opiate given to the patient after the operation produced comfortable sleep.

The case went on favourably, without further bleeding, with no undue reaction, with moderate suppuration in regular time, and speedy disappearance of the swelling of the penis, groin, and scrotum. The wound was closed in six weeks, and the patient was enabled to resume his work.

REMARKS. This case is of particular interest, not only on account of its complicated nature and the alarming and painful symptoms which it offered, but also on account of the speedy success which a simple operation, by freely dividing the skin of the scrotum and the tunica vaginalis, afforded.

Clinical Lecture

ON THE

EMPLOYMENT OF THE OPHTHALMOSCOPE IN THE INVESTIGATION OF MORBID CHANGES AFFECTING THE DEEP-SEATED STRUCTURES OF THE EYEBALL.

By HOLMES COOTE, Esq., F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital; Surgeon to the British Hospitals at Smyrna and Renkioi during the war in the Crimea, etc.

EFFUSIONS OF BLOOD INTO THE GLOBE.

THERE can be no occasion, after the repeated examinations with the ophthalmoscope of patients whose organs of vision have been affected with obscure disease, for me to dwell upon the importance of a discovery, which enables the surgeon to detect with his own eye the commencement, and to watch the progress of morbid changes in the choroid membrane, the retina, or any of the transparent structures behind the iris, formerly beyond the reach of observation. Those who witness in Hospital practice only the severer forms of ophthalmic affections can scarcely estimate the full value of any means by which the exact seat may be determined of that class of anomalous complaints, at one time comprised under the head of amblyopia, amaurosis, or disturbed vision.

I trust to live to see the time when these vulgar Greek compounds will be banished from use. When general ignorance submitted to the rule of a scholastic despotism scarcely less ignorant, the public were contented to receive as explanatory of diseases barbaric compounds expressive only of leading symptoms, or of physical changes obvious to the meanest capacity; *e. g.*, amblyopia—dullness of vision; amaurosis—the black dilated pupil; glaucoma—the dull green appearance often seen in a diseased eye. What information do these terms convey? Absolutely none; and the time has now arrived when the profession positively feels a dislike to the use of expressions, which seem to have been begotten illegitimately, or, at all events, under suspicious circumstances. Let us drop them; we have English words as good and far less presuming. Let us speak of dullness of sight, of complete blindness dependent on internal disease; and, ceasing to rest upon the supports of a former age, let us break into the yet unexplored field of special ophthalmic pathology.

Upon the present occasion, I wish to say a few words upon amaurosis dependent on extravasations of blood into the deep-seated structures of the eye; an occurrence which I believe to be far more frequent than has heretofore been believed. The subject may be divided into two heads. 1. The morbid changes produced by such effusions in the tissues wherein they occur. 2. The condition of the bloodvessels preceding such an accident. The treatment must, of necessity, depend upon the scientific solution of such an inquiry.

On May 25th, a pallid boy, aged 9, was brought to the hospital by his father, who wished me to examine the left eye, which had become blind, without any external morbid appearance. There was no fullness of the subconjunctival vessels; the cornea was clear, the iris bright and movable in conjunction with the iris of the opposite eye; there had been no pain in the head, no sickness, nor accident; the child had become blind of one eye, though when and how were alike unknown to the parent, who believed the disease to have been of long standing. He said he had been away on business for some time, during which he could not answer for the amount of care bestowed upon his son. Putting the light in the proper position behind and to the side of the affected organ, which was kept in the shade, I directed the rays reflected by the ophthalmoscope into the natural and undilated pupil, when I became immediately

cognisant of a multitude of dark black spots dispersed over the surface of the retina. They were of various shapes—round, triangular, oblong, etc.—and were especially numerous about the entrance of the optic nerve, the papilla of which was flatter than natural, and obscured. Of the branches of the arteria et vena centrales retinæ I may say, that they did not proceed to their usual subdivisions with normal clearness of outline. Very similar appearances are depicted in Ruete's last work (*Krankheiten des Menschlichen Auges*, tabula iv. fig. 6). Now in this case, three points present themselves for inquiry and investigation. First, What was the nature of these opaque black spots? secondly, How came they to be deposited? and thirdly, What was the prognosis and treatment?

