

of the retinal veins, retinitis hemorrhagica, or atrophy of the optic nerve, and affections of this kind may occur more frequently than is thought at present. It is also apparent from the nature of the disease, that but little can be expected from the treatment, and that digitalis is perhaps the best remedy at our disposal to improve the action of the heart and the general circulation, thus favoring the establishment of collateral circulation. Pilocarpine has apparently helped to relieve the œdematous condition of the retina, but it has had no effect on the sight in Stellwag's last case. The use of electricity and strychnia, if any function of the retina remains, would recommend itself from general principles.

OPHTHALMIC NOTES.

(1.) DOUBLE GLAUCOMA FULMINANS—(2.) EXTRACTION OF A PIECE OF IRON FROM THE LENS BY MEANS OF THE PERMANENT MAGNET.

By S. B. ST. JOHN, M.D.,
HARTFORD, CONN.

CASE I.—*Double Glaucoma Fulminans.*—On February 11, 1882, I was sent for to go into the country to see Mrs. L. I found a lady of fifty, who had been ailing for some weeks with dyspeptic and rheumatic symptoms, but was recovering, so as to be about the house. No previous eye trouble had been observed. On the afternoon of the 9th her left eye suddenly felt as if something had gotten into it, but nothing could be seen by her friends, who examined it and remarked upon the enlargement of the pupil. In an hour or two vision became dimmed, and in six hours agonizing pain set in, which was at last quieted by morphine, and did not return except in a very moderate degree. The vision steadily declined. I found conjunctiva chemosed, lids swollen, cornea anæsthetic and hazy, pupil dilated, no reflex from fundus, T. + 2, and V. = perception of fingers at 6". An iridectomy was at once done under anæsthesia and eserine instilled. Eserine was left with the family physician, to be used in case of an attack in the fellow eye. On the 16th I was called again on account of pain in

the right eye, which I found the counterpart of the left when I first saw her, except that the pupil was not dilated. Pain had set in upon the 12th; eserine had been freely used, and the pain had never been very severe. Iridectomy was done at once. The patient made a good recovery; and May 30th, after correction of refractive errors, o. d. V. = $\frac{1}{xxx}$, o. s. V. = $\frac{1}{lxx}$ (with some slight opacity of pupil, due to deposit upon anterior capsule).

I present the case because of the comparative infrequency of glaucoma fulminans, and also because of the short interval elapsing between the two outbreaks of inflammation.

CASE II.—*Extraction of a Piece of Iron from the Lens by means of the Permanent Magnet.*—On January 31st, Michael H., a blacksmith, twenty-two years old, applied to me for relief from an inflammation in his left eye. He said that, three months before, while shoeing an ox, he felt something strike his eye. He had some pain, and vision was considerably impaired, but he did not give it much thought till January 10th, when it became very painful, and had remained so, while the vision of the fellow eye had become impaired also. I found left eye in a state of active iritis, with posterior synechiæ; lens densely white, and at upper part of pupil, and apparently extending behind the margin of the iris, is a rust-colored spot, in which is a black point; T. — 1; eyeball sensitive; V. = perception of light. Right eye slightly tender; photophobia marked; V. = $\frac{1}{lxx}$. Patient was etherized and incision made as for extraction by Graefe's method. Upon seizing the iris with the iris-forceps in the attempt to pull it out, to make an iridectomy, the traction upon the adhesions ruptured the capsule, and softened lens-matter was extruded into the anterior chamber, carrying the black speck with it. The point of a Gruening magnet was introduced through the incision into the lens mass, and upon withdrawal it was found to have a small fragment of iron adhering to it, not more than double the size of a period-mark in print. The case did very well; the symptoms of sympathetic irritation subsided and vision improved.

I present the case, as illustrating one of the means at our command for dealing with minute fragments of iron or steel when situated in the lens or entangled in the iris, where there is danger that in our efforts to remove them with forceps they may elude our grasp and fall to the bottom of the anterior chamber. I believe the use of the magnet always justifiable where, in cases of traumatic cata-

ract, there is a strong suspicion that a minute fragment of iron is imbedded in the lens, and where it is deemed best to operate for the removal of the opaque lens.

REMARKS.

DR. J. S. PROUT, of Brooklyn, wished to say a word with regard to sclerotomy. He had obtained, by Wecker's method, a very satisfactory result in a case of chronic simple glaucoma that originated in retinitis hemorrhagica. To lessen the difficulty of the operation, which is more delicate and difficult than an ordinary iridectomy, he proposed the following method: To make with a *double-pointed* keratome two incisions at the corneo-scleral margin, between which shall be left a bridge of tissue one-sixteenth inch wide. The incisions are then to be enlarged to the desired extent by means of McDowell's scissors, modified so as to have blunt points, and blades curved to *about* the curve of the corneal margin. By means of these instruments (made for him by Shepard & Dudley) he thought the operation would be an easier one to make than by Wecker's method, and incisions of one-fourth of an inch (=6 mm.) on each side of the central bridge can be obtained without danger.

PREMATURE DELIVERY FOR THE PREVENTION OF
BLINDNESS.

By EDWARD G. LORING, M.D.,

NEW YORK.

So far as I know, and so far as I have been able to inform myself by inquiries among my professional brethren, premature delivery for the sole purpose of preventing blindness has never, up to the present time, been performed, or even advocated.

In suggesting any new remedy, or remedial procedure, especially in so conservative an art as medicine, two things ought to be considered: first, whether there is any necessity for the remedy proposed; and, second, whether the advantages attending its adoption will outweigh the evil effects which exist before the remedy was suggested.

First, as to the necessity of the operation.

It has been long known that pregnant women, especially toward the end of gestation, were liable to suffer from a disturbance of vi-