tomosis, cauterization with the hot needles is an extremely efficient remedy, either by itself or in connection with other means.

V. Setons or metallic needles may be used in the venous forms of the disease. They are more effectual when placed, to some extent, in sound tissue.

VI. Ligature of the principal artery leading to the part, is adapted to the variety called aneurism by anastomosis, the accidental thrilling variety, and particularly to that variety situated in the orbit of the eye. I believe, however, that it is more dangerous and less necessary than is generally supposed.

VII. Vesicants, escharotics and caustics, are adapted to complete a cure, when a small portion of tissue remains after excision, strangulation or seton. They are uncertain and little to be relied on.

VIII. A combination of several of these methods of treatment will often be found advisable.

Note.—Since writing the above, I have received an interesting paper, published in the *Montreal Chronicle*, by John Ridleh, M. D. Dr. Ridleh injected four erectile tumors of different kinds with perchloride of iron, and produced sloughing in all. This, although effectual in each instance, is to be regarded as only a different way of using caustic, the advantages of which require, perhaps, further observations before pronouncing upon.

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SECOND ANNUAL REPORT
OF THE
CHICAGO CHARITABLE EYE AND EAR INIRMARY, FOR THE YEAR ENDING MAY 1, 1860.

OFFICERS OF THE ASSOCIATION.—PRESIDENT, Walter L. Newberry.

VICE PRESIDENTS—Charles V. Dyer, Luther Haven.

SECRETARY—Samuel Stone.

TREASURER—Edward L. Holmes.
TRUSTEES—Walter L. Newberry, William H. Brown, Chas. V. Dyer, Luther Haven, Ezra B. McCagg, William Barry, Flavel Moseley, Samuel Stone, Philo Carpenter, Rev. N. L. Rice, D. D., John H. Kinzie, Mark Skinner.

BOARD OF SURGEONS, (Trustees ex-officio.)—CONSULTING SURGEONS.—Prof. Daniel Brainard M. D., Prof. Joseph W. Freer, M. D.

ATTENDING SURGEONS.—Edward L. Holmes, M. D., Edwin Powell, M. D.

It must be a matter of interest to our readers to learn that the Infirmary continues in a flourishing condition. During the past year one hundred and seventy-seven patients have been under treatment, making an aggregate of two hundred and ninety-two patients, since the establishment of the Infirmary, two years since. These patients have all been from the poor and destitute classes of society. Although but a small portion of the public are yet aware of the existence of the Infirmary, the number of its patients has been constantly increasing.

In a city as large as Chicago, an Infirmary for the poor, afflicted with diseases of the eye, should be maintained at public expense, since it is more in accordance with an enlightened humanity, and it is more politic and economical to furnish the destitute with gratuitous treatment than to support them in our Blind Asylums, after they have lost the power of vision.

For the purpose of preventing, as far as possible, blindness and its attending evils, several States have granted considerable sums of money for the establishment and support of charitable Eye Infirmaries. The annual reports of these institutions, show what incalculable good they may accomplish. Many patients, in our Eastern cities, are wholly indebted to Eye Infirmaries for the preservation of their sight, thus being saved the painful necessity of becoming a burden either to their friends or to the public at large.

There is another reason, and a very important one, why an Institution of this kind should recommend itself to the public, and receive the encouragement of our profession. An Eye
Infirmary, under the charge of competent surgeons, will afford ample opportunities for clinical instruction in diseases of the eye, which are among the most important affections we are called upon to treat. It is universally admitted that this department of medical science has been too much neglected by the physicians of this country. We believe the establishment of good Infirmaries in all our cities, where medical instruction is sought by the student, would tend to awaken a greater interest in this important subject. An Infirmary, in which the student can obtain a thorough knowledge of the theory and practice of ophthalmic medicine, will, indirectly, accomplish more good, perhaps, than it can by the direct benefits conferred upon the patients under treatment. Whatever contributes to the advancement of a knowledge of ophthalmic science among our practitioners, must be the source of inestimable good to the public.

We trust the Infirmary will receive the encouragement and support of the public, and especially of the profession.

The Second Annual Report of the Surgeons of the Infirmary is worthy of a careful perusal, as showing the practical utility of such an institution.

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Care of the Sick.—Not to allow a patient to be waked, intentionally or accidentally, is the sine qua non of all good nursing. If he is roused out of his first sleep, he is almost certain to have no more sleep. It is a curious, but quite intelligible fact, that if a patient is waked, after a few hours instead of a few minutes sleep, he is much more likely to sleep again. Because pain, like irritability of brain, perpetuates and intensifies itself. If you have gained a respite of either in sleep, you have gained more than the mere respite. Both the probability of recurrence and of the same intensity will be diminished; whereas both will be terribly increased by want of sleep. This is the reason why a patient, waked in the early part of his sleep, loses not only his sleep, but his early power to sleep. A healthy person who allows himself to sleep during the day, will lose his sleep at night; but it is exactly the reverse with the sick generally; the better will they be able to sleep.—Miss Nightingale.