ileum, measured from five to seven inches in diameter. At the point where this dilated and ulcerated intestine terminated in the healthy and constricted portion, the channel was interrupted, and the continuity between these portions was destroyed. It seemed as if one of the large ulcers, which surrounded the whole circumference of the bowel, had completely ulcerated through it, and so disconnected one portion from the other. The mesentery at this spot was thickened, indurated, and of a greyish colour, as if gangrenous. The portion of descending colon which was adherent to the small intestine, and removed with it, contained several ulcers of smaller size and less depth than those in the jejunum and ileum; and none of them extended beyond the muscular coat. It is worthy of remark, that no faeces were found below this portion of the colon; although the cæcum and the ascending and transverse colon contained a large quantity of solid, well-formed faeces, unmixed with blood. The whole of the large intestine, with the exception alluded to, was perfectly healthy. The other viscera of the abdomen and those of the chest were likewise healthy. The brain was remarkably anæmic, its cortical substance pale, and the sub-arachnoid fluid abundant. The cavity of the abscess in the mastoid region being laid open, the portio dura was seen to traverse its centre, beautifully dissected out.

ROYAL LONDON OPHTHALMIC HOSPITAL.

CASE OF INTRAOCULAR DISEASE, ILLUSTRATIVE OF THE VALUE OF THE OPHTHALMOSCOPE AS A MEANS OF DIAGNOSIS.

By J. C. WORDSWORTH, Esq., Assistant-Surgeon to the Hospital.

A. B., aged 60, a compositor, from the country, applied at the Royal London Ophthalmic Hospital in September 1861, on account of defective vision in his left eye. He is an active hale man for his years, and has all his life been engaged in the printing business, working on his own account, and so taking, in turns, all the various branches of the trade. He has always been short-sighted, yet able to pursue his occupation as well as any other man, till within about two years, when vision suddenly became very imperfect in the left eye. He suffered no pain or other inconvenience at the time. With the right eye he can read fluently "diamond" type without the aid of spectacles; and can see clearly small objects across the room by using a concave lens of moderate focus. With the left, he is enabled to decipher large characters, but with difficulty, and receives no benefit from the aid of glasses. To ordinary observation, both eyes appear perfectly normal; the cornea, lens, and vitreous, are perfectly clear; the pupils are regular, and of average dimensions, ranging pretty equally, when submitted to the *direct* and *indirect* influence of light. The tension of both globes is normal.

On submitting the eyes to ophthalmoscopic examination, the right at once gives evidence of its myopic defect; at ordinary ophthalmoscopic distances, the retinal vessels are distinctly observed without the intervention of the convex lens; small specks of uveal pigment are observed on the capsule of the lens; the fundus generally is hyperæmic—the veins being largely disproportioned to the arteries; the optic nerve is decidedly red, its outline being irregularly oval, and having its long axis vertical; its outer edge being bounded by a "crescent"; posterior staphyloma. The left eye presents the same conditions; but, in addition to these, a considerable number of small red and white irregularly shaped patches occupy the yellow spot and its vicinity, apparently lying immediately beneath the retina, and indicating the seats of small exudations, that have been followed by atrophy of the choroidal epithelium, and thus allowing the subtended sclerotic to appear.

REMARKS. In making a few remarks on this case, I shall endeavour as briefly as possible to explain for the non-special reader, a few points in the narrative that may not be familiar to him; and hence may not convey an intelligible account of the appearances seen with the ophthalmoscope. I must premise a few words of explanation, which will facilitate what I have to say on the morbid appearances noticed, by first stating what is generally seen on exploring a normal eye by the ophthalmoscope. When illuminated by a cone of light projected through the pupil by the ophthalmoscope, the fundus of the normal eye reflects a dull red or orange-red image to the eye of the observer viewing it through the aperture in the speculum, and conveys *no outlines* of any of the parts on the fundus of the eye, till a lens is interposed, to alter the course of the emergent rays, so that they may impinge on the observer's cornea at a sufficient angle to enable them to be "focused" on his retina. By means of the ophthalmoscope, then, the observer has the power of approximately estimating variations in the adjustment of the eye for far and near vision; and therefore notes the imperfections of accommodation at a glance.

I will not enter into the theory of the subject; but I may state, in passing, that the focus of an eye being altered by change in the relations of the media, it is at once indicated by the appearances observed in ophthalmoscopic exploration. Hence, then, we recognise the import of the fact, that the vessels were seen in this case *without* a lens—the eye being short-sighted. Again, the so-called "crescents" around the entrance of the optic nerve have frequently been found in association with short sight, and are considered to be of the nature of staphyloma; elongation of the eye in its antero-posterior axis being either a consequence or a coincidence.

It is not necessary to say how little we could have divined the real condition of the structures on the fundus of the eye of this patient, had we not the aid of the ophthalmoscope. Of course, the examination would have led inferentially to the conclusion, that the imperfection of sight did not arise from any fault in the refractive media, or from derangement of the accommodation-mechanism; the seat of the malady must be then in the sensitive structures, of necessity; yet how little could be deduced from the imperfect history that the patient was enabled to give of his case, as to the exact lesion.

If, then, the diagnosis were of necessity so unsatisfactory, what must have been the prognosis? and what the indications for treatment? A candid practitioner must have admitted his inability to foresee the one, or to direct the other, with more than the vaguest hopes of success. But who can value the importance of the precise information that the ophthalmoscope affords in such a case, so far as the patient is concerned? What was endured in times gone by in the prolonged mercurial course that awaited him, and to what purpose! What is saved in groundless hopes and weary suspense by improved means of ascertaining disease, for which we are indebted to the ophthalmoscope!

UNIVERSITY OF OXFORD. The Regius Professor of Medicine (Dr. Acland) gives notice:—1. That the First or Scientific Examination for the degree of Bachelor of Medicine under the new statute will take place in the present term. Candidates are requested to give immediate notice (personally or by letter addressed to Dr. Acland) of their intention to present themselves for examination. 2. That there will be during this term an examination for a Radcliffe Travelling Fellowship. Intending candidates are requested to give notice as above. The days fixed for these examinations will be hereafter publicly announced.