

**Observations on the history and treatment of the ophthalmia
accompanying the secondary forms Lues venerea / by Thomas Hewson.**

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