

A treatise on internal diseases of the eyes : including diseases of the iris, crystalline lens, choroid retina, and optic nerve : based on Theodore J. Rueckert's "Clinical experience in homoeopathy" / by John C. Peters.

Contributors

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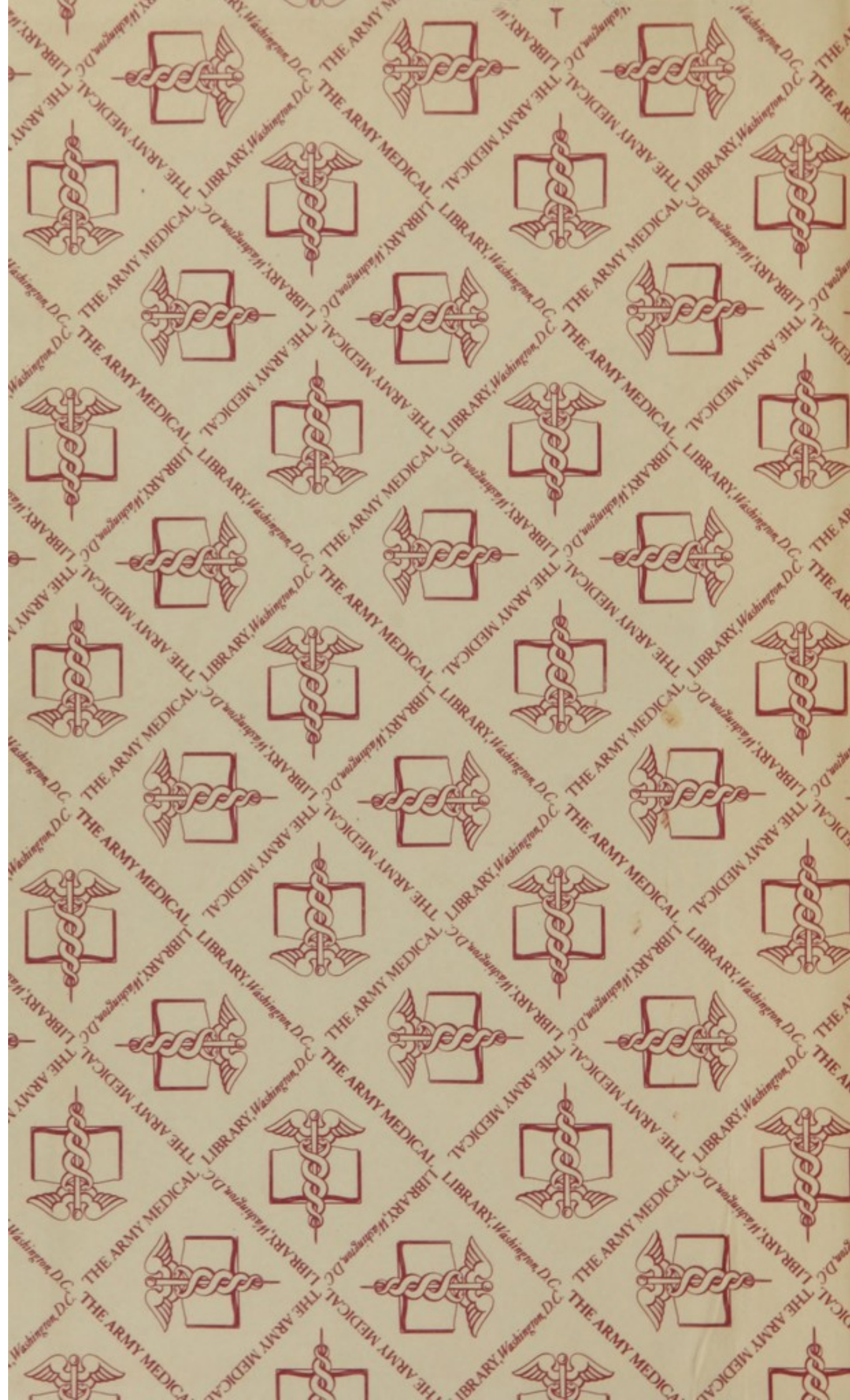
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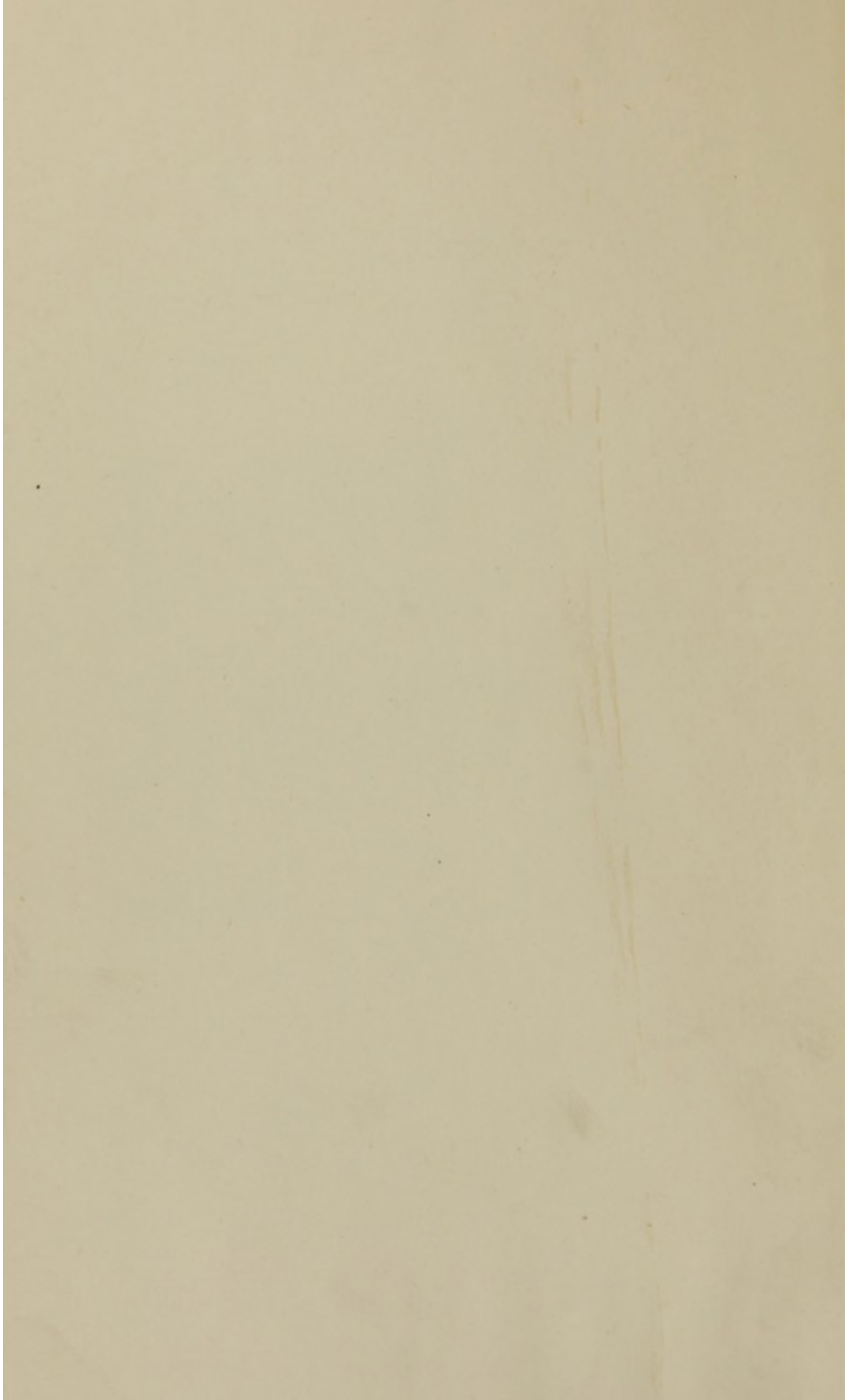
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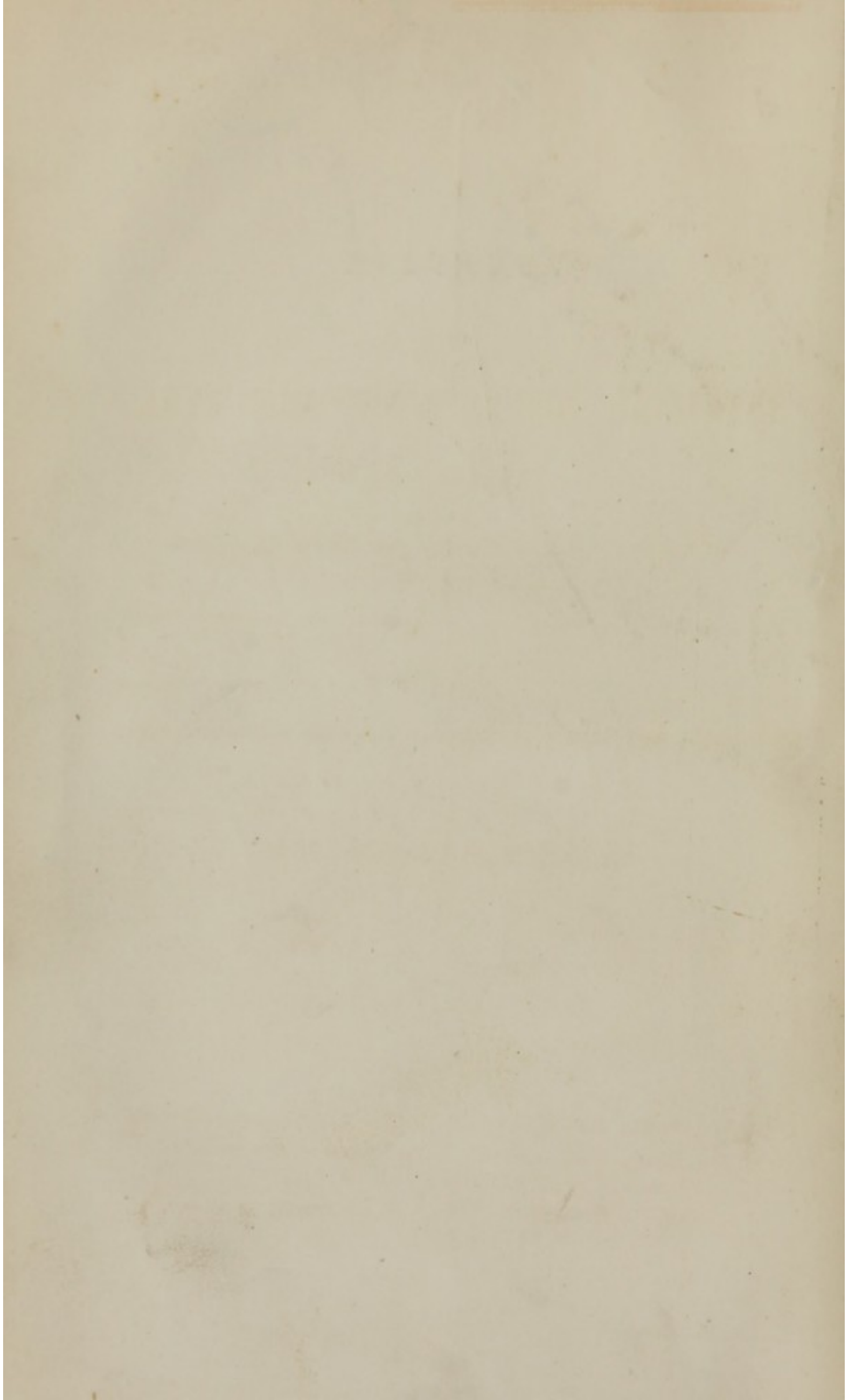






H. Bellow
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The Author



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INTERNAL DISEASES OF THE EYES,

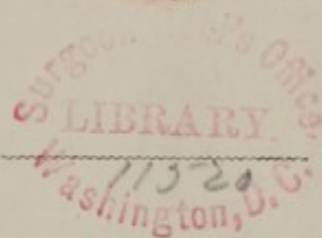
INCLUDING:

DISEASES OF THE IRIS, CRYSTALLINE LENS, CHOROID RETINA, AND
OPTIC NERVE.

BASED ON

THEODORE J. RUECKERT'S "CLINICAL EXPERIENCE IN HOMŒOPATHY."

✓
BY JOHN C. PETERS, M.D.



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DISORDERS OF MENSTRUATION.—By JOHN C. PETERS, M.D. [1853. Bound. 75 cts.

This work, which is the first part of a Treatise on "Diseases of Females," by Dr. Peters, we have perused with much pleasure, and have derived information from it. It fulfils in a great measure, the object which the author seems to have had in view, viz.: to acquaint us, with all at present known, relative to the functions of menstruation, and the diseases consequent upon its derangement and irregularity. We may say that we concur generally with the author in his views, as expressed in this work; in fact we consider the work before us as one of the best, if not the very best, on the subject of which it treats. As a compilation, we cannot too highly commend it. The opinions of the various writers of the highest authority are fairly given, and this without any attempt whatever, to force

upon us his own judgment of their views. Allopathy and Homœopathy are alike dealt with. The style is easy and flowing, and yet clear and pointed withal, which, in a work of this kind, is of no little consequence. Did space permit, we should have liked to have favored our readers, with a few extracts; but, as from what we have said, the majority of them will, doubtless, deem it their duty to purchase the work, we regret this our inability the less.

We look forward with pleasure to the next part of this publication — *British and Foreign Journal of Homœopathy*.

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The works of all the leading authorities, upon the subjects treated of, have been freely used, in connection with Dr. Peters' own varied and valuable experience. The treatise has obviously been compiled with industry, care and judgment, and with an eye to supplying a substantial deficiency in the medical library. The subject in its various compartments is treated clearly and copiously, with no parade of learned and technical terms, but with the simplicity and directness that are essential to the perfect understanding of it.

This work is compiled and arranged upon the same plan as the Treatise on Disorders of Menstruation and contains the highest medical authorities upon the subject in question. The various diseases and derangements are considered in a way that will prove acceptable to the profession. — *Philadelphia Journal of Homœopathy*.

RUECKERT ON DISEASES OF THE EYES, translated by JOHN C. PETERS, M.D. Part 1st. Bound. 75 cts.

This work is characterized by the same industry and fulness of knowledge, which are found in all the works issued by Dr. Peters. Its style is simple and clear, but comprehensive.

The American editor has evidently aimed at the performance of a valuable service to the profession, and at any rate he has accomplished something which may be a valuable beginning. The work will be found a useful one; it is a compilation from the best authorities, and those who have had the most elaborate experience in the treatment of Diseases of the Eyes. The Profession has long wanted a work particularly upon the organs of sight, and we commend this work of Dr. Peters' as being suitable to supply the want; it will be found a convenient manual. — *Philadelphia Journal of Homœopathy*.

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A TREATISE ON INTERNAL DISEASES OF THE EYES, including diseases of the Iris, Crystalline Lens, Choroid, Retina, &c., by JOHN C. PETERS, M.D. Bound, 75 cts.

RUECKERT ON NERVOUS DISEASES AND MENTAL DERANGEMENT, by JOHN C. PETERS, M.D. Bound. 75 cents.

This is one of a very interesting and valuable series of Treatises for which the medical profession is indebted to the careful study, the untiring industry, and discriminating judgment of Dr. Peters. Seven have already appeared and three others are announced as passing through the press. This essay is highly interesting as much so to the non-professional as to the professional reader. It has a value beyond its merely pathological disquisitions, for it treats of habits of thought and feeling and physical life, with a union of keen philosophical insight and straight forward common sense, which seems to be rare in proportion as it is desirable. The fruits of an extended course of medical reading on the part of Dr. Peters are apparent on every page, and considered as an evidence of scholarship in his profession, the book is highly creditable to him and to the medical literature of the country. — *Medical News*.

RUECKERT ON INFLAMMATORY AND ORGANIC DISEASES OF THE BRAIN, by JOHN C. PETERS, M.D. Bound. 75 cents.

Another valuable monograph has recently been given to the Public by Dr. Peters. From a perusal of the work we are satisfied, that it is a useful and highly creditable addition to our medical literature. The different maladies have been described in such a manner, that the reader not only acquires a complete and judicious Homœopathic view of them, but he is put in possession of all reliable modern opinions respecting their diagnosis and pathology derivable from the best standard writers of the Old School. Such a work must commend itself to all intelligent physicians, and will we doubt not, receive due appreciation. — *N. A. Journ. Hom. Aug 1855*.

A COMPLETE TREATISE ON DISEASES OF THE HEAD, including Headaches, Apoplexy, Vertigo, Palsy, Softening, Congestion, Irritation, Inflammation, Dropsy, Hydatids, Tubercular and Cancerous Diseases of the Brain, and Mental Derangement. By JOHN C. PETERS, M.D. Bound \$3.

Preparing for Press.

A TREATISE ON DISEASES OF THE EARS, THROAT AND NOSE. DISEASES OF FEMALES. VOL. III. Or a Treatise on the Diseases of the Womb, Ovaries, &c.

AMERICAN EDITOR'S PREFACE.

IN presenting this second volume on Diseases of the Eye to the public I have to apologize for the long delay, which has intervened since the publication of the First Part.

This delay has led to the belief in some quarters that I intended to pass off the First Part as a complete Treatise on Diseases of the Eye; and this error has been perpetuated in spite of frequent announcements that this second part was in course of compilation.

As excuses for my want of promptness I can honestly advance both want of time, and health. I would still have been unable to fulfil my pledges, if I had not been assisted in the German translation by our most industrious and assiduous colleague, Otto Füllgraff, M.D. A very large proportion of Rückert's text has been converted into English by this enterprising and promising physician. It is safe to predict that a short apprenticeship in translating will render him a successful rival of the best translators from the German; while his thorough medical training will save him from the commission of the numerous technical errors, which lay translators, or those who commence the study of medicine late in life, are so apt to fall into.

As regards my own part of this work, I have only to reiterate what I have so frequently said before, that I by far prefer to give the most matured opinions of the ablest writers, to advancing my own more or less crude opinions. I am obliged to admit with pain and regret, that some of the writers in the dominant school of medicine are far bet-

ter trained in the study of disease, than are the majority of the adherents of the New School. The Homœopathists as a body, but more particularly the strict Hahnemannists, pay so much attention to the effects of remedies in health and disease, that they have comparatively little time left for a one-sided and devoted attention to the study of disease; much less are they able to confine themselves exclusively to the elaboration of the diseases of any one particular organ; as yet, we have no Homœopathic oculists, dermatologists, much less any quackish cancer-, throat-, or lung-doctors.

I feel confident, that I have not undertaken an unnecessary labor, in my attempt to furnish a series of manuals upon the diseases of almost every organ of the body. At least, it has happened very frequently to me during the fifteen years, which I have devoted to the study and practice of Homœopathy, that I have painfully suffered for the want of just such treatises as I am endeavoring to supply. Rückert's pains-taking collection of cases forms the very best basis for them; and to supply the rest I have but to put myself in the position of a faithful observer of nature and an earnest student of the best authorities in medicine.

In the present work I have mainly depended upon the last edition of Mackenzie, and have generally contented myself with quoting his language.

J. C. PETERS.

19 East 15th st., New-York.

TO WALTER STEWART, M.D., (of Natchez,)

Late Physician to the Home for the Friendless. Late Surgeon to the
New-York Homœopathic Dispensary. Late Secretary and Treasurer of the New-York Hahnemann Academy of Medicine.

DEAR DOCTOR:

We have been so long, and to me so pleasantly associated together as friends and colleagues; I have so frequently availed myself of your skill as a surgeon, and sought your countenance and counsel as a physician; and finally we have had so much happy experience in the treatment of Diseases of the Eye, both in public and private practice, that common gratitude would compel me to make some public acknowledgment of my manifold obligations to you. But I offer you this little tribute of remembrance as an expression of warm personal attachment, of my high sense of your many kindly and gentlemanly qualities, and of my appreciation of your fine acquirements and great natural abilities in every department of medicine and surgery.

I trust that you will meet with every success in your new field of labor, and that you will forgive my hardihood in forcing this dedication upon you without your knowledge or consent.

Yours very faithfully,

J. C. PETERS.

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ON
INTERNAL DISEASES OF THE EYE.

ARTHRITIC OPHTHALMIA.

(GOUTY INFLAMMATION OF THE EYES.)

LAWRENCE admits two varieties of this disease.

1st. *Arthritic iritis*, in which the affection is mainly confined to the iris, and is not a very serious disorder; for after a violent attack of this kind, with great diminution of sight, the symptoms subside (even under allopathic treatment), the eye recovers, and vision is completely restored. The inflammation may and does return again and again, and we are surprised to see the eyes recovering so completely as they do after these repeated attacks.

2d. *Arthritic inflammation of the internal tunics of the eye*, which is a far more serious accident, as extensive inflammation is frequently developed, affecting the internal parts of the eye generally, that is, the choroid, iris, retina, vitreous humor, lens and its capsule, and involving the sclerotica and cornea secondarily. It generally ends in loss of sight, with a dilated pupil and opaque lens. This disease almost invariably destroys sight; while the eye will recover completely from repeated attacks of arthritic iritis.

1. *Arthritic Iritis.*

In persons of a gouty habit, inflammation often attacks the iris, and is usually of an acute character. Uneasy sensations are experienced about the eye; pains occur in the forehead, brow, and orbit, often extending to the side of the head; redness of the sclerotica comes on, with pain of the eye, intolerance of light and lachrymation; in consequence of the

repeated motions of the lids, which become red and a little swelled, a small quantity of froth or white foam collects on their edges, particularly towards the angles. With the increase of the symptoms, the iris becomes dull and discolored, the pupil contracted, but it preserves its central situation, and becomes fixed at one or more points to the capsule. There is both headache and fever. The red zone around the cornea does not advance to the very edge of the latter, but a narrow white ring is left between them; this white border is often partial, being observed more especially towards the angles of the eye. The color of the corneal zone is also more dull in arthritic iritis than in the other varieties, and it is sometimes even livid, from varicose enlargement of the vessels. (LAWRENCE.)

As before said, the patient may recover from repeated attacks, one of Lawrence's patients had had his eye inflamed fourteen times, yet vision was unimpaired, though there were in each eye adhesions connecting nearly the whole pupillary border to the capsule. In each attack, fresh exudation of lymph occurs, the pupil becomes more and more contracted, and at last is filled up entirely with false membrane, when of course sight is finally destroyed. (LAWRENCE.)

2. *Internal Arthritic Ophthalmia.*

In this affection a severe burning or tearing pain is felt deep in the ball of the eye, with a sensation as if it were too large for the orbit. At the same time a dull or rather livid redness is developed in the sclerotica, increasing in intensity to the edge of the cornea, from which, however, it is separated by the narrow white ring mentioned in the description of arthritic iritis. Soon the vessels of the conjunctiva become distended and the cornea loses its brightness. At first there is increased sensitiveness to light and lachrymation. The pain in the eye becomes severe and almost intolerable, extends to the orbit, face, and side of the head; it entirely prevents rest, and sometimes is hardly lessened by the most active allopathic treatment. The iris is rendered darker and dull, the pupillary margin being turned backwards, and the opening itself dilated and fixed, sometimes having an ob-

long fissure in the transverse direction. A dull green discoloration is observed deep in the eye, and considered to indicate loss of transparency in the vitreous humor, or organic change in the retina. The posterior parts of the ball of the eye swell, and push forwards the lens into the dilated pupil, wedging it into the aperture and squeezing it against the cornea. The lens loses its transparency, turns to a dull green, yellowish green, or dull white color, forming a *green*, or *glaucomatous cataract*. This vascular congestion and the consequent swelling of the internal parts, distend the sclerotica, and give to the globe a stony hardness. The disturbance in the vessels of the sclerotica extends to the cornea, often causing considerable haziness; this change, and those in the iris and pupil, destroy all brilliance and expression of the organ, making it look like a dead eye. Sight is greatly impaired, often entirely lost from the beginning; this loss of sight may be sudden, taking place in the course of a night; Yet the patient often perceives flashes and various luminous appearances, although unable to distinguish light from darkness; and from time to time a glance of light is seen, which leads to the fallacious hope that sight may be recovered.

Finally, the pain and redness lessen, and the affection subsides leaving an iris of dull and leaden hue, a fixed and dilated pupil, either of a dull green color, or occupied by a glaucomatous cataract, with total and irreparable loss of vision. The disorder generally affects the two eyes in succession; but both may be attacked at once. The chief cause, is an unhealthy state of the constitution, and the prognosis under allopathic treatment is entirely unfavorable. When vision is lost, it is never restored; nay, if the characteristic symptoms are present, we may be tolerably certain that the disease will go on to the extinction of sight; and we cannot prevent it. The disorder indeed is so unmanageable that allopathic treatment has very little effect upon it; the pain in the eye and head continues in spite of allopathic treatment, and vision is neither restored, nor improved. (LAWRENCE.)

WALTHER and FISCHER say, it is impossible to divert the disease away from the eye by the counter-irritation, and that the

treatment of the gouty diathesis comes too late to save the eye-sight.

WEBER says under homœopathic treatment, if no disorganization of the eye has as yet taken place we can count with a certainty upon a cure; and even in those cases in which staphyloma, or contraction, or irregularity of the pupil has occurred we may frequently succeed in removing these, or at least in preserving sight. He probably refers to rheumatic iritis.

In well developed arthritic ophthalmia, Aconite 30, from six to twelve doses, one every four or six hours should be given; the intolerable pains, and the inflammation will either be improved decidedly, or at least checked in their course. Then Bellad. 30, should be given every twenty-four or seventy-two hours; generally after the third dose there will be a decrease in the severity of the pains and inflammation. At times Bellad. will act better, when an occasional dose of Sulphur 60, is interposed. In some cases Calc. c., 30, will produce an excellent effect, but only after the most urgent symptoms have been moderated. WEBER.

If disorganization has already set in, much may occasionally be done. Staphyloma has been removed by Bellad. 30, and repeated doses of Causticum 30. The contraction and irregularity of the pupils has yielded to Graphite, Silex, Calcarea and Sulphur 30. The remaining gouty pains have often been relieved by Bellad., Sulph., or Calcarea. WEBER.

BELLADONNA,

according to Hering, is useful when the pain is severe and aching, in, around, above or near the eye, when there are violent stitches and feeling as if the eye were torn out, or pressed in; when the pains often return and go again, and flashes of light appear before the eyes, or sparks, or black specks with bright edges; or when every thing is dim as if from mist or gauze; with violent vertigo, and headache so severe that the patient is on the point of losing his consciousness.

Although Bellad. is not particularly suitable against the rheumatic or gouty diathesis, still it will often relieve the severe

pains caused by the spasmodic contraction of the inflamed parts, and tend to prevent the contraction of the pupil; but then it must be used in full doses, both internally and externally. PETERS.

COCCULUS.

CASE 160.—A woman, aged 69, had had arthritic inflammation of the right eye, for four days, attended with the most violent rending pains in and about it.

Symptoms.—The right eye was generally and equally attacked with a venous inflammation; the varicose blood-vessels gave the conjunctiva a dirty-red appearance, and formed a whitish-blue ring around the cornea; the dilated pupil was oval in shape, and insensible to light, its upper edge was bent backwards; in the depths of the eye there was unmistakable greyish turbidity of the lens and crystalline body, and glaucoma had already commenced, the eye itself seemed smaller, as if it were drawn back into its orbit; the lids were inflamed and secreted a viscid, purulent fluid; there were violent pains in the brows; the left eye was sound, although the lids were already inflamed. The right eye was already totally blind.

Treatment.—Bellad. 30, was given, followed by Cocculus 12, on the next day; by the third day the inflammation and pain of the right eye were considerably lessened. Cocculus was then continued alone, and in four days more only a very inconsiderable inflammation remained, and the general condition of the patient was much improved. Nine days after, Sulphur 30, was given to remove some rending and piercing pains in the right side of the head and a slight inflammation of the lids. The patient was entirely cured in six weeks. THORER.

CASE 161.—A robust man, aged 48, had suffered for many weeks with arthritic ophthalmia preceded by rheumatic pains in the limbs.

Symptoms.—The sclerotica of the left eye was inflamed; an inflamed rose-red ring about the edge of the cornea;—cornea dim, dusty and surrounded by a bluish white ring; the left iris was inflamed at its inner edge; the pupil drawn upwards, irregular and contracted; there was intolerance of

light and contraction of the upper lid; no lachrymation; rending pains in the eye-brow, and left side of the head, aggravated in the evening and at night. There was already an angular appearance of the right pupil, and a bluish-white zone around the cornea. The patient saw as if through a mist.

Treatment.—Merc. 12 was given for four days without benefit. Then Coccus 12 was given, with decided abatement of the inflammation, which disappeared entirely on the fifteenth day, while the intolerance of light was very slight and the pains trivial. Under the continued use of Coccus the patient was entirely restored in a month, with the exception of some rheumatic pains in the limbs, for which he received Calc. 30. THORER.

CASE 162.—KALLENBACH also believes in the beneficial action of Coccus in both acute and chronic arthritic ophthalmia. In one case, the almost entirely lost power of vision was restored by the alternate use of Coccus and Sulph., one dose every eight days, in the course of six months.

CASE 163.—A woman whose fingers had been contracted by previous attacks of gout, was attacked with arthritic ophthalmia, which was soon cured by Coccus. The fingers became moveable during the treatment and remained so. KALLENBACH.

COLOCYNTH.

HERING says it is useful against inflammations attended with intolerable burning and cutting pains, extending into the head, with aching especially in the forehead or side of the brain, with drawing and rending, extending down into the nose, or spreading through the whole body, with great anxiety and restlessness.

Wine of Colchicum and Turpentine are much relied upon in the old school; drachm doses of the former, every six hours, have succeeded, when one-half the quantity had failed.

CASE 164.—An arthritic ophthalmia attended with almost permanent raging and rending pains, with burning and cutting pains in the eyes; congestion to the head, and profuse flow of acrid fluid from both eyes, was cured in a short time by two-drop doses of Tinct. Colocynth every three hours. SCHULER.

MERCURIUS-SOLUBILIS.

LAWRENCE says, that arthritic ophthalmia neither requires nor admits of that free use of Mercury, which is so advantageous in other forms of iritis; he has seen cases in which it was rather injurious than beneficial.

