

cognize in the measure a considerable auxiliary in the treatment of affections of the cornea. It enables us to rescue eyes from conditions that are without the pale of ordinary means.

Elizabeth Wheeler, aged 29, became a patient here in 1845; attended some months, then resorted to some other ophthalmic institution; and ultimately replaced herself under my care in the summer of last year—1852. She was virtually blind, requiring to be led, and unable to perform any act demanding eyesight. The centre of each cornea, to an extent a little beyond the pupil, was occupied by a dense opacity, slightly raised, and which gave in profile somewhat the appearance of “conical cornea.” The form of each was irregularly spherical, with sharp outline. The colour, French white, with dots or mottlings, not unlike those which appear on the back of the cornea in the affection called “aquo-capsulitis.” Altogether, the appearance was peculiar and striking, conveying the idea of being due to a deposit of a substance probably cretaceous. The remainder of each cornea was transparent; otherwise the eyes seemed healthy. When the pupils were dilated she could see to move about in the house alone; but there was not sufficient sight for my employment.

Reflecting on the insufficiency of previous treatment, and on the physical character of the disease, I concluded that I had before me a case that warranted operation. I decided to employ the miniature gouge in preference to the knife. I selected the right eye, picked away at the outer edge of the opacity, detaching some, and found that it was superficial, and not deeper than the anterior elastic lamina. Finding my attempts successful, the opacity reduced, and transparency of the cornea thus far restored, I repeated my little process four times, at intervals of a month, and operated twice on the left eye. Now, there was vision enough with the right for her to read large type, and with the left she could move about alone. Still, on both, especially the left, some opacity remained.

She ceased to attend me from this period till the present summer, when I operated twice more on the right eye and nearly, but not quite, established a clear cornea, a small spot of opacity passing deeper than I deemed it prudent to penetrate. The left eyeball, too, was scraped a few times, and here, also, a central deep bit resisted removal. The appearance of the eyes is now so far natural, that it needs a careful examination in a clear light to detect the remaining opacities. The form and outline of the cornea are normal, and their entire surfaces reflect the light. Vision is nearly perfect.

The first points of practical import that demand remark, are the fitness of the case for the means used, and the signs by which such cases may be diagnosed. Concerning the first, the opacity being raised, and to all appearance of an earthy nature, and superficial, induced me to interfere. I suspected that there was a circumscribed deposit of a foreign substance which could be removed, just as one would extract a particle of iron, or any other extraneous matter, imbedded in the cornea. As to the second, I trust it is sufficient to put you on your guard to prevent you from mistaking small staphylomata of the cornea or fungous growth from the conjunctiva, for this affection. Of the precise nature of the substance scraped away, I cannot speak, as neither minute chemical nor microscopical examination were made.