Both pathological and ophthalmoscopic investigation have shown that, in the majority of instances, these black bodies proceed from extravasated blood. The probability of such an occurrence has been anatomically proved by Von Ammon (*Klin. Darstellungen*, i. tab. xv. figs. 20, 21; tab. xvi. figs. 8, 18; tab. xix. fig. 7), who has depicted instances of extravasations of blood in the retina; and many years ago I had an opportunity of making the *post mortem* examination of a patient under Mr. Lawrence, who died, while suffering from amaurosis, of acute bronchitis, and in whom there were found extravasations of blood in both eyes in the internal tunics, close to the optic nerves, which were in other respects normal. In recent cases, the ophthalmoscope reveals the existence of the clot of effused blood in its abnormal relations, where it is easily recognised by its red colour; the subsequent changes may then be traced, namely, the disintegration of some of the blood corpuscles; the partial absorption of the fibrine; but the removal of the extravasated fluid goes on very slowly in the posterior part of the globe, especially in a diseased eye, and some of the particles, indeed, become persistent. The only natural structure which might be supposed capable of producing these morbid black deposits is the pigmentum nigrum; but then we must remember that it is composed of polygonal cells containing granular particles, the sudden escape of which would hardly produce those black flakes, like soot, into which effused blood may become converted. It is, however, doubtless quite possible that blood or pigment may be found floating in the softened and fluid vitreous humour of a diseased eye; I do not believe that the appearances are similar, at all events, in the cases now under consideration, the history leaves no doubt as to the diagnosis.

I examined, on May 30, the eyes of a patient under the care of Mr. Lawrence, at his request, with the ophthalmoscope, in order to make out the exact seat of morbid changes which had produced amaurosis, or blindness, complete in the right eye and considerably advanced in the left. The pupil of the former was dilated, and of dull greenish hue; that of the latter was clear and black. The patient had no pain at the present time. The history was as follows: he was a soldier, stationed at Aldershot, on the occasion of a fire last December year, which consumed a considerable number of wooden sheds and huts. In the discharge of his duty, and in endeavouring to extinguish the flames, he became much heated, and upon returning to his quarters, he was suddenly chilled, the night being extremely cold. In a moment he became nearly blind, and continued in this state until the following morning, when the sight partially returned. During the course of the day, however, the dimness of vision increased, and he saw objects as through a red cloud. In consequence he had to obtain his discharge from the army, and has since consulted many surgeons without deriving much relief.

The eyes were examined by me, May 30, by the ophthalmoscope. In the right eye, the vitreous humour was so turbid that the vessels of the retina and choroid could scarce be seen. The iris was healthy and movable, and the pupil was readily dilated by atropine. A multitude of opaque black flakes floated about the vitreous humour, which was evidently much more fluid than natural. A slight oscillatory movement of the globe caused a shower of these dark black flakes to float from one part to another of the eye. In the left eye, the humours, or transparent media, were clear, and the whole of the posterior part of the eye was visible. I could not make out satisfactorily the optic nerve papilla, although its position was indicated by an opaque white patch: the blood-vessels, namely, the branches of the arteria centralis retinæ and vein, could be traced, in no great number, to their second division; the normally continuous red surface of the choroid was covered with a multitude of white patches, and throughout, both in the red and white colours, were spots of black hue, which were diagnosed as the remains of the colouring matter of effused blood.

The case may be thus explained. The man became greatly heated before a large and destructive fire during a cold night. Upon being exposed to a sudden chill, the blood was driven back to the internal organs, and, in this case, burst through the delicate capillaries ramifying in the retina and neighbouring parts. The removal of the effused blood by absorption is, I regret to say, an occurrence both slow and uncertain, and much injury is done to the internal structures of the eye by the mere act of effusion. I apprehend that some good may be effected by proper treatment and by the efforts of nature; but I doubt whether the patient will ever regain any amount of useful vision.

In warm climates the sun's rays may produce a precisely similar result; namely, sudden extravasation of blood into the interior of the eye. Members of our profession have frequently a great amount of experience in atmospheric changes, being stationed in nearly every known quarter of the habitable globe. They well know the value of the thick white turban covering to the head, and the danger of exciting the circulation by indulgence in any stimulating drinks until the cool of the evening, where such a luxury exists. Dr. E. Jäger, whom I have had the pleasure of knowing some years, has lately published an excellent work on the pathology of the eye, as observed by him in the course of very extensive practice in Vienna, a city which, in its climate, habits, and population, indicates an approach to Orientalism. He there mentions the case of a workman, suddenly called from his occupation, during mid-day heat, into the streets, along which he ran, for some distance, without his cap. This imprudent act was followed by extravasation of blood into the posterior part of the globe, and the occurrence was confirmed by Dr. Jäger's ophthalmological investigation.