CASE 165.—A powerful man, aged 50, was attacked with ophthalmia after he had suffered with gouty pains in his limbs.

Symptoms.—Violent rending in the forehead and vertex, with severe pains shooting from the depths of the eyes, and aggravated every evening and night; considerable inflammation and sponginess of the right conjunctiva, phlegmonous swelling and inflammation of the eyelids, which were exceedingly sensitive to the slightest touch; great intolerance of light, and flow of hot tears; whitish ring about the cornea; the originally blue iris had become brownish and greenish; the pupil immoveable, and other signs of *iritis*. There was moderate fever; loss of sleep from the severe pains at night; profuse perspiration without relief.

Treatment.—Several strong doses of Acon. and Bell., produced no good effect; for every night at twelve o'clock the most violent pains set in, in the eye, and exhausted the strength of the patient; there was a bad taste in the mouth, much spitting of mucus, a pasty taste in the mouth, and some tenesmus. Then Merc. Solub. 4, one dose every night and morning was given for several days, with evident improvement to the iris and attendant pains and symptoms. Sulphur 6 and Sepia 30 were given, and the sight was perfectly restored.

SPIGELIA.

LOBETHAL says it is the most certain and almost only useful remedy against all gouty and rheumatic ophthalmias, when there is little external redness, but great vascularity of the conjunctiva or cornea, and when the pains in the interior of the eye are severe, boring, piercing or burning, and the feeling is present as if the ball of the eye was too large.

CASE 166.—A woman, aged 40, had suffered off and on for six years with catarrhal arthritic ophthalmia; there was an insupportable pain about the brow which deprived her of

all rest and was much aggravated by changes of the weather and wind; there were enlarged almost varicose vessels on the conjunctiva, and the sclerotica was marked by a delicate, bright red net-work of vessels.

Treatment.—After Nux. had acted favorably for some time, and Sulphur 400, had been given without effect, Spigelia 30 was used with such good results that the patient was cured in three weeks. LORBACHER.

SULPHUR,

Is homœopathic to some of the varieties of rheumatism and gout.

An attack of gout is preceded in most instances by some marked disorder of the functions of the stomach and liver, such as diminished appetite, flatulence, heartburn or nausea; the stools are also unnatural, either pale, or of a dark green color and very offensive; the urine is apt to be high colored, acid and turbid. Pains and cramps may occur in several parts of the body, and shoot from thence to the arms or shoulders, and are relieved by the extrication of wind from the stomach. The bowels are apt to be irregular, colicky diarrhœa, alternating with costiveness. There is a tendency to venous congestion of the abdomen, and to piles, with all this the patient is prone to be excessively dejected and hypochondriacal, morbidly attentive to every bodily feeling, disposed to exaggerate his sufferings and apprehensive of the worst event. WATSON.

Now, according to Vogt, Sulphur is homœopathic to weakness of digestion, discomfort in the stomach and bowels, eructations, nausea, distention of the abdomen with wind, colicky pains, loss of appetite, and tendency to diarrhœa, with more or less bilious derangement. The urine, under the use of Sulphur is apt to be thicker, darker, and saturated with animal matters.

Vogt says it may often be used successfully against some chronic and dyscratic inflammations in which Mercury and Antimony dare not be given. That is very useful against *excessive venosity*, stagnations in the venous vessels, and hæmorrhoidal affections. In chronic rheumatic affections

when there is but little warmth in the skin, and sluggishness of the lymphatic and venous circulations: it is quite indispensable when the long duration, or frequent return of the affection has developed a rheumatic dyscrasia, and the condition of the system does not allow of the use of mercurials, or antimonials. HUFELAND, FRITZE and others have prevented the regular annual attacks of gout for years, by the methodical use of Sulphur persisted in for four or six weeks together, followed by China, or other remedies. It is most useful against blind piles, and its good effects are most certain when there is pain, a chronic inflammatory irritation of the affected parts, and a strongly marked hæmorrhoidal disposition, with abdominal venous congestion, although it has been used as a specific against all and very various kinds of hæmorrhoids. It acts not merely upon the piles, but exerts an alterative action upon the metamorphoses of the vegetative organs, upon the venous system in general, and tends to equalize the distribution of the blood, lymph., &c. It may even remove chronic alterations of structure, depositions, exudations, vegetations, &c. PETERS.

CASE 167.—A cachectic woman, aged 62, had suffered with her eyes, for about a year.

Symptoms.—Considerable intolerance of light, and violent pains from exposure to it; dark redness of the conjunctiva the vessels of which run towards the cornea, stop suddenly in its neighborhood, then unite and form a vascular zone with those of the other side of the eye, forming a characteristic bluish ring about the edge of the cornea. The cornea is transparent, but dim, as if covered with dust. The pupils contracted but not irregular. In the left eye a flocculent exudation extended from one edge of the pupil to the other. The iris of both eyes was swollen in places, and deficient in its peculiar radiated texture. At night the eyelids became slightly adherent with a foamy, whitish secretion, especially at its angles. There were violent pains, severe burning with piercing and pricking, increased at night, so that the patient was often obliged to sit up in bed for hours, and only obtained some sleep towards morning. Boring, pressing pains in the upper orbital margin, with great heat of the head, and sen-

sation when moving the eyes as if they had not room enough in their sockets. Sparks and flashes before the eyes. Objects swam before the left eye in indistinct images, and the attempt to see more clearly was followed by gushes of hot tears.

Treatment.—Bellad. 6, three doses per week, produced some relief from the pains and some sleep at night, but effected no change in the local affection in the course of fourteen days. Several doses of Nux. 6, did no good. Spigelia 6, one dose every other night seemed to act beneficially at first, but not long. After the commencing the use of Sulphur 3, one dose every third morning, the whole disease was removed in three weeks. GENZKE.

CASE 168.—A robust, gouty man, aged 40, had suffered considerably with gouty inflammation in the left eye; his vision was impaired; the pupil irregular, the iris insensible. A fresh attack of gout in the upper and lower extremities was followed by an arthritic affection of the head, viz., of the left frontal bone and of the eye, aggravated at night. The inner surface of the eyelids, the meibomian glands, caruncula lachrymalis, conjunctiva and iris were uniformly inflamed, attended with swelling, intolerance of light, and inability to see.

Treatment.—Two doses of Bellad. 30, followed by Sulphur 30, on the third day, removed the inflammation by the sixth day, so that the patient could use his eye again. A relapse was quickly relieved by the same remedies, aided by Cocculus. THORER.

CASE 169.—A gouty man, of apoplectic habit, aged 50, had suffered for years with repeated attacks of ophthalmic arthritica which confined him to a dark room for weeks and months, and against which all remedies had previously been of no avail. At present he had suffered for several days with intolerance of light which prevented the slightest use of his eyes; the conjunctiva was but little reddened; the sclerotica was rose-red, and there was a bluish ring around the cornea, with pains about the eyes.

Treatment.—Four doses of Tinct. Sulph., one each day, restored the eye entirely, and no relapse had occurred at the

end of one and a half years. The photophobia ceased first.
GRIESELICH.

CASE 170.—A woman aged 34, who had had itch suddenly repelled several years before, had suffered for three months with violent gouty inflammation of the *left* eye.

Symptoms.—Pale redness of the sclerotica; redness of the conjunctiva of the lids and ball; dimness of the cornea, as if covered with dust, and deep, whitish spots in the centre; discoloration of the iris; pupils smoky and somewhat irregular; almost entire loss of sight in the affected eye, so that she could not scarcely distinguish colors; neither pain, nor photophobia.

Treatment.—Sulphur 6, six doses, one every other day; in five days the inflammation was considerably diminished, and vision improved. Six more doses of Sulph. 6. were given, and afterwards, three doses of Sulph. 30, one every eight days. The eye was entirely restored; the cornea became clear, the iris regained its natural color, the pupil became free and regular. HEICHELHEIM.

CASE 171.—A woman, aged 60, had been sick for eight days.

Symptoms.—Violent rending pains, first in the right eye, then in the left, extending over the brows into the forehead, and persisting night and day; both eyes were swelled; the lids erysipelatously inflamed, so that they could not be opened; violent dark red inflammation and sponginess of the conjunctiva; great swelling around the cornea (chemosis); iris inflamed and brown in color; pupils much contracted, but round in shape; great intolerance of light; ready eversion of the upper lid; the left eye could not be seen from the great inflammation and swelling of the lids; profuse effusion of mucus and pus from between the lids. Fever in the afternoon, much thirst, no appetite, night sweats without relief, constipation, scanty red urine.

Treatment.—Bellad. 24, in drop doses, for three days, with relief from the piercing pains in the balls, erysipelatous swelling of the lids; on the sixth day Spigelia 30, without benefit on the contrary the symptoms increased. Cocculus 12, in drop doses, night and morning, for four days, without good

result. Then Arsen. 30, one dose every other day; after two doses the patient got some rest at night, the swelling around the cornea subsided, the gouty pains in and about the eye were lessened, and the blenorrhœa was very slight.

A relapse, occasioned by exposure to cold was followed by raging pains in and about the left eye; the cornea became milky white and turbid; great swelling of the conjunctiva; vision seemed lost; a pannus formed over the eye, and purulent mucus was discharged from it. Phosphor 30 and Staphys. 30, were given without relief; there was commencing keratocele (hernia of the cornea), and falling forwards of the iris. Lycopod. 30, for twelve days, followed by relief from the arthritic symptoms, retrocession of the organic changes, removal of the prolapsus of the iris, and almost entire restoration of sight. Finally, Euphrasia was given.

THORER.

GENERAL REVIEW OF THE TREATMENT OF ARTHRITIC OPHTHALMIA.

In the above ten cases, Sulphur was used four times; Coccus, three times; Spigelia, Merc. and Coloc., each in one case, and Arsen., Acon., Bellad., Caust., Lycopod., and Nux. are alluded to.

When the *lids* were inflamed with phlegmonous swelling, Merc.; inflamed with erysipelatous swelling, Bellad.; inflamed, Cocc.; inflamed on their inner surface, Sulph.; inflammation of the meibomian glands and caruncle, Sulph.; foamy secretion between the lids, Sulph.; viscid moisture, Coccus.;—hot tears, Merc.

When the *conjunctiva* is dark red, as if injected, Sulph. and Spigel.;—inflamed and spongy, Merc.,—with swelling around the cornea, (chemosis) Arsenicum.

When the *sclerotica* is rose-red and inflamed, Sulph., Spigel., Coccus.:—rose-red in color, Coccus., bluish ring around the cornea, Sulph.; a white zone, Merc.;—a bluish white ring, Coccus.

The *cornea* dim and without glance, Cocc. and Sulph.;—

with whitish and shallow excavations in the middle, Sulph. ;—flocculent exudation in the anterior chamber, Sulph.

When the *iris* is inflamed, Coccul., and Sulph. ;—discolored, Sulph. ;—when the naturally blue iris becomes brownish and green, Merc. ;—spongy, with loss of radiating texture, Sulph. ;—with loss of contractility, Sulph. ; prolapsed, Lyc. ;—oblong, Merc. ;

When the *pupils* are angular and irregular, Sulph., Graph., Silex., Calc. ;—when they are actually contracted, Coccul. ;—rigid, Merc. ;—drawn inwards and backwards, without contractility, Cocculus.

When the *lens* is greyish and dim, with commencing glaucoma, Coccul. ;—when sparks, flashes, black-spots with bright edges appear before the eyes, and everything seems dim, as if in a mist, Bellad., Sulph.

When the *pains* are boring and pressing as if the ball of the eye were too large, Sulph. ;—boring, piercing and burning, Spigelia ;—boring and cutting, Coloc. ;—rending in the brows and head, Coccul. and Bellad. ;—raging headache with anxiety and restlessness, Coloc. ;—when perspiration brings no relief, Merc.

Most of the above cases were sub-acute or chronic, and Coccul., Spigel., Sulph., Calc., Caust., Arsen., and Lycopod., were the most useful remedies. In the more acute attacks, Acon., Bell., Coccul., and Merc. were used.

The DOSES varied much, both high and low dilutions were employed.

In acute cases the danger of destruction to the eye was removed in six or eight days ; the chronic ones required from three to four weeks to effect a cure. Even against staphyloma and irregularities of the pupil, WEBER was able to do something.

DISEASES OF THE CORNEA.

Simple inflammation of the cornea has been treated of in Vol. 1., p. 51.

SCROFULOUS CORNEITIS.

It generally appears in young persons from eight to eighteen years of age ; and in the female it often occurs in connection

with amenorrhœa; the skin of the patient is often coarse and flabby, with the sebaceous follicles of the face much developed; it also often occurs in connection with deafness and a peculiar hoarseness of the voice; other scrofulous affections are generally present, such as swollen lymphatic glands, &c.

The redness is principally in the sclerotica and on the surface of the cornea, and is in general not very considerable; in some cases, however, the whole of the cornea is so much covered with red vessels, that it resembles a piece of red cloth, and hence has been styled pannus.

The cornea is more or less opaque and rough, and looks as if its whole surface had been dotted or pricked with a pin; it has also lost its natural polish resembling glass that has been breathed upon; in fact dimness of sight and slight opacity are the earliest symptoms of the disease. Deposits of lymph may take place, so that the whole surface becomes almost uniformly white, one patch of opaque deposition taking place after another, or else the opacity creeps slowly from one edge of the cornea over its whole area. At times these deposits of lymph also take place between the laminæ of the cornea; then although the external surface may clear, such deep-seated opacities scarcely ever are removed.

In most cases of scrofulous corneitis which have lasted a considerable time, the aqueous humor becomes superabundant, and there is more or less *hydropthalmia*. In other instances the cornea becomes somewhat conical.

Not unfrequently we find a white spot on the centre of the cornea, the rest being quite red, or in a state of pannus; as the disease proceeds the white spot ulcerates, then the pannus begins to clear, and a cure more or less perfect is accomplished. In such cases it often happens that until the central spot ulcerates, no improvement is effected; still the cornea is left more or less reduced in size, and with a permanent opacity.

The disease in its mildest form is always tedious; many cases are under allopathic treatment for a year or more before they perfectly recover; still the amount of recovery, by the gradual absorption of the opaque spots is often wonderful, even when all hope seemed lost.

Allopathic Treatment.—Tartar emetic is often useful; Mer-

cury and Turpentine are relied upon when the paroxysms of pain are severe and the iris becomes involved, and there are newly deposited thick opacities from the pouring-out of coagulable lymph; Quinine acts more slowly than in pustular ophthalmia, but is said to be very useful when there is great debility, flabbiness of the skin and night-sweats, it is most homœopathic when there is more or less deafness; Iodide of Potash, Cod Liver Oil and Muriate of Barytes are used when there are glandular swellings present. Among the *local* applications, a solution of Bi-chloride of Mercury with Bellad. is considered the most useful; Hydrocyanic-acid, applied in the form of vapor to the eye is said to be decidedly useful when the acute stage is over, it lessens the redness and clears the cornea.

For Homœopathic treatment, see Scrofulous Ophthalmia, Vol. 1.

ABSCCESS OF CORNEA.

See Hypopion, Vol. 1, p. 106.

ULCERS OF THE CORNEA.

There are two distinct varieties, 1st, the *superficial*; 2d, the *deep*.

The former generally extends over a considerable portion of the surface of the cornea and often appears to involve little more than its merest surface.

The *deep* ulcer is usually much smaller, but it penetrates the proper substance of the cornea and often eats its way completely through all its layers, so as to open the anterior chamber, and let out the aqueous humor. The superficial ulcer is common in catarrho-rheumatic ophthalmia, the deep ulcer generally is the result of the bursting of a scrofulous pustule, or the giving way of an onyx externally.

The cicatrix which follows a superficial ulcer, is greyish or bluish white and semi-transparent; it generally can be entirely removed. The surface of a deep ulcer is usually ragged and covered with a sloughy like matter, and is apt to be covered with red vessels before it heals up; an opaque cicatrix of a yellowish white color is formed, called *leucoma*, which seldom admits of being completely removed.

Both superficial and deep ulcers sometimes assume the form

of a *transparent* pit, depression or fossula in the cornea, forming what has been called an asthenic ulcer, or very incorrectly, a transparent cicatrix; after a time, however, it becomes covered with opaque fibro-albuminous exudation and undergoes a real process of cicatrization.

Another very peculiar variety is the so-called *troughing ulcer*; it sometimes forms at the edge of the cornea, in consequence of the chimosis which attends gonorrhœal and purulent ophthalmia. Mackenzie has also occasionally met with an obstinate variety of ulcer at the edge of the cornea, which creeps on slowly, one portion healing, while the other is spreading, until at length a *deep trench* is formed around a great part of the edge of the cornea.

Occasionally it happens that a deep ulcer penetrates so far that the lining membrane of the cornea is pushed forwards in the form of a vesicle, forming what is termed *hernia of the cornea*; it is very apt to burst if touched roughly, or when the patient is blowing his nose violently, or straining at stool, or making some violent exertion; the aqueous humor is then evacuated, the iris falls forward, and too often protrudes through the ulcerated opening forming the so-called *hernia of the iris*.

Allopathic Treatment.—MACKENZIE regards Belladonna as the most beneficial remedy in ulcers of the cornea; Quinine is said to be required in the asthenic ulcer, or transparent fossula.

OPACITIES OF THE CORNEA.

These are of three kinds; 1st, *nebula*, is the slightest degree; 2d, *albugo*, which arises from the deposit of lymph into the cornea, so as to present a pearly appearance; 3d, *leucoma*, which is always the result of cicatrization.

All these three kinds of specks have a natural tendency to disperse as soon as the disease which gives rise to them subsides, or is removed. In children and young persons many very dense and extensive opacities are removed in the natural progress of growth, which would be quite irremovable in adult life.

Allopathic Treatment.—MACKENZIE has witnessed the good

effects of the vapor of Prussic-acid especially in nebula, in some cases of leucoma and in vascular albugo; in this last affection the action of the vapor causes the vessels to shrink, after which the speck ulcerates and disappears. The vapor of Phosphorus is much more useful. Corrosive-sublimate, Hydriodate of Potash, Sulphate of Cadmium, and the Bile of various animals, &c., &c., all cause such irritation as causes the capillaries to become turgid, and as the increased vascularity subsides, increased activity of the absorbents follows as a matter of course, and more or less of the opaque matter is removed.

HOMŒOPATHIC TREATMENT OF SPOTS AND LEUCOMATOUS OPACITIES.

CASE 172.—W. was left after ophthalmic arthritis with leucomatous opacity of the cornea; he saw before the affected eye nothing but a constant play of colors, accompanied by vertigo once or twice a day; he had boring and hammering pains in the forehead, pressure in the eye, burning and cutting pains in the lids—whizzing and buzzing in the ears.

Treatment.—Calc. 18. At the end of a week, the greyish-white opacity had changed into a lighter color, and the other symptoms were much improved—in two weeks one-half of the cornea was clear. Phosph. 30, was then given and the leucomatous opacity which had penetrated deep into the lamellæ, diminished daily in size and depth; Silicea was given to complete the cure.—*Arch.* 8, 156. SCHULER.

CASE 173.—A lady, aged 32, had opacity of the cornea of the left eye with staphylomatous excrescences on the same.

Treatment.—From August until March she took Sulph. 400, Calc. 200, Acid-nitr. 200, Euphras. 200, Cannab. 200, and Silic. 200, in solutions. Under this treatment she improved so much, as to enable her to discern objects and read print in large letters.—*N. Arch.* 2. 1. 83. STAPF.

CASE 174.—A man, aged 25, had considerable opacity of the right cornea, on the spot where there formerly had been pustule. He had also been blind in the left eye for twenty-three years from an opacity of the cornea of that eye.

After the use of Euphrasia 200 for two weeks, the opacity of the right eye entirely disappeared, and through the left he could distinguish the light of the day.—*N. Arch.* 2. 1. 85. STAPF.

CASE 175.—A boy, aged twelve, after an inflammation of the eyes, was left with greyish streaks on the cornea of the right eye, and many little spots over the whole bulb of the left.

Caustic. 30, cured the whole in six weeks.—*Arch.* 17. 1. 26. B. in D.

CASE 176.—A child, aged ten, after having had an attack of inflammation of the eyes, was left with the cornea changed into a greyish-white mass, perfectly opaque, and somewhat more prominent.

Caust. 30, several doses, with other remedies removed the leucoma in five months.—*Ibid.* 26.

CASE 177.—A man after having had inflammation of the eyes, was left with a greyish speck on both corneæ, which weakened his sight very much, so that in looking at objects they appeared as if enveloped in a mist.

Caust. 30, two doses, and one intermediate dose of Sulph. 30, every fourth week one dose, improved the condition very much—subsequently Caust. and Pulsatilla cured the patient entirely.—*Ibid.* 29.

CASE 178.—Vaccinin 1st, four doses, cured a young lady, aged 17, of opacity of the cornea, which had come on after a vaccination in her earliest childhood,—many other remedies had been administered without any benefit whatever.—*Allg. H. Ztg.* III., p. 149. BATZENDORF.

CASE 179.—A girl, 8 years of age, affected with nebula of the right eye, without previous inflammation.

Treatment.—Euphrasia, internally and externally, was used without improvement.—Cannab. 30, one dose internally every fourth day, and externally in a solution applied to the eye, improved the affection very much in the course of two weeks.—*Pract. Beitr.* 3, 23. THORER.

CASE 180.—Mrs. X., aged 64, after having been stung by a bee, was attacked with violent inflammation of the eye; on the

day following there was considerable exudation on the cornea, and after a few days it was covered by a greyish-white spot.

After subduing the inflammation and photophobia by Bellad.—Canab. was given in one drop-doses of the Tincture every week, and daily applications of Tinct. Cannab. gutt. x. in Aq. dist. ʒj. were made,—a cure was accomplished in five weeks.—*Allg. H. Ztg.* 1, 119. SEIDEL.

CASE 181.—After an attack of gout, an old lady was seized with an inflammation of the right eye, followed by opacity of the whole cornea; after subduing the inflammation, the yellowish-white opacity disappeared in consequence of the continued use of Euphrasia, so completely, that the lady afterwards could use her eye for all purposes.—*Allg. H. Ztg.* 5, 163. KNORRE.

CASE 182.—A boy, aged 5, was subject to attacks of inflammation of the eyes, which returned monthly, leaving spots on the cornea, which finally increased so as to cause complete opacity; the densest part of which was formed by a cicatrix from a wound in the cornea, produced by a piece of wire.

Treatment.—One drop Tinct. Euphrasia once a week. The cicatrix soon disappeared, and the spots on the cornea decreased very much, but the recurring attacks of inflammation had to be cured by Antipsorics.—*Allg. H. Ztg.* 1, 40. KRETZSCHMAR.

CASE 183.—A lady of scrofulous habit, had been affected for more than a year with leucoma of the right eye; she was also troubled with humid tetter and leucorrhœa, and her menses were too profuse and frequent.

Treatment.—Diverse remedies were administered, and finally Carb.-veg., but without success.

Then Calc.-carb. 30 was given, six doses, in the course of eight days; the thickened false membrane separated, so as to expose the pupil a little; cornea became more transparent, so that the patient was enabled to see a little.—*Hyg.* 4, 127. GRIESEL.

3. Vascular Tumors and Warty Excrescences of the Cornea.

CASE 184.—On the cornea of a child, aged 6 years, had formed itself, within a few months, a wart-like greyish protu-

berance the size of a pin's-head. Opening and shutting of the eye caused very unpleasant sensations.

After Ars. 30, in half drop-doses, it disappeared in seventeen days.

CASE 185.—A similar case to the above occurred in a child two years old.

Treatment.—Ars. 30, a half drop, diminished the growth to one-half of its size in twenty days; a second dose cured the remainder in eleven days.—SCHWARZE, 17, 18.

CASE 186.—A girl, aged 9 years, has been affected for the last year with a vascular tumor of the cornea, situated between the conjunctiva and sclerotica, from which the vessels seemed to branch out. The tumor had the appearance of a dark yellowish fleshy mass, disfiguring the looks of the patient very much. All previous treatment had been without success.

Treatment.—Carb.-an. 30 and 3d, were given every other day in alternation from October 21, to Nov. 19, also without benefit. Thuja was then ordered internally in the same way as the Carb. and an external application of Tinct. Thuja in water, was applied on Dec. 22d, the tumor had much diminished in size, and the iris became visible. The Thuja was continued, and the opacity of the cornea lessened. Then Cannab. 30. was given internally every third day, and Cannab. 1, used externally. Finally Thuja and Cannab. in alternation, until the case was cured.—*Allg. H. Ztg.* 38, 350. DRYSDALE.

4. *Sanguinous Tumor of the Cornea.*

A case of sanguinous tumor of the cornea, pointing towards the inner eye, is reported by STAPF.—*Arch.* 7, 2. 56.

On account of the lengthy description of the case we will only give an outline of the:

Treatment.—September 2d, Bellad. 30, was given and diminished the violent, burning, cutting, boring pain in the eye-ball, the photophobia, and the corrosive discharge.

Sept. 9, Calc.-carb. 12, was followed by an aggravation of the whole condition until Sept. 14th, when an amelioration sat in; towards the last of Sept. the patient could open the eye; the pain and inflammation were much less, but the fungus was quite as red in color.

Oct. 24th, Lycopod. 12, which was followed by much improvement, the conjunctiva became almost natural, the opacity was lessened, and the specks on the cornea disappeared; the fungus was much paler, and arrested in its progress.

Dec. 11, Sepia 30, was given; the inflammation subsided entirely; the fungus became smaller in size and paler in appearance.

Jan. 30, Silicea, towards the end of Feb. the fungus had almost disappeared,—the child was able to see, and even to read.

April 20, Calc. 18. By the middle of June the eye was restored to perfect health.

STAPHYLOMA.

Various protrusions, arising from the destruction or yielding of some of the coats of the eye, have received the name of staphyloma, from the resemblance they occasionally bear to a grape.

Staphyloma uveæ arises when the iris loses its natural firmness of texture, and the aqueous humor of the posterior chamber of the eye presses the uvea through the attenuated iris.

Staphyloma iridis occurs when a portion of the iris protrudes through a wound, or ulceration of the cornea; the ophthalmia of new-born children, purulent, gonorrhœal, severe scrofulous or pustular, and traumatic ophthalmiæ are the most common causes of staphyloma of the present day; before the general introduction of vaccination, small-pox used to be the most frequent exciting cause.

When the staphyloma projects so much that it interferes with the ready closure of the eyelids, the apex of the swelling may be touched with a pointed pencil of caustic potash, or nitrate of silver, then brushed over with oil; the part touched by the caustic forms a small eschar, which drops off in the course of a few days, leaving an ulcer, which in cicatrizing, causes a degree of shrinking or flattening of the protrusion; the caustic is not to be repeated until the process of reparation is perfectly completed.

When an ulcer has perforated the cornea, Belladonna, Stramonium, &c., should be used freely, in order to draw the iris out of the cornea, and prevent adhesion to it.

Choroid staphyloma is owing to a protrusion of the choroid coat through the sclerotica; it is of a dark blue color, and often has somewhat of a malignant air, so that it may be mistaken for a melanotic affection.

Single Cases.

CASE 187.—A married lady, aged 24, cachectic in the highest degree, was afflicted with herpetic eruptions, furuncles, old sores about the feet, and lastly with the following disease of the eyes.

Symptoms. Both eyes inflamed; a net-work of injected vessels surrounding the cornea; the left eye covered with a white film, increasing in density toward the lower part of the cornea, causing the opacity to be greater there; on the right eye towards the outer canthus, the margin of the cornea and upper segment of the pupil, there was a staphylomatous protuberance of the size of a small pea, of a dark greyish color; the pupil was drawn out of its natural position; the sight very much impaired; but the intolerance of light was not great.

Treatment.—May 4. Rhus 200, every two hours, followed by amelioration of pain; May 6. Lycopod. 3, three doses; after the second dose there arose a pressure in the epigastrium; uneasiness about the chest, stinging pain in the precordial region, anxiety and palpitation of the heart, violent head- and tooth-ache, swelling of the face, cheeks, neck, and salivation;—this condition lasted several days. May 10. Euphras. 6, one drop in water was applied externally. May 12. Lycop. 30, every three hours. By May 17, the cornea was more transparent, and a decrease in size of the staphyloma. On May 20, the patient was able to use her eyes.—Lycopod. 30, was given as before, until the disease of the eyes was perfectly cured.—*Allg. H. Ztg.* 36, 148. SCHELLING.

CASE 188.—A lady, 24 years of age, four weeks after her confinement, accidentally had a small chip of wood thrown into her left eye; the inflammation which it caused was treated allopathically for one month.

Symptoms.—The eye could only be opened by a great effort on the part of the patient, during which there was an escape of

watery fluid and pus; the lids were much swollen, red and ulcerated; the pains were very severe, of a cutting, gnawing character; in the inner eye, night and day, there was the most violent cutting, pressing pain, increased by opening the lids, and very great intolerance of light.

Conjunctiva dark red, swollen and protruding; opacity of the cornea, with several small deep ulcers, and near its border a staphylomatous excrescence of considerable size. Pupil oblong, and one side of the disfigured iris was intimately adherent to the staphyloma. Sight was almost extinct.

Patient is cachectic, has an ashy complexion, with derangement of digestion and corroding leucorrhœa.

Treatment.—From August 24, to August 30, Sulph. 30, followed by amelioration of pain, easier opening of the lids, less discharge from the eye, and less inflammation; the ulcers had improved, and there was a decrease in size of the staphyloma.

Calcar. 30, was followed in two weeks by entire cessation of the leucorrhœa and improvement of the whole condition.

Thirty-two days after the commencement of the treatment, Nitr. ac. 30, was given, followed by steady improvement of the opacity and specks on the cornea. After Pulsat., Euphras., Senega, the sight was perfectly restored, but the iris remains a little disfigured. The staphyloma was gone and left only a discoloration of the cornea.—*Arch.* 18, 2. 45. STAFF.

GONORRHOEAL OPHTHALMIA.

According to MACKENZIE there are several varieties of this disease; the most severe is caused by inoculation from the urethra; it is comparatively rare, as the instinctive closure of the eyelids, when the finger approaches the eye, makes it actually difficult for a person to touch his own conjunctiva.

