

trachoma or a granular condition due to a micrococcus, discovered by Sattler.

The treatment was chiefly local, an alterative being also given; generally, the eye was rendered anæsthetic by 10 per cent. Hcl. cocaine on a pledget of absorbent cotton, placed beneath upper lid three minutes before using Troy's forceps for stripping the granulations off the everted lid. This treatment, supplemented by cupri. sulph. stick, followed by hot boracic acid lotions applied by himself, after his return home from my surgery, under which he steadily improved to recovery, which was reached on October 18th, that is, in little less than a month after coming under the treatment. The cornea had become quite clear, and vision = $\frac{6}{6}$, or normal.

He presented himself two weeks after, when there had been no relapse. I shall not here say anything of trachoma, of its treatment by massage and boracic acid, which is a recent method or jequirity, or what not, but simply state that this disease was due to the state of the lid, and that treatment of it alone proved the correctness of this belief. This condition in trachoma, I have since learned by reference to my text books, is, in Europe, a well recognized disease, of which there are three grades described: pannus tenuis, pannus crassus, pannus sarcomatosa, when it was very thick and flesh like, as was the case I have endeavored to describe. The inflammation is said to take place between the epithelium and the cornea, and the anti-elastic layer. It may be complicated by ulceration of the cornea, and perforation of its deeper layers and bulging or staphyloma of the cornea, or it may render it opaque

A BLOW ON THE EYE IMMEDIATELY FOLLOWED BY LOSS OF VISION, AND A FEW WEEKS LATER BY OPTIC ATROPHY.

Mrs. W., a healthy woman, aged 60 years, kindly referred to me by Dr. Small, on account of sudden and complete loss of vision of her right eye, presented herself to me on March 7th. Two weeks previously she received a sharp blow upon the right eye with a rubber shoe held in the hand, when her sight, which had in this eye been previously good, was totally extinguished.

There was much chemosis beneath the orbital

conjunctiva, particularly its upper and inner parts. Pupil normal in size and shape; reflex to light not wholly lost. (Concensual contraction very marked), that is, contraction in the wounded eye after shading and uncovering opposite eye, excessive, showing that the optic nerve of the sound eye carried the impulse of light to the reflex centre of the injured eye—upholding the theory of the decussation of the optico-pupillary fibres. Vision *nil*—not even perception of light.

Ophthalmic Examination—Media perfectly clear, hyperæmia of fundus generally, optic neuritis, upper and lower margins of disc obliterated, vertical vessels blurred, no rupture of choroid, no detachment of retina nor hæmorrhage. Fundus of left eye normal, vision = $\frac{6}{4}$. To bathe frequently with warm acidi boracici lotion.

March 9th.—Two days later, no perceptible change in external condition of the eye, nor fundus; no perception of light.

R—Ung. hyd. nit. to temple.

Pot. Iod., gr. x.—ter die.

March 11th.—External extravasation absorbing; blurring of margins of disc lessened; fundus looks less red; optic disc paling; margins still ill-defined; stippling of lamina cribrosa; beginning optic atrophy.

April 8th.—Six weeks after injury; margins of optic disc clearly defined; atrophy clearly visible and increased; retinal arteries lessened in size.

April 24th.—Atrophy increased.

Prognosis was at first hopeful for the return of vision, as there was no gross lesion found in fundus. Hæmorrhage may have taken place in the choroid, which time would absorb (though likely to leave atrophies).

But after the lapse of several weeks, the superficial chemosis clearing, and also the optic neuritis, without any return of vision, and the supervention of optic atrophy, a prognosis consistent with these observations demanded a reversal of the former hopeful prognosis.

The probable cause of the sudden and complete loss of vision was injury to the optic nerve, involving its structural integrity, followed by atrophy at its periphery, or, possibly, hæmorrhage within its sheath, causing subsequent wasting.

HERNIA OF THE LACHRYMAL GLAND.

I was called to the case I am about briefly to