

the commencement of the present era iritis was the subject of several memoirs; Smith and Dr. Gimelle studied it; but it was only in 1823, that M. Gillet de Grandmont sustained publicly his thesis on this affection. Previously to this period it was known in Germany and England; Travers, Saunders, and some others, having already made it the subject of their studies. It would, however, be difficult to prove that iritis was more frequent formerly than at the present time, and it may be added, that there is no reason to believe that such was the case. There are, sometimes, facts by which we may explain the greater frequency of certain diseases at one period than at another; in the present instance none exist; all that can be asserted is, that iritis is one of the diseases of the eye, which is frequently, very frequently, observed, and comes immediately after inflammation of the tarsi, of the conjunctiva, and the cornea. This would be sufficient to prove how important it is that the practitioner should be familiar with the various forms of this disease, but a still more powerful motive exists, viz: the attendant danger, which makes it absolutely necessary to study this phlegmasia more attentively than those already described, for when it terminates favourably, it leaves indelible marks, accompanied by more or less important derangement in the functions of the organ. Iritis is, therefore, an affection which is deserving of the surgeon's most serious attention.

Divisions.—Iritis may be divided into acute, chronic, simple, specific, or presenting various complications, according to the peculiar constitution of the patient or the place in which he resides. The German authors have established numberless divisions, but they are superfluous, if not injurious; thus they admit thirty varieties of iritis, distinguished by the terms anterior, posterior, rheumatic, gouty, abdominal, syphilitic, &c. My opinions on this subject, which have been openly expressed, have often drawn from my opponents epithets far from flattering. Their mode of studying diseases is, perhaps, not very scientific, since it is the custom in that country to separate the various branches of medicine, and to create a professorship for each specialty, so that persons, otherwise distinguished for their talents, are confined to a very narrow circle, beyond which they perceive nothing, and are led to consider trifles as things highly important. This is a misfortune for science. Thus Baer, whose talent is well known, recognises fifty or sixty different species of cataract. Two things should be avoided; huddling together all the various inflammations of the eye on the one hand; and creating superfluous and numberless divisions on the other. The prudent practitioner will always keep a medium.

DEFINITION.—Iritis may be defined to be a distinct inflammation, which cannot be confounded with other affections of the eye without great danger. This is evident since it may exist alone; but it must not be supposed that, therefore, iritis is always unattended by inflammation in the surrounding tissues, but merely that the phlegmasia commences in the iris, and constitutes the principal affection, whilst that of the neighbouring parts is sympathetic. Again, strictly speaking, a distinct inflammation does not exist in any organ; for instance, no one denies that peritonitis is a phlegmasia of the serous membrane of the abdomen, and that the inflammation may extend to the neighbouring cellular, muscular, and mucous tissues, still it is generally admitted, that the former is the principal disease, and like all affections of a distinct nature, has its peculiar causes, symptoms, mode of development, and termination. Now, is not all this observed in iritis?

VARIETIES.—It may be admitted that the inflammation may commence on the anterior or posterior surface of the iris, or in its parenchyma. Scientifically speaking, this is correct, but it is not less true, that in a very short time the whole organ becomes affected. The phlegmasia may also be partial, general, or more or less modified by the constitution of the patient; but, in admitting that, owing to these several circumstances, there may be modifications of the disease; we are far from stating that each of these constitute a special inflammation? One variety may be said to have a specific origin, viz., the syphilitic; but as to the serofulous, rheumatic, arthritic, or such like, they ought to be rejected, as their symptoms may be observed in simple iritis. Moreover, how is it possible to admit the influence of a rheumatic, gouty, or serofulous virus, on the constituent parts of the eye, and on the iris in particular, when many distinguished physicians consider the existence of a virus peculiar to each of these diseases chimerical? Do not many eminent practitioners state that rheumatism is a phlegmasia of the fibrous and synovial tissues? Again, in admitting that gouty iritis exists, its characteristic symptoms