It resembles purulent ophthalmia so closely, that there are no marks which can be absolutely depended upon to distinguish the two. In general, only one eye is affected, while in purulent ophthalmia both eyes are usually involved; whenever we see one eye affected with a severe puro-mucous inflammation, the lids much swollen and of a livid color, and

the discharge copious, without any affection of the other eye, we may suspect the case to be gonorrhœal.

It is often exceedingly rapid in its course; in forty-eight hours the disease may have proceeded so far that the sight will be irretrievably gone; thus, of nine cases having only one eye affected, six suffered total loss of vision of the eye affected; of five who had both eyes affected, four lost each one eye, and the fifth lost both eyes. (LAURENCE.) Still it varies much in severity, some eyes resisting the tendency to disorganization and getting well; others being rapidly destroyed.

The chemosis and swelling of the lids are often rather pale; the discharge from the eye is generally profuse and purulent. The cornea is often destroyed by an ulcerated groove forming at its edge, when it is covered and pressed upon by the chemosed conjunctiva; this groove is apt to give way about the twelfth or fourteenth day of the disease, allowing the iris to protrude in one or several points; the eye may be quite bright and clear to-day, and to-morrow we find the cornea burst, generally near its lower edge. This may happen while the patient is straining at stool, or to get on a pair of tight boots, or to lift some article. In other cases, ulceration spreads over a great part of the surface of the cornea, which seems to melt away, becoming so thin as to bulge forwards, and finally it gives way.

Allopathic treatment.—The most vigorous employment of general and local bloodletting and other antiphlogistic means will not save the eye; while the salts of Lead, Zinc and Copper will be found to aggravate the symptoms, at least in the early stages of the attack; snipping out a fold of the chemosed membrane, so as to procure a considerable flow of blood, is highly serviceable; the conjunctiva should be brushed repeatedly in the course of the day with a solution of nitrate of silver; cooling purgatives should be used.

From Metastasis.

These cases are much less dangerous; they arise without inoculation, from the suppression of gonorrhœa, by exposure to cold, violent exertions of the body, abuse of liquor, and astringent injections.

The principal point in the treatment is to restore the discharge from the urethra.

Without Inoculation or Metastasis.

These cases are generally rheumatic or catarrhal in their nature; some people are liable to rheumatism of the joints, to puriform discharges from the urethra, and irritable ophthalmia; and these diseases are apt to alternate one with the other; when one comes on, the other ceases, and vice-versa. They must not be mistaken for those frightful cases in which the eye is really clapped.

The remedies used were: Antim.-tart., Chin., Nitric-acid, Pulsat.

CASE 189.—A gentleman, aged 40, affected with gonorrhœa, from carelessness got some of the gonorrhœal matter into his right eye, after which he became affected with a violent iritis. He had violent photophobia of the right eye first, but subsequently also of the left,—severe and constant pain in the forehead, which tormented and reduced the patient very much; he had been sick six weeks. China cured him in two weeks.

CASE 190.—After suppressed gonorrhœa; a man became affected with blenorrhœa of the eye; Pulsatilla re-established the gonorrhœa and cured the blenorrhœa.

CASE 191.—An obstinate case of gonorrhœal ophthalmia, in consequence of suppressed gonorrhœa, withstood for eight weeks all allopathic treatment.

Tart.-emet. brought on the discharge again, and with the gradual increase of the same, the ophthalmia decreased rapidly.—*Allgem. H. Ztg.* 35, 26—30. ROSENBERG.

CASE 192.—A mechanic, aged 19, who had had a clap for a few weeks, became affected with gonorrhœal ophthalmia, in consequence of having brought in contact with the eye some of the gonorrhœal matter.

Symptoms.—The upper and lower lid of the right eye presented a livid, hard and painful swelling, making it almost impossible to see the eye-ball. Conjunctiva palp. et ocul. highly inflamed and swollen; pain in the eye, pressing from within outward. Cornea dim, photophobia very great, with constant discharge of tears, and copious flow of yellowish matter

trickling down the cheek; circumference of the eye and cheek swollen, and painful to the touch; during the day moderate, but at night severe burning pain in the eye. The left eye was not affected; duration three days.

Treatment.—Acid.-nit. gutt x, Spir.-vin. 3j. forenoon and evening ten drops per dose in water. About the fourteenth day the inflammation of the eye gradually disappeared, though some redness and swelling of the lids and some photophobia remained for some time. The clap was subsequently cured. —*Allgem. H. Ztg.* 19, 67. KNORRE.

PSOROPHTHALMIA.

General Remarks.

a. A severe form of psorophthalmia was accompanied with considerable inflammation, photophobia, tears, sensitiveness, burning, cutting, stinging pains in the eye, and fever, with evening exacerbations, spasmodic closing of the eyelids and nightly uneasiness, and in most cases with headache; in the morning, the eyes were entirely closed from the drying of matter upon the margins of the eye-lids.

In some cases the ball of the eye presented the appearance of a raw piece of meat, covered with matter, through which the cornea was scarcely discernable. The pains were increased by cold air, and cooling collyriæ.

There was great sensitiveness to atmospheric changes, so that the patient would feel chilly in bed, with the windows closed; there was some scalding during micturition, and cutting pain in the urethra at other periods; constipation and thirst.

Treatment.—Merc. was useful, but Bryonia and Rhus still more so.—*Hyg.* 19, 85. SCHELLING.

b. The milder forms of Psorophthalmia has already been treated of in Vol. 1, p. 11.

1. Twitching or quivering of the Eye-lids.

In some cases this is very slight; in others it extends to the other muscles of the face, so that the eye-lids are convulsed, and the angle of the mouth drawn upwards.

It is similar to chorea in its nature; Agaricus, Stramonium,

Arsenicum, Bellad., and Actea-racemosa are the principal remedies, although Zincum and Cuprum may be required.

2. *Morbid Nictitation.*

This is a convulsive action of the orbicularis palpebrarum; sometimes the upper eye-lid is affected; in others, the lower; at times one eye only, at others both eyes.

Sometimes it is caused by a single eye-lash growing inwards so as to touch the ball; it often arises in children, whose eyes have been overtasked; or from indigestion.

The eye may be bathed with a weak solution of Belladonna.

3. *Blepharospasm.*

In this disorder the eye is spasmodically closed; it may arise from over use of the eyes; or from carious teeth, or abscesses at the root of the teeth, and is then only to be relieved by their extraction; or from a blow upon the head; or from scrofulous ophthalmia, or photophobia; or from nervousness or hysteria.

CASE 193.—A lady, aged 26, had been complaining for two months past of dryness and burning in the eye-lids and intolerance of light, painful, uncontrollable spasmodic closing of the lids, with much inclination to sleep; at other times there was nothing abnormal about the eye-lids.

Viola odorat. 200, two doses, cured the above in six weeks perfectly.—*Arch.* 2. 1. 75. STAPP.

CASE 194.—Mrs. B. was accidentally struck upon the ball of the eye, and experienced subsequently a feeling during the act of closing the eye, as if there was a protuberance upon the ball. On awaking in the morning the lids felt as if spasmodically closed.

Treatment.—Arnica and Conium were given without benefit, but Symphit.-offic. 6, a few doses, cured the patient in a short time.—*Allg. H. Ztg.* 17. 5. Gr.

Warts on the Eye-lids.

These are not uncommon on the external surface of the eye-lids, and sometimes grow from their edges.

If other means fail, strong Acetic-acid may be applied several times a day.

Sycosis of the Eye-lids.

To others this may seem a very trifling disease, but to the patient who is extremely desirous to get rid of it, and to the allopathic surgeon, who finds it exceedingly difficult to disperse, its apparent insignificance affords little consolation. Other hard tubercles of the same kind are generally present on the face; but those which are situated on the edge of the lid, or so close to either punctum, as almost to surround it, are more obstinate than any of the rest.

4. *Condyloma of the Eye-lid.*

Madam D., aged 28, of short, stout stature, and lively disposition became affected, a year ago, with a gradually increasing wart at the lower lid of the right eye; which by degrees hindered the closing of the lids, and impaired the sight. Allopathic treatment had been used without avail.

Symptoms.—Right eye much inflamed; intolerance of light, objects appeared dim, as if she was looking through a veil; increased secretion of tears. There was no doubt that the wart was of a condylomatous nature; it could be recognized by the specific odor, emanating from the suppurating and easily bleeding growth; it was one-third of an inch in length, and one-fourth of an inch in diameter. The whole eye presented a disgusting appearance.

Treatment.—Thuya 6. Six doses; one dose night and morning; on the third day the inflammation was less, the pain had subsided, and the specific odor much diminished;—the prescription was repeated as above; from the third to the tenth day there was no change.—Acid.-nitr. 6, was then given, the inflammation soon disappeared, also the abnormal secretion of tears, and the pain, while the wart diminished to one-half of its former size;—the sight was also improved.—Acid.-nitr. 6 was continued as before.

On the tenth day of the administration of Acid.-nitr. every vestige of it had disappeared.—*N. Archiv* 3. 1. 37. WAHLE.

IRITIS.

According to *Mackenzie*, there are several varieties of this disease, viz., the rheumatic, syphilitic, pseudo-syphilitic, gonorr-

hæal, scrofulous and arthritic. Of these the syphilitic is the most frequent.

The iris is supplied with a quantity of red blood, large in proportion to its size, and is quite liable to inflammation; this inflammation is of the adhesive kind, and if the attack be neglected or misunderstood, the pupil may become obliterated by an effusion of coagulable lymph. Another dangerous part of the disease is, that there always attends upon iritis a certain degree of retinitis; besides there is always some sclerotic and conjunctival inflammation; finally, the anterior hemisphere of the crystalline capsule is in every case more or less affected, and often the inflammatory action involves the choroid. Still, although the case often threatens to be one of general internal ophthalmia, the iris is plainly the focus of the diseased action, and the seat of the most striking morbid changes. It is at the pupillary edge of the iris that the disease generally seems to commence, whence it spreads to the rest of the iris, to the capsule of the lens, and to the choroid and retina, while the sclerotic and conjunctival inflammation which attends it seems to be sympathetic, still the iris alone is involved in many cases.

Symptoms.—There are certain symptoms which characterize iritis, from whatever cause it proceeds; there is always more or less pain about the brow, some haziness of the cornea, contraction and irregularity in the shape of the pupil, and change in the color of the iris; a naturally blue iris becomes greenish, a dark colored one becomes reddish.

Iritis has been considered as presenting three stages: the first, characterized by increased vascularity of the sclerotica, haziness of the cornea, discoloration of the iris, inactivity and irregularity of the pupil, dimness of sight, and pain in and about the eye.

In the second stage, there is an exudation of lymph in and upon the iris, and into the pupil, contraction of the pupil, adhesions of the iris to the crystalline capsule, increase of pain, and greater defect of sight.

The third stage presents red vessels ramifying on the iris and in the pupil, the pupil closed, the lens and capsule opaque, the retina insensible, the eye-ball changed in shape, being flattened under the recti muscles, the choroid protruding through the attenuated sclerotica, and the eye boggy to the touch.

Iritis may also be *acute*, or *chronic*,

The *acute* form is attended with considerable fever, agonizing pain in the eye, severe headache, want of sleep, great redness and distension of the blood vessels, rapid and general change in the shape and color of the iris, &c. ; in a few days sight may be irretrievably lost.

The *chronic* form may arise so imperceptibly, and proceed so slowly to effusion of lymph, and to diminution or even loss of sight, that no pain is felt in the eye, and scarcely any redness is visible ; the patient may not be aware of his loss of sight until he accidentally closes the sound eye. In iritis of medium severity, two, three or four weeks may elapse without serious damage to vision ; in the chronic form a still larger period may pass by.

Sequelæ.—Among the most striking effects of maltreated or neglected iritis are the changes which the pupil undergoes ; adhesion of the pupil to the cornea (*synechia anterior*) is among the rarest results of the disease ; adhesion to the capsule of the lens (*synechia posterior*) is very common ; contraction of the pupil (*atresia iridis*) occurs almost as a matter of course. The inflammatory symptoms, to whatever degree of violence they may have reached, begin to abate after a time, even without medical interference, but some of the above important sequelæ remain ; and occasionally even the best directed treatment may fail in preventing one or the other of these disastrous results. These are all owing to the pouring out of various quantities of fibrin, or plastic lymph.

Rheumatic Iritis.

This form can only be diagnosed by the absence of all syphilitic infection, and of scrofulous taint ; and by the presence of rheumatic symptoms in other parts, and of such exposure to cold and wet as would necessarily produce rheumatism.

Treatment.—Mercury, Belladonna and Sulphur are the principal remedies, although they may require the aid of Aconite, Colchicum, *Actea-racemosa* or Turpentine.

Syphilitic Iritis.

This is always preceded or associated with many of the signs of secondary syphilis, such as nocturnal pains in the bones and

skull, syphilitic eruptions, syphilitic sore-throat, &c. The patient will always acknowledge syphilitic contamination when these symptoms are present, and the physician tells him that he must have had the disease, as a matter of course.

Treatment.—Mercury and Belladonna, of course, must be used ; Hydriodate of Potash may be required.

Scrofulous Iritis.

This is a rare form of disease, and generally associated with rheumatic, syphilitic or gonorrhœal disease. Mercury and Hepar-sulphur are the principal remedies, but may require the aid of Hydriodate of Potash or Sulphur, Graphite, Silex or Calcareæ.

Gonorrhœal Iritis.

The patient is generally troubled with gleet when this form of iritis occurs ; in some cases the iritis alternates with synovitis and gonorrhœa, so that when one of them is present the others are gone. It is more rapid in its progress than any of the other varieties, and is one of the most severe and formidable, while it lasts ; but it yields more promptly to decided treatment than any of the rest, and affords examples of perfect recovery, even when the aqueous chambers are filled with lymph. In no other variety of iritis is the recovery so striking and complete. The patient often suffers several severe attacks, and yet vision is preserved entire. It probably arises from the so-called syphilitic gonorrhœa ; in which there is an admixture of syphilis with the gonorrhœa, but the latter predominating by far, so that the syphilitic taint of the system is but slight, and hence readily controlled by medicine.

Treatment.—Mercury and Turpentine are the principal remedies, although Pulsatilla and Clematis may be required.

Arthritic Iritis.

This form has been sufficiently described under the head of arthritic ophthalmia.

Treatment.—Mercury and Cocculus are the principal remedies.

Local and Palliative Treatment.—All the varieties of iritis require the local application of Belladonna or Stramonium to the

eye itself or about the brow. In many of them the pains are so severe, that Opium must be combined with the Mercury, in order to afford the patient some little respite from pain and wakefulness.

CHOROIDITIS.

The choroid coat, although extremely vascular, possesses scarcely any nervous sensibility, and is but little liable to inflammation. But although choroiditis is not a frequent disease, it is a very severe one. We can readily conceive what must be the effects of inflammation of the choroid; when its vessels become congested, and the membrane thereby swollen, it will necessarily press outwards on the ciliary nerves, and on the unyielding sclerotica, and the consequence will be, severe pain in the eye; the swollen choroid will also press inwards on the retina, and produce, only in a much greater degree, and not transiently, but incessantly, the same sensations which arise when we press heavily upon the eye-ball with the finger, viz., flashes of light and flaming spectra. The continued congestive pressure on the retina may cause paralysis of that nervous expansion and blindness. As the disease progresses beyond the stage of congestion, effusion of serum and exudations of fibrin, lymph and pus may take place both upon the internal and external surfaces of the choroid.

When the attack is *acute* there are generally severe and throbbing pains in the eye-ball and corresponding half of the head, coming on in paroxysms and much increased during the night; the eye feels stiff, and there is a sense of fulness and distension in it, accompanied with such excessive tenderness that the patient cannot touch it, much less allow it to be touched; he complains of frequent flashes of vivid, reddish, or orange-colored light, even when all external light is excluded, or of a luminous spot in the axis of vision, increased by every thing which quickens the circulation, such as taking food, or making the slightest exertion. The eye is suffused with tears, and is highly intolerant of any exposure to light.

If we succeed in obtaining a view of the eye we generally at first find the redness of its external coverings much less than might have been expected from the sufferings of the

patient; but after a while the large external vessels of the eye assume a strikingly varicose appearance and are seen winding over the sclerotica and anastomosing around the cornea; they are of a livid hue and evidently in a state of passive congestion; the edge of the cornea presents a bluish white ring, which arises from the overlapping of the cornea; the cornea becomes more or less hazy and rough; at first the pupil is contracted, then becomes fringed with pigment, dilated, misshapen, often oblong, displaced and motionless; the iris is apt to assume a slate color.

Acute choroiditis may occur suddenly in the night and abolish the sight in the course of a few hours; in such a case, vision is rarely recovered, even although the redness and pain in the eye are overcome. In other cases the sight first becomes dull and misty, the seeming mist increases rapidly, and in a few days the eye is left completely amaurotic.

The subjects of this disease are generally past middle life, much oftener females than males of a dark complexion and sanguine temperament, and more frequently dark than light-eyed. They are not unfrequently short-sighted, and often present that dichromatic state of the crystalline lens, which is termed *glaucoma*, in which there is a greenish reflection from the bottom of the eye. As the disease goes on, the glaucomatous degeneration increases, the lens appears pushed forwards into the dilated pupil, and after a time the lens becomes cataractous. The eye feels as hard as a pebble to pressure, shewing that serous effusion has taken place into the vitreous body. From this condition the eye never recovers; on dissection the sclerotic and choroid may be found adherent, with copious deposits of fibrin covering the internal surface of the choroid, and the retina no longer recognizable; in some instances, however, there is more serous effusion than fibrinous exudation; in such cases the united choroid and sclerotica, unable to support the contents of the eyeball, expand and become attenuated, so as to form one or several staphylomatous elevations.

Considerable constitutional disturbance attends acute choroiditis; the patient is in a state of incessant restlessness, and is greatly alarmed for the total loss of sight; the pain

entirely prevents sleep; the head is so tender that it cannot be laid on the pillow; the face is flushed, there is giddiness and nausea; the tongue is foul, the mouth parched, and there is much thirst; the pulse is quick and hard. Mackenzie has known the long-continued pain and want of sleep to wear out the patient and lead to a fatal termination.

One eye generally suffers alone from this disease; occasionally the eyes are attacked in succession, very rarely simultaneously.

Chronic Choroiditis.

In this variety the symptoms succeed each other slowly and insidiously; iridescent vision and the sensation of undulating whirling circles of light are followed by gradual deterioration or even abolition of sight; pain is felt in and about the eye, in the forehead and temple; varicose veins of a livid hue appear on the surface of the sclerotica and on the iris, while *glaucoma* commences its slow but certain course of disorganization, attended with an irregularly expanded or distorted pupil; the eyeball is hard, *which is the reverse of what happens in retinitis*, in which the cornea and sclerotica remain flexible. Photopsia often continues after all perception of external light is extinct.

The subjects of *chronic choroiditis*, like those of arthritic iritis are often troubled with symptoms of irregular gout; they suffer from a generally depressed state of health, have a feeble pulse, deficient appetite, and are troubled with nausea, flatulence and other signs of gastric derangement.

Treatment.—This is very similar to that of iritis, no cases of cure under homœopathic treatment have been recorded.

RETINITIS.

Inflammation commencing in the retina is likely to spread *inwards* to the vitreous humor, to the capsule of the lens, and to the lens itself; *outwards*, to the choroid and iris, to the sclerotica and cornea, and to the conjunctiva; thus an inflammation of the whole eyeball may have a very limited origin.

As a matter of course the symptoms must vary very much, and the description of the disease given by authors are remarkably discordant.

In acute retinitis the inflammation is never long confined to the retina, but speedily spreads to the other vascular textures within the eye, to the choroid and especially to the iris; the iris most frequently assumes a greenish hue, and a deposit of pus may take place between its lower edge and the cornea; the nutrition of the crystalline lens is disturbed by the implication of the corpus ciliare and zonula zinnii and capsulo-lenticular cataract ensues; the pupil is generally, although not always contracted; a reddish wreath is sometimes seen within the pupil; fibrinous exudation glues it to the capsule; a yellowish deposit is sometimes visible at the bottom of the eye; *the eyeball and especially the cornea becomes flaccid*, yielding to the slightest pressure of the finger, showing that a diminution of the natural quantity of the vitreous fluid has taken place.

Diagnosis.—If the disease is limited to the retina, there may be no pain in the eye, but the patient generally complains of considerable headache; when the choroid and iris become implicated there is more or less circumorbital headache; if vision is preserved, the patient complains greatly of *muscæ volitans*, not of fixed *muscæ*, which one would expect.

But the disease with which retinitis is oftenest confounded is *hyperæsthesia of the optic and fifth nerve*, in which there is excessive sensibility to light, with spasm of the orbicularis palpebrarum, pain in and around the eye, great sensitiveness of the lids and eyeball to touch; but vision is acute and perfect when the eye can be opened; it may last for a long time, but finally recovery is sudden and complete. Pure retinitis and hyperæsthesia are easily distinguished, but in some cases there is reason to believe that hyperæsthesia of the fifth nerve is combined with retinitis, so that the symptoms are of a mixed description; still, the degree of loss of vision and of softness of the eye will mark the amount of the retinitis.

Prognosis.—This is said not to be unfavorable if a proper method of treatment be commenced before the pupil is much contracted, or the power of vision greatly impaired. If the pupil be once closed, even before the retina appears to have become insensible there is scarcely any hope of preserving sight; for even should the pupil re-open in some degree, as it

occasionally does when the inflammation abates, yet it is apt to remain small and motionless, and the eye is still blind.

Chronic Retinitis

Is said to be the most frequent cause of amaurosis; it is characterized by sluggishness of the pupil, *muscæ volitantes*, ocular spectra, obscurity of vision, dryness of the eyes and nostrils, followed after a time by flexibility and softness of the cornea.

Retinitis Lactantium.

The subjects of this disease are females of generally upwards of thirty years of age, who have had several children and nursed them long; they may never have been robust, and are apt to be scrofulous or rheumatic; they do not take a sufficiently digestible and nutritious diet; over-work their eyes, and suffer from want of rest and anxiety.

Symptoms.—These point more to a general affection of the eye, rather than to simple retinitis, yet it is much more apt to terminate in amaurosis than in general disorganization of the eye. The eyelids may be somewhat swollen and their edges red, their edges may adhere in the morning; there is often some degree of rheumatic scleritis; with stinging pain in the eyeball and orbital region; there is intolerance of light; the cornea may be involved with ulceration and specks; the patient complains of *muscæ volitantes* and of such dimness of sight that even the large letters of a title page cannot be distinguished; the pupil is at first contracted, but after a time becomes somewhat dilated and sluggish, while the cornea and sclerotics are found to yield too readily to the finger.

The pulse is small and quick, there is debility and loss of flesh; want of appetite, derangement of the bowels, rigors, flushings of the face, headache, dizziness, dragging feeling in the back and deficiency of milk.

Treatment.—The treatment of retinitis is similar to that of iritis—Belladonna and Mercury are the principal remedies—a considerable number of cases of acute amaurosis are cases of retinitis, and vice-versa, many cases of so-called retinitis are examples of amaurosis and are not necessarily inflammatory in their character. For some of the chronic forms of retinitis

and iritis we may suggest the use of Baryta-muriatica, Petroleum, Phosphoric-acid, Plumbum-acet., and Sulphur.

Hartmann suggests Aconite, Bellad., Merc., Thuya, Cannabis, Hepar.-Sulph., Conium, Nitric-ac. and Clematis; also Cina, Merc.-corros., Plumbum, Sulph., and Zincum.

AQUO-CAPSULITIS.

This disease consists in an inflammation of the lining membrane of the aqueous chambers, and especially of the membrane which lines the internal surface of the cornea, and which is partially continued in the form of fine fibres into the anterior surface of the iris. The membrane in question is known as the membrane of Descemet, or posterior elastic lamina of the cornea.

We sometimes meet with this disease in the *acute* form, attended with very considerable redness of the sclerotica and conjunctiva; but very much oftener it occurs in a *chronic* form, when a peculiar sort of opacity of the cornea is one of the most remarkable symptoms; the external surface of the cornea is at first perfectly clear and glistening, but its lining membrane soon appears more or less dim and opaque; there is at the same time a muddiness in the anterior chamber and an unusual fulness and prominence of the eye-ball from an increase in the quantity of the aqueous humor; in the more severe cases coagulable lymph is thrown out from the inner surface of the cornea; and in all cases the iris soon becomes involved and all the symptoms of iritis are added, viz., discoloration of the iris, irregularity and contraction of the pupil, &c.

Treatment.—This is very similar to that of iritis; Mercury is the principal remedy; Belladonna or Stramonium must be used externally, but not as early in the disease as in iritis. Cocculus, Sulphur, Hydriodate of Potash and Spigelia may be required.

INFLAMMATION OF THE CRYSTALLINE LENS AND CAPSULE.

Opacities of the capsule probably resemble those of the cornea; capsular and capsulo-lenticular cataracts generally

present themselves to our observation after the inflammation in which they have originated has subsided; but in other cases Mackenzie and Walther think that we may be fortunate enough to meet with the disease in its acute stage. These inflammations generally occur about the middle of life and in subjects of a slightly cachectic disposition; they may be seated in the anterior, or posterior hemisphere of the capsule.

1. *Inflammation of the anterior hemisphere* of the capsule is always accompanied by a slight change of color of the iris and form of the pupil, the iris becoming a little darker, and the pupil irregular; the motions of the iris finally become sluggish and limited; the pupil is generally smaller than natural, but sometimes is irregularly dilated; there usually appears a black or reddish rim of irregular breadth all around its edges, caused by the pigmentum nigrum of the uvea coming into view, or by vascular sproutings from the iris. Along with these symptoms, a number of red vessels appear in the pupil itself, the largest of which are sometimes visible to the naked eye, but the greater number are distinguishable only by the aid of a glass, and even then the pupil will have to be dilated with Belladonna in order to see them well; fortunately in this disease the sensibility of the eye is not very great, so that the patient can bear examination of the eye in a strong light and with a dilated pupil without much uneasiness. The diagnostic feature of this form of the disease is that the red vessels in inflammation of the *anterior* hemisphere of the capsule form a vascular wreath, situated and to be seen at about a quarter of a line's distance from the pupillary edge of the iris.

2. Inflammation of the *posterior* hemisphere of the crystalline capsule is a much rarer disease than that of the anterior. It is easily recognized by the deep situation of the opacity which it presents and the stellated arrangement of the vessels in the centre of the pupil. Both hemispheres of the capsule may be inflamed at the same time; in which case, behind the red vessels seen on the edge of the iris, there also appears a net-work of more delicate central vessels which seem to be seated in the lens itself.

3. As the *lens* undoubtedly derives its nourishment from

the capsule it is not to be wondered at that the inflammation should extend from the capsule to the lens, and that enlarged vessels should be seen traversing it. In fact it is supposed that all inflammations of the lens begin in the capsule.

Coagulable lymph is poured out into the lens and upon the capsule causing opacities, or acute cataract. Mackenzie says it is a fact strongly confirmatory of the accuracy of the above description of inflammation of the crystalline capsule, that in anterior capsular cataract, the specks or streaks generally radiate from the circumference of the anterior hemisphere of the capsule towards its centre; while in posterior capsular cataract, they evidently branch out from the centre of the posterior hemisphere.

This ophthalmia almost always observes a chronic course; it proceeds very slowly, and is attended with very little or no pain; when pain does attend the disease, it is seated at the bottom of the orbit, in the forehead, or in the crown of the head. Vision is indistinct and confused, where the disease is severe, particularly when the eye is directed towards distant objects; new objects are seen as if through a fine gauze. When the dimness of sight is very great retinitis may be present.

Effusion of fluid, as in pleurisy, may take place between the lens and capsule, and the lens may be dissolved in this fluid. Pus may even be effused in the same way.

Treatment.—Acute cases can generally be cured, like iritis, with Belladonna and Mercury; but chronic cases are very obstinate; Mackenzie has had cases sent to him, mistaken and treated for iritis, in which the long-continued use of Mercury and other remedies had been productive of no benefit. All the homœopathic remedies for iritis will come in play here—in obstinate cases the remedies for cataract may be tried—finally the remedies which act specifically upon the serous membranes may be tried.

ACUTE GENERAL OPHTHALMIA.

In some varieties of *general* ophthalmia one texture of the eye after another gradually becomes affected, till the whole

are involved. In the *acute* variety the disease is so rapid and extensive, that the whole internal eye-ball seems implicated at once; the inflamed eye soon seems greatly swollen and is protruded from the socket; it suppurates internally, and its functions are destroyed.

The *violence of the pain* has caused this disease to be compared to a felon, and even to be called *panaris of the eye*.

The symptoms have been divided into three stages: 1st, the stage of pure inflammation, extending from the beginning up to the loss of sight; 2d, the stage of suppuration and protrusion of the eye; 3d, the stage of spontaneous rupture of the eye, or ocular capsule. The ocular capsule is a layer of condensed areolar tissue, which excludes the eye-ball from contact with the fat of the orbit, while it affords passage to the six muscles of the eye-ball on their way to their insertions.

Phenomena of the 1st stage.—In the beginning there is only slight external redness of the eye; the conjunctiva is rather œdematous than inflamed, presenting a state which has been termed *serous, or white chemosis*. The aqueous humor seems turbid, and sometimes tinged with blood. The bottom of the eye appears reddish; the iris changes color; the pupil is somewhat contracted, and the disease may easily be mistaken for iritis; the crystalline capsule may become opaque.

There is, in general, at the bottom of the eye, and in the orbit, a severe throbbing pain, exactly as in intense whitlow or felon; the pain extends to the forehead and temple, and is attended with a feeling of burning heat, tension and fulness, as if the eye could not be contained within the orbit. The patient complains greatly of intolerance of light, and is annoyed with flaming and shining spectræ. By and by this phenomenon totally subsides, the retina having become insensible from the effects of the inflammation upon its substance, or from the compression arising from the fluids extravasated from the surrounding textures, and especially from the capillaries of the choroid.

Phenomena of the 2d stage.—Blindness, or total loss of sensibility in the retina may be regarded as a sign of internal exudation or suppuration; but the most striking appearance in the second stage, is the projection of the eye. One would

suppose the eye-ball to be much increased in size, but this is an error; for, after death, the eye which appeared so much swollen, will be found nearly of its natural dimensions. In point of fact the eye-ball is merely pressed forwards by an effusion into the cavity of the ocular capsule; evacuation of this fluid, by a puncture of the ocular capsule, will relieve many of the most urgent symptoms.

