

upon his back, and to have a pledget of lint wet with cold water laid upon his eye-lids. My object in having him kept upon his back was to prevent, as much as possible, the escape of the aqueous humour, and give that part of the wound of the cornea, through which it was trickling, the best possible chance of healing. This treatment was continued for two days, during which time his bowels had been kept moderately loose with saline purgatives, and nausea maintained by minute doses of tartar-emetic. On the third morning I examined the eye again, and found that the wound in the cornea was perfectly healed, the chambers of the eye filled with aqueous humour, and the general inflammation much abated; but I found three distinct bands of lymph reaching from the pupillary edge of the iris across the anterior chamber of the eye to the wound in the cornea. I also observed bands of lymph between the posterior surface of the iris and the capsule of the lens. The appearance now presented by the strangulated portion of the iris, in consequence of the chambers of the eye being distended with the aqueous humour, was as if a black thread traversed the anterior chamber of the eye, reaching from the internal and inferior angle of the pupillary edge of the iris to the cicatrix in the cornea, a little inferior to its centre. The shape of this band was that of two triangles, their apices meeting in the centre of the anterior chamber of the eye, the base of one triangle at the cornea, and that of the other at the iris.

My object now was to get the boy as quickly as possible under the influence of mercury. I discontinued the purgatives and tartar emetic, and gave him one grain doses of calomel every eight hours, keeping at the same time the belladonna smeared round the orbit.

After having taken nine grains, I could perceive the mercurial fœtor on his breath; the inflammation of the eye was then much diminished, but none of the lymph was absorbed. For a fortnight from this I made him attend me every morning, when I dropped upon the conjunctiva a large drop of the four grain solution of atropine, making him take every night during that time half a grain of calomel, and continuing belladonna round the orbit. At the end of this time the inflammation had disappeared, and the bands of lymph in the anterior chamber of the eye were all absorbed; the cicatrix in the cornea was strong, and the lymph which was along its edge had all disappeared. But still there was the cataract; and the adhesions which had taken place between the capsule of the lens and iris yet remained. Still continuing daily the use of the atropine and belladonna, and substituting for the calomel the ioduretted iodide of potassium, in the course of a fortnight the boy presented himself declaring that he could see much better; and on examining the eye I found the pupil well dilated, with the exception of that part which was strangulated in the cornea; the adhesions had not given way, but the capsule of the lens was lacerated, and the lens itself lying in its natural position exposed to the action of the aqueous humour. My treatment was continued, his sight daily improved, gradual absorption of the lens went on, although no portion of it was displaced; and in five weeks from the day the capsule was torn, not a particle of lens was discernable, and the boy's sight was perfectly restored, with the exception, that when he looked towards his nose, he said that "something like a hair went across his sight." I had some intention of putting in a sharp edged cataract