dilatable, becoming distorted and ragged under atropine. The opacity in the left eye appears to be diminished around the edges, and by holding a hand a little to the left and in front of the eye, she could then make out the number of fingers extended. The relative size of the opacity allows a considerable quantity of light to enter the eye, and she can, by looking in certain directions, recognise the presence of objects. This eye has, otherwise, a very healthy appearance, and is free from pain. The right eye now contains no opacity. The cloud of a smoky colour no more intercepts the vision, and, although the iris remains undilatable in this eye also, the retina can now be brought into full view, the different *media* of the eye appearing quite clear. The retina, or so much of it as can be seen, has a very pale and anemic appearance, and is marked by three pigmentary deposits. The optic disc can be made out with some difficulty, but not in its free circumference. There is also, an apparent slight depression near the optic papilla.

The foregoing is a hasty *resumé* of the case up to the present time, when the sight in the right eye may fairly be claimed to be in a great measure restored. The sight, however, is not so good but that it admits very much farther improvement; and, with that end in view, I purpose a continuance, at intervals of a month or two at a time, of the hypodermic injections.

Dr. F. W. CAMPBELL said that in the October number of the *American Journal of the Medical Sciences* there was a very interesting paper on the employment of strychnia in ophthalmic diseases, from the pen of Dr. Chisholm, of the Baltimore Eye and Ear Institute. Dr. Chisholm began with the 1-60th of a grain, slowly increasing till the 1-30th was reached, but only injected a small quantity of fluid,—say, about three minims. It had been found useful in hemeralopia, muscular asthanopia, amblyopia, tobacco amaurosis, progressive nerve atrophy; and one case of acute glaucoma, in which prompt relief followed its use, had come to the knowledge of Dr. Chisholm.

Dr. TRENHOLME said no reference had been made in the paper to the degree of tension in the eye at the beginning of the treatment.

The PRESIDENT concurred in this remark, and requested Dr. Bessey to state what condition he found the eyes in, in that respect.

Dr. BESSEY observed that the tension in both eyes was increased, and greater in the left than in the right; the former contained the cataract. Both were retracted, or, as it were, shrunken deeper in the sockets. These conditions gradually seemed to disappear as the treatment went on.

Dr. HINGSTON remarked that as Dr. Bessey had referred to him among others, he would state he barely remembered the woman's case. She had, it is true, been an old patient of his, and he remembered her applying to him some years since for advice respecting the eye containing the cataract, for which he could afford her no relief, seeing there was anterior synechia. The other eye was then in good condition. The case was one of considerable interest to him, from its history. Dr. Bessey had asked him to join him in making an examination with the ophthalmoscope. At first the opacity in the right eye, wherever seated, quite prevented a view of the retina. He considered its situation to be the hyaloid membrane. The adhesions of the iris were such as to prevent dilatation. The last time he had examined the eye with Dr. Bessey he found this opacity entirely gone. The retina was quite pale and anemic; indeed, he had never seen a retina so pale. A very interesting point in the case was, the important practical fact that she was once blind but now she could see.

[The patient was now brought into the room and a copy of Jæger's test types put into her hands, of which she proved herself able to read readily and correctly No. 15.]

Dr. BESSEY stated that the previous week, before using atropine with a view to an examination of the eye with the ophthalmoscope, she had read No. 14 of Jægar's types, and with some little hesitation could spell No. 12. But since then she complained that her eyesight had not been quite *so clear*. This, however, was only temporary, and was always the effect of atropine when introduced into her eyes.

[Her eyes were then subjected to an ophthalmoscopic examination by the members present. Dr. Bessey remarked that as the pupil was but slightly influenced by the action of atropine, he had not, at the patient's solicitation, introduced any before bringing the patient before the meeting.]

Dr. BULL enquired whether the introduction of atropine affected her vision as regarded large objects—as houses, etc.—or only affected her power of accommodation in reading. [She replied she could not see large objects as well after as before atropine was

* A pair of Messrs. Lazarus, Morris & Co's. perfected lenses.