But the eye is also very hard to the touch, as if it contained a considerably greater quantity of fluid than in health; that it partly does so is true, but the internal effusion is not the only nor the principal cause of the excessive tension and apparent enlargement of the eye-ball. The principal cause of these symptoms, as well as the protrusion of the eye, is effusion into the intra-orbital tissues. The protrusion of the eye sometimes appears early in the attack; at others it does not occur until later, or even till the internal parts of the eye and sight are destroyed. The earlier it appears the more quickly must the fluid be evacuated by a puncture of the ocular capsule.

In this second stage, the eye-ball becomes absolutely fixed, the state of tension and pain rendering all contraction of the recti-muscles difficult or impossible. So completely is the eye fixed that we cannot even press it from side to side in the orbit.

The conjunctiva continues to swell and becomes covered with a layer of coagulable lymph. This only occurs in acute general ophthalmia. The vitreous humor may present a greenish color from infiltration of pus within the hyaloid membrane; the iris is pushed forwards towards the cornea; and pus is deposited in the aqueous chambers.

Third stage.—The whole eye-ball, as well as the ocular capsule is filled with pus; its progress is exactly as in whitlow, and after intensely severe suffering on the part of the patient, the matter may gain the surface and be discharged spontaneously. But the patient may die before this occurs, and he runs a much greater risk of his life if the disease is left without surgical interference. The cornea may become infiltrated with pus, be converted into a slough and give way. In other cases, it is the sclerotica and tunica tendinea which give way, and this may take place into the cavity of the ocular capsule, which opening in its turn through the conjunctiva,

allows a large quantity of matter to escape. Sometimes it is the ocular capsule only which bursts, the eye-ball remaining entire; but this looks so much like a rupture of the sclerotica, that it is easy to mistake one for the other. It is far better to anticipate these slow and painful processes of nature by an early puncture.

The constitutional symptoms which attend general acute ophthalmia, as might be anticipated, are generally very intense; the patient is apt to have chills, anxiety, want of sleep, delirium, intense pain, and sometimes convulsions.

Prognosis.—A complete recovery is extremely rare; a termination in blindness with preservation of the natural shape of the eye may happen; but the disease is apt to end in suppuration and rupture of the eye, with collapse of this organ.

Treatment.—This must be of the most energetic character. The remedies for intense suppurative inflammation must be promptly and freely employed. In the old school they of course depend upon the free use of bleeding, Calomel and Opium, Belladonna, &c. Mackenzie says in the only case which he has seen followed by a complete cure, the mouth became promptly affected by the use of Calomel and Opium; as soon as the Mercury began to act upon the mouth, the disease began to give way, the eyeball retreated into the orbit and a perfect recovery took place. Tartar-emetic would seem much more homœopathic to suppurative inflammation than Mercury. Aconite should be used early and freely. Hepar-sulph., Ranunculus-scel., Thuya, Coccus, Fluoric-acid, Arsenicum, Rhus, Bromine, Mezereum, Granatum, Phosphorus and Granatum deserve more or less attention.

Probably the most homœopathic remedies against intense suppurative inflammations in general, are: Tartar-emetic, Staphysagria, Rhus-tox., Kali-bichrom., Gratiola, Clematis, Anacardium, Cantharides, Mezereum, Kreosote. It remains to be seen whether a curative remedy can be found amongst these for acute general ophthalmia.

Mackenzie truly says: an important part of the treatment consists in opening the ocular capsule. If the eye be hard and protuberant, and even indistinct fluctuation is felt we

should endeavor to evacuate the fluid. For this purpose we proceed somewhat as if we were about to operate for strabismus, dividing the conjunctiva at the internal angle of the eye and towards the lower eyelid, and then pressing the lancet close to the globe of the eye, and between it and the lower internal wall of the orbit, so as to avoid the internal and inferior recti-muscles. This being done there is an immediate gush of serous fluid, mixed with pus; the ball of the eye falls back and the cornea becomes flaccid, showing that the cause of the excessive hardness and projection of the eye existed behind it and not in the organ itself.

CATARACT.

According to MACKENZIE by the term cataract is understood an opacity situated between the vitreous humor and the pupil.

Enumerating the parts so situated, we have: 1st, the posterior hemisphere of the crystalline capsule; 2d, the crystalline lens; 3d, the anterior hemisphere of the crystalline capsule. Any of these parts may lose its natural transparency, and there will then be formed a *capsular*, or a *lenticular cataract*, according as the opacity is situated in the capsule or the lens. Again, in consequence of disease the natural cohesion of the lens to the capsule is sometimes destroyed, and an opaque fluid is deposited between them, forming what is called a *Morgagnian* cataract. Any opacity situated in or within the crystalline capsule is termed a *true cataract*, and all the above enumerated come under this denomination.

The aqueous humor may become turbid, or may be displaced by coagulated lymph, pus, blood, or pigment from the urea. Such a cataract is termed *spurious*, and has its seat without the capsule.

Whether the cataract be true or false, the opacity of a part which is naturally transparent, necessarily stops in a greater or less degree the light which should be transmitted through the interior of the eye; the impression on the retina is consequently rendered imperfect, and *partial* blindness ensues. Cataract never produces total blindness.

When the simple term cataract is used, lenticular cataract is generally meant. For instance, when we say that ca-

taract is a slow disease, occupying months or years in its progress, it is of lenticular cataract that we speak; for all the others, and especially the spurious kinds may be the product of a few days or hours. Occasionally, however, even lenticular cataract is sometimes fully developed in a short space of time.

Diagnosis.—It is of much importance that we should distinguish incipient cataract from incipient amaurosis, for a mistake of this kind may be attended with serious consequences.

In both diseases there is a difficulty in discerning objects with distinctness. In cataract, this difficulty generally increases slowly for a time, and is compared to what might be produced by a diffused mist, thin cloud, or gauze intervening between objects and the eye, and gradually becoming thicker, till at length it becomes so thick that everything seems concealed by it; whereas, in amaurosis the attack is often sudden, and being partial, is described as a dark spot, or spots occupying certain parts only of the field of view, but rendering vision altogether so confused, that small objects cannot be distinguished. With common *muscæ volitantes*, or *floating muscæ*, as they are often called, neither cataract or amaurosis has any connection. The dark spots seen in amaurosis are what are called *fixed muscæ*, and when the eyes are closed and shaded from light, are generally replaced by shining spectra. Still amaurosis may declare itself in the early stage by the appearance of a gauze or mist, which slowly increasing in density, at length totally deprives the patient of sight. So complete a degree of blindness never occurs in cataract.

The principal remedies for incipient cataract are: Nitric-acid, Bovista, Baryta-mur., Phosph. and Phosph.-ac., Petroleum, Thuya, Kali, Hepar-sulph., Aurum-muriaticum, Chinin-sulph., Kreosote, Sabina, Spigelia, Conium, and Ammon.-muriaticum.

We generally find that the appearance of a mist or cloud is noticed most when the cataractous patient looks straight forward, and that he sees considerably better when he looks sideways.

The different degrees of light in which those affected with

incipient cataract or amaurosis see best, are worthy of attention. In incipient amaurosis there is in general a desire for an increase of light; when the patient reads with candle-light, he brings the book close to the candle; and his period of most distinct vision is noon-day, when objects are most brilliantly illuminated by the sun. Now, this is the very time when the cataractous patient sees worst; so much light causes the pupil to contract, fewer rays of light enter the eye and hence vision is obscure; but in twilight, when the pupil is dilated, more light is admitted, and the patient finds his vision improved. If a cataractous patient looks towards a window he may see very little; but if he turns his back to the light he instantly discerns more or less distinctly every object around him.

In incipient amaurosis the flame of a candle general appears broken and confused, iridescent and spreading out into rays; while in cataract a candle or street-lamp seems expanded into a large globe of weaker light.

In incipient cataract the patient sometimes sees objects multiplied with one eye; looking at the moon, for instance, he may see three or four moons. This is not the case in amaurosis, although diplopia with both eyes open is common.

In amaurosis there is generally headache, dizziness and dyspepsia; cataract is not often attended with these accessories.

The gait and aspect of the amaurotic patient are different from those of the cataractous; the latter approaches with his eyes shaded with his hand, and his head turned downwards and to one side, so as to dilate the pupils and see past the obstruction. The amaurotic person stalks on with a vacant expression, looking forwards and upwards.

In cataract the patient is able to open, shut and move his eyes promptly and naturally; this is not the case in amaurosis.

The mobility of the pupil offers valuable signs for diagnosis; in cataract the pupil contracts and expands as extensively and promptly as in the healthy state; in incipient amaurosis its movements are limited and slow.

In amaurosis the pupil rarely presents the jet black color

of health; in glaucoma it is greenish; in cataract it is whitish, or the bluish tint of milk and water.

But the *catoptric test* is the best means of distinguishing these diseases. When a lighted candle is held before a healthy eye, at a distance of a few inches, three reflected images of the flame of the candle are seen, situated one behind the other. Of these, the anterior and posterior are erect, the middle one inverted. The anterior image is the brightest and most distinct, the posterior the least so; the middle one is the smallest. The anterior is formed by the cornea, the middle by the posterior surface of the crystalline lens; the posterior image by the anterior surface of the lens. In the formation of these images the cornea and anterior surface of the crystalline lens act as convex mirrors; the posterior surface of the lens as a concave mirror. When we move the candle the erect images move in the same direction, the inverted one in an opposite direction.

Cataract, even in an early stage *obliterates the inverted image*, and renders the deep erect one very indistinct. In amaurosis all three images are distinct.

According to Mackenzie, in order to ascertain with accuracy the existence of cataract, and the nature of any cataract which may present itself, it is necessary to attend minutely to the following circumstances.

Whiteness of the cataract denotes either a dissolved lens, or a capsular cataract; *greyness*, a lenticular cataract; *amber*, or a *dark greyness*, that the lens is hard; *light greyness*, that it is soft. If the whole extent of the pupil is uniformly opaque, the cataract is lenticular; if the opacity is streaked or speckled, it is more likely to be capsular. If opaque streaks radiate from a centre, it is probable that the exterior lamellæ are chiefly affected, or that the posterior hemisphere of the capsule is the seat of the disease; if the form of the streaked opacity is convex, the anterior hemisphere of the capsule is the part affected; if concave, the posterior. With the light concentrated on the pupil by means of a double convex glass, all these particulars may be ascertained.

The color and shape of the iris must be carefully noted to see whether there has been or is any iritis, &c. If so, the re-

medies for iritis may be used in conjunction with those for cataract.

If the iris is sluggish or tremulous, the remedies for amaurosis or paralysis may come in play.

If there is no shadow thrown by the iris on the cataract, the posterior chamber is probably obliterated by the pressure of a large and soft lenticular cataract. If the shadow is distinct, the lens is probably small and hard. If the iris presents a funnel shape, the pupil being drawn back, we may expect that the crystalline lens is reduced in size.

The eye-ball itself deserves close attention in the treatment of cataract. A dingy color of the sclerotica denotes general ill health, which must be attended to. A flexible cornea or sclerotica marks a deficiency of the vitreous humor, attended by amaurosis; remedies for this state must be discovered. A strong hardness of the eye to touch denotes glaucoma, with a superabundance of dissolved vitreous humor, and homœopathic remedies for these must be sought out.

The amount of sight must be carefully tested. If when turned to the light the patient can distinguish the shade cast by the hand when it is moved before him, the retina is sensible; if he sees the shadow of a single finger cast on his eye at the distance of twelve inches, the retina is quite healthy, and we have only cataract to deal with.

The whitish opacity which constitutes cataract affects principally the superficial laminae of the lens, the interior layers being generally pretty transparent, although often presenting the amber or reddish-brown hue of glaucoma. The superficial layers are not only opaque, but appear to have undergone a peculiar change, which by some has been compared to a coagulation. The lens may also have lost its natural adhesion to the capsule, and a fluid arising from the disintegration of the superficial layers of the lens may be deposited in the capsule. In other cases the whole lens is softened, or even liquefied.

The aqueous humor exerts a coagulating influence upon the lens, even the smallest puncture of the capsule, which allows the aqueous humor to come in contact with the lens, will bring on lenticular cataract; in twenty-four hours after the puncture we may see a considerable portion of the lens

opaque. It is very evident, that an accurate chemical analysis of the aqueous humor, might enable us to discover a chemical antidote for cataract. The lens is so near the aqueous humor, that it is possible, that the vessels of the lens may take on an action similar to those which form the aqueous humor and thus cause cataract.

In some instances the lens contains an excess of Phosphate of Lime in cataract; in such cases the mineral acids may be useful.

Inflammation is in some instances the proximate cause, not merely of spurious, but even of true cataract. Indeed, Mackenzie says, anterior and posterior capsular cataract may be compared to specks of the cornea. In other cases the lens from long-continued inflammation becomes opaque, dissolves into a milk-like fluid and even suppurates.

As a general rule the subjects of cataract enjoy good general health; they complain more frequently of rheumatic affections, than of any other; dyspepsia, pains in the head and giddiness occasionally precede cataract in women; it may occur in connection with diabetes.

General Prognosis. Even in the incipient stage, no means are known in the old school, if the lens itself be the part affected, to prevent an uninterrupted increase of opacity and decrease of vision, till a perception of light and shade is all that is retained. If the anterior hemisphere of the capsule be the seat of partial opacity, the disease may remain stationary for a number of years, or through the whole of life, without affecting the transparency of the lens. But posterior capsular cataract rarely continues long without bringing on lenticular opacity. If there be a dissolution of the vitreous humor, or imperfect sensibility of the retina, a cure is next to impossible.

If medical means fail, about five cases out of eight may be cured by an operation.

When the fifth pair of nerves is cut across, the nutrition of the eye is interrupted, the cornea becomes opaque, and the humors are transformed into a substance resembling curd. As similar changes are found to arise where the nerve is unable from debility or disease to execute its functions, it is by no means an unwarrantable conjecture that cataract, which

is generally admitted to be in many instances an effect of abnormal nutrition, may arise as well from a faulty action of the nerve, which controls the nutrition of the eye, as from any disorder directly affecting the source whence the lens draws its nourishment. If this be correct, Mackenzie admits that it is probable by stimulating or otherwise modifying the action of the fifth nerve, the nutrition of the lens may be influenced; so that if want of nervous influence leads to opacity, excitation may remove the tendency to cataract, or even restore, in some cases, the natural transparency.

There are many varieties of cataract, and of course there is no one remedy which will cure all curable cases. The treatment of lenticular cataract must be different from that of capsular; the medical treatment of a hard cataract must differ from that of a soft. It is probable that the management of an ash-colored, yellowish, amber, white or bluish cataract may differ from that of a black one. In some of these *black* cataracts the opacity may be so very dark, that without close examination the disease might be passed over without detection. The management of a morgagnian cataract in which there is a deposition of an opaque fluid between the lens and its capsule must be very different from that of a *siliculose*, in which there is a diminution or even entire absorption of the lens with a shrivelled capsule, so that in the adult a mere scale of the lens may remain, which is hence compared to a shrunk seed surrounded by a large withered pouch. A cataract arising from inflammation must be treated otherwise than one which is caused by impaired nutrition, or by the coagulating action of the aqueous humor.

Treatment of Cataract.—Of cures of cataract we find fifteen reported. It seldom happened that one remedy proved sufficient to cure such a decidedly organic disease.

The following cases have been classified according to the nature of the cataract.

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|----|----------------------|------------|-------------------------------|
| 1. | Cataracta incipiens, | viz. Cases | 197. 198. 199. 200. 210. |
| 2. | “ lentis, | “ “ | 196. 201. 202. 203. 209. 210. |
| 3. | “ capsulo-lent. | “ “ | 195. 207. |
| 4. | “ glaucomatosa, | “ “ | 206. |

5. Cataracta congenita, Case 209.

6. Those which cannot be brought under any particular classification, viz., No. 204. 205.

The remedies used were: Bell., Cannab., Euphrasia, Lycopod., Magnes.-c., Op., Phosph., Pulsat., Silic., Sulph.

General Remarks.—MOLAN says: Sometimes we can cure a fully developed cataract by homœopathic remedies, which act dynamically on the the parts diseased, or cut short the disease in its progress; and in cases which we cannot cure, we bring the whole organism of the patient in a better condition to be operated upon. Sulph., Silic., Caust., Cannab., Phosph., Calc. and Conium are mentioned as the remedies which arrest the progress of cataracts. The principal thing, however, is to choose such remedies as tend to improve the general health, for with its improvement we will not only arrest the progress of the disease, but entirely cure the patient. Sulphur, he says, is the principal remedy, and should be given in its high attenuations.—If this medicine does not act favorably, we must then select a remedy which corresponds to the totality of symptoms, in which case the dose, or repetition of the same, is a matter of no consequence.—*Allg. H. Ztg.* 35. 333.

CASE 195.—A tailor, aged 60, affected with capsulo-lenticular cataract of both eyes,—could barely distinguish light from darkness. Magnes.-carb. 30, was given once a week in alternation with Essence Cannab.-sat.—two months from that time he could read coarse print. He received several other remedies, but no more improvement was effected.—*Allg. H. Ztg.* 5. 149. SCHREN.

CASE 196.—A man, 42 years of age, of bilious temperament, who had had the itch twenty years ago, had suffered for some time with lenticular cataract of the left eye, perfect loss of vision, and much headache. Sulph. $\frac{a}{6}$, cured the headache and inflammation of the eye; four weeks later Silic. 30, was used without benefit, again Sulph. $\frac{a}{6}$, pustules broke out over the whole body, and for the course of a month there was a daily improvement of the eye-sight.—*Allg. H. Ztg.* 35. 335. MOLAN.

CASE 197.—Mrs. B., aged 31, was left after typhus fever, with weakness of the eyes and eye-sight.

Every thing appeared as if she were looking through a mist; she could only see outlines of objects, and did not dare to walk out alone—the left eye was most affected; behind the pupil there was an opacity of the lens, the bulb of the eye not affected, the pupil responded to influence of the light—the menses were suppressed. Pulsat., Sep. and Cannab. were used without benefit. Lycopod., 4, was then given, and six days afterwards the menses re-appeared; in two weeks more there was decided improvement of the sight, so that she could discern smaller objects, and in three weeks her sight was entirely restored.—*Hyg.* 18. 457. DIEZ.

CASE 198.—A carpenter had been affected for some time with tetters about the face, which disappeared after a while without his taking any medicine, but his sight became impaired, every thing appeared in a place different from its real position, so that he was unable to use his tools properly.

The pupils presented a misty, smoky appearance, as in the forming stage of cataract.

Treatment.—Spts.-Sulph., ten drops three times a day, brought out the former eruption again,—he now saw every thing in its right position, but otherwise the sight was not improved.

Since March 22d, Aq.-Silic. seven drops daily; followed by great improvement in the sight. He perspired easily, and had much perspiration about the feet. Deposit in urine like lime. July, a rheumatic inflammation of the foot sat in.—*Hyg.* 22. 408. BECKER.

CASE 199.—A lady, whose feet generally perspired freely, became very dry, after which she noticed that her sight became affected in such a manner that every thing she looked at appeared to be enveloped in a cloud; she could only read large print.

Aq.-Silic. 10 drops twice a day. The accustomed perspiration about the feet returned again in about a month. Her eye-sight became much better. Two months later, at the time of menstruation, her eyes became worse again; she then took twenty drops Aq.-Silic. 3 times per day, after which she improved very much, could read much better, and is still taking the same remedy.

CASE 200.—A man, aged 58, had been affected for the last few months in the following way.

Every thing appeared smoky and foggy; he could not distinguish objects plainly; his eyes were inflamed with copious discharge of tears; he also had a sensation in the spine, as if ants were creeping up and down, (formication.)

Aq.-Silic. 20 drops 3 times a day, cured the inflammation and improved the sight very much.—*Hyg.* 22. 410. 11. BECKER.

CASE 201.—An aged gentleman, affected with lenticular cataract, had been taking Silic. 30, in granules, and also in stronger triturations without any benefit whatever, still Aq.-Silic. 7 drops three times a day had been administered for four weeks, when he began to see a little with the affected eye; but no more improvement followed.—*Hyg.* 22. 308. BECKER.

CASE 202.—Mrs. D., aged 36, had had the small-pox while a child, and her eyes have been affected ever since.

Symptoms.—Tears from the right eye of a corroding saltish nature, which caused constant irritation of the lower lid and cheek; trichiasis of the few remaining eye-lashes of the upper lid; conjunctiva pale red; varicose vessels ran to the cornea; there was sometimes a sensation as if sand were in the eye; agglutination of lids during the night; for six months past, she had simple light-grey lenticular cataract; she could still distinguish very large objects at a distance of four yards.

Treatment.—After Pulsat. 9, there was a subsidence of the inflammation and photophobia; her sight was improved; the lens became clearer at its circumference, and the pupil was distinguishable; after the use of Pulsat. for a week, there was observable only a small greyish speck on the lens; the circumference was fully transparent, and the sight only remained slightly obscured.

Essence-Cannab., and lastly Opium 6, rendered the lens perfectly transparent and sight was restored. Ref. examined the eye subsequently on several occasions, but there was no return of any of the former symptoms.—*Arch.* 3. 3. 70. CASPARI.

CASE 203.—A man, aged 51, of strong constitution, and

lymphatic temperament, had been affected for some years with cataract of the right eye, and a few months ago the left eye became similarly affected.

The right eye was operated upon three times without success; since then he had had a violent inflammation of the eye, followed by opacity of the cornea, photophobia, copious discharge of tears, fever and total loss of sight in the right eye.

Treatment.—After the use of Aconit, Bell. 30, and Merc. 15, all inflammatory symptoms of the right eye disappeared; the left eye showed a white opacity of the lens. Pupil was dilated, but moveable, he could only distinguish night from day with that eye. November 22, Sulph. $\frac{3}{4}$. December 7, both eyes were much improved, the opacity of the right eye was much lessened; he was able to see his finger; left eye was also somewhat improved. December 25, the left eye had gradually improved, and the patient could go out on business; a pustular eruption then made its appearance, attended with much itching. Cannab. 15, the patient's sight improved from day to day, and very soon afterwards he could be pronounced cured.—*Allg. H. Ztg.*, 35, 334. MOLAN.

CASE 204.—A young man, aged 20, otherwise healthy, except that he was subject to inflammation of the eye, and weak sight. During one of these attacks which had lasted for some time, I found him in the following condition: conjunctiva of both eyes much inflamed and very much swollen, resembling a raw piece of meat; great intolerance of light; lids agglutinated in the morning; pressure in the eyes, especially on opening them; sight almost extinct.

Bellad. 30, in often repeated doses, subdued in two weeks the inflammatory state of the eyes, but produced no change in the eye-sight; after a more critical examination a cataract in each eye was noticed.—Bellad. was continued without benefit; finally Silicea 30, once in six or eight days, perfectly re-established the eye-sight in three months.—*Arch.* 19, 1. 77. ARGENTI.

CASE 205.—A lady, aged 60, had lost her eye-sight from cataract in both eyes, and consequently was persuaded by her friends, to have an operation performed upon her, to which

she consented, provided she could not receive any benefit from homœopathic treatment.

Treatment.—After Silicea, she took Cannab. and Sulph., and improved so much in a few months as to be able to go to Russia on a visit.

Subsequently she wrote, saying that she enjoyed as good health and sight as could be expected of a lady of her age.—

Allg. H. Ztg. 35, 334. MOLAN.

CASE 206.—Mrs. E. became affected with arthritic ophthalmia and leucomatous opacity of the cornea, and after the gradual clearing off of the opacity, the lens was noticed to be of the color of a beginning cataracta glaucomatosa.

Treatment.—After Phosph. 30, the lens returned gradually to its former healthy state.—*Arch.* 8. 3. 156. SCHÜLER.

CASE 207.—A gentleman, aged 38, in consequence of a cold in his face became affected with an inflammation of the left eye, with the following symptoms: towards the cornea an arterial network was noticed, over which were crossing some larger vessels towards the circumference of the cornea; drawing pain between the shoulder-blades and right upper arm.—Bry. and Pulsat. were given without benefit; four days later, however, the inflammation of the eye had somewhat diminished, but was followed by nebula of the left eye, in consequence of which the patient could distinguish large letters only; behind the pupil could be noticed an opacity of the capsule of the crystalline lens; the pupil was round and the iris was also unchanged, there was no photophobia, and no secretion from the eye. The accompanying symptoms were: pressure and distention over the region of the stomach, extending as far as the right breast and lower lumbar region. Great uneasiness; pressure in the forehead; feeling of heaviness and drawing in the thigh; and sleeplessness.

Treatment.—Nux. was given without benefit; then Bellad. 3, was used night and morning for two days; with such surprising results that every vestige of disease disappeared.—*Allg. H. Ztg.* 37. 340. LEMKE.

CASE 208.—M., aged 20, tinsmith by trade, was affected one and a half year ago with the worst kind of itch, and subsequently with fever and ague. Sometimes he had tearing pains

in the left eye, and some itching of the skin, to which he paid very little attention; suddenly he noticed however that he had become completely blind in the left eye.

Symptoms.—A staring look of the left eye; pupil dilated and immoveable; in the centre of the lens there was a slight opacity; his sight almost extinguished.

Treatment.—August 2, Sulph. 6; from Aug. 9, to Sept. 23, six doses of the same.

Six days after the first dose, many pustules appeared on the face and arms; in the mean time his eye-sight improved so much, that he was able to distinguish large letters. From Sept. 13th to Sept. 23d, furuncles on the arm made their appearance, after that the skin became clear again, and the affected eye was as useful as it ever had been before.—*Arch.* 14. 3. 105. EMRICH.

CASE 209.—A girl, aged 12, had been affected since her earliest recollection with flocculent cataract, (probably congenital) of both eyes. She had had an operation performed about four months ago without the least benefit; four doses Magnes.-carb. 200, were also given without any benefit. Five months later she received Euphras. 200, four doses, one every week, which resulted in her being able to see a little with the right eye. Four doses more of Euphras. 200, in water, a table-spoonful once a day, was followed by some improvement of the left eye. The Euphrasia was continued for four months with steady improvement; as soon as the patient ceased to improve, Sulph. 200 was given, followed by Magnes.-carbon. 200, one dose every week, for five months, at the end of which time the circumference of the cataracts in both eyes were only observable.

Euphras. 200, Silic. 200, and Acid.-nitr. perfected the cure. The use of spectacles for cataract assisted, however, very much to increase the sight of the child.

How much the former operation had done towards the cure Referent is not able to say.—*Allg. H. Ztg.* 35. 205. RUMMEL.

CASE 210.—A farmer, aged 50, of small stature, and with light, brown hair, had suffered for the last few weeks with impaired sight; the patient had formerly been troubled with scrofula.

Symptoms.—Patient sees with the right eye only those objects which are above him, and with the left only those which are at his side, but in all other directions every thing appears as dark as night to him.

Partial opacities of the crystalline lenses were clearly observable; the one in the right occupied the larger and that in the left the smaller half of the pupil.

Treatment.—Cannab. 2, three drops daily in water for three weeks, was given, without benefit. Calc. 3, six doses, at first one dose a day for two days, afterwards one dose every week; before the last dose had been taken, patient had entirely recovered his sight.—*Viertelj. Schr.* 2. 426. VILLERS.

CASE 211.—A priest affected with cataract, took extract of Conium internally with benefit; finally he became tired of taking medicine, and made a cataplasm of the bruised leaves, which he placed upon his eyes at night. This enabled him to read his breviary without difficulty, and to walk without a cane or guide.—*Frank's Magazine.*

CASE 212.—A healthy and regular girl, aged 23, had had dimness of sight for two years, and complete cataract for more than one;

Treatment.—She took eight to ten grains of Conium, increased to twenty-five grains three times a day; her appetite remained good, and she seemed active and well, and the edge of the cataract seemed clearing up; she could see the window, and in October could see her hands and fingers, but all objects seemed red, and her menses became suppressed.—*Ibid.*

GENERAL REVIEW.—The remedies used were: Bell., Cannab., Euphras., Lycopod., Magnes.-carb., Opium, Pulsatilla, Silicea, Sulphur.

Of these, *Silicea* was given seven times in Nos. 196, 198, 199, 200, 201, 204, 205; only in No. 196 without benefit. Among six patients were three males, three females, two of the males were advanced in age.

Form of Cataracts.—Three were incipient, one was imperfect, two perfect, while No. 201. was lenticular and seated in one eye only.

Causes: in No. 198 previous tetters, in No. 199 suppressed foot-sweats, and in No. 204 in consequence of an inflammation of

the eyes. In five cases Silic. alone effected the cure; in No. 200 was followed by Cannab. and Sulph.

Dose.—Four times Aq.-Silic. was given three times a day, from seven to twenty drops per dose, and continued for some time; in one case, Silic. 30, was repeated every sixth or eighth day. In No. 201, Silic. 30, and stronger triturations of the same remedy were used without success, but Aq.-Silic. was given with benefit.

The good results showed themselves in from one to three months; in five patients there was considerable improvement, and in No. 204, an entire cure was effected.

Sulphur was given six times, in Nos. 196, 198, 203, 205, 208, 209; in No. 209 it was only used as an intermediate remedy, and in No. 205 without any reason pointed out. In two cases there was complete lenticular cataract; in two, incipient; in No. 203, one eye had already been operated upon three times. Ringworm and itch preceded the cataract in some cases.

Dose.—In one case Spts.-Sulph., three times daily, ten drops per dose; in two cases Sulph. 30, one and two doses; and in one case Sulph. 6, in repeated doses.

In four cases after the administration of Sulphur, eruptions and furuncles made their appearance.

In case No. 198, Sulphur removed the illusion about the position of objects, and Silicea completed the cure; in No. 197 and 203, there was much improvement, and in No. 208, a complete cure was effected.

Cannabis was given five times, in Nos. 195, 200, 202, 203, 210; it was used as an intermediate remedy in No. 195. Cannab. was given in weekly alternation with Magnes. 30, in No. 202, it was interposed between Pulsat. and Opium; the essence was interposed in No. 200, between Silic. and Sulphur; in No. 203, after Sulphur, Cannab. 15, was administered, it was successful in all cases, especially in affections of the lens; in No. 210, however, it was given without benefit.

