

rotic inflammation became more intense. As the constitution of the patient was suffering from the effects of protracted disease and active antiphlogistic treatment, the turpentine was at last abandoned and quinine and good diet substituted. At the end of three weeks the constitutional symptoms were much relieved, but no improvement had taken place in the ophthalmic affection. I now prescribed the iodide of potassium, although I had never seen it employed, or heard of its having been recommended in similar cases. Five grains of the salt were taken three times a-day. Two days after commencing this plan, a manifest improvement took place, and proceeded regularly for the next three weeks, when on vestige of disease remained, save the ulcers of the cornea. These were treated in the usual way and rapidly filled up.

Encouraged by the success of the remedy in the foregoing case, I employed it subsequently on several occasions, both of acute and chronic scleritis and sclero-iritis, and latterly I have employed it almost exclusively in these affections. The following cases illustrate its effects in well marked instances of these diseases, and it is not too much to say, that speedier results could not have been obtained from any of the methods previously known to practitioners.

*Case 2.*—Mrs. —, aged 26, was exposed to a draught of cold air on the 27th of August, 1848, and soon after complained of pain in the left eye, which, during the night, became much increased, and as she had suffered from a severe attack of inflammation of that eye some years before, which had confined her to her bed for six weeks, she became greatly alarmed and sent for me the following morning.

The sclerotic was much inflamed,—great intolerance of light, lachrymation, sense of fullness and tightness in the eye-ball, and pain around the orbit, were complained of. Fomentations and low diet were ordered, and she was recommended to remain in a dark room, to avoid reading or using the eyes on minute subjects, and to take hydriodate of potash in five grain doses, three times a-day, the bowels having been previously acted upon by aperients. On the 29th conjunctivitis had likewise appeared, and no change had taken place in the sclerotic; the pain and intolerance of light were much increased. The hydriodate was still persevered in, and nitrate of silver collyrium employed to counteract the conjunctival inflammation. Sept. 2.—The sclerotic and conjunctival inflammation were much less. She could bear strong light, and could even read with comfort. The cornea was quite clear, and she had no pain

in the eye-ball or brow. The iodide was continued for some days longer.

This lady never had rheumatism, and gout and scrofula are unknown in her family. In the former attack of inflammation, which from its course, symptoms, and the appearance of the eye, the patient is quite certain was of the same nature as the present one, and not more severe, she had been confined to bed for six weeks, and had been repeatedly leeches and blistered, and underwent other active antiphlogistic treatment, yet though the same eye was again attacked, and no local bleeding or counter-irritation was employed, recovery took place in little more than a sixth of the time occupied in the cure of the first attack. Am I not justified, then, in attributing, to a certain extent at least, this rapidity of cure to the remedy employed.

*Case 3.*—[Reported by Mr. Brooks.]—Anne P., aged 21, of sanguine temperament, was admitted into the Montreal General Hospital, Sept. 29, 1849, laboring under severe ophthalmia of both eyes. She had been suffering for nearly three weeks under the affection, and had been under treatment previous to admission, but had not attended regularly to the directions of her medical adviser, who had prescribed calomel and quinine and local counter-irritation.

On admission, she complained of severe throbbing pain in the eye-balls and above the superciliary ridges, lachrymation and some swelling of the lids. Both eyes were affected much in the same way, but the right one to a greater extent. There was no purulent discharge. The pain was more severe at night, preventing sleep until four or five o'clock in the morning; intolerance of light was very great, and she complained of a sensation of roughness on the globes. The conjunctiva was also inflamed; its large and tortuous vessels partially obscured the small, straight, radiating, and pink colored vessels of the sclerotic. The cornea of the right eye was slightly opaque, but no vessels were visible on it by the naked eye. The pupils of both eyes were contracted, and that of the right one had assumed a square shape. The irides of both presented a dull appearance, and seemed thickened, but there was no lymph on their surface or at their edges. Pulse 104, somewhat hard and full; skin hot but moist; tongue covered with thin white fur; bowels regular. She was ordered to be cupped to both temples, and to take ten grains of hydriodate of potash in solution, three times a-day; low diet; a solution of atropia to be dropped into both eyes.

Oct. 2.—Pain at night still continues, but is less severe and does not prevent sleep; pupils much dilated from the atropia. Pulse 88. Continue medicines.

Oct. 5th.—No pain last night or to-day, in either eye; no intolerance of light or lachrymation; conjunctiva presents its usual appearance; some slight pink discoloration around the margin of the cornea of both eyes. Fifteen grains of the hydriodate to be taken three times a-day.

Oct. 13.—Discharged cured.

This patient never suffered from syphilis, scrofula or rheumatism.

the peculiarities just enumerated, are not characteristic of pus in other situations.

This inquiry is not devoid of practical utility, for if it be proved by further observations that the fluid of hypopion, (not resulting from the bursting of an abscess of the iris or cornea) is not pus, but turbid serum having a small quantity of lymph floating through it, it will explain the rapidity with which the contents of the chambers become absorbed, and encourage us to employ such remedies as are likely to produce that effect, and will limit the frequency of operations for giving exit to the effused fluid. I am not aware if the fluid of hypopion has ever been submitted to microscopic examination,—the presence or absence of pus globules in a given number of cases would determine the question.