

Dr. H. gives the following as the principal things observed by him when he saw him: (1) Great prostration; (2) marked ocular congestion and ecchymosed condition about the right eye; (3) three patches, two over the eyebrows, one at the root of the nose, more affected than the rest of the eye tissue. When seen by me, his right upper eyelid or what remained of it was reddened, swollen and slightly overlapping the lower (about one-fourth of an inch), the inner fourth of the lid had nearly all sloughed away. The slough involved the lid from the middle of the margin to the inner canthus, and went beyond, eventually destroying the greater part of the inner or nasal quadrant of the upper eyelid. Above the eyebrows about an inch apart were two scabs five-eighths of an inch in diameter. The ocular conjunctiva was congested and the iris slightly muddy. When the slough came away it left a strip of the cornea and sclerotic exposed. This strip was about one-fourth of an inch wide.

The width of this strip gradually became less through cicatricial contraction until now, as you see, very little of the eyeball is exposed.

When the eye could be more minutely inspected there was to be seen the remains of an iritis as spots upon the lens: atrophy of the optic nerve, vision gone entirely, no perception of light, and a partial paralysis of the external rectus. This paralysis is not now as great as at first: the inability to raise the eyelids remains as at first.

The patient complained of a numbness over the right brow; even yet when I pull the hair of the head over the temples gently on both sides, he says he feels the pulling on the right side much less than on the left.

In the right nostril was a tough tenacious slough, lying on the septum free in front and attached at the bottom and apparently at the back to the septum. Size roughly estimated to be about three-fourths

of a square inch and one-sixteenth thick. The underlying nasal tissue was very tender and easily lacerated. It was not deemed prudent to remove the dead tissue by mechanical means for this reason, and because the patient was extremely timid and would probably be scared by the slightest thing into abandoning all treatment; but on the 12th of Sept., by forceps I removed a part of the dead nasal tissue. On the 29th of August, a polypoid body presented itself alongside the visible portion of the slough, and most of it was removed by the forceps.

The points to be noted in this case are the apparent effects of an intra-nasal injection on (1) the upper eyelid, (2) the iris, and (3) perhaps the optic nerve.

Was the injection the cause or was it a mere coincidence. To contend that it was the cause is good enough reasoning, provided nothing else can be put forward which will equally well explain the facts of the case. To my mind, nothing else does this. What it might be taken for, and what is most resembled, apart from the nasal effect, was herpes frontalis. Over against this is the absence of the characteristic eruption of herpes, and, the decided opinion of the physician who saw the case in its earlier stages that it was not herpetic. On full consideration of the case it seems reasonable to say it was in some way the result of the intra-nasal injection, and if so, it is calculated to enforce the warnings of Beverly Robinson and others against the excessive and indiscriminate nasal treatment of the day. "Nasal treatment may carry with it unpleasant consequences."

FURUNCLES.

ABORTIVE TREATMENT.—The *Annales de Médecine* assert that furuncles can best be aborted by energetically painting the affected region with strong tincture of iodine until it takes on an almost black color. This is to be repeated several times daily.—*Condensed Extracts.*