

exemption from the danger. It is dangerous to attempt any palliative measure.

We have already stated, that in that class of cases where the danger is an immediate one, we are without option in removing the eye, if all sight be lost. Where partial sight is retained, we are justified in waiting cautiously, but the first symptom of irritation must be followed by enucleation.

In the cases where danger was classed as remote, the operation must also be performed upon the first sign of irritation, and again the happiest results may be predicted.

If the stage of inflammation has begun ere we have been able to enucleate, we had better leave the diseased eye alone, if it possess any vision worth speaking about. Removal of the irritating eye at this stage seldom effects any good results for the sympathizing eye. An early operation may stop an inflammatory process, but this is not to be counted upon even if done the very first day. Its only effect, as a rule, is to mitigate the sufferings of the patient. Operation is contra-indicated if the stage of inflammation be advanced. If a degree of sight remains in the diseased eye this may be afterwards all the patient will have to depend upon.

With regard to the treatment of the sympathizing eye. In the irritation stage it is very amenable to treatment, the other being removed. Rest from all work, for months if need be, and shade will effect wonders. These may be assisted by mercury inunctions, tonics, fresh air and exercise.

In the inflammatory stage, we can simply try to soothe, for it shows great power of resistance to every measure. Atropia instillations, belladonna fomentations, morphia hypodermically, will assist, and mercury may be given hypodermically through the conjunctiva. Operative interference, such as iridectomy, is unwarranted.

The outcome of this stage is generally the worst possible.

Sympathetic affection of a sound eye, however it arise, is something which it behoves us to carefully watch for and guard against, seeing our patients have but two eyes, and yet it frequently requires the nicest discrimination to decide whether or not an injured eye must be excised as liable to bring about the consummation not devoutly to be wished.

The fact that there is no time limit to the

danger is a great element of difficulty in diagnosis, inasmuch as we can never assure our patient of safety in the enjoyment of his treacherous possession. Danger is present from the very first. As a rule, two to three weeks elapse before the sympathy is exhibited. The danger of sympathetic inflammation exists especially during the period in which the irritating eye is inflamed, and every symptom of this must have disappeared ere we can let our patient out of close observation.

It is, however, no uncommon thing for a year to elapse before the sound eye is affected, and even ten, twenty, and in one case reported from Chicago, sixty-one years elapsed.

No time limit can therefore be set beyond which symptoms may not arise. The disease is, among diseases a veritable "snake in the grass."

A NARROW PREPUCE AND PREPUTIAL ADHESIONS IN CHILDHOOD—FURTHER OBSERVATIONS ON THEIR DELETERIOUS RESULTS. *

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The causes of disease present to every worker in the field of general practice, the most interesting, yet sometimes the most difficult, themes for thought and research, and experience establishes the fact that in many of the most common affections, we are yet occupying positions which we cannot regard as perfectly sound and unassailable. While contagion or infection are recognized as etiological factors in many diseases, yet in few of these has the ultimate element by which the disease is communicated been with perfect certainty determined, although as isolated and brilliant exceptions, which mark the modern achievements of medical science, must be mentioned the research which led to the discovery of certain microscopic organisms, micrococci, bacteria and bacilli, as the true causes of different diseases. These discoveries have, however, as yet yielded but meagre therapeutic results, and necessity compels us to fall back upon our clinical records, for the best possible basis upon which to study and combat disease. In no class of diseases is this more true, and in no department of general practice do

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