Sunday, and in the afternoon went into the garden and partook of the berries. In the evening she complained of pain in the bowels, and the nurse took her a glass of gin and water and rhubarb pills. On Monday there was a good deal of sickness; but none of the crude vegetable appeared in the ejected matter. On Tuesday the sickness continued, and the matter ejected was of a greenish cast (it may have been bile, or assimilated vegetable matter). An emetic of ipecacuanha was now given by her parent, and the crude vegetable ejected which was shown to me by the messenger when I was hastily sent for.

Considering the length of time that had elapsed since the poison had been taken, together with the fact that a considerable quantity of the vegetable matter had been ejected, I felt it my duty to attend to the depressed vital powers; and, with this object in view, I directed her to take strong coffee, and brandy, and arrowroot, and prepared a mixture consisting of carbonate of ammonia and aromatic spirit of ammonia, in mint water, a dessertspoonful to be taken every half hour, in arrowroot. Brandy and arrowroot were given in the intervals, and I administered a turpentine enema occasionally, which would soon come away, bringing some feculent matter, mixed with portions of the seed.

I remained in attendance all night, and thought the pulse in the morning more firm; but as there still remained much doubt about the case, a desire was shown to have Dr. Williams, of Wrexham, called in, which was at once agreed to. I left about half-past six, A.M., for two hours, and returned in time to meet Dr. Williams (in whose absence Mr. Eyton Jones attended).

There were now more decided symptoms of sinking; the pulse was scarcely perceptible at the wrist, and it was deemed necessary to make an impression on the system. With this view, a mustard plaster was applied over the abdomen, which acted. A dose of turpentine in gruel was administered, and the enema was increased in strength; but she gradually sank, and expired about twelve at noon on Wednesday. There was no *post mortem* examination.

REMARKS. The hurried respiration and bluish cast of the skin, arose, probably, from the air-cells at the base of the lungs being impervious, through an accumulation of viscid secretion. Would small bleedings, by diminishing the volume of blood and enabling the heart to act more perfectly, have been of any utility, considering the depressed state of the circulation and nervous energy? Would such practice be safe? We often find small bleeding, when the system is recovering from a state of collapse, to be of great advantage.

ILLUSTRATIONS OF THE USE OF THE OPHTHALMOSCOPE.

By WILLIAM MARTIN, F.R.C.S., late Professor of Ophthalmic Surgery in the Calcutta Medical College.

[Concluded from p. 697.]

PARASITIC BODIES IN THE EYE.

By means of the ophthalmoscope, we are able occasionally to detect parasites, animal and vegetable; and these are by no means confined to the anterior parts of the globe. An interesting case is described and figured in Desmarres (vol. iii, pp. 757-8) of cysticercus in the retina. There were signs of turbid vitreous humour—floating false membranes; the greater portion of the fundus, including the papilla, entirely hid; but, by making the patient look a little below and to the inside, there was discovered a cysticercus thus described. The neck is of a bluish white, evidently agitated at the slightest movement. Once M. Desmarres saw it become shorter, and the head hide itself almost entirely in the body of the tumour. The body is of a brilliant yellow-white colour, seven or eight times the size of the optic papilla.

INJURIES OF THE EYE FROM FOREIGN BODIES.

Mr. White Cooper, in his recently published and beautifully illustrated work on *Wounds and Injuries of the Eye*, remarks, at page 41, that the ophthalmoscope, in doubtful cases, may render us valuable assistance. If a chip of metal, for instance, has lodged in the vitreous humour, without traversing or wounding the lens or its capsule, it will readily be discovered by the ophthalmoscope, unless buried in such a position as not to admit of its being brought into view. If the lens has been wounded, it will become opaque, and of course prevents the use of this apparatus. And he gives extracts from the works of Jaeger, illustrative of this subject; also, at

page 233, he gives instances of the value of this means of observation, in a case in which, after a wound from a cricket-ball on the globe, sight became extinct; and, on close examination, there were found a number of brownish flakes floating on the vitreous humour; and effusion, varying in parts from pink to a chocolate hue, pervaded the retina, covering the entrance of the optic nerve. A distinct dark clot of blood was discernible near the lower and outer portion of the retina. In another case, by means of this mode of examination, he was enabled to speak of the nature of an injury with confidence and precision, where, without it, he could only have hazarded an opinion of what was probable. The eye of a farmer having been struck by a missile, sight was lost. Externally, nothing abnormal, but a dilated and motionless pupil, was seen. The ophthalmoscope showed the seat of a rent in the retina, as an opaque irregular line, nearly in the axis of vision; and there were many small spots around this, evidently the remains of the coagulum of blood (detected previously by Mr. Dixon) which had not been entirely absorbed. "In our report, we were enabled to state with confidence that, though Mr. J. might retain a certain amount of sight in the injured organ, we were of opinion that it would never be restored to its former perfection."

Among many interesting examples Mr. W. Cooper's book contains of the value of this instrument in the elucidation of injuries of the eyes and their effects, are the following:—At page 140 is related a case, in the practice of Gräfe, of a student in whom, after recovery from injury, the ophthalmoscope showed detachment of the retina in the lower half. The upper half was normal, and the lens and vitreous humour remained transparent. The patient only lost the sight in the upper half of the visual field. At page 163, he gives an instance in his own practice, in which he was enabled to detect by this means the changes which had taken place in the posterior part of the eye, from an injury, causing retinal effusions, etc. He also relates a case at page 176, where he was enabled to trace double vision, after a blow, to an opaque line on the posterior surface of the capsule; the media otherwise transparent. At page 178, he gives an instance of a man rendered almost totally amaurotic in consequence of a blow near the eyebrow. In former days, this would have been attributed simply to injury of the frontal nerve and its branches; but Mr. Cooper was enabled to detect partial detachment of the retina, bloody coagula, and other changes much more likely than any injury of the external nerves to cause the amaurosis; in fact, such organic alterations as must be to a great extent incompatible with the due performance of the functions of the retina. At page 180, he gives a case of Mr. Bowman's, in which there were detected, after concussion of the brain, abnormal appearances of the retina and choroid, with numerous black spots both before and behind the retina; another case, under Dr. Williams, in which he found the "retina elevated by a turbid liquid, such as is often observed in pericarditis and other serous inflammations". At page 181, he gives a case, under the care of Dr. Van Dommelen, in which, after concussion of the brain, the ophthalmoscope showed the papilla replaced by a reddish disc; veins alternately raised and depressed; arteries very small and pale. At page 235, in a case in which, after a blow, the patient saw a dark cloud before his sight, Mr. Cooper detected a greenish grey mass at the posterior part of the vitreous humour, obscuring the retina. As the eye moved, this was jerked up, and then settled slowly down—evidently a coagulum of blood, intercepting the rays of light.

In concluding these notes, we may remark, that formerly it was one of the most rare things to have an opportunity of verifying by subsequent or *post mortem* examination any morbid changes which had been supposed to have taken place in the eye, with the exception of cases of malignant tumours for which the globe had been extirpated. Now that it is the practice of ophthalmic surgeons to remove diseased globes more often than formerly, instead of leaving them in the orbit, to create irritation and endanger the existence of the sound eye; and that more pains are taken to form collections of the diseased globes which are removed,—the facilities of comparing diseased appearances with the revelations of the ophthalmoscope have become vastly increased, and thus a wide field is opened for improvement of our knowledge of this branch of science, and particularly in the minute anatomy and pathology of the regions; and, as a result, for more decisive and more certain methods of practice.

24, George Street, Hanover Square, August 1859.