

the discharges were highly offensive. I saw her in consultation, and confirmed his diagnosis. Placing before the patient her probable chances of early death, and explaining to her fully the nature of the operation, and with her consent we decided on vaginal hysterectomy, which I performed on 6th August, the operation lasting thirty minutes. She lost very little blood at the operation and rallied well. In fifty hours I removed the four pairs of forceps I had used at the time of operation. The highest temperature reached was 101° . She made a good and uninterrupted recovery, and returned to her home four weeks after the operation. Up to the present time she is steadily improving in health, without any signs of the return of the disease. It now remains to be seen what will be the ultimate result.

As I have already stated, I do not claim a cure absolutely, but I do think her chances are better under her present condition than under any other operation I could have submitted her to. The disease was removed early, and I hope with the entire removal of the whole uterus that the whole disease has been removed.

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CERTAIN EYE SYMPTOMS OF INTRACRANIAL ORIGIN.

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(Read before the Canadian Medical Association at Ottawa, September 12th, 1888.)

The subject of my paper has to do chiefly with that well-known, and perhaps rather threadbare, subject, the "Abnormal limitations of the field of vision, such as hemianopsia, hemiachromatopsia, scotomata." These limitations, in the light of some discoveries by Willbrand and others, are indeed of clinical importance to the general practitioner, as well as to the specialist, in helping to localize cerebral lesions. I purpose within the limits of a short paper to run over these investigations briefly, and illustrate them by some cases which have come under my notice. I may precede my notes by a *résumé* in brief of the anatomy of the visual tracts. The optic nerves proceeding backward from the orbit undergo partial decussation at

the chiasma, hence the fibres form the optic tracts which, continuing backwards, bend round the cerebral peduncles. So much for the gross anatomy—now as to the minute anatomy. At the chiasma the fibres from the two tracts so arrange themselves that the left tract supplies fibres to the left portion of each retina, and the right tract, the right portion of each retina; the fibres for the nasal portion of both retina occupying the anterior part of the chiasma, as has been evidenced by certain pathological lesions in this region.

1. The tracts at the anterior corpora quadrigemina give off the so-called spinal root which enters the medulla without the intervention of gray matter.

2. Certain fibres of origin come from the optic thalamus and anterior corpora quadrigemina, the corpora geniculata forming ganglia intercalated in the course of certain of the fibres.

3. Fibres from the tegmentum of the crus.

4. A broad band of fibres passes from the origin of the tract backwards to the occipital lobes and cuneus. It is called the optic radiation of Gratiolet, and leads to the psychoptic centre, which is located in the occipital lobes and cuneus.

Other connections of the tracts exist, too numerous to mention here; indeed Gratiolet goes so far as to affirm that they are connected with every convolution from the frontal to the occipital. Some fibres are ganglionic arising from the basal ganglia, and some cortical arising from the cortex, both uniting to form the tracts. As of import may be mentioned certain fibres which originate in the motor areas of one cerebral hemisphere, and cross in the corpus callosum, enter the outer capsule and join the tract directly.

Finally, it is assumed that both maculæ luteæ are connected with both cerebral hemispheres. . . .

Lesions of the optic nerve associated with monocular blindness and pupillary dilatation are not uncommon, but I will cite as an example of a class of these cases by no means common, the following:—

J. P., aged 45, seen March 12th, complains of loss of sight in left eye. About New Year he