Magnes. carb. was used twice; in No. 195, Magnes. 80, was used in alternation with Cannab. against lenticulo-capsular cataract; in No. 209, after Sulph. had been given in the first case with marked success.

Bellad. was administered in one case, in No. 207, in the third

dilution, and removed an opacity of the capsule of the crystalline lens, the consequence of an inflammatory attack.

Calc.-carb. was given once, in No. 210, after the previous use of *Cannab.* in partial opacity of the lens, in a scrofulous subject, with decided success; it had to be repeated.

Euphrasia was used once, in No. 209, four doses were given at weekly intervals in a case of congenital cataract.

Lycopod. was given once, in No. 197, against opacity of both lenses, a complete cure was effected.

Phosph. was used once, in No. 206, against cataracta glaucomatosa, arising after an attack of arthritic ophthalmia. *Phosph.* 30, effected a cure.

Pulsatilla was given once, in No. 197, against grey lenticular cataract, attended with inflammation of the eyes, *Pulsat.* 9, followed by *Cannab.* and *Opium*, completed the cure.

Opium was used once, in No. 202, with considerable success.

Hence we see, that the homœopathic treatment of the various forms of cataracts has proved beneficial, contrary to the views of the great lights of the allopathic school such as Chelius, Fischer and Walther, who admit the insufficiency of their medical agents in such cases; we have seen the cures, or relief at least, achieved in diseases of the lens by homœopathic treatment. Molan has shown us, how to prepare patients in case an operation should be deemed necessary; and finally Würzler has given us his valuable experience in the treatment after operations.

After an operation upon the eye, he considers *Aconite* the principal remedy, except in patients of very mild temperament; *Ignatia* will generally subdue the violent pains in the temples and eyes; if these are accompanied with vomiting, *Bryonia* will be required. If the pain is of a jerking character and attended with vomiting and lenteria, *Asarum* is the best remedy; if burning pain with diarrhœa sets in, *Arsenic* will be required; hammering and jerking pains in the eye were relieved by *Crocus*. Stinging pain in the temples followed by loss of appetite, was relieved by *Thuya*.

If the operation of depressing the lens failed, and the lens broke up in fragments, *Senega* accelerated the process of absorption very much; and finally, if the objects appeared as if

tinged with blood, Strontiana will cure.—*Allg. H. Ztg.* 21. 6.
7. WÜRZLER.

GLAUCOMA.

This name is given to a peculiar green appearance behind the pupil. *Acute* glaucoma occasionally occurs in acute choroiditis, the patient suddenly becoming blind and the eye presenting a green reflection behind the pupil. But the disease which we are now about to consider is glaucoma proper, or *chronic glaucoma*. According to Mackenzie, it is of frequent occurrence; is in its early stages attended by no external signs of inflammation, and being slow in its progress is apt to be confounded with cataract.

It does not occur until after middle age; dark-eyed persons are more liable to it than blue or grey; short-sighted persons are apt to become affected with it, also those who suffer from irregular gout and those pains in the teeth and head which are often regarded as rheumatic.

Glaucoma develops itself slowly during a course of years, and finally involves all the structures of the eyes.

1st stage: The central laminae of the crystalline lens becomes of a reddish or brownish amber color; but a greenish hue is reflected from behind the pupil; the iris is lively and sound, so that there need be no material deterioration of vision.

2d stage: A muddy green color of the crystalline lens marks the second stage; the pupil is sluggish, and there is more or less obscurity of vision; the eye-ball is rather firmer than natural. This stage may last for four or five years or more, vision declining by insensible degrees all the time, but without pain, or external redness of the eye. The reddish or brownish amber color pervades the whole lens, and sight is obscured nearly as in cataract. It may or may not be attended with amaurosis.

3d stage: This is marked by an unnatural hardness of the eye; immobility and unequal dilatation of the pupil; a varicose state of the in- and external vessels of the eye, and marked loss of sight. The patient now frequently has a cloud over his sight, continuing for hours or days; fiery and prismatic spectra alternating with fixed muscæ, intolerance of light, pain in and around the eye. In this stage the choroid is inflamed,

effusion taking place from its internal surface, the retina is compressed by the fluid, the vitreous tissue is disorganized, and a superabundant effusion of serum supplies its place.

4th stage: The lens becomes cataractous as well as glaucomatous; the muddy green hue is changed to an opaque white color. The lens is thickened and passes forward through the pupil so as to touch the cornea. The iris is changed in color, thinned and eroded; varicose vessels traverse its surface, and red spots as if from effusion of blood form between the iris and cornea. The sclerotica also becomes thinned and choroid staphyloma may be formed. Sight is lost, but the patient is still troubled with flashes in the eye from pressure on the retina.

5th stage: The cornea is irritated by the lens, becomes hazy and rough, may inflame and ulcerate, the softened and opaque lens may escape from the eye, and the vessels of the iris and choroid bleed profusely through the ruptured cornea.

6th, stage: The eye is quiet and atrophied; this may occur without bursting of the cornea; the acute symptoms subsiding, the contents of the eye-ball being absorbed and the eye becoming smaller and softer.

It is not uncommon for glaucoma to be *spontaneously* arrested in one or the other of these stages; it often remains stationary in the first stage for a great part of life, vision being not materially impeded; when the second stage has commenced the amber-colored degeneration proceeds insensibly from year to year, sight becoming more and more imperfect, without the other tissues of the eye being involved.

In the 1st and 2d stages it is a disease of the crystalline lens alone, although occasionally amaurosis is associated with it from the commencement. In the advanced stages almost every texture of the eye becomes involved.

The Germans suppose that glaucoma is the result of a slow arthritic inflammation of the eye, especially of the choroid. When it has commenced in one eye it generally extends to the other.

Treatment.—Cocculus, Silicate of Potash, and Fluoric-acid are the principal remedies.

AMAUROSIS.

According to Mackenzie, by the term *amaurosis* is meant obscurity, or partial or total loss of vision, depending upon a morbid condition of the optic nerve, retina or brain.

This disease often arises from the pressure of a tumor, or from that caused by enlarged or congested blood-vessels pressing upon the retina, optic nerve, or from debility or paralysis of these parts.

Among the remote causes may be mentioned over exertion of the eyes; congestion to the head from forced exertion of body or mind, or from errors in diet, abuse of liquor, retrocession of eruptive diseases, suppressed discharges of blood, perspiration, suppression of menses or diarrhœa, constipation; exhausting diseases, such as typhus fever, chronic-diarrhœa, neglected leucorrhœa, prolonged nursing, excessive venery, &c.

It very frequently arises from a complication of causes, all of which have to be treated or removed.

Symptoms.—The most important is impaired vision; in some cases the patient becomes suddenly and permanently blind, while in others the sight fails gradually for months and years, without ever terminating in complete loss of sight; hence amaurosis may be sudden or slow, complete or incomplete.

In the commencement of the disease it often happens that the failure of sight only occurs occasionally, and for a short time (*amaurosis vaga*,) coming on after any continued exertion of the eyes.

Sometimes the patient sees confusedly with both eyes open, and better with one open and the other closed (*monobleptis*.)

Diplopia is often the first symptom.

Many an amaurotic patient can read with ease a few lines of a printed book, after which the letters seem so confused and the effort is so painful that he is obliged to desist. But this symptom is more common in simple morbid sensibility of the retina, which is exactly equivalent to spinal irritation in other parts; it is an exceedingly troublesome symptom, but not dangerous to sight.

Sudden and temporary attacks of blindness are often connected with gastric derangement, and then may be owing to

congestion about the eye, or a diversion of the nervous energy to distant irritated parts.

The failure of sight in some cases extends to the whole field of vision; in others, to only parts of it. On attempting to read, for example, more or less of the page appears indistinct; perhaps, only a word is lost sight of here and there (*visus interruptus*;) or only one-half of the page is seen, while the other half is as if hidden from view (*Hemiopia*.)

It not unfrequently happens that an amaurotic eye will still discern certain objects, if they are placed in one particular direction (*visus obliquus*;) but if by the slightest movement of the eye or head the person once loses sight of the object, he finds that he cannot easily recover the same point of vision. If the patient looks towards an object, it often happens that he does not see it, it is immersed in the amaurotic cloud; but if he directs his eye to some other object, situated above or below, or to one or the other side of the first, this comes in view. This *oblique* vision is at first of but little use to the patient, but gradually the eye contrives to make it more steady and beneficial.

Sometimes he catches sight of an object while it is in motion, but sees almost nothing that is at rest.

Some see all objects disfigured, bent, mutilated, lengthened or shortened (*visus defiguratus*.) Thus the flame of a candle may seem very long, or as if separated into several portions.

Sometimes amaurosis may be associated with short- or long-sightedness, and may be relieved by concave or convex glasses.

Objects may seem much smaller to the diseased than to the sound eye.

As the disease advances the field of vision seems to become obscured by a cloud (*visus nebulosus*;) or network (*visus reticulatus*;) the latter generally appearing grey or black, especially in a good light or over any white substance, but sometimes becoming luminous in the dark, and assuming a bluish white color, like steel or silver; or reddish yellow, like gold. This is also the case with *fixed muscæ* arising from paralyzed or insensible patches upon the retina; they appear

grey or black in the day time, but glitter in the dark. Floating muscæ form no part of amaurosis, but fixed muscæ are an index of the retina being partially insensible to light.

If only one eye is affected the patient is liable to make mistakes in those actions which require distances to be exactly distinguished, such as pouring a fluid into a glass, snuffing a candle, threading a needle, &c. If the disease be recent it is likely to yield to treatment.

Sometimes the early stages of amaurosis are attended with a morbid sensibility to light, and even with pain on exposure to its influence (ocular hyperæsthesia,) while in other cases there is from the very commencement a diminished sensibility of the retina and a constant desire on the part of the patient for a more decided illumination of all objects, or a *thirst for light* as it has been called.

An unwonted dryness of the eyes and nostrils is by no means an uncommon symptom in chronic retinitis and amaurosis; and it is observed that in general great benefit is obtained if once the secretions of the lachrymal gland, conjunctiva, and schneiderian membrane are restored. Iodine, Kali-hydriod., Baryta-mur., Pulsatilla.

Pain in the eyes, and still more frequently in the head and face, forms one of the most important symptoms in amaurosis; if there be no pain, there is generally paralysis or atrophy of the optic nerve (China, Nux, Ignatia, Angustura.

If amaurosis be attended with headache and loss of smell, there is probably a tumor in the fossa pituitaria, or over the cribriform plate.

If amaurosis of one eye be attended with loss of hearing on the same side and stiffness of the muscles of the face, there is probably a tumor attached to the posterior surface of the petrous portion of the temporal bone, or arising from the meatus auditorius internus.

If amaurosis has been followed by an affection of the mind there is probably a tumor or abscess in the brain; if mental derangement precedes the amaurosis, the disease probably commenced on the surface or in the membranes of the brain; indistinctness of the perceptions and thoughts, &c., points to disease of the cineritious substance.

The general health of the patient should always be carefully attended to. Then the first stage of amaurosis may generally be looked upon as one of congestion or inflammation, which may almost always be relieved or cured.

Sudden attacks are more manageable than slow ones. When the pupil is only slightly dilated, still moveable, and of its natural form, while the eye-ball is neither firmer nor softer than in health, and no glaucoma is present, we may give a rather favorable prognosis.

There is something peculiar in the cast of the eye of an amaurotic person; instead of converging his eyes in the natural way towards an object, it is evident that there is something vacant, and unmeaning in his look, the result of the eyes being directed paralelly, as if towards an object infinitely distant. If only one eye is affected, it appears to diverge from its fellow; this kind of squinting never fails to be present. If there be much strabismus with considerable loss of vision and pain in the head, there is probably organic disease in the brain.

The lids may be more or less paralyzed.

The eyes may be unnaturally prominent or one eye more so than the other. The color of the eye is seldom healthy, the sclerotica is frequently yellowish, or bluish or ash-colored.

A sluggish or limited motion of the pupil, or entire loss of motion, often attended with dilatation, forms one of the most remarkable symptoms of amaurosis. The early and incomplete stages of amaurosis are rarely accompanied by widely dilated pupils, but only by sluggishness and a limited degree of motion. After the perception of light is altogether extinct, the opening is generally found expanded and quite motionless. Aconite, Nux, Opium and Ignatia are the antipathic remedies to this state.

If the pupils are widely dilated and fixed, the humors clear and eye-balls of normal consistence, there is probably pressure from an enlarged pituitary gland, or from some growth far forwards on the base of the brain.

If the pupils are but moderately dilated, but irregular in shape and sluggish in motion, especially if there is glaucoma,

or discoloration of the iris, there is congestion or inflammation of the retina.

If one pupil is widely dilated and does not move with the other pupil, there is pressure in or behind the orbit involving the third nerve as well as the optic of the same side.

Amaurosis with lively pupils often depends on disease of the cerebellum; the third nerve is then sound as the power of motion of the iris is derived from the third pair.

Belladonna and Stramonium may produce sudden attacks of amaurosis; while Mercury and Lead are said to cause a slow and insidious form of the disease.

Treatment.—In the old school, if any symptoms of congestion are present, bleeding, cupping or leeching are brought in play. Aconite would probably effect almost as much good.

Mackenzie says, that Mercury has long and justly maintained a high character as a remedy in amaurosis. It is probable, (he says), that it aids in the cure chiefly as an absorbent, promoting in particular, the removal of effusions within the cranium, and sometimes even of morbid formations. It will remove amaurosis depending upon inflammation, either acute or chronic, of the retina or optic nerve. Travers says, that he has been a witness to its power in suddenly arresting the disease in too many instances not to entertain a far higher opinion of it, than of any other article of the materia medica. Lawrence says, that when the antiphlogistic treatment and a fair trial of Mercury fail, he does not believe, that it is probable we can effect any essential good by other means.

Iodine is said to be more useful in children than adults.

Emetics are said to be useful, when the tongue is foul, mouth bitter, and the patient complains of nausea.

Bark and Quinine are homœopathic to amaurosis, as many cases of blindness and deafness have been produced by these drugs, yet Mackenzie says, that Bark, Iron and Nux-vomica are remedies of great importance, when amaurosis arises from vascular exhaustion and nervous debility.

Counter-irritation is much used, with blisters, Strychnine and Veratrine; also stimulating vapors to the eye, such as Ether and Ammonia; the vapor of Prussic-acid is said to be

entirely useless. Sternutatories, especially a mercurial snuff, made with one grain of Turpeth mineral to twenty grains of powdered liquorice root are highly recommended by Dr. Ware.

Galvanism is useful in incomplete amaurosis.

Amaurosis from apoplexy of the retina.

In this disorder the blood-vessels of the retina become suddenly distended or ruptured.

It may be produced by exposure to the hot sun, suppression of menstruation, congestion to the head, violent sneezing, &c.

Confusion of sight, so that the patient is suddenly deprived of the power of discerning small objects, with a dark spectrum before the affected eye, are the most remarkable symptoms; the spectrum may be red, greenish or black; it is generally large and irregular in shape. The suddenness of the amaurotic attack with flushing of the face, full and slow pulse and dizziness, will render the diagnosis distinct.

Treatment.—Aconite and Arnica are the principal remedies at first; Mercury and Nux-vomica may be required.—See *Treatise on Apoplexy*, by J. C. PETERS.

Amaurosis from aneurism, or dilatation of the central artery of the retina.

Objects placed directly before the eyes are totally invisible, but there remains some small sense of light, so as to give a confused perception of objects sidewise; there may be photophobia and feeling of pulsation in the orbit.

Treatment.—Lycopodium is the principal homœopathic remedy and has cured or relieved several cases of aneurism.

Amaurosis from structural changes in the optic nerve.

This nerve may be indurated; then Plumbum is the most homœopathic remedy. Nux-vomica and Strychnine produce softening of the brain and spinal marrow.

There may be adhesion between the nerve and its sheath; then Merc. and Hepar-sulph. deserve attention.

The medullary substance of the nerve may be ash-colored and wasted. Plumbum.

Hydatids. Graphite and Silex, or Secale.

Calculous concretions between the sheaths. Phosph.-ac.

This variety of amaurosis is developed very slowly, and rarely in both eyes; it is attended by a sensation of a black cloud, which seems gradually to become more and more dense, and by such a degree of visus defiguratus as is extremely distressing to the patient. He rarely complains of much pain, either in the eye or head, but only of a feeling of obtuse pressure in the posterior part of the orbit, without protrusion of the eye-ball. The pupil is extremely enlarged, the iris completely immoveable and irregular in shape. Glaucoma, followed by glaucomatous cataract is apt to occur.

Amaurosis from fracture and depression of the cranium, and extravasation of blood.

Besides the usual surgical treatment, Arnica is the principal remedy to promote absorption; Conium and Mercury may be required.

Amaurosis from disease of the membranes or bones of the cranium.

Exostoses may be treated with Aurum.-mur., Calc.-phosph. and Phosph.-ac. and especially by Silicate of Potash.

Ætheromatous thickenings, with Naphtha, Ether, Terebinth. —See *Treatise on Apoplexy*, by J. C. PETERS, p. 38.

Fungous tumors by Thuja.

The symptoms are exceedingly like those of disease of the brain. Severe headache, fixed pain in the top of the head, palsy of some of the muscles of the eye, weakness and stiffness of the limbs, &c. The symptoms increase for a time very slowly; first one eye is affected, then the other, then the hearing. Protrusion of the eyes may take place.

When the complaint arises after sudden cooling of the head, followed by rheumatism, which, though slight in its commencement, fixes itself obstinately in the fibrous investment of the skull, we may have recourse to Iod.-pot., Meze-reum, Merc.-corr., &c.

Amaurosis from congestion of the brain.

According to Mackenzie, the first symptoms with which congestive amaurosis generally shews itself, are a feeling of

fulness in the eye-balls, Op., Crocus, Paris-quad., Guaiac, Phos., Aconite (—); and almost uninterrupted photopsia (—); Valerian, Staphysagria, Bellad., Stramon.

These symptoms are speedily followed by stupefying headache, generally accompanied by dizziness, and noises in the ears, keeping pace with a striking diminution in the power of vision. In some cases the patient is deprived of sleep; in others he is lethargic. When the internal carotids are chiefly affected, lethargy is generally a prominent symptom; when the vertebral arteries, there is pain in the occiput. The patient is commonly robust and plethoric. The eye may appear fuller than natural, and seems to project unusually from the orbit; the patient moves it less than in health; the eye is suffused with red vessels; the face is flushed, the arteries throb; the pupil may not be much affected at first.

As the disease advances into the confirmed stage, the headache becomes irregular, being at times severe, at others slight. The patient now complains principally of a thick gauze or net-work which renders every object before him indistinct. In clear light the net-work seems uniformly obscure, but in the dark, it is fiery and shining, sometimes appearing reddish, and at others bluish. This symptom is increased by every cause which increases the amount of blood in the head; thus if the patient strains at stool, the net-work seems thicker for some minutes after. If the local and general plethora be not relieved, vision soon becomes totally extinguished; at last all traces of sensibility to light is lost; the patient still complains of stunning headache, also of a feeling as if the eye-balls were increasing in size, while they actually feel firmer to the touch; the pupil becomes fixed, but not much dilated; the vacant stare of the amaurotic is developed.

Treatment.—It is said that under allopathic treatment a favorable prognosis can only be given when the sight is not greatly impaired; it will accomplish but little when sight is nearly or completely extinguished, even when the disease is only a few days standing. If the patient has been several months in this state it scarcely ever happens that the usual treatment effects even the slightest restoration of sight.

The dominant school of course rely on bleeding, cupping,

leeching, purging, entire abstinence from animal food, cold applications to the head, complete rest of the eyes, followed blistering and mercury. Some of these means may be allowed in very urgent cases and when there is a great excess of blood in the whole system, but they must be regarded as palliative and of temporary use only. Aconite, Kali-nitr., Glonoine, Nitric-acid, Digitalis, Conium, Cicuta-virosa, and Plumb.-acet., may be used in the early stages. While Bellad., Quinine, Phosphorus, Strammonium, Opium, and Arsenicum may be tried in obstinate cases.—*See Treatise on Apoplexy, by J. C. PETERS.*

Amaurosis with Apoplexy.

The apoplectic effusion may be confined to the eye, or it may be seated in the brain. When it is confined to the eye the suddenness of the attack and the circumstances in which the patient is placed at the time, may lead us to conclude that the attack is apoplectic. Thus, Mackenzie relates the case of a man who became suddenly blind in the left eye, while attending a public meeting, brilliantly illuminated with gas, and when he had been overheated and excited; after a time amaurosis of the left eye followed, with partial palsy of the tongue. Also, of a man who became suddenly blind in the left eye after blowing a pair of bag-pipes for half an hour. A gentleman on a journey, suddenly found one eye amaurotic in the morning; a few months after he became paralyzed.

Treatment.—*See Treatise on Apoplexy, by J. C. PETERS.* Aconite and Arnica are the principal remedies.

Amaurosis from aneurism of the encephalic arteries.

Mr. WARE was of opinion, that amaurosis might not unfrequently be owing to dilatation of the circulus arteriosus. Should then the dilatation, says he, take place in the posterior portion of the circulus arteriosus, so as to compress the nervi motores oculorum, the consequence will be, that the eye-lids, and probably the eyes also, will lose the power of motion. But if the dilatation happens in the anterior portion of the circulus, as the compression will then be on the optic nerves, the sight must of course be destroyed. And should the di-

latation take place in both portions, so as to occasion a compression on both sets of nerves, the eye-lids will be rendered immoveable and the eyes will also be deprived of sight and motion.

Treatment.—Dr. BALL has cured aneurism with Sulphur and Lycopodium. It is not irritational to attempt to cure some cases of aneurism by internal remedies, as this disorder frequently depends upon a peculiar morbid condition spread more or less over the arterial system. It is observed most commonly in persons who are subject to rheumatism, gout, scrofula or syphilis, or who have abused mercury and have drank spirits to excess. In these cases there frequently arise inflammation of the internal coat of the arteries, ulceration, loosening, thickening, ætheromatous deposit, or even ossification between the internal and middle coats, by which the walls of the artery yield to the pressure of the blood, and the internal and middle coats are torn or destroyed. Carb.-veg., Nitric-acid and Phosphor have been suggested as remedies for aneurism.

Amaurosis from enlargement of the pituitary gland.

According to MACKENZIE, numerous cases of amaurosis from enlarged pituitary glands are on record. In some of them, the affection of sight was one of the earliest symptoms; while in others, it did not occur till a variety of other signs of brain disease had manifested themselves. Along with the amaurosis, which generally affects both eyes, and after being incomplete for some time, suddenly becomes complete, the patient complains of pain or weight in the forehead, and severe pain in the temples, apathy, loss of memory, emaciation and general weakness. Neither convulsions or paralysis seem liable to occur from enlargement of the pituitary gland, but the parts in contact with the diseased mass may be excited to inflammation, so that at last the symptoms present a combination of those of encephalitis with those of pressure on the brain.

As the pituitary gland lies behind and beneath the chiasma of the optic nerves, it must press upon these nerves when it becomes enlarged.

According to ROKITANSKY, simple enlargement of this gland rarely or never occurs; he has never met with an instance; congestion, inflammation and abscess are not uncommon,—they require Aconite, Phosphor, and Hepar-sulph.; tuberculous disease is very rare, while cancerous is not uncommon,—then Arsenicum might come in play; an exudation of colloid matter between the layers of the gland is not uncommon.

Amaurosis from injury of the head.

According to MACKENZIE, injuries of the head, many of them appearing to be slight and at first occasioning no apprehension, are much more frequently productive of amaurosis than is generally suspected. Years may elapse before the patient becomes affected with any serious indications of brain or eye disease.

Treatment.—Arnica is of course the principal remedy.

Amaurosis from congestion or inflammation of the nervous optic apparatus, brought on by exposure of the eyes to intense light, or by over-exercise of the sight.

This is one of the most frequent varieties of amaurosis, resulting sometimes from a single, short or even momentary exposure to vivid light; in other cases, from long-continued or frequently repeated examination of luminous objects, or from intense exercise of the sight upon things moderately or imperfectly illuminated. Frequently there is as much of paralysis as congestion present. This disease must be carefully distinguished from morbid sensibility of the retina produced by the same causes.

Treatment.—Nux and Phosphorus deserve attention.

Amaurosis excited by the presence of worms in the intestines.

Among the symptoms of worms are enumerated: dilatation of the pupil, want of lustre in the eye, blueness under the lower eye-lid, watering of the eyes, paleness of face, headache, throbbing in the ears and disturbed sleep, with gritting of the teeth.

Treatment.—Cures have been effected with Spigelia, Cina and Turpentine.

Amaurosis from suppression of the menses.

When this occurs suddenly, Pulsatilla, Aconite, Stramonium and Sabina are the best remedies; when it occurs, slowly, Sepia and Ferrum or Plumbum may be tried.

Amaurosis from suppressed purulent discharge.

Hepar-sulph. and Antimony or Sabina are the principal remedies.

Amaurosis from suppressed perspiration.

Aconite, Opium, &c. are the best remedies.

Amaurosis produced by drugs.

According to MACKENZIE, Belladonna, Stramonium and Hyosciamus, when taken internally, may produce complete insensibility of the retina, accompanied by dilatation of the pupils in most instances. Belladonna renders the eye-balls red and prominent; vision is more or less affected, sometimes so much so that even the brightest light cannot be distinguished. The blindness is often a very obstinate symptom, sometimes remaining after all others have disappeared; for days and even weeks, the pupils may continue dilated and the vision disordered.

Blindness with dilated pupils also may follow the excessive use of Dulcamara, and white Hellebore, or Veratrum-album. Opium induces insensibility of the retina with contraction of the pupils, as does Aconite and Nux-vomica. The amaurosis in these cases arises from congestion and paralysis of the retina.

Bitter Almonds, Quassia and Centaurium are said to cause amaurosis; while lead colic is not unfrequently attended by amaurosis. I once witnessed at the New-York Eye Infirmary an accidental cure of amaurosis with a lead wash which was to be applied to an inflamed eye; the patient derived so much benefit from it, that he also applied it to the other eye, which was completely amaurotic; the consequence was that he entirely recovered his sight in both eyes.

In the Illinois and Indiana Medical and Surgical Journal for January, 1847, page 385, we find an article on blind-

ness caused by the use of Sulphate of Quinine, written by Dr. McLean, Professor of Materia Medica in the Rush Medical College. We are told that Quinine, when freely administered, produces a species of intoxication, tinnitus aurium, a sense of fulness in the head, cephalalgia, and other affections; and sometimes blindness, more or less lasting.

M. Trousseau relates the case of a tailor, who, for the relief of a periodical asthma, took forty-eight grains at one dose; in four hours he experienced ringing in the ears, dullness of the senses, and vertigo; and in seven hours he was blind and deaf, his mind wandered, and he was unable to walk; these effects gave way spontaneously during the night. A young girl at the Hospital Cochin, in consequence of having taken freely of the Sulphate of Quinine, became affected with amaurosis which continued at the end of three weeks, notwithstanding appropriate (?) and energetic (!) means were employed for the restoration of her sight.

Rognetta says, it may cause deafness, blindness, hallucinations, hæmaturia, &c.

The blindness may be prolonged for months or even years.

Case 1st. Mr. P. of the town of Barry, Jackson Co., was in the year 1845 attacked with a low grade of remittent fever the nature of which was such as to cause the attending physician to administer Quinine in large and frequent doses. About sixteen grains were ordered every hour, until nearly one ounce was taken. Before the Quinine was discontinued, he became perfectly blind; which state, with a slow and gradual amendment, continued during the first year, and his sight is not, yet perfectly restored.

Case 2d. Mrs. R. of the town of Concord, was a few years since reduced so low that her life was despaired of; as a last resort, large quantities of Quinine were given, and while taking it she became blind and continued so for several weeks; as she recovered her health, the blindness gave way, and her sight was finally restored.

Case 3d. P. M. Everett took three grain doses of Quinine every hour for three days; in a short time he became deaf, and soon after so blind that he could not see a burning candle when placed immediately before his eyes; after some weeks

his sight became partially restored, but continues more or less imperfect, even at the present time. During the greater part of the first year, he could look steadily at the sun without seeing it, or even any painful sensation being produced. When he first began to see sufficiently to read, which was during the course of the second year, he could but perceive a small luminous spot upon the paper, about one inch in diameter, within which he could distinguish letters, but all without this was cloudiness and confusion. During this time the pupils were very much dilated, and he could see objects at a distance much better than those near by; his sight has improved ever since, and at the present time, although quite imperfect, is sufficiently good to enable him to read and write, although with some difficulty: the pupils are still considerably dilated, and it is with great difficulty that he can discern objects by twilight; the direct rays of the sun upon the head produce pain there, accompanied with a painful sensation deep in the orbit, and disordered vision; exercise easily produces fatigue, by which his sight is much impaired.

Case 4th. Dr. R. took three drachms of Quinine in thirty-six hours, in doses of six grains each, at the end of which time he became perfectly blind; his hearing also was somewhat blunted, although not as much as his sight; in two days his sight was again considerably restored.

Remarks by Professor McLean.

“We think it clear that the blindness in the foregoing cases was the effect of Quinine; for we see it in each, coming on suddenly during its administration in large quantities, and at a time when no other medicine was being given that would be likely to produce such results; here cause and effect appear to be closely connected, and are so plain as scarcely to admit of the possibility of a doubt.” Dr. McL. also thinks that the proximate cause of the Quinine-blindness was mainly an affection (!) of the retina or optic nerve, producing amaurosis! This supposition exhibits a decided proclivity on the part of the learned Doctor, towards astute and profound exercises of the reason, and he “records his facts and suppositions in the hope that they may be the means of causing some useful sugges-

tions in relation to the physiological effect and administration of this medicine."

In connection with the foregoing, he mentions the case of a gentleman named Porter, who had been amaurotic for sixteen years in the left eye; for a periodical neuralgia he was ordered thirty-two grains of Quinine, to be taken in doses of four grains each, every two hours. Under its influence the neuralgia disappeared, and on the following day he could see objects quite distinctly with the amaurotic eye, much better than ever before, since it first became diseased, and he was much elated with the thought of soon regaining its sight. He, however, took no more Quinine, and in few days the benefit produced to that eye was entirely lost.

