

the retina and of the iris exists. This, then, is a case of *sympathetic ophthalmia*, an affection whose evolution is as yet but poorly understood. It is, however, a very important condition, a knowledge of which is essential, not only to an ophthalmologist, but also to every doctor who may be called upon to treat a wounded person or give a medico-legal certificate.

Sympathetic ophthalmia occupied the attention of many ancient writers, but up to Mackenzie's times nothing of importance had been done. He supposed that the optic nerve and tracts were the means by which the inflammation was propagated to the other eye, and advised enucleation as the best means of treatment. Other authors concluded that the ciliary nerves were at fault. This belief they based on the clinical fact that all wounds of the eye having their seat in the ciliary nerves predisposed the person to sympathetic ophthalmia. While the wounds of other parts of the eye—the cornea, for instance—are very rarely followed by sympathetic ophthalmia, I have only once seen it follow an operation for cataract.

Another important fact is that the traumatism of the ciliary region will cause sympathetic ophthalmia, whether the wound be an open one or not, so that it is not correct to suppose that the infection which causes it must necessarily come from without. Our patient is a living proof that the pathogenic cause did not come from outside his eye. The commotion of the ciliary region with the paralysis of the iris and rupture of the zonule were not accompanied by any solution of continuity. The pathogenic part taken by the ciliary region has been attributed to the presence of a great number of sensory ciliary nerves, which give rise to reflex vaso-dilating action. This is the prevalent opinion of such writers as Rondeau and Reclus.

With Pasteur's discoveries, bacteriology aided in deciding the question. Leber and afterwards Deutschmann, guided by the ophthalmoscope and their anatomical studies, seemed to return to Mackenzie's theory, and stated that the inflammation was transmitted from one eye to the other by means of the optic nerve, from which they called it "*ophthalmia migratoria*;" to prove it, they injected into one eye of the rabbit a culture of the pyogenic microbe, and they claimed that the inflammation was propagated to the other eye by the optic tract.

But these experiments have been done many times since, and the results are not at all sure, so that we must not accept this theory as proved. In the last congress at Heidelberg, Schmidt, Phluger, Kulnet, Laquen, and others spoke against it. If we cannot accept this theory, we certainly cannot admit the advisability of an operation or attempts to prevent sympathetic ophthalmia by section of the optic nerve or resection combined with abrasion of the ciliary nerves and vessels.

We can add that this operation often results in a hæmatoma of the orbit, marked protrusion of the globe, and death by meningitis, and that this happens much more often than has been said or written. For these reasons I remain convinced that the best thing to do is to resort to enucleation as the most reliable means of preventing sympathetic ophthalmia. This operation done under antiseptic methods is the best treatment for such patients.

I do not mean that it is the only thing that can be done, but simply that such a surgical operation is not harmful in itself, and it has given the best results as a preventive treatment against this trouble. But once you have the sympathetic ophthalmia started you cannot hope to cure it by operation. The mercurial treatment must then be employed. This can be done by rubbing the ointment into the eye, or by hypodermic injections. I have reported a number of cases treated in this way. I must also mention in this connection the treatment proposed by Drs. Abadie and Darier, who make intra-ocular injections of a solution of one to one thousand of corrosive sublimate, combined with the use of the actual cautery; applications to the site of the wound with the thermo-cautery may also be employed. This method is still, however, under trial as to its merits. It may be good when the eye is not completely lost, and when the mercurial treatment has had no effect.—*International Medical Magazine*.

LEG ULCER.—Dr. Weismueller praises the action of a dusting powder thus composed:

R Acid salicyl.....	ḡ iv.
Acid borici.....	ḡ ij.
Zinci oxidi.....	ḡss.
Amyl,	
Talc.....	āā ḡv.
M. ft. pulv.	

—*The Hospital Gazette*.