was plainly visible. Irides perfectly motionless —phosphenes present in a slight degree.

June 26th—Operated on the right eye by the upper section, and extracted the lens without difficulty. The vitreous appeared to be very thin and watery, and with its investing membrane followed the lens and bulged slightly through the opening in the cornea, although little or no pressure was made on the ball. By closing the lids, and gently rubbing the upper over the cornea, it was immediately returned. On again raising the lids, the edges of the wound in the cornea were found to be in exact apposition, and the eye looked perfectly clear. The lids were brought together and a bandage applied.

June 27th—I was sent for to see the patient. He stated that a few minutes before sending for me, or about 20 hours after the operation, he noticed something trickling down the right side of the face,—on calling some of his family they found the bandage covering the eye saturated with blood. Complained of a good deal of dull aching pain in the eye and forehead. Ice was immediately applied, which succeeded in arresting the hemorrhage. Extract belladonna was brushed over the right eyebrow.

June 28th—Passed a comfortable night; has had no return of the bleeding, and the pain in the head and eye has ceased.

July 3rd—Has had no pain since the 28th. Bandages removed and lids opened, but there is no vision—the ball of the eye is completely filled with blood.

July 10th—Suppuration has taken place. To-day the cornea gave way and the pus escaped,—as a consequence there is complete collapse of the eye. The general health is tolerably good, and no pain is experienced in the eye or head.

The hemorrhage in this case was undoubtedly the cause of the non-success of the operation. From the time which elapsed before the bleeding made its appearance, I felt satisfied that it was caused by the giving way of a vessel in the fundus of the eye. Had it proceeded from the iris, it would have been noticed immediately after the operation.

B. M———, 38, residence Lunenburg Co., states that some years ago he was struck in the right eye with a piece of a percussion cap, and that the inflammation which followed completely destroyed that organ. Since that time he has noticed that the sight of the left eye was steadily leaving him.

He consulted me in April of this year. On examination a cataract was plainly seen; vision was very imperfect, very large objects could be discerned, but only when placed at a distance of three or four inches from the eye; the pupil was greatly dilated, allowing rays of light to pass on either side of the lens, which appeared to be smaller than usual.

April 23rd—The operation was performed by the lower section, and the lens extracted without difficulty. A few drops of solution of atropine were applied to the eye, the lids closed and a bandage applied.

April 28th—Bandage removed and the lids opened. Vision was found to be very good. Bandage re-applied.

May 6th—Bandage removed and a shade substituted. In a darkened room he can distinguish objects very well without pain or inconvenience, but when light is admitted he is compelled to close the lids, as it causes him intense suffering. Ordered to be kept in a darkened room and to take Tinct. Ferri mur. gtt. XV. in water three times daily.

May 20th—Has been kept constantly in a darkened room since the 6th. He can now bear the light without inconvenience. Vision is very good, he being able to read small print with the aid of glasses.

In the first case the patient was exceedingly nervous and the eye very sensitive to the touch, and in consequence of this it was found necessary to administer chloroform. In the subsequent operations chloroform was not used, and no inconvenience was experienced, the patients complaining but little of the pain of the operation, and feeling much better afterwards than if it had been administered.

ON SOME FORMS OF FUNCTIONAL HEART DISEASE.

BY J SOMERS, M. D.,
PHYSICIAN TO HALIFAX DISPENSARY.

(Continued.)

The pathology of these cases of heart affection is somewhat obscure. Dr. Hartshorne of Philadelphia, from his experience among the U. S. troops during the late war, arrives at the conclusion that they are owing to altered nutrition of the muscular structure of the heart, this organ being weakened from having been called upon to supply the demands of the body, when overtaxed by depressing causes. Soldiers suffering the privations consequent upon a long campaign were very liable to be so affected. I can verify this latter statement from my own experience during a short term of service in one of the U. S. Army Hospitals, in the Department of the East. I can now recollect having met with many cases of functional heart affection of an anomalous character among the troops which returned from the peninsula after the fall of Petersburg, but not