Amaurosis from acute or chronic disorders of the digestive organs.

When dyspepsia and constipation are present Nux-vomica is the most useful remedy; when diarrhoea, Veratrum-album.

Amaurosis from continued loss of fluids of the body.

Is best treated with China. Not unfrequently this amaurosis first declares itself by the sensation of a mist before the eyes in the evening; there is seldom any complaint of pain or fulness; the symptoms generally creep on slowly; the patients are often melancholic, timid and hypochondriacal; subject to dizziness, loss of memory incapacity for mental exertion, capriciousness, sleeplessness, gastralgia, want of appetite, flatulence and constipation. After a hearty meal, or a few glasses of wine, or during the influence of some unexpected elation of mind, the patient sees for a short time, much better than he did before; while an opposite effect is produced by the depressing passions, want of food, continued watching, and the like.

Amaurosis from Bright's disease of the Kidneys.

Mercurius-corrosivus is the principal remedy.

1. AMBLYOPIA. *General Remarks.*

a. In all cases of amblyopia which were principally brought

on by excessive writing, reading or fine needlework by candle-light, Lobethal recommends the external use of Ruta in decoction of one to two drachms to Colat. $\frac{3}{vi}$. In obstinate cases he also advises the internal use of Ruta 3., repeated every two or three days.—*Allg. H. Ztg.* 13. 338.

b. Rhus is recommended against weakness of eye-sight, which is sometimes more severe than others, going and coming; attended with the sensation as if looking through a veil, and occurring in subjects, whose feet naturally perspire much, but in whom this perspiration is suddenly checked.—*Allg. H. Ztg.* 37. 304. H.

CASE 213.—A man aged 50, naturally stout and strong, became affected with incipient amaurosis, after having indulged for years in venery, and spirituous drinks to excess. Can only see the outlines of larger objects at a distance of six yards, pupils dilated and sluggish in their action, the interior of the eye looks smoky and cloudy. Cornea without lustre, sight better in the morning after rising. Want of strength, trembling of the hands, impaired digestion, restless sleep.

After two doses China 1. and 2. such improvement followed that in the course of four weeks, patient could read ordinary print.—*Arch.* 3. 3. 74. CASPARI.

CASE 214.—A lady about thirty years of age, of mild temperament, and delicate constitution, noticed for a year a gradual loss of sight in the right eye; sometimes she became almost blind without using the eye more than ordinarily; there was a considerable discharge of tears; and she could not bear the glare of light.

After the use of Merc. 12. for fourteen weeks, the whole trouble disappeared, except the morbid discharge of tears, which ceased after having taken Euphrasia.—*Arch.* 1. 113. GROSS.

CASE 215.—A weaver aged 29, noticed a gradual failing of his eye-sight; he could hardly discern the threads while weaving, neither was he able to read any more.

One week after use of the Ruta-tinct. one drop, he could read again, and in a week later the whole complaint disappeared. *Annal.* 1. 440. BETHMANN.

CASE 216.—A lady, aged 59, had lost her eye-sight so far, as not to be able to know her friends by sight, the eye-ball was turned upwards and inwards, and the pupils inactive; sight worse on straining the eye, and on looking downwards; better by lamp-light, and while resting the head upon her arm, and while rubbing the forehead with her hand.

The eye-balls appear enlarged to her, and difficult to move; there was trembling of the upper lids, vertigo at times, with vanishing of ideas after stooping and speaking.

Several doses Rhus 1. 2. 4. with two intermediate doses of Causticum, cured the patient in the course of two months so far as to enable her to attend to her household affairs without inconvenience. *Allgem. H. Ztg.* 34. 324. HAUSTEIN.

CASE 217.—Mrs. R., aged 24, otherwise healthy, suffered from great irritation of the eyes, which had impaired her sight so much, that she had hardly been able to see anything for eight years past.

On examination the eyes showed nothing abnormal, except the retina appeared affected and so irritable, that the least ray of light darkened all objects and caused much pain. The pupils were always contracted even in the dark.

The patient was hardly able to look at anything for a second; could only see two lines of an M, the third was invisible to her.

Treatment.—For three and a half months she received Carb.-veg., Platina, Digit., Rhus, Natr.-mur., Drosera, after which she could write about three lines,—Natr.-mur., Ruta and Sulphur, were then given for a length of time, the Ruta and Natr.-mur. in alternation. Ruta and Natr. were very useful, but Ruta, however, was never productive of benefit unless given in alternation with Natr.

Ruta 30.—3, three drops. Natr. 30.—9, several globules.

Patient became able to write letters of considerable length.—*Allg. H. Ztg.* 34. 74. BECHET.

Amaurosis.—CASE 218.—Incipient amaurosis in the case of a boy, 7½ years of age, came on after the sudden disappearance of an eruption of the scalp.—He only could see the outlines of objects, and had black spots, and spiders-webs before the eyes; some things he saw double, but indistinctly; the

pupils of both eyes very much dilated. The iris was insensible even in a strong light.

Sulph. 4, was given with much benefit, although the first dose was followed by colicky pain and diarrhœa; on the seventh day after the fourth dose he could distinguish larger letters, and after two more doses, his sight was perfectly restored.—DIETZ. 148.

CASE 219.—A boy, aged 9, was short-sighted ever since his earliest recollection; this myopia increased gradually until it took the form of incipient amaurosis of the left eye.

Two weeks after taking Phosph. 10. one drop, he was attacked with tearing pain over the eye-brows, lasting twenty-four hours; some time after he began to see objects at a more proper distance, with steady improvement.—*Annal.* 1. 79. SCHWARZ.

CASE 220.—A boy, aged eight years, was taken during the desquamating stage of scarlet fever with the following symptoms: sudden blindness, much cold perspiration, very rapid pulse, very pale face, inspirations quick and irregular, abdomen soft but burning hot, extremities cold and covered with clammy perspiration.

Treatment.—Aurum-mur. gr. $\frac{1}{2}$ every hour; two doses were only given, after which the patient began to improve so rapidly, that in a very short time he was cured entirely.

A lady on the third day after her fifth confinement, was thrown into a similar condition to the one above. After two hours' use of the above remedy, she was out of all danger.—*Allgem. H. Ztg.* 15. 38. ALTMÜLLER.

CASE 221.—Consequent upon a concussion of the brain, the patient was attacked with an amaurotic condition; the sight of the right eye became very much impaired, every thing appeared cloudy, with black spots before the eye, increasing so much that he could not distinguish light from darkness; the pupil was somewhat dilated, but otherwise normal in appearance.

Arnica 2, sixteen doses restored the sight perfectly.—*Hyg.* 19. 111. GENZKE.

CASE 222.—A lady, forty-eight years of age, had been affected with tearing pain in the left side of the forehead for

about four months. For a week, as the head-ache was gradually disappearing, she noticed things floating before her eye, which she involuntarily tried to wipe away; for the last four days, her sight was so much impaired, that she was only able to distinguish night from day; she had burning and tearing in the eye; the conjunctiva was somewhat reddened.

Tinct.-Sulph., one drop. In thirty-six hours the sight commenced improving, and in ten days she was perfectly cured.—*Annal.* 1. 80. BETHMANN.

CASE 223.—In a case of incipient amaurosis, in a boy, aged 15, who in the course of seven months had lost his sight to such a degree, as to be scarcely able to discern light from darkness.

A perfect cure was effected in ten weeks by magnetism.—*Allgem. H. Ztg.* 33. 74. Dr. KURTZ.

CASE 224.—A mason, aged 46, noticed during the last three years after an affection of the brain (?) so considerable a loss of sight as to disable him from pursuing his trade any longer.

Symptoms.—In the region of the left eye-brow there was a prickling sensation; the pupil of the left eye was dilated and very sluggish in its action; objects appeared as if enveloped in a mist or fog; he dared not venture out to walk alone; he had had the itch formerly; immediately after urinating he had a renewed inclination to urinate. Urine red.

Treatment.—Merc. 30, in solution, was given without benefit. May 7, Pulsat. 30. May 12, Sulph. 30. May 18, Sulphur repeated. By June 11, the sight much improved. The left eye was somewhat obscured by black threads before the eye; June 12, Pulsat. 30. June 15, Sulph. 30. By June 24, the patient could distinguish objects. After Drosera 30. June 30, and Bell. 30, July 6, he had improved so much as to be able to work at his trade again.—*Allg. H. Ztg.* 34. 71. BECHET.

CASE 225.—R., aged 26, affected with leucorrhœa, menstruation normal, however, had been troubled for eighteen months with her left, and since three months with her right eye, in the following way; violent heat and itching in the eyes, with terrible head-ache in the temple, and a sensation as if the head was swollen. Cloudiness, sparks, variegated

colors before the eye; as this condition increased, the eyesight diminished in the same ratio, attended with intolerance of light. The eye-balls appeared normal, except in the interior, there was a greenish-yellow discoloration; she could see objects, but not distinguish differences; the pupils were inactive. She had been treated allopathically without having received any benefit.

Treatment.—Two doses of Merc. 30, and Sulph. 24, every sixth day, alternately; her sight became much improved, and she could read a little. June 5, and 15, she took Silic. 30, with constant improvement. After China 30, Merc. 30, and China 30, by July 17, she was able to thread a needle, but could see only half of some objects, while others seemed double, triple, &c. Bellad. 30, Aurum-sol. 30, Dros. 12, Natr.-mur. 30, Drosera 30, were followed by a perfect cure of the patient.—*Allg. H. Ztg.* 34. 72.—BECHET.

Nux-vomica in amaurosis.—The belief that amaurosis depends on impaired energy of the nerve has been strengthened by the circumstance occasionally noticed, that patients feel and see better after the excitement of wine, or of a full meal. The failing powers of the retina may experience a momentary increase by the temporary acceleration of the circulation consequent on the stimulus; just as ideas are produced more rapidly, and thoughts and language become more powerful and brilliant, when the blood circulates more quickly in the brain, and as the enfeebled stomach of the drunkard is roused by a dram. What should we expect from a regular course of tonics, or from permanent excitement of the brain?—HAYS.

Tonics and stimuli, medicinal and dietetic, occasionally find place in the treatment of amaurosis. The disease, in some cases, depends on weakness of the nerve, or is connected with general debility. In other instances the patient is reduced by our treatment, and perhaps by the distress of mind, often amounting to despondency, consequent on the dreadful calamity of blindness. Sometimes, when there is no longer any reasonable prospect of restoring sight, nothing is left for us but to enable the sufferer to bear up under his privation, by upholding the general powers, and restoring the tone of the nervous system. In these several cases there are sufficient

reasons for employing medicines of the class now under consideration. My objection is to their indiscriminate use, to their being ranked as primary and principal means in all cases of amaurosis, merely because the nerve is said to be *weakened*, and to the blind empiricism which often administers them in succession, because they have been called *anti-amaurotic*.

Use of strychnia.—As this remedy both in its external and internal administration, has been found a powerful stimulant of the nervous system, in various cases of paralytic affections and impaired sensibility, its powers have been tried in amaurosis. It may be considered particularly applicable to the instances in which simple want of power, or atony of the nervous structure without vascular excitement, is the cause of the symptoms. Mr. MIDDLEMORE, who has tried the remedy in many cases, says, "If a person be suffering from loss or diminution of the power of vision from an atonic state of the retina, or other part of the nervous apparatus of the eye, or of the system generally, the local use of strychnia will be, in my opinion, the most likely means of removing the defect, more especially if it be of recent occurrence."

On another occasion Mr. M. describes more particularly the cases in which benefit may be expected from strychnia. "If a patient has over-worked the eye by long-continued action, confined to the inspection of objects of the same color and description, an enfeebled condition of retina (just as we produce an exhausted state of muscle by over-exertion,) will take place. If a man subject his eye to unnatural stimulus, by looking for many hours daily at bright substances of the same or nearly the same color, or to sudden transitions from an artificial glare to comparative darkness (as miners;) or to a diminished stimulus, as by working in dark rooms, or places imperfectly supplied with light; or to any cause allowing the visual textures of the eye to remain, for a long period, in a state of inactivity, as takes place where large opacities of the cornea, and fully-formed cataract exists, the power of the retina will be partially destroyed, its susceptibility to the stimulus of light diminished; but in none of these cases will there be found any structural change in the retina or the optic nerve, any congestion of vessels, or any discoverable alteration

from a healthy and natural condition; nor will the system, in all probability, be found affected; no altered state of health, sufficient to account for the dimness of vision, will be found to exist."—"Loss or diminution of the power of vision sometimes comes on from certain causes which diminish the vigor of the system generally, as, for instance, after profuse salivation, long-continued suckling, menorrhagia, &c. In all these cases, I believe, the strychnia is calculated to produce great and permanent advantage, in combination, of course, with other remedies suited to the particular exigencies of the case: for example, if the retina be weakened in consequence of diminished vigor of the system, remedies adapted to strengthen the system, and a removal of the cause enfeebling it, might be joined to the local application of the remedy in question. But the power of the retina will not always return with the returning strength of the system; in such cases the strychnine is singularly valuable, producing with wonderful rapidity, the restoration of the organ of vision. Strychnine, given internally, does not produce the same beneficial effect upon the retina, as when applied externally."

The mode of employment is to place a blister over the eye-brow, to remove the cuticle, and then dust the remedy over the denuded surface, beginning with the sixth of a grain on each side, and gradually increasing the quantity until one grain is used on each side, or until the head becomes affected. Mr. M. considers that greater effect is produced when the substance is applied over the supra-orbitary nerve. He gives the following general directions: "Place a narrow blister over each eye-brow, which must not extend beyond a line drawn upwards from the external canthus; when it has arisen sufficiently, cut away the cuticle, and apply, for half an hour, a piece of linen to absorb the serum, which is apt to be discharged in large quantities for a short time after the removal of a blister; then dust the remedy chiefly in the situation of the supra-orbitary nerve, but not so thickly as to prevent the absorption of the whole layer of the powder, at the time of the second dressing, which should be twenty-four hours afterwards; this is a proper interval between the dressings; cover the blistered surface with a piece of linen thinly spread with

ung. cetacei." "Increase the dose of strychnia very gradually until the state of vision is improved, or symptoms indicative of the injurious agency of the remedy occur. If there be much local pain, excited by the application of the strychnia, dilute it with flour, or mix it with opium; and if that do not succeed, suspend its employment, until the stomach and bowels be improved, by a plan of treatment instituted expressly for their benefit, and then resume its use. If severe pain in the head, convulsive muscular twitchings, great general nervous excitement, or other symptoms, denoting the injurious agency of the strychnia upon the constitution, supervene, and the condition of vision be not improved, it must be discontinued altogether."*

This remedy has been employed by Mr. LISTON,† in the Edinburgh Royal Infirmary. He applied the blisters on the temples, and began with a quarter of a grain of the strychnia on each side, gradually increasing the quantity to one grain and a half, which brought on headache, vertigo, debility, nausea, and muscular tremors. As other means were employed at the same time the evidence respecting the powers of strychnia is the less clear.

In his *Treatise on Diseases of the Eye*, (vol. ii. p. 290, 291,) published since the observations previously quoted, Mr. MIDDLEMORE states that his favorable opinion of strychnia has been strengthened by subsequent experience.

Mr. TYRRELL says that he has frequently tried the remedy in the cases which appeared to him most appropriate, but that he had not seen one single instance of benefit from its employment, although he had persevered until alarming mus-

* *Report of the Birmingham Eye Infirmary, in the Midland Medical and Surgical Reporter*, May, 1830, vol. ii. p. 158, 159; also, *On the Utility of Strychnia in certain forms of Amaurosis*, *ibid*, p. 481—485. The remarks are republished in the *London Medical Gazette*, vol. viii. p. 434—437.

In another short notice contained in the same periodical, Mr. MIDDLEMORE mentions, that in two or three instances it has produced so much head-ache and spasm, that its employment could not be continued; whilst two or three patients, who were much benefited by it experienced so much local pain, that they would not persevere in the use of the remedy. In three cases where it was serviceable, its continued use was necessary to preserve vision, which was invariably lost, when the strychnia was discontinued.—*Ibid*, p. 240.

† *London Medical Gazette*, vol. v. p. 541 and 575.

cular contractions were produced. He considers further that serious mischief has resulted from its indiscriminate use. (Vol. ii. p. 316.)

My own experience coincides with that of Mr. TYRRELL, in reference, not only to strychnia, but also to veratria, which he has found equally inefficacious.

The latter remedy is employed in the form of ointment, in which from ten to twenty grains of the veratria are incorporated in an ounce of lard or spermaceti cerate. The size of a large pea, or a horsebean is to be rubbed on the temples and forehead for a few minutes, once or twice in twenty-four hours. The application causes redness, heat, and tingling; sometimes with more considerable irritation; and the friction should be continued until these effects are produced. In this mode of employment the veratria may be of some service as a mild counter-irritant. I have seen it used many times, but it has never produced essential and unequivocal benefit in a decided case of amaurosis within my observation. Sometimes, in females, it has irritated excessively, causing nervous symptoms, which have excited alarm; and patients have even stated that it has injured sight.—HAYS.

[The results of our experience with strychnine in amaurosis, are much more favorable to the value of this remedy, than those of Mr. Lawrence and Mr. Tyrrell. It has certainly proved inefficacious in not a few cases which seemed favorable for its employment, but in others, it has been productive of the best effects. *We have found it far more effectual, however, when applied to the eye, in the form of Collyrium, or given internally, than when applied to a blistered surface; indeed we do not remember a single cure effected by the latter method of using it.* The cases in which it shows its best effects are those attended with dilatation of the pupil; for this article has almost as decided an effect in producing contraction, as Belladonna has of causing dilatation of the pupil.

The following case is one of the most striking we have met with of the efficacy of the remedy:—Harriet Taylor, aged 12, was admitted into Wills Hospital. November 10th, 1838, with amaurosis of right eye; vision in left eye good. Her mother stated that she had first noticed her daughter's defect

of sight about three years ago, since which period it had been growing gradually worse. For four months the right eye, to use the patient's own expression, had been "quite dark." She cannot distinguish a candle with it, though she has a faint perception of the light. The patient has light hair; complexion fair; irides grey, contracting on exposure to light; pupil of right eye rather more dilated than that of left; is sometimes troubled with headache. We could not learn any thing from the history of the case, as given by her mother, calculated to throw any light on the cause of the loss of sight.

There was evidently no congestion of the cerebral organs, or inflammatory excitement in the system, and we therefore ordered a dose of sulphate of Magnesia at bed-time, and the next morning a few drops of the following to be applied to her right eye. \mathcal{R} . Strychnin. gr. ij.; acid.-acet. \mathfrak{z} j., aq.-puræ \mathfrak{z} j. M.—HAYS.

November 11th, Noon. Medicine has purged her actively. The nurse had applied the solution to the eye early in the morning, and the patient finding her vision much improved, afterwards, in the absence of the nurse, had twice used it herself. Says she can now see pretty well with her right eye. Upon trial, found she could read with that eye, the other being carefully closed with my fingers, a newspaper which happened to be at hand. Says there is some cloudiness of right eye. Continue Collyrium.

12th. Sight improved. She read with either eye almost equally well, the other being closed, a proof sheet of this Journal, which we had taken for the purpose of trial. Cloud before right eye diminished but not entirely gone. Continue Collyrium.

13th. Cloudiness of right eye entirely gone; sees perfectly well with it; is not sensible of any difference in the power of vision of her two eyes. She was discharged November 17th, and went to her mother who resides a few miles in the country.

The rapidity of the cure in this case led us at first to suspect deception; on inquiry we could not discover any ground for such suspicion. The friend who had recommended the patient to our care informed us that her mother was a respectable,

industrious widow, who supported by her labor several children, of which the patient was the oldest; that the daughter was intelligent, active and obliging, and her aid was of so much importance to her mother, that he had interested himself to have her relieved from her infirmity, which much lessened her usefulness. As to the excellence of her sight, when she was discharged from the hospital, we verified this in a way that admitted of no deception.

In June, 1839, we had the gratification to learn from the friend who sent this patient to us, that the cure had been so far permanent. He informed us that he had seen Harriet frequently, and that a short time before he had inquired particularly of her respecting her sight, and was assured that it was perfect.]—HAYS.

MORBID SENSIBILITY OF THE RETINA.

This disease is generally mistaken for amblyopia amaurotica, or amaurotic weakness of sight; the one is weakness or dullness of sight, the other *is over-sensitiveness of the eye to use*; the one may be comparable to paralysis, the other to spinal irritation. In amblyopia, use or exposure may increase the defect of vision, but the patient at no time sees perfectly; in morbid sensibility he never sees imperfectly, except after the eyes have been fatigued, or subjected to some cause of discomfort, as a bright light or cold wind. Morbid sensibility of the retina is probably similar to photophobia in its nature, the one is intolerance of use of the eyes, the latter is intolerance of light; both are apt to occur in over-sensitive and in scrofulous subjects.

The intolerance of use, which has been stated to be the peculiarity of the disease, of course infers that the sight is good, or rather that the eye retains all its capability of seeing, but over-sensitiveness of the organ prevents its being exerted. Use of the eye is apt to be followed by a dull heavy pain over the brows, or deep in the orbit; sometimes by a sensation referred to the anterior portion of the globe, in which the patient is unable to say whether smarting or pain predominates; sometimes by a sensation of heaviness in the top of the head; less frequently by a sharp, darting pain

through the globe of the eye; and more rarely still by a sensation of uneasiness altogether indefinable or by a mere sensation of pressure in or behind the ball, or of itching on the surface of it. An impression of weight in the lids, and a slightly painful, but, for the most part indescribable sensation upon the cheek along the lower margin of the orbit are in some cases, either singly or united, the first, and for a time the only indications of intolerance of use. The sensation of excessive weight in the lids may be so decided that the patient may seem unable at times to open them, until after repeated efforts; the time at which it is most annoying being on the morning following a day during which the eyes have been over-used. Sometimes a tired feeling in the eye, analogous to the sensation of muscular fatigue, is spoken of as the first indication. In some cases the pain induced by over-use is felt only or chiefly in turning the eyes.—DIX.

The amount of use sufficient to produce these symptoms is very various; the attempt to read a single word may be followed by one or more of these sensations. The great peculiarity of the disease is, that with all this intolerance of use, blindness does not occur; thus, a person attacked with amaurosis either recovers vision rapidly, or, if slowly, with a progress which is appreciable from month to month; in morbid sensibility of the retina, on the contrary, the absolute imperfection of vision which follows the over-use of the eyes, is the same five or ten years after the commencement of the disease, as when it was first observed. This excessive sensibility of the eye is of course followed by some redness and by confusion of vision, and tenderness of the eye.—DIX.

Morbid sensibility of the retina may be mistaken for chronic iritis, retinitis, or choroiditis, or for neuralgia of the globe of the eye, amaurosis, scrofulous ophthalmia, or granulated condition of the conjunctiva of the upper-lids. In fact it associates itself with all these diseases, but never produces them; i. e., they may excite it, but it never leads to any more serious disease of the eye than itself.

Chronic iritis presents many symptoms in common with morbid sensibility of the retina. The pain about the brow, the tenderness on pressure, the slight pinkish zonular injection

around the cornea; the aggravation, and in some cases, the occurrence of these symptoms only after use or exposure, are together with a slight obscuration of vision, characteristic of both diseases. But, in chronic iritis, vision is not perfect, even when no exertion of the eyes is made; there is always a stiffness in the motion of the iris, and in most cases some irregularity of the pupil and discoloration of the irides; it will also always be found that the disease commenced and persisted for a long time in one eye only.

From *chronic retinitis* it may be distinguished by the dull, turbid look posterior to the pupil.

From *chronic choroiditis*, by the absence of the bluish tinge of the sclerotic.

And from all these diseases by the permanence and gradual increase of the imperfection of vision which accompanies them.

Neuralgia of the eye is characterized by the agonizing pain which attends it; by the regularly intermittent character of the pain; by the sudden contraction or irregularity of the pupil; by the cessation of neuralgic pains in other parts of the body; by its location in one eye only, &c.

Amblyopia, or incipient amaurosis, when attended with pain in its earlier stages, presents many features in common with morbid sensibility of the retina, but may be distinguished from it, by the permanence of the imperfection of sight which attends amblyopia, and by the difference in the character of the affection of vision in the two diseases: thus, in morbid sensibility, there is an indistinctness, a blurring, fading away, confusion, and in some cases a distortion of objects; while in amblyopia, a portion only of objects, such as the upper or lower, the right or left half may be seen; or those objects only may be visible, which are situated in a certain direction from the eye; or things may appear to be doubled, or tripled, or otherwise multiplied; or their color may be changed, or they may seem to be enveloped in a haze capable of being described as smoky, cloudy, or gauze-like. In morbid sensibility of the retina the patient can see in all kinds of light, except they be excessive; while in amblyopia the

light often requires to be carefully adjusted, in order to give the patient the best vision of which he is capable. In amblyopia the imperfection of vision is the first, and in some cases the only symptom; in morbid sensibility of the retina, the disturbance of vision is generally preceded for some time by pain or suffering of some sort in the eyes.

Scrofulous ophthalmia, where no ulcer or pustule is present, may be confounded with morbid sensibility; this mistake is perhaps the less important as we are inclined to think that morbid sensibility of the retina is often a scrofulous affection.

A very slight degree of *ophthalmia tarsi*, or *tinea ciliaris*, will sometimes render the eyes incapable of long-continued use, and keep them in an irritable state, resembling very much true morbid sensibility of the retina.

A slight roughness or *granulated condition* of the conjunctiva of the upper lids, may be, and very often is mistaken for morbid sensibility of the retina. It often results from a mild attack of catarrhal ophthalmia, and is of frequent occurrence on our sea-board. It can only be discovered by everting the lids, but may be suspected, if the patient complains of an occasional gravelly sensation in the eyes, or if he refers back the origin of his complaint to an attack of "sore eyes."

Location.—Morbid sensibility of the eye is supposed to arise from disorder of the *ciliary system*. This system is contiguous to, and has connections with almost every other texture of the eye; at one and the same point it unites the sclerotic and cornea externally, and the choroid and iris internally; while at the same point the choroid adheres internally to the vitreous humor by means of the ciliary processes; the ciliary portions of the retina, being included in the same adhesion. Further, the zonula ciliaris to which these processes adhere, is closely connected to the capsule of the lens. We may therefore consider this as a common point of union, embracing all the essential constituents of the globe, viz., the sclerotica, cornea, choroid, iris, retina, vitreous humor and cristalline lens. Hence any irritation of the ciliary system, which seems in fact to be the centre of the ordinary nervous sensibility of the eye, is ne-

cessarily followed by discomfort in almost every part of the organ.

Recovery from the disease is always slow; sight is never lost or materially injured.

Treatment.—Agaricus is a most important remedy. Kali-chlor. will make the eyes feel strong and render them tolerant of use, when other remedies fail. Spigelia deserves attention.

General sensitiveness of the eyes may be met by Cuprum, Arsenicum, Quinine and Conium. Carbo-animalis and Sepia are excellent remedies in chronic cases, when ill effects constantly follow the use of the eyes. Aurum is the principal remedy, when there is a sensation in using the eyes as if the blood were pressing on the optic nerve, with tension in the eyes and confusion of sight. Crocus is a good palliative, when after reading a while, even in the day time, the eyes ache and feel sore and burning, with dimness, frequently obliging one to wink. Graphite and Ruta, when there is a constant sensation in the eyes, as if one had exerted them too much in reading.

OCULAR HYPER-ÆSTHESIA.

According to Mackenzie, this disease consists chiefly in a greatly increased sensitiveness both of the optic nerve, and of the ophthalmic division of the fifth. The chief characteristic of the affection is great intolerance of light, attended with photopsia, chrupsia, pain in the eye and head, sensitiveness of the eye-ball and lids to touch, and spasmodic closure of the eye.

It occurs both in an acute and chronic form. *Acute form:* This generally arises suddenly from some evident external cause, such as, overtaxing the eyes, reaches its greatest degree of severity in a short time, and may either subside of itself in a few days, or speedily yield to treatment. One eye is generally affected first, but by and by both may become implicated; Mackenzie, however, has seen the reverse of this, both eyes suffering at first, the disease finally concentrating itself in one eye only.

Symptoms.—In the severest cases the attack commences

with such excruciating pain in the eye, as to cause the patient to shriek aloud; he is rendered totally incapable of exposing the eye to the light, and he immediately seeks to relieve this symptom by remaining in the darkest place to which he has access, pressing his eyes with his hands, or lying on his face in bed, and pressing his eyes against the pillow. The spasm of the orbicularis muscle is such, that it is almost impossible to obtain a glimpse of the eye. The pulse is full and quick, and the head hot. The symptoms are so severe, that the patient concludes his sight to be lost, and the practitioner, if unacquainted with the true nature of such cases, perhaps adopts the same idea, and *pronounces the disease to be acute retinitis*.

Chronic form.—Called to visit a patient with chronic ocular hyper-æsthesia, we are probably ushered into a room as absolutely dark as it is possible to make it, every chink by which light might enter, being closed, and a large screen so placed as to impede any gleam, which might intrude on the door being opened. There we find the patient, in some cases sitting up, in others lying in bed, with his eyes shaded, and his head covered with a thick veil or shawl. In this state, we are perhaps informed, he has been for months. In such a case, no persuasion will convince the patient, that he might bear for a few moments, sufficient light to enable us to see his eyes; or if he yields so much as to remove their coverings from them, his terror of their being touched with the fingers prevents us from making any satisfactory examination of their state. The increased sensibility of the fifth nerve is a symptom scarcely less prominent in such cases than the excessive intolerance of light. The least touch about the eye is painful and continues to be felt for a long time.—MACKENZIE.

Both the acute and chronic varieties of this disease are generally attended with spasms of the eye-lids, flashes of light and appearance of colors before the eyes, but all of these may be absent; Mackenzie has met with cases in which though the smallest degree of light was insufferable, so that the patient remained in complete darkness, with his eyes shaded, lest any accidental ray of light might reach them, yet his eyes were open and affected neither with spasms of the lids, nor with photopsia.

Although severe pain almost always attends the acute variety, yet in the chronic form there may either be scarcely any complaint of pain, or the pain may be pretty acute and concentrated in the eye-ball, or extending to the forehead and temples.