Now in all these cases there was absence of a certain symptom to which ophthalmic surgeons attach great weight; namely, flashes of light, sparks, and other luminous appearances, before the eyes. We have reason to believe that such phenomena are due to disturbed cerebral circulation, and do not depend on morbid processes within the eye itself; in other words, that they do not constitute essential symptoms of amaurosis dependent on disease of the globe. The only symptom which is constant is dimness, or loss of vision, and we must investigate the immediate source of the affection.

Upon a former occasion I directed attention to effusion of blood from the arteries of the interior of the eye, in cases of nephritis and albuminuria, as first pointed out by Landouzy of Rheims, and I may here remark, that a similar occurrence has been noticed in a case of chlorosis.

The prognosis in these cases is not very favourable. The injury done to the choroid, the retina, or the vitreous humour, by the effused fluid, is often irremediable from the first; and even when this is not the case, its presence excites a chronic, inflammatory disturbance by which further changes, injurious to sight, are produced. The importance of ascertaining the nature of the accident cannot be too highly estimated. The full plethoric, yet healthy man, may be depleted with advantage, and mercury may be given to produce salivation, that subacute inflammation may be stopped, not that absorption may be promoted. In the case of the amaurotic patient suffering from albuminuria, remedies may be applied to the relief of the affected organs, the kidneys, while assurances may be given that time may effect amelioration when the condition of the urine becomes improved. The chlorotic patient will be benefited by the administration of steel medicines, by attention to the digestive organs, and by keeping the head cool and free from excitement. Thus it will be evident that "amaurosis" must cease to be regarded as a disease; but must be taken as a symptom of a group of morbid affections, among which extravasation of blood into the interior of the globe occupies a place meriting attentive consideration.

THE LATE E. J. SCOTT, M.D. A meeting of the friends of the Portsmouth, Portsea, and Gosport Hospital assembled last week in that institution, presided over by Major-General Whylock, in reference to the presentation of a marble bust of the late Dr. Edmund James Scott. The bust, which is of life size, by Mr. Pepper, of Brighton, is a faithful likeness. The pedestal of black marble on which the bust rests contains the following inscription:—"This bust of the late E. J. Scott, M.D., is presented to the Royal Portsmouth, Portsea, and Gosport Hospital by Sir Charles Ogle, Bart., Admiral of the Red, and other friends, as a tribute of respect to his memory, and to mark their high sense of the important services gratuitously rendered to this institution by him from its formation to the day of his death."

British Medical Journal.

SATURDAY, JUNE 20TH, 1857.

THE IRISH MEDICAL ASSOCIATION.

THE report of the proceedings of the Fourth Annual Meeting of the Irish Medical Association, which is given in a subsequent page, will be read with interest by all who can appreciate the endeavours which the members of the medical profession are now making to improve their position as regards their relations with the public and the state.

The Irish Medical Association was founded in June 1853. Its members consist of physicians and surgeons in Ireland, each of whom pays an annual subscription of ten shillings. Its affairs are managed by a President, a Chairman of Council, four Vice-Presidents (one for each province), two general secretaries (one being paid), and thirty-two local secretaries (one for each county). The Council consists of the above-mentioned officers, with two delegates chosen from each county. The principle of district representation is therefore, it will be seen, fully provided for. The rules of the Association provide also for the formation of district Branches, and for the expulsion of unworthy members, in terms similar to those adopted by the BRITISH MEDICAL ASSOCIATION. A meeting of the Association is held once a year; and the president has the power at any time of calling a special meeting on receiving a requisition signed by twenty-one members. One of the rules provides that the members of the BRITISH MEDICAL ASSOCIATION may be enrolled without payment of subscription as *ad eundem* members of the Irish Medical Association.

The objects of the Irish Association are the same as those of our own body: "to protect the interests, to preserve the respectability, and to increase the usefulness of the medical profession generally." How zealously its members work for the carrying out of these important ends is shown in the reports of the recent meeting, as well as of those held in previous years.

The topics brought forward for discussion at the late meeting were the system of Poor-Law Medical Relief in Ireland, and Medical Reform.

In regard to Poor Law Medical Relief, the report of the Council, and the remarks made by the various speakers, amply shew that the Poor-Law Medical Officers in Ireland labour under grievances equally oppressive and equally calling for removal with those which weigh down their brethren in England. These grievances, however, do not arise so much from the manner in which the Irish Medical Charities Act is carried out, as from the construction of the act itself, which is in several of its provisions defective, and liable to be interpreted to the injustice of the medical man. We must defer to another opportunity a comparison of the English and Irish systems of Poor-Law Medical Relief; but, in the mean time, the nature of the amendments called for are plainly expressed in the third paragraph of the report of the Council, and in the comments thereon in that document and in the speech of Dr. Armstrong. The amendments for which the Association has petitioned are:—