are often observed in patients admitted into hospitals, while it is well known that gout is a disease very seldom seen there. The same remarks are applicable to serofula, and though the diseases of the eyes are, doubtless, modified by this form of constitution, still they do not in this respect form an exception, as all other affections are equally so. As to the opinion that serofula is a disease of a peculiar nature, and that the diseases of the eyes, on account of the modifications produced by it, are separate maladies, it is inadmissible. As a constitutional affection, serofula certainly exists; but as one of a peculiar nature, it cannot be admitted; at the same time, let it be well understood, there is no doubt that phlegmasia of the eyes, and especially iritis, may present a particular character, under the influence of a rheumatic, serofulous, or any other diathesis, in this respect resembling all the diseases with which individuals of these constitutions may be affected. Thus, if a rheumatic person is affected with pleuritis, pneumonia, or any other malady, does it not present some peculiarities? Will it not be the same with a serofulous individual? Now, if iritis occur in these cases, it will likewise offer sometimes *sui generis*. The difference, however, is great between this mode of considering the influence of the constitution on the diseases of the eye, and principally on iritis, and the theory of the Germans, who assert, that it is possible to recognise a gouty constitution on inspecting the eye, an opinion completely erroneous, since the pathognomonic symptoms may be observed in persons who have never had an attack of gout in their lives. These are the principal differences between the French and German doctrines, but it may be stated that even in Germany this doctrine is nearly obsolete, and that the practitioners who profess it are ignorant of the progress of science, not only in foreign countries, but also in their own. Iritis may be modified by the constitution of the patient, but no variety of a specific nature exists, except the syphilitic, because no one can deny that a virus is the cause of syphilis, whereas this is not generally admitted in other affections.

SYMPTOMS.—Those of acute uncomplicated iritis may be divided into three stages; in the first stage, more or less pain in the forehead, temple, and bottom of the orbit; photophobia; lachrymation; vision more or less impaired; very slight redness; cornea transparent; conjunctiva almost white; the scleroticæ, on the contrary, presents a reddish pink tint, disposed in a circular form, somewhat analogous to the rising already described in keratitis, but differing inasmuch as it does not reach the cornea, which is surrounded by a small greyish-brown circle; this symptom is very important in the diagnosis of iritis, and is produced by the anatomical disposition of the cornea and scleroticæ, it being impossible, from the mode in which these two membranes are united, for the vessels to reach their point of junction, and it is the space comprised between the cornea and iris which forms the circle.—Though a phenomenon purely anatomical, it has been erroneously considered by the Germans as the sign of gouty iritis, called, consequently, the arthritic circle; the natural colour of the iris more or less changed; this symptom is difficult to discover when both eyes are affected, as no comparison can be made, except when the colour of the iris was previously known to the medical attendant; mobility of the pupil more or less diminished; when one eye alone is affected, it is generally smaller than on the healthy side; its form may vary considerably; it may be irregular, angular, or in the shape of an oval triangle: the edges may have a velvety, flaky appearance; the pupil may be cloudy, caused by the diminution of the transparency of the humours. The characteristic signs of this disease are, sub-orbital pain, slight photophobia and epiphora, injection, sight more or less impaired, red tint of the scleroticæ, disposed in a radiated circle, small greyish-brown ring surrounding the cornea, a change in the normal colour of the iris, and modification in the shape and aspect of the pupil.

DISLOCATION OF THE KNEE FORWARDS CAUSED BY FORCED EXTENUATION OF THE LEG.—By F. JACQET, M.D.

Bauzon, sergeant in the 66th regiment of the line, ætat. 21; strong and muscular; sanguineous constitution; entered the military hospital at Metz half an hour after having met with the following accident:—Amusing himself with jumping on level ground, he fell, contrary to the rules of gymnastics, on the left foot, the leg being at the same time stretched to the utmost, and thrown slightly backwards, the right limb, which was carried forwards, not reaching the earth as soon as its