TWO CASES OF INTRAOCULAR HÆMORRHAGE.

"BLOOD occurring in the vitreous always requires a long time for its complete resorption; and if much blood has been extravasated, opacities of the vitreous of considerable size always remain and cause great impairment of vision."

This statement taken from one of the best text-books of the day, namely: Fuch's "Diseases of the Eye" (p. 222), is of sufficient authority to warrant the publication of the following case, which forms a satisfactory exception to the usual result.

Master W. H., aet. 17, was struck in the eye with the end of a hockey stick, about 9 p.m., Jan. 30th, 1896. He noticed at once that he could see nothing with the eye. On examination at the Hospital half an hour afterwards, the eyelids were found uninjured; there was a small superficial abrasion on the surface of the cornea; the pupil was semi-dilated and responded but slightly to light. With the ophthalmoscope there was no red reflex, the vitreous evidently being suffused with blood. There was only perception of light. He was at once put to bed and cold compresses applied to the eye. A tabloid of Atropine, 1-200, was placed in the sac, and a solution of cocaine, gr. iv, to half an ounce of a 1 to 500 solution of Tr. kresol prescribed, to be used every two hours during the night for the superficial lesion. At midnight he vomited. During the rest of the night he was quiet and without pain. At nine the following morning the fundus was visible, the vitreous being transparent. The pupil was widely dilated and the corneal abrasion better, no chemosis nor oedema of the lids. The cold compresses were continued and the recumbent position maintained thro' the day. At 7 p.m. the same conditions of the ocular media were present. During the night he became restless and complained of dull pain in the eye and supraorbital region. At 9 a.m., Feb. 1st, it was found that a further hæmorrhage had taken place, and the anterior chamber was now completely filled with blood. The iris could not be seen at any point and there was no perception of light. Tension normal: no pain, only slight tenderness. Cold compresses continued and saline cathartic administered.

On the following day, Feb. 2nd, absorption had fairly commenced, the periphery of the iris being in view. Iodide of Potash was ordered, gra. iii. every four hours.

Feb. 4th. The iris was now clear to the margin of the dilated pupils; the light by oblique illumination was strongly felt. No red reflex from the margin of the pupil; no oedema and very slight ciliary tenderness.

Feb. 7th. The anterior chamber was completely clear, no remnant of the blood clot to be seen. With the ophthalmoscope a bright red reflex was had from the fundus.

Feb. 12th. Discharged from Hospital. Media all clear.