Little or no injury happens to the sight, however long the disease may last. In chronic cases the acuteness of sight sometimes appears to be increased beyond what is ordinary, so that in a state of almost complete darkness the patients will manage to see sufficiently to take their food and to distinguish readily the furniture in their room and the persons about them.

Diagnosis.—It may be distinguished from retinitis by the presence of excessive pain and intolerance of light, symptoms which do not attend inflammation of the retina. The only other diseases which it may be confounded with, are morbid sensibility of the retina and scrofulous photophobia; as these are, however, very similar in their nature, this mistake is of no great importance.

Prognosis.—This is always good; however severe the symptoms may be, either in the acute or chronic forms, Mackenzie says, we can always promise a perfect recovery. In both forms recovery is often sudden and complete, although it may last for months and years, especially if the patient be timid, or stupid, or obstinate as regards exposure to gradually increased quantities of light.

Treatment.—Mackenzie reports acute cases as recovering in the course of a few days or weeks by the ordinary allopathic treatment of obscure affections of the eye, viz., Calomel, Opium, Belladonna, &c.

The remedies advised for morbid sensibility of the retina, photopsia and chrupsia will be found useful.

PHOTOPHOBIA. (*Intolerance of Light.*)

This generally depends upon a scrofulous irritation of the conjunctiva; the patient, generally a child, may be for months unable to bear the least accession of light, or to open the eyes in the smallest degree during the day. The inflammation during this state may be very inconsiderable, so that on forcing open the lids, scarcely a red vessel is discovered. Such, how-

ever, is the sympathy of the conjunctiva, which is the primary seat of irritation, and the neighboring parts, viz., the retina, cerebral optic apparatus, lachrymal gland and the lids, that the admitted light seems to the patient to blaze like the rays of the sun reflected from a mirror, or what might be felt on looking at a sea of molten gold. When the eyes are opened, the lachrymal gland instantly pours out a flood of tears and the spasm of the lids forces the eye to close with great violence.

A large proportion of these cases are attended with phlyctenular or more properly eczematous, or so-called scrofulous ophthalmia. (See vol. 1, p. 113.)

Treatment.—In acute cases, Aconite, Euphorbium, Rhus, Conium and Bellad., are the principal remedies; in very severe, tedious or chronic cases, Arsenicum, Merc.-corrosivus, Sulphur, Silex and Calcareo may be used.

PHOTOPSIA.

(*Visus lucidus.* Seeing of light.)

Sensations of light may be produced independently of the ordinary impressions of natural or artificial light; the flash produced by sneezing, or by gentle pressure, or a blow on the eye, are familiar instances. In like manner there are sensations of light, which are altogether the result of irritation or disease in the optic apparatus. Flashes of light, the appearance of shining stars, a glittering as if from the points of innumerable needles, or the sides of innumerable prisms may occur in choroiditis, or in the commencement of amaurosis. In some peculiar and distressing cases of ocular hyper-æsthesia the patient is annoyed by the sensation as if his eyes were directed towards globes of light swimming or revolving before him, or as if he were looking at a sea of molten gold.

Slight pressure on the retina may excite a luminous sensation; an excrescence on the inner surface of the eye-lid may produce a continued pressure on the eye-ball and excite the appearance of a luminous circle before the eyes; congestive pressure on the retina may do the same; flashes of light are often the precursors of convulsive attacks, such as epilepsy, &c.

Treatment.—Ignatia is indicated in nervous, spasmodic and hypochondriacal cases, when white zig-zag vibrations appear out

of the line of vision; or when there is a circle of white shining, flickening zig-zags outside of the line of vision, when reading, the letters at which one looks becoming invisible, while those to one side become more bright.

Borax, in dyscratic cases, when there are bright waves before the eyes moving from side to side, or upwards and downwards; or dancing before the eyes while writing, so that nothing can be seen distinctly.

Belladonna, in acute and severe, or nervous congestive cases, when there are large bright sparks before the eyes; or white stars of the size of a plate, with white silvery clouds passing over them.

Crocus, when there are sudden flashes before the eyes like electric sparks.

Digitalis, is one of the most homœopathic remedies in this disorder, when great nervous debility is present, attended with dazzling and sparks before the eyes, and appearance as if all objects were covered with snow.

Quinine, in congestive cases, when there is an intense light and sparks before the eyes.

Sepia, *Phosph.-acid*, *Fluoric-acid* and *Graphite*, may be used in obstinate and chronic cases.

CHRUPTIA.

(*Visus coloratus*. Seeing of colors.)

This symptom may depend either upon some derangement of the lenses of the eye, by which its achromatic power is disturbed, or on some irritation, or pressure upon the convex surface of the retina, or optic nerve.

In injuries of the cornea and prolapse of the iris, or after an attack of paralysis, all objects may appear of a greenish hue.

In scrofulous sclerotitis, brilliant blue, green and red colors may play over objects looked at, such as the face of a person, or a white handkerchief.

Nine persons poisoned with *Hyosciamus*, saw, say they, dimly on the first day, and on the second day every thing appeared as red as scarlet. Many other drugs produce similar appearances. One patient saw all white objects of a deep orange color,

approaching to scarlet; a lady often saw white objects of a very bright blue color, &c.

The explanation of some of these appearances is easy: Thus, if we look at a window from the end of a long apartment, then promptly close the eyes, turn from the window, and cover them with the hands, we will perceive an accurate representation of the window, with the bars dark and the panes bright; but if we turn the *closed* eyes again to the window, the bars will appear bright and the panes dark. The explanation of this is, that the part of the retina which has received the luminous visage remains for a time in an occupied or excited state, while that which received the dark image from the bars is in an unoccupied or unexcited state, and hence capable of receiving the much more feeble influence of light when the closed eyes are turned again to the window and the hands removed.

If we look steadily for a considerable time at a red spot on a white or black ground, a green border will appear around it; then if we look at another white or black ground we will perceive a spot of green of the size and form of the red spot. The spectrum which is seen by fatiguing the eye with looking at a violet object, is yellow; that of green, red; that of yellow violet. Hence these are *opposite* or *complementary* colors.

Mackenzie says, to understand the meaning of the term *complementary* as applied to such colors, it is necessary to observe, that the color of the spectrum is always such as being added to the color of the object with which the retina has been fatigued, makes up the sum of the three primary colors, red, yellow and blue, which by their combination form white light; hence the name *complementary*, which has been given to the colors of ocular spectra. Green, then, which is composed of yellow and blue, is the complementary color to red; violet, a compound of red and blue, to yellow; and orange, a mixture of red and yellow, to blue. Two colors, which together yield a grey color, such as black and white, are also complementary.

The explanation of colored spectra from colored objects is as follows. White light contains all the primitive colors, viz, red, blue and yellow, as its elements. Then if the retina, when it has been long fixed on a red object, is rendered in-

sensible to the red light, but is still susceptible of the impression of the other colored rays; if it be now directed towards a white surface, being no longer sensible to the red rays contained in the white light, it perceives only the remaining component rays of white light, viz., yellow and blue, which form green, which is hence the complementary color of red.

When the retina is in a state of intense excitement, colored spectra may appear from colored objects, although the eyes are in apparent total darkness. The green baizes or curtains in the darkened room, although almost invisible to the healthy eye, may excite red spectra in the morbidly sensitive eye; gilded frames, although they look black to the healthy eye, may excite violet colored spectra, or those formed by the combination of the red and blue rays which are the only ones then observed by the eye. A variety of colored objects, even in a darkened room may cause the most varied and intricate combinations and separations of color only visible to the morbidly sensitive eye.

Hence those drugs which cause objects to appear yellow, render the eyes insensible to blue and red rays; those which make objects appear red, have paralyzed the susceptibilities of the retina to the blue and yellow rays; those which cause greenish spectra, have left the eye susceptible to the blue and yellow rays, but not to the red; those which cause the appearance of blue colors have destroyed the susceptibility of the retina to the red and yellow rays. Variegated spectra are produced by drugs which cause derangement of the lenses of the eye, by which its achromatic power is disturbed.

It is probable that insensibility to certain colors, or color blindness may become a curable affection by aid of these hints.

Dr. Wilson of Edinburgh found that as many as one person in 55, confounded red with green; one in 60, brown with green; one in 46, blue with green.

Mackenzie says that persons affected with insensibility to certain colors are most apt to confound red with green, and pink with blue; in other words that red light, or colors in which red forms an ingredient, and its complementary color, i. e., green are not distinguishable from one another by those who

labor under the defect in question. The only colors they can truly distinguish are yellow and blue. In some, blue may even be imperfectly distinguished from red. In all color-blind persons, the perception of yellow is the most perfect; by gas-light, or candle-light, or other yellow light, the distinction between red and green, which is so slight to them by ordinary day-light, becomes in many cases quite apparent. Yellow spectacles help some of these persons very much. Much attention has lately been drawn to this disorder by the discovery of Dr. Wilson, of Edinburgh, that several employees on railroads were unable to distinguish between red and green danger-signals.

Treatment.—When everything appears *yellow*, Sulphur, Digitalis, Galvanism, Hyosciamus, Kali-carb., Ammon.-mur., and Alumina are homœopathic.

When things appear *red*, Crocus, Conium, Digitalis, Hyosciamus, and Stramonium are indicated.

When they appear *green*: Digitalis, Merc., Nitric-acid, Kali-carb., Zincum, Strontian, and Phosph.

When *blue*: Galvanism, Kali-carb., Zincum.

When *variegated*: Euphorbium. Digitalis, when various colors appear before the eyes, red, green and yellow and a sort of twinkling light composed of these colors; Kali-nit., when there are colored wheels before the eyes; Zincum, when there are yellow, blue and green wheels before the eyes; Stramonium where objects appear of various colors.

SPECTRAL ILLUSIONS.

Certain spectral illusions it is well known attend delirium tremens; the patient supposes his chamber to be haunted by rats, cats, snakes and various other spectres, and often calls for assistance to drive them away. He imagines vermin to be crawling over his bed, and endeavors to pick them off; or frequently puts out his hand, as if to catch something floating before him in the air. In some cases of this sort, Mackenzie says, both sense and judgment are affected; but in other cases, sense only. In the latter case the patient is readily convinced that he is laboring under illusions; in the former, his delirium

prevents this conviction. A somewhat similar state of things occurs in typhus and other fevers, and in poisoning with various narcotic drugs.

The explanation generally given is, that normal perception being in ordinary cases attended by some unknown motion or change in the brain, in the above diseases the brain is so altered and excited, that if the person happens but to think or dream of any past impression, the same change in the brain is repeated as in actual perception.

Spectres, or resemblances of natural objects often present themselves from similar causes. They seem to be dreams or imaginations reduced to sight.

These spectral illusions are infinitely various; sometimes bearing the aspect of a single person, or object; in others imitating the impression which might be produced by crowds of human beings moving before the spectator, or by scenes of endless diversity. (*See Treatise on Nervous Diseases and Mental Derangements by Dr. PETERS, p. 50.*)

Treatment.—Cocculus was the most important remedies, in a case where the patient saw a black figure before his eyes, walking in front of him, to and fro; when he turned the figure turned also, nevertheless the patient saw everything in a full light. Petroleum, when vibrations and black figures appear before the eyes; Camphor, when strange figures hover before the eyes; Digitalis, when all sorts of forms and visions appear before the eyes; Stramonium and Belladonna, when objects which do not exist are seen in the room; Argentum-nitricum, when grey spots and bodies in the shape of serpents move before the sight; Arsenicum, when he sees vermin crawling about his bed; Phosphor, when a horrid mask seems looking out of every corner; Lycopodium, when phantoms crowd upon one; Causticum, when one sees distorted human faces; Ambra and Argentum, distorted figures and faces; Stramonium and Belladonna, when one sees ghosts and insects; Stramonium and Opium, when one sees a number of persons and grasps at them, yet they are not present.

ILLUSIONS OF SIZE, AND DISTANCE.

Treatment.—Nux-vom., Carb.-an., Sulphur and Stramonium

are homœopathic when objects appear far off; Bovista, when they seem too near.

Stramonium and Platina, when every thing seems *small* and distant.

Niccolum, Hyosciamus, Oxalic-ac., Laurocerasus, Zincum, Staph., and Euphorbium, when objects appear larger.

Sulphur, when one imagines that he is growing thin and dwindling down to a skeleton.

M U S C Æ.

These are of two kinds, viz., *floating and fixed*.

1. FLOATING MUSCÆ.

These occasionally arise from a layer of mucus and moisture upon the cornea; occasionally from similar corpuscles floating in the aqueous humor, between the focal centre of the eye and the cornea.

But the larger proportion of floating muscæ are situated posterior to the focal centre of the eye. If one looks at the flame of a candle, two or three feet distant, or at the sky, through a hole made in a blackened card with the point of a fine needle, four sets of spectra will be seen :

a) The most remarkable set appears nearest the eye, and consists of twisted strings of minute pearly globules, hung across the field of view.

b) The second in point of remarkableness, is farthest of the four from the eye, and consists of watery-like threads destitute of any globular appearance, and depending chiefly from the upper part of the field of view.

Mackenzie calls the first the *pearly spectrum* and the latter, the *watery spectrum*.

Between these two layers of strings of pearly and watery threads, there float two distinct sets of globules, which are never aggregated into rows or threads, but which always remain isolated from each other.

c) The individual globules of the set farther from the eye are hazy and ill-defined, and are compared by Mackenzie to small grains of sago ;

d) The globules of the set nearer to the eye are clear in

their centre, exteriorly to which they present a sharp black ring and still more exteriorly a lucid circumference.

These four sets of spectra never mingle with one another, so as to change the order in which they stand before the eye: a) the pearly spectrum or appearance of rows of pearls always appear the nearest; then the sharply-defined black ring-like isolated globules; then the obscurely-defined isolated sago-like globules; and farthest away, the watery threads.

An exaggeration of these appearances which can always be produced in the healthy eye, form what are called *muscæ volitantes*.

The muco-lachrymal substance on the surface of the cornea forms one variety; the corpuscles forming the rows of pearls or the pearly spectrum are situated close to the sentient layer of the retina; the watery spectra and the isolated globules, both sharp and ill-defined, occur in the middle spaces of the eye.

All *muscæ volitantes* are but exaggerations of these natural appearances.

Muscæ volitantes, produced by the watery spectrum.

The natural appearance of the watery spectrum as seen through the perforated card, is that of threads depending from the upper portion of the eye; each of the watery threads is bounded by two dark lines, within which there is a broad space, which is clear and destitute of anything like globules; their general direction is downwards and slightly tortuous; they often divide at their lower extremity into two or more branches, which seem to melt away insensibly; they have much the appearance which we might suppose streams of tears to have as they descend from the lachrymal ducts and flow over the cornea, but they are much deeper-seated; at first view they seem to slide down slowly from the upper to the middle part of the field of view; they are rarely seen in the lower part of the field of view, and must exist, therefore, chiefly in the lower portion of the entohyaloid space, as they are seen inverted.

When this natural state becomes exaggerated and forms a disease, it is most apt to be perceived on first going out in

the morning; it is compared by some patients to the appearance of threads of spun-glass, laid across each other, or to that of a fine lock of wool. It appears a little above the centre of the field of vision, and of course seems greatly magnified by the distance of the surface against which it is viewed; it always retains the form of numerous watery threads, never containing globules, but these threads may be irregularly heaped together, and often assume zig-zag figures.

Treatment.—When there are threads, filaments, little feathers or hairs hanging before the eyes, Conium, Kreosote and Castoreum are the principal remedies; in very obstinate cases, Carbo.-an., Calcareæ, and Alumina may be tried. When zig-zag appearances are present, Conium, Ignatia and Fluoric-acid are the principal remedies; Sepia, Graphite and Natrum may be required in obstinate cases.

Globular muscæ volitantes.—The ill-defined globules (*c*) which lie directly behind the watery spectrum, rarely give rise to muscæ volitantes; but the globules (*d*) which occupy the next plane, and whose edges are sharp and dark, frequently appear to the naked eye, either as simple black points or rings.

Treatment.—Carbo-vegetabilis and Pulsatilla are the principal remedies.

Muscæ-volitantes, produced by the pearly spectrum.

Almost every eye, even the most healthy, will detect these on looking towards a luminous field through a fine pin-hole.

At first only a few small pearly globules may be perceived; but soon numerous strings of them are discovered, generally twisted in different forms and presenting a variety of knots, loops and agglomerations; sometimes they are so numerous as to form an extensive shower or cloud; the pearly threads are of different lengths; the globules or pearls which form the strings of beads or rosaries are merely in apposition like the blood-globules.

When these appearances are exaggerated, they form by far the most common kind of muscæ-volitantes; one or more dark bodies may be seen dancing in the air, leading the patient to suppose that a bit of dust or soot is sticking to the eye-lashes, or that a small spider is before the eye; it is only

on attempting to brush them away, that the mistake is discovered.

In other cases a thin cloud, somewhat like the wing of a fly, or spider-web may be seen, or like black lace. On moving the eye from side to side, the spectrum moves also with great swiftness. This state may last for months or years without progressing, or attracting much attention—sometimes the annular shape of the darkest portion of the *muscæ* may cause an appearance like that of black stars. At all times if the patient turns his eye to a clear sky, the clouds, cobwebs, or wings of insects resolve themselves into a great number of pearly globules or minute rings, moving as the eye moves and connected together by some invisible film.

Frequently there is a twisted tubular appearance, resembling that of a twisted snake, or a quill with the withered substance within its cavity. It is probable, that these appearances are much exaggerated in delirium tremens, and give rise to the appearance of snakes, beetles, rats, &c.

These pearly *muscæ volitantes* are rarely seen in the axis of vision, but some distance from it, either outwards or inwards, upwards or downwards, but most frequently outwards towards the temple. These *muscæ* never move unless set in motion by the movement of the eye-ball.

They are not the result of disease, nor do they indicate its approach, although they may arise from abuse of the eyes and intense application of the mind.

They are often supposed to be a sign of congestion in the head and eyes, and precursors of apoplexy.

Severe influenza is a common cause. Loss of sleep, disordered digestion, disturbed action of the heart, or nervousness may produce them; anxiety, distress and grief may cause them.

It is a very harmless disorder; even the greatest possible accumulation of them never can cause amaurosis, or cataract; but sometimes in reading a number of them may gather together, so as to render portions of the page before one temporarily obscure. They often remain stationary for ten or twenty years; but the eye may become more and more suscep-

tible to the impression on the retina, which these objects cause, if they be searched for and examined too curiously.

Treatment.—When there is congestion to the head, Aconite and Quinine are the principal remedies.

When there is bilious derangement or torpor of the liver, and constipation, Nitric-acid, Nux, Merc., Sulphur and Petroleum.

When there is disturbance of the heart, Digitalis and Veratrum.

When there is derangement of the genital organs or kidneys; Phos., Thuja, Terebinth and Ruta.

When there is great nervousness, Moschus, Hyosciamus, Anacardium, Agaricus.

When there is great debility, Phos. and Ammon.-c.

Giving up the use of sugar has cured some cases; Merc., Iod.-pot., Ether and Valerian have cured others.

FIXED MUSCÆ.

These are much more serious in their import, as they generally point to some affection of the retina; they may be single or numerous; of different sizes and a great variety of forms; their color is generally black, or at least much darker than the floating mucæ; they are often so black, that a person's countenance, standing before the patient seems obliterated, or his head cut off, or the flame of a gas-light extinguished. They, however, appear of a greyish-white while the eye is closed, but instantly assume a black velvet color on opening the eye in the light.

White objects seem to have black, ill-defined blotches upon them; sometimes the patient sees black letters like a T or X in the air; at others he seems as if looking through a riddle, the interstices of which gradually become less and less, till the disease ends in total blindness.

A fixed musca in the centre of the field of vision, gradually expanding its circumference, generally ends in one of the most intractable varieties of amaurosis; although I have seen it disappear and return several times. It arises from a change of structure in the central spot of the retina.

The appearance of a spider with its legs stretched out generally is a floating musca.

Fixed muscæ may arise from distension of the blood-vessels of the retina and effusion of blood (apoplexia retinae). Then Opium, Arnica and Kreosote are the principal remedies.

From aneurism of the artery, or varicose enlargement of the veins (Lycopodium.)

From partial paralysis of the retina; such muscæ disappear after a glass or two of wine, &c.; Nux-vomica, Strychnine, Ferrum, or Plumbum.

Small black points deposited on the concave surface of the retina (melanosis) and larger red bodies on its convex surface (neuromata) may give rise to fixed muscæ; they may be treated with Carbo-an., and Thuja.

Fixed muscæ are generally attended with photopsia or coruscations and haloes of sight; floating muscæ; morbid sensibility of the retina; the alternate appearance and disappearance of small objects; hemopiæ; partial or oblique vision; chrupsia; undulating clouds before the eyes through which small objects are seen by fits, and then obscured again; bright objects exhibit a tremulous or undulating light and shade; the edges of objects are ill-defined and shaggy, and as if fringed with hoar-frost; perpendicular lines may appear disfigured; printed letters broken or indented; circular objects deprived of their regular shape, &c.

CASE 226.—A gentleman had a fall on his right side about a year ago, after which he complained of the following symptoms; inability to see with the affected eye, without the aid of the other, considerable obscurity of vision, and many muscæ volitantes before the eyes, which prevented him from seeing distinctly.

Arnica was given without benefit, Merc.-sol. 12, however, cured him entirely.—*Pract. Beitr.* 3. 24. THORER.

CASE 227.—Cicuta in deceptive sight.

Symptoms.—Objects appeared double, letters seemed to move about, surrounded by all the colors of a rainbow; this also took place in looking at a lighted candle; while walking and looking at objects, the patient became dizzy; photophobia; at times burning pain in the eye, and agglutination in the morn-

ing; dilated pupils, blue circles around the eyes, headache over the eye.—*Caspari, Erfahrungen*, 176.

CASE 228.—A lady, aged 30, had been affected for nine months past, with impaired sight; it seemed as if a spiderweb was before her eyes, or as if she were looking through a veil; watering of the eyes; pupils somewhat dilated.

Bellad. 3, once in forty-eight hours, cured her in three weeks perfectly.—*All. H. Ztg.* 13. 51. LOBETHAL.

CASE 229.—A stout man, aged 30, of sanguinous temperament, formerly healthy, was suddenly seized without any apparent cause with the following condition of the right eye.

Dull appearance of the right eye; black spots before the eye; even on a clear day objects appeared as if enveloped in a fog; in the morning and evening he could not see with the right eye; pupil somewhat dilated; the patient was very timid.

Treatment.—May 12. Bell. 15, one drop.

May 22. Is able to distinguish objects in the morning and evening, and without straining the eye; during the day objects appear a little misty yet; and he saw stars dancing about the light of the candle. Pulsat. 12, one drop, cured him completely in a week.—*Arch.* 2. 66. GROSS.

CASE 230.—A lady, aged 30, in the fifth month of gestation, had been ailing for 1½ years, after a cold bath which she had taken at that time.

Symptoms.—Very frequent muscæ volantes; whenever she used her eyes more than ordinarily, she experienced pain in the same; printed letters seemed to dance about in a dense fog; she was often obliged to rub her eyes; had dull pain over the eyes, and a sense of tightness about the head.

Treatment.—Arnica 3, five drops, in Alcoh. 3j. every morning one drop in water. After two weeks, the headache had much diminished; and in four weeks she could read without any trouble.—*Hyg.* vi. 403. GRIESSELICH.

CASE 231.—A young man, aged 24, of slender build, and pale face, had been very anxious about his health, for the last two years, as he has had almost constant headache persistent obstruction in frontal sinus (chronic catarrh), burning in the eyes, and frequent diarrhœa.

Treatment.—From Aug. 21, to Nov. 25, he took Sulph., Bell., Nux-vom., Calc.-carb., Sulph., Petroleum.

On Dec. 3, he had violent pains in the eyes, burning, fleeting stitches, which were worse during the day; deceptive sight during the evening by candle-light; very great intolerance of light, with intolerable pains, lasting until very late at night, when they became most excruciating, with the sensation as if the ball of the eye would burst. Sclerotica pale red, more so towards the outer canthus; uncommon lustre of the eyes; great paleness of the face, and daily diarrhœa.

Spirit.-Phosph., gtt. xx. in Spirit.-vin.-rect. 3j., six to eight drops every morning; this was followed by much improvement of the whole condition; in three weeks every thing, with the exception of some headache had disappeared.—*Allg. H. Ztg.* 22. 246. WEBER.

CASE 232.—An old maid, aged 52, of tranquil temperament, underwent the change of life, $2\frac{1}{2}$ years ago; previous to that time her menses always had been regular; cessation of menstruation had been followed by gradual impairment of sight.

Symptoms.—Objects appear as if enveloped in a cloud, deceptive sight, variety of colors before the eye, stitches in the eyes, pupils sluggish in their action. Digestion good, but attended with occasional cramps in the stomach.

Treatment.—Sept. 25, Bell. 30, and on Oct. 2; again repeated on Oct. 9; she was then able to use her eyes as formerly.—*Annal.* 4. 167. H. HARTLAUB.

CASE 233.—Appearance of zig-zags vvv. before the left eye, at first hardly appreciable, colorless, gradually changing into variegated colors, and forms, and, not even disappearing on shutting the eye. Inclination to vomit; several hours later, violent sticking pain over the right eye, as if a nail had been driven into the head, increased on coughing, &c.; headache during the night, ceasing in the morning, but followed by confusion in the head; in the morning, appearance as if he could not see objects distinctly; he always felt pretty well before an attack came on.

Digitalis, Nux, and Ignatia were given without benefit; after the use of magnetism for some time, the whole dis-

appeared.—*Allg. H. Ztg.* 22. 242. STRECKER, observed in his own person.

ASTHENOPIA. *Debility of the Eyes.*

By this disease is understood that state of vision in which the eyes are unable to sustain continued exercise upon near objects, although one can see them distinctly at first, and can employ his sight for any length of time upon distant objects; there is no external appearance of disease of the eyes.

Symptoms.—The patient is unable to continue for any considerable length of time to regard small or near objects, as in reading, sewing and the like; but is obliged, partly from the confusion and obscurity which seem to spread over the objects, partly from a feeling of fatigue in the eyes, to interrupt the exertion. With most patients the attack begins by a sensation of constraint in the eyes, which they sometimes try to get rid of by repeated winking. Others complain of a feeling of tension or weight in the eyes, heat, lachrymation, and double vision. If the patient persist in using the eyes, notwithstanding the feeling of lassitude, and the indistinctness of vision, the effort is followed with heaviness in the head, pain in the eye-balls, orbits, temples and forehead. The attack of asthenopia often comes on in a few minutes, or half, or one hour after commencing to use the eyes on small objects.

In the open air the patient can discern large distant objects clearly and without fatigue.

After the attack, a very short period of rest is in general sufficient to recruit the sight. Tailors and seamstresses affected with this disease sometimes manage to continue their employment during the first three or four working days in the week with comparative ease, but in the next two or three days they find their sight so weak that they can hold out with difficulty, or are actually forced to drop their work. The repose of Sunday restores strength to their eyes and enables them to resume their occupation on Monday. In some cases the attacks are so easily and repeatedly produced that the patient is not able to apply himself to any trade requiring the use of the eyes, and may even never be able to read. Hence it is an

infirmity much more to be dreaded than many disorders of the eye which present a far more formidable appearance.

Diagnosis.—Asthenopia may very easily be confounded with morbid sensibility of the retina, photophobia, incipient near-sight and far-sight, night- or day-blindness, and commencing amaurosis.

Morbid sensibility of the retina and photophobia may be distinguished by the intolerance of bright light.

Near-sightedness can only be mistaken for asthenopia when it occurs suddenly in young persons after severely trying their eyes upon minute objects; the discerning of small objects is then attended with unusual effort, and they may be unable to distinguish objects on the other side of the street, which a few days before they saw perfectly. The application of concave glasses will disclose the true nature of the case.

Sudden far-sightedness in young persons may also be mistaken for debility of vision; in the latter affection a short period of rest renews the power of distinguishing near objects, while in far-sightedness rest has no effect. Both diseases are relieved by the use of convex glasses.

In incomplete amaurosis there is always an indistinctness of sight, extending to all objects both large and small; in asthenopia, vision only becomes obscure after being exerted on near objects. In commencing amaurosis the patient generally sees best after fixing his eyes, or *steadying* them, as he often terms it, for some time on some object; in asthenopia, it is only then that he begins to see badly.

But asthenopia may be complicated with all the above diseases, and with others, and it may require some care and skill to separate the symptoms of the different diseases one from the other.

Treatment.—Quinine and Iron have relieved many cases; also Sulphate of Zinc and Cod Liver Oil; Belladonna lessens the disposition to fatigue in the eyes in a very remarkable degree; Nux-vomica has been found useful.

In scrofulous cases, Hepar-Sulph. is useful, especially when looking at things produces a twinkling before the eyes and darkness, followed by great weakness of vision.

Menyanthes, when there is frequent obscuration of sight when reflecting or reading.

Quinine, when there is blackness before the eyes on exerting them.

Agaricus, when everything seems obscured as if by turbid water.

Zincum, when there is frequent vanishing of sight while writing; for a fortnight.

Mercurius, when there is complete vanishing of sight for five minutes, every half hour.

Spigelia, when there is vanishing of sight, when looking at anything attentively.

Bromine, when there is a vanishing of sight while reading, as if the thing looked at were blown away.

Stramonium, when the letters seem to move and become blurred while reading.

Iodine, when one is unable to do fine sewing on account of the stitches flitting from before the eyes.

Causticum, when on looking at a thing too long, the objects begin to waver before him, and become confused, followed by an aching in the eyes.

HEMERALOPIA. *Night-Blindness.*

According to Mackenzie the first attack of the disease generally excites great alarm. The patient is busy, perhaps at his occupation, or enjoying himself in the midst of his family, when suddenly he finds his sight fail, and as evening advances becomes almost completely blind. The medical attendant is immediately sent for, and is often as much amazed and little less alarmed than the patient. He probably finds the pupils dilated, but no vertigo, pain, or other sign indicative of any serious affection; he gives a very unfavorable opinion, but to the joy of all concerned, the patient wakes in the morning with his sight perfectly restored. But, again on the approach of evening, symptoms are perceived of returning blindness. Objects appear as if covered by a bluish or grey mist, and in the course of a few minutes the patient is obliged to grope his way like a blind man. Candles are brought; if he perceives

that they are present, they appear as if glimmering through a fog, and scarcely ever enable him to see with distinctness.

Night after night the blindness returns, and becomes more and more complete. For a time the restoration to vision through the day appears to be tolerably perfect, but at length the sight is evidently weak by day as well as by night; intolerance of light occurs, and near-sightedness sets in; vision becomes more and more impaired, and if neglected and maltreated, the disease may finally end in incurable amaurosis.

Occasionally a tolerable degree of sight is restored by the use of candle-light.

The pupils are generally dilated during an attack, and do not contract on exposing the eyes to the light of a candle, or of the moon. In some the pupils continue contracted even during the day; in others they are contracted and evince a painful irritability on exposure to strong light. If the patient happens to look at the direct rays of the sun, or a strong glaring reflection of them, as from the sea, pain and temporary blindness are apt to be induced, and from which he recovers by closing his eyes for a time and retiring into the shade.

Causes.—Exposure to bright sun-light during part of the day, and living in darkened and damp rooms; sleeping in the moon-light. It occasionally occurs in an epidemic form.

Duration.—It generally lasts for two or three months; sometimes only one night; then again it may last from six to nine months, or for years, or for life.

Prognosis.—The majority of cases recover.

Treatment.—The Russian peasants are said to cure this disease in seven or fourteen days at the most, by drinking an infusion of the *Centaurea-cyanus*.

A cure has been effected by confining the patient to a darkened room for two or three days.

General Remarks.—In a treatise on hemeralopia, G. Marshall closes with the following remarks.—Among the homœopathic remedies for this disease, is *Solan.-n.*; not less useful are, *Staphys.* and *Secale-cor.*; next in consideration come *Verat.*, *Puls.*, *Con.*, *Anacard.*, *Aconite*, *Digitalis*, all of which may be administered in dilutions, or in tinctures. The remedies have to be frequently repeated.—*Allg. H. Ztg.* 16, 22.

CASE 234.—Tinct.-Pulsatilla was given in doses of one drop, on account of menstrual irregularities, and loss of sight towards night, attended with the sensation, as if the eyes were tied up by a handkerchief. Pulsatilla improved the sight very considerably, but was not continued.—*Annal.* IV., p. 395. BETHMANN.

CASE 235.—A boy, aged 10, with large head, prominent eyes, and much dilated pupils, had been suffering for some time with loss of vision at night, and for which Hyosc., Datur., Digit., had been given without benefit; he was then attacked with nocturnal diarrhœa, for which Verat. 9, was given with such success, that not only the diarrhœa was cured, but also the eye-complaint.

CASE 236.—A man, aged 57, of quick temper, had been affected for about two months with loss of vision at night; he was cured by Hyosc. 1, in a few days.—*Annal.* 4, 426. HAUPTMANN.

CASE 237.—Loss of vision at night (in four persons), otherwise healthy.

During the day, even if cloudy, and until sunset, they all could see perfectly; but after sunset they were totally blind, and by candle-light they saw the outlines of objects tinged with the colors of a rain-bow.

The *first*, a carpenter, aged 62, had blue eyes and very contracted pupils; he had been affected from nine to ten weeks. Pulsatilla was given, without result; also Belladonna 9; but after taking Bellad. 3, he recovered his sight perfectly the next day.

The *second*, 25 years old, with black hair, and dilated pupils, had been affected for six weeks. Bellad. 6, cured him in twenty-four hours.

The *third*, 17 years old, had been sick twenty-eight days, and was cured by Bellad. 9, in twenty-four hours.

The *fourth*, a brother of the above, aged 20, had been affected for six weeks; he was also quickly cured by Belladonna 6.—*Annal.* 4, 336. HAUPTMANN.

It is evident that Bellad., Stramon., and Hyosciamus are homœopathic to this temporary amaurosis; Plumbum and Quinine may be tried in obstinate and chronic cases.

DAY-BLINDNESS.

Cases of this occur very similar in their nature to the night-blindness just described. The patient may be totally blind during the day, but see nearly as well as formerly by moon- or star-light.

HEMIOPIA. *Half Vision.*

Hemiopia signifies a partial blindness obscuring about one half of the field of vision. Generally it is the right half, or the left half of all objects which appear dark, and that whether they are regarded with one eye only, or with both. In other cases only one eye is affected.

This disease is apt to be sudden in its attack, and to recur at considerable intervals of time. It is generally transient.

Treatment.—Stramonium is indicated when the patient sees things as if through coarse linen, viz., only fragments of them; and or as if they were cut through; of a face he only saw the nose.

Aurum, when there is half-sightedness, as if the upper half of the eye were covered with a dark body, so that he can only see the lower objects with the inferior half; the upper half of things remained invisible.

Muriatic-acid, when one half of objects seem to be cut off from the other half, in a perpendicular line.

Kali-carb., Calc., Natrum, Sepia and Lycopodium deserve attention.

DIPLOPIA. *Double Vision.*

This often arises from want of correspondence in the action of the muscles of the eye-ball.

At other times it arises from irregular refraction, when the surfaces of the cornea or crystalline lens are not perfectly regular.

Occasionally a straight black line drawn on a sheet of paper appears double when it is held vertically, but is seen single the instant it is turned in a horizontal direction.

Remedies.—Stramonium is the principal remedy. But Bellad., Secale, Cicuta-vir., Conium and Senega deserve attention in acute cases.

In obstinate and chronic examples, Iodine, Graphite, Nitric-acid, Ammon.-carb. and Petroleum, may be used.

Stramon., Bellad., Cicuta, Conium and Secale are most useful, when the muscles of the eye are affected.

Senega, Iodine, Ammon.-c., Petroleum, Graphite and Nitric-acid, when the cornea or crystalline lens are in fault.

MYOPIA. *Short-Sightedness.*

According to Mackenzie, there is a certain distance from the eye, called *the point of distinct-vision*, at which objects are perceived better than at any other distance. This point varies, however, in different individuals, or even in the two eyes of the same person. It averages from about fifteen to twenty inches, and the shortest distance at which objects can be seen with any ordinary degree of distinctness by common eyes, is about seven or eight inches. But some eyes can discern no object distinctly unless it be brought nearer than the ordinary distance for distinct vision, while others require the object to be removed farther than the average point of vision; the former are said to be *myopic*, or short-sighted, while the other are *presbyopic*, or long-sighted. In both cases, the eyes may be said to be out of focus.

In the myopic eye it is supposed that the rays of light must either be refracted too much, so that they converge into foci anterior to the retina, or that the axis of the eye must be longer than natural, so that the retina is too far back, and does not receive that perfect impression which is necessary for distinct vision. To remedy these defects the short-sighted person brings the object looked at nearer to his eye, in order that the image may be thrown so far back as to fall upon the retina.

The eyes of short-sighted persons are frequently prominent and the cornea preternaturally convex; there may also be an approach to the state of hydrophthalmia, the anterior chamber of the eye being more than commonly deep; the pupil is generally large and not very lively, the eyeball firm, the eyelids often tender.

Only a few of these defects can be remedied; the cornea cannot be rendered less convex, nor the anterior chamber less

deep, but the pupil may be rendered more lively and contractile, and the lids less tender by the aid of Nux-vomica and Aconite.

As the myopic eye has its point of distinct vision as well as the perfect eye, those affected with the greatest degree of near-sightedness bring every object which they wish to see clearly to the distance of two or three inches, or even as close as one inch from the eye; a few are able to see clearly at the distance of six to nine inches, but the eye which perceives nothing distinctly beyond ten inches must be considered myopic.

Short-sighted persons see more distinctly and somewhat farther off by a strong light than a weak one, *on account of the contraction of the pupil* which is thereby produced, and which serves to exclude all but the more direct rays of light, and consequently to lessen the apparent confusion. On the same principle when they endeavor to see any distant object distinctly they almost close their eye-lids; objects also appear clearer and better defined through a pin-hole in a card than with the naked eye.

All these facts point to the benefit which might be derived in short-sightedness by the use of remedies which contract the pupil.

In an obscure light, short-sighted persons, owing to the largeness of their pupils, commonly see better than those whose sight is good. They also generally attribute to distant objects a greater magnitude than do those who have a good common sight.

If a short-sighted person looks at a candle placed a yard or two off, it appears dim and enlarged, and seems doubled, tripled or quadrupled. This multiplication by the myopic eye in viewing distant objects, must arise from each surface of the dioptric media forming an image in succession. Similar multiplied images may be seen by ordinary eyes, when they are forcibly adapted for shorter vision than is requisite to see the object looked at distinctly. This would lead us to suppose that some portion of short-sightedness is at times owing to a spasmodic compression of the eyes, which might be relieved by remedies, such as Conium or Opium.

The left eye is generally more short-sighted than the right.

Too great convexity of the cornea, according to Mackenzie, is by no means a constant, or even a very frequent attendant on short-sightedness. When it does occur, it is generally accompanied by an evident superabundance of aqueous humor, and occasionally by a degree of pressure backwards on the iris, so that this membrane, instead of being plane, becomes concave anteriorly. This might probably be removed by the use of Kali-hydriod., both internally, and to the eye.

Too great thickness of the cornea may undoubtedly produce short-sightedness; if any remedy will remove it, Kali-hydriod. will doubtless prove the most useful one.

Too great convexity of the crystalline lens will assuredly produce short-sightedness, whether the over-convexity be on one only, or on both sides of that body. Mackenzie says we must not merely admit the possibility of this cause, but the likelihood of its frequent existence. This of course cannot be removed by any remedial means, but can only be palliated by the use of concave glasses.

Unusual density of any or all of the transparent portions of the eye would infallibly produce short-sightedness. The eyes are then generally considerably firmer to the touch than natural. Plumbum might prove a homœopathic remedy.

Abnormal elongation of the eye-ball, so that the distance between the cornea and retina is increased, will of course occasion short-sightedness, and has even been regarded by some as the only admissible cause of this disorder. When congenital, it has been attributed to unnatural shortness of the recti-muscles; when acquired, to abnormal contraction of these muscles, and of the obliqui.

Plumbum and Nux-vomica are probably the most homœopathic remedies.

Over-activity of the power inherent in the eye, of accommodating itself to the vision of near objects may be regarded as a probable cause of short-sightedness. Olbus has calculated that if the distance of the crystalline lens from the retina could be varied to the extent of a line, we should be enabled to see objects with equal distinctness from a distance of four inches to the utmost extent of human vision. This effect

would be still more obvious if the radius of the cornea could be varied two-fifths of a line.

Plumbum, Zincum, or Nux-vomica will also prove the most homœopathic remedies.

The large pupil which almost always accompanies myopia has been generally set down amongst the causes of the disease, whereas it may be an effect, for short-sighted persons being able to see near objects distinctly, there is no occasion for contraction of the pupil such as happens in far-sighted and ordinary sighted persons when they look at near objects intently; hence the pupil may remain in a permanent state of dilatation.

Young people seldom discover that they are remarkably near-sighted until about the age of puberty, and when they begin to use their eyes in earnest. Occasionally myopia occurs suddenly, and may then be mistaken for amaurosis, as the effort to see at the usual distance, or even to read, will cause pain and confusion of sight.

Generally, however, near-sightedness is gradual in its progress, manifesting itself about the period of puberty and increasing from that period up to twenty or twenty-five years of age. Still, many persons reach the age of thirty or forty years, who have no notion that they are near-sighted, until they happen accidentally to look through the concave glasses of some other persons, when they are surprized and delighted to find that they perceive remote objects with a clearness and sharpness of outline to which they had formerly been altogether strangers. When very young children are quite short-sighted, we should examine carefully for cataract; when adults suddenly become myopic we should suspect conical cornea, dropsy of the aqueous humor, or some affection of the retina.

It is a vulgar error, that short-sightedness is relieved as the patient grows older; it tends generally to increase rather than to diminish as age advances, and should a glaucomatous state of the lens be superadded, the patient will be obliged to bring any object which he wishes to see distinctly, within a very short distance of the eye.

The most frequent cause of short-sightedness is using the

eyes too much in early youth on small and near objects. Children born with eyes which are capable of adjusting themselves to the most distant objects, gradually lose that power soon after they begin to read and write; those who are most addicted to study become near-sighted more rapidly. Hence, as myopia may to a certain extent be regarded as a habit, arising from too frequent adjustment of the eyes to near objects, an opposite exercise of the eyes should be instituted in a methodical and perservering manner.

Concave glasses will have to be used, but the shallowest or weakest that can be used will be the best; objects should simply appear clear through the glass that is chosen; if it makes them seem smaller than natural, or gives them a dazzling or glaring appearance, or if the eye feels strained or fatigued after looking through it for a short time, it is too concave, and a lower number should be selected.

It is a common error with those persons who begin to use concave glasses, to tire of those which they first employ, and soon to have recourse to deeper ones, in this way they often produce such a condition of the organs of vision as will render them unfit to engage in any ordinary pursuit. It should always be remembered that near-sightedness generally continues in nearly the same degree during the greater part of life. Therefore, the same glass will continue, for many years, to afford precisely the same assistance, and ought not to be heedlessly changed for one of deeper concavity.

When once a near-sighted person has experienced the pleasure of seeing remote objects with that distinctness and comparative brilliancy which the aid of concave glasses affords, it is not easy to persuade him to renounce their use. But it is highly advisable that near-sighted persons should not wear spectacles constantly, but only on occasions when they more particularly require such assistance. When they have been worn for a considerable time, the person does not at first see so well on leaving them off as he did before; but this is only temporary.

In point of fact, the experience of many short-sighted persons is similar to that of Dr. Kitchener. When he was about fifteen years old he discovered that he could not discern dis-

tant objects so distinctly as people commonly do. He then paid a visit to an optician, and purchased a concave glass, No. 2. After using this some little time he accidentally looked through a concave, No. 3, which appeared to afford his eye very much greater help. After using No. 3 for a few months he tried No. 4, and again found the same increase of sharpness which he had first experienced on using both Nos. 2 and 3. However, in a few months he could see no better with No. 4 than he had formerly done with the weaker glasses. Hence he inferred that he was weakening and injuring his eyes by means of too powerful glasses, and returned to the use of No. 2, which he then wore for 31 years, with nearly if not quite as much relief as when he first began to employ it.

In some few instances the operation for squinting has been found to relieve short-sightedness. In these cases *Spigelia* might have proved the homœopathic remedy.

Remedies.—In sudden attacks of short-sightedness, *Gratiola*, *Hyosciamus*, *Pulsatilla*, *Anacardium*, *Agaricus* and *Euphorbium* are the most homœopathic remedies.

In chronic cases, *Phosphorus*, *Manganese*, *Phosphoric-acid*, and *Carbo-vegetabilis* are the most suitable remedies.

Hyosciamus may be used when the patient is scarcely able to discern any thing at the distance of three steps; lasting for four days.

Anacardium, when he cannot distinguish any thing at a distance, while he distinctly sees every thing which is held near his eyes.

Agaricus, when there is short-sightedness and dim-sightedness of both eyes.

Gratiola, when there is short-sightedness with burning heat in the face.

When these remedies fail, *Pulsatilla* may enable one to see better at a distance than formerly.

Manganese is the principal remedy, when there is great short-sightedness for many days; *Phosphorus*, when the patient is short- and dim-sighted. *Carb.-veg.*, when he becomes short-sighted after using his eyes for a short time.

PRESBYOPIA. (*Far-sightedness.*)

This may occur suddenly, and at any period of life, yet, in by far the greater number of instances, it is merely part of the changes which the human system undergoes from advancing years.

As the individual advances beyond the prime of life, the refractive powers of the eyes become more feeble, or their axes shorter than natural, whence the rays of light are not converged sufficiently soon to be brought to focal points upon the retina. Hence the image cast upon the retina is diffused, and the perception of it indistinct; to remedy this, the patient moves the object or himself to some distance beyond the normal point of distinct vision, by this means counteracting the tendency of the rays of light to concentrate into foci behind the retina, instead of upon it.

In far-sighted eyes we generally find more or less diminution of the size of the eyeball, which is also more sunk in the orbit; also more or less flatness of the cornea, shortening of the axis of the anterior chamber, and smallness of the pupil.

According to Mackenzie, it is generally about the age of forty-five years that the eyes commence to be far-sighted, i. e. the patient begins to see near objects less perfectly, especially by candle-light, and hence are either obliged to illuminate them more, or to remove them farther from the eye than formerly. At the usual distance the person experiences difficulty in reading small print, threading a needle, &c.; in fact on attempting to examine any small object close at hand, its outline becomes obscure, as if it were seen through a mist; very minute objects, such as the letters in a small type are either not seen at all, or they seem obscure, running into one another, or double; and if the attempt to see such objects be persevered in, the eye soon feels fatigued, and the head begins to ache. Distant objects continue to be seen as well as before. Thus the person can read a distant sign, or tell the hour by a church clock, when he cannot read a common printed book, or see the figures or hands of a watch held in his hands.

This far-sightedness increases as the patient grows older, so that he is obliged to have recourse to convex glasses, or is

forced to renounce all employments which require the use of close eye-sight. It also increases more rapidly in some persons than in others; some eyes at thirty years of age require the use of convex glasses, as much as others do at fifty, although this is rare.

The greatest mistake that is made in this affection, is the use of too strong glasses; a very few persons soon after commencing the use of spectacles, may be obliged to change them every few years for others of a shorter focus, but a very large majority commence with glasses which are altogether too strong, thus weaken their eyes, and are forced to resort to others still stronger, and finally bring on an excessive degree of exhaustion and debility of their eyes.

Flatness of the cornea from a diminution in the quantity of the aqueous and vitreous humors is supposed to be one of the most frequent causes of far-sightedness; this diminution of the fluids of the eye being supposed to depend on the impeded manner in which the function of secretion is performed in advanced life. Arsenicum may prove a useful remedy.

Flattening of the lens, from a certain degree of atrophy, or shrinking, is supposed by Mackenzie, to be a still more frequent cause of far-sightedness.

Treatment.—The use of convex glasses is absolutely necessary; this should be commenced neither too soon or too late in life; many injure their sight by adopting the use of magnifying-glasses too suddenly, and before they have any need of them; while others, equally stupid, refrain from using glasses long after the period when they, if judiciously selected, would not only have afforded valuable assistance, but have proved a means of saving sight.

Mackenzie truly says, that it may be laid down as a general rule, that whenever a person of forty-five years of age, or upwards, finds that in order to see small objects distinctly, he is obliged to carry them far from his eye; or, that he moves, as it were intuitively, nearer to the light when he wishes to read or work, or holds the book or other objects close to the light, in order to see with facility; or that small objects, after he has looked at them earnestly for some time, appear confused; that his eyes, after slight exertion, become so much

fatigued, that he is obliged to turn them to other objects in order to give them some relaxation; and that his sight on awaking in the morning is very weak, and does not recover its usual power and clearness for some hours; then he may begin to use convex glasses.

In selecting glasses, the lowest power, or those of the longest focus which answer the purpose of rendering clear without magnifying them should be preferred, and no others should be used.

As it is chiefly by candle-light, that the far-sighted person complains of his deficiency of sight, even after he has supplied himself with proper glasses, it is advisable that he should refrain as much as possible, from employing himself at night in occupations which require close and continued use of the eyes. The moment that the eyes begin to feel hot and fatigued, while reading or writing or the like, especially by candle-light, the patient should take the hint, and allow them a period of repose.

It may seem absurd to some to use internal remedies to relieve far- or near-sightedness; but these agents, if they do not cure or entirely remove the difficulty, may prevent its too rapid increase; and it is undeniable that there are always a few sudden attacks which may be entirely removed.

Thus Mackenzie says, it is undeniable that these diseases sometimes occur suddenly; far-sightedness may set in, even in children, after an attack of influenza, or inflammation of the tonsils, when attended with considerable febrile excitement. Even in the dominant school, cures have been effected by the rude appliances of leeches to the temples, blisters behind the ears, and small doses of Calomel, followed by Quinine; or even by purgatives.

In acute cases, Belladonna, Drosera, Stramonium and Argentum-nitricum are the most homœopathic remedies.

In chronic cases, Calcarea deserves most attention.

In a very short-sighted person, Hyosciamus produced far-sightedness, accompanied with great clearness of sight; this improvement continued for several days, and then decreased gradually.

CASE 238.—A boy, aged 12, had a fall upon the arcus supra-orbitalis of the left side, about a year ago, since which time he has only been able to see one-half the distance with the left eye that he could with the right. After the use of Arnica, $\frac{r}{T}$, one dose every fourth day, aided by the external application of diluted Arnica to the eye; he was cured in the course of four weeks.—*Pract. Beitr.* 3. 22, *Thorer*.

CASE 239.—Mrs. R., aged 36, of irritable temper, had formerly been affected for four months with syphilitic ophthalmia, after which her eyes remained weak, and far-sighted.

Symptoms.—Sight very good at a distance, but she could not see her thread while sewing; vanishing of sight while reading; the letters run together, she feels badly, has to go out into the fresh air, after which she feels better, and can read again for some minutes. Fire and the light of the day dazzles her eyes. During menstruation she feels sleepy, with spasms in the eyelids, while looking into the fire. Eyes always dry; nose dry.

Treatment.—Drosera 27, one drop, followed by improvement until the tenth day; Hyosciamus 9, on the twelfth day; six days from that time she is able to read, and do fine sewing without trouble.—*Arch.* 3. 3. 69. *Caspari*.

STRABISMUS. (*Squinting*.)

Mackenzie says, one of the most frequent causes of squinting is weak-sightedness; the distorted eye being in almost every case, very considerably inferior in power of sight to the other. The impressions on the retina of the weak eye then being considerably less perfect than on the other, the defective eye is very liable to be neglected altogether, and instead of being fixed on the object before it, is left to wander from the true axis of vision.

Occasionally a spasm or paralysis of some one of the motor muscles of the eye will cause strabismus.

In two hundred cases, examined by Dr. Hall, the following causes were assigned by the patients themselves or their parents:

Convulsions during infancy, in nine cases, (Bellad.); falls on the head, in seven, (Arnica); difficult dentition, in three,

(Chamomilla, Borax); hooping cough, in two, (Bellad., Drosera, Cuprum); intestinal worms, in three, (Spigelia); epilepsy, in two, (Artimesia, Sedum-acre.); excessive fright, in two, (Acon., Opium); ophthalmia, without opacity (Euphrasia); opacity of the cornea, in eighteen, (Cannabis); a habit of looking at the sun or blazing light, in five; amaurosis in two, (Plumbum and Quinine); imitation of a squinting person, in thirty-nine cases; watching the motion of a shuttle; voluntarily trying to squint; a habit of looking at scars or pimples on the eyebrow, nose, check, &c.

In only four instances out of two hundred, was the squinting congenital.

The only remedies, which have been reported as having effected cures, are Bellad. and Stramonium.

The operation for strabismus will be found correctly detailed in either of the homœopathic books upon surgery; although Hill and Hunt are far more full in their directions and representation of instruments than Helmuth.

INDEX.

	A.	PAGE
Acute arthritic inflammation of the eyes,		13
Acid-muriatic in Hemiopia,		112
Abscess of Cornea,		15
Acute Choroditis,		32
" general Ophthalmia,		39
Amaurosis,		61
" Symptoms of,		61
" from Apoplexy of Retina,		66
" " Aneurism,	66, 69	
" " Disease of the Optic Nerve,		66
" " Injury of the Cranium,	67, 71	
" " Disease of the Cranium,		67
" " Congestion of the Brain,	67, 71	
" " Apoplexy,		69
" " Enlargement of Pituitary Gland,		70
" " Worms,		71
Aquo capsulitis,		37
Arthritic Ophthalmia,		1
" Iritis,		1
Amaurosis from Suppression of Menses,		72
" " " Pus,		72
" " Drugs,		72
" " Quinine,		73
" " Disorder of Digestive Organs,		75
" " Loss of Fluids,		75
" " Bright's Disease,		75
Amblyopia,	75, 88	
" Cases of,		76
Amaurosis, Nux-vomica in,		80
Asthenopia,		107
	B.	
Belladonna, in Arthritic Ophthalmia,		4
" " Ulcers of Cornea,		16
Blepharospasm,		27
	C.	
Cocculus, in Arthritic Ophthalmia,		5
Colocynth, " "		6
Cornea, Gouty Inflammation of,		12
Chronic, " " " Eyes, Treatment of,		13
Corneitis, Scrofulous,		13
Cornea, Sanguinous Tumors of,		20
" Vascular " "		19
" Warty Excrescences of,		19
" Opacities of,		16
" Ulcers		15
" Abscess	106, 15	
Choroiditis,		32
" Acute,		32
" Chronic,	34, 88	
Crystalline Lens, Inflammation of,		37
Capsule of " " "		37
Cataract,		43
" Capsular,		43
" Lenticular,		43
" Morgagnian,		43
" Diagnosis of,		44
Catoptric Test,		46
Cataract, General Prognosis of,		48
" Treatment of,		49

	PAGE
Cataract, Incipient,	49
“ of the Lens,	49
“ Capsulo lenticular,	49
“ Glaucomatous,	49
“ Cases of,	50
“ General Review of,	56
“ Sulphur in,	57
“ Cannabis in,	57
“ Magnes.-carb.,	57
“ Bellad. in,	57
“ Calc.-carb. in,	58
“ Euphrasia in,	58
“ Lycopod. in,	58
“ Phosphor. in,	58
“ Pulsatilla in,	58
“ Aconite in,	58
“ Bryonia in,	58
“ Azarum in,	58
“ Arsenicum in,	58
“ Crocus in,	58
“ Thuya in,	58
“ Senega in,	58
Chrupsia,	94
Color-seeing,	94
Colors, complementary,	95
D.	
Deep ulcers of cornea,	15
Distance, Illusions of,	98
Debility of the Eyes,	107
Day-blindness,	112
Deplopia,	112
Double Vision,	112
E.	
Eyelids, Twitching of,	26
“ Quivering “	26
“ Gouty Inflammation of,	12
“ Spasm of,	27
“ Warts “	27
“ Sycosis of,	28
“ Condylomata of,	28
F.	
Far-sightedness,	119
“ Belladonna in,	121
“ Drosera “	121
“ Stramonium in,	121
“ Argent.-nitric. in,	121
“ Calcarea in,	121
“ Hyosciamus in,	121
G.	
General Review of Arthritic Ophthalmia,	12
General Ophthalmia, Acute,	39
Gonorrhœal Ophthalmia,	23
“ “ from Metastasis,	24
“ “ “ Inoculation,	23
“ “ without “	25
“ Iritis,	31
Gouty Inflammation of the Eyes,	1
Glaucoma,	59
“ 1st stage,	59
“ 2d “	59

	PAGE
Glaucoma, 3d stage.....	59
" 4th ".....	60
" 5th ".....	60
" 6th ".....	60
Granular Lids,	89
Glasses, Convex, Use of,	120
" Concave, " ".....	117
Homœopathic Treatment of Opacities of the Cornea,	17
Hyperæsthesia, Ocular,	90
" " Acute,	90
" " Symptoms of,	90
" " Chronic,	91
Hemeralopia,	109
Hemiopia,	112
Half Vision,	112
I.	
Internal Inflammation of the Eyes,	1
" Arthritic Ophthalmia,	2
Iris, Gouty Inflammation of,	13
Iritis,	28
" Rheumatic,	30
" Syphilitic,	30
" Scrofulous,	31
" Gonorrhœal,	31
" Arthritic,	31
" Treatment of,	31
" Chronic,	87
Intolerance of Light,	92
Illusions, spectral,	97
L.	
Lids, Gouty Inflammation of,	12
" Spasms of,	27
Lens, Gouty Inflammation of,	13
Lids, Warts on,	27
" Morbid Nictitation,	27
" Twitching of,	26
" Quivering of,	26
" Sycosis ".....	28
" Condylomata of,	28
" Granular,	89
M.	
Merc.-sol. in Arthritic Ophthalmia,	7
Morbid Sensibility of Retina,	86
Musæ,	99
" Floating,	99
" Volitantes from watery Spectrum,	100
" " from pearly Spectrum,	100
" Fixed,	103
" " Treatment of,	104
Myopia,	113
N.	
Nictitation, Morbid,	27
Neuralgia of Eye,	88
Night-blindness,	109
" Cases of,	111
O.	
Opacities of Cornea,	16
Ophthalmia, Arthritic,	1
" Acute general,	39
" Tarsi,	89

	PAGE
Ocular Hyperæsthesia,.....	90
P	
Pupils, in Gouty Inflammation,.....	13
Pains, " " ".....	13
Psorophthalmia,	26
Photophobia,	92
Photopsia,.....	93
Pearly Spectrum,.....	99
Presbyopia,.....	119
R.	
Rheumatic Iritis,	30
Retinitis,	34
" Diagnosis of,	36
" Prognosis "	35
" Chronic,	38, 88
" Lactantium,	36
Retina, Morbid Sensibility of,	86
S.	
Spigelia, in Arthritic Ophthalmia,	7
Sulphur, " " ".....	8
Sclerotica, Inflammation of,.....	13
Sub-acute Gouty Inflammation of Eyes,.....	13
Scrofulous Corneitis,	15
Superficial Ulcers of Cornea,	20
Sanguineous Tumor of Cornea,	21
Staphyloma, Ureæ,.....	21
" Iridis,	22
" Treatment of,	27
Spasms of Eyelids,.....	28
Sycosis of "	31
Scrofulous Iritis,.....	30
Syphilitic "	89
Scrofulous Ophthalmia,	97
Spectral Illusions,	98
Size, " of,	99
Spectrum, pearly,.....	99
" Watery,	113
Short-sightedness,.....	118
" Hyosciamus in,.....	118
" Anacardium "	118
" Agaricus "	118
" Gratiola "	118
" Pulsatilla "	118
" Manganese "	118
" Phosphor "	118
" Carb.-veg. "	122
Strabismus,.....	122
Squinting,	122
" Treatment of,	122
U.	
Ulcers of Cornea,	15
V.	
Vascular Tumors of Cornea,	93
Visus Lucidus,.....	94
" Coloratus,.....	19
W.	
Warty Excrescences of Cornea,.....	27
Warts on Eyelids,.....	99
Watery Spectrum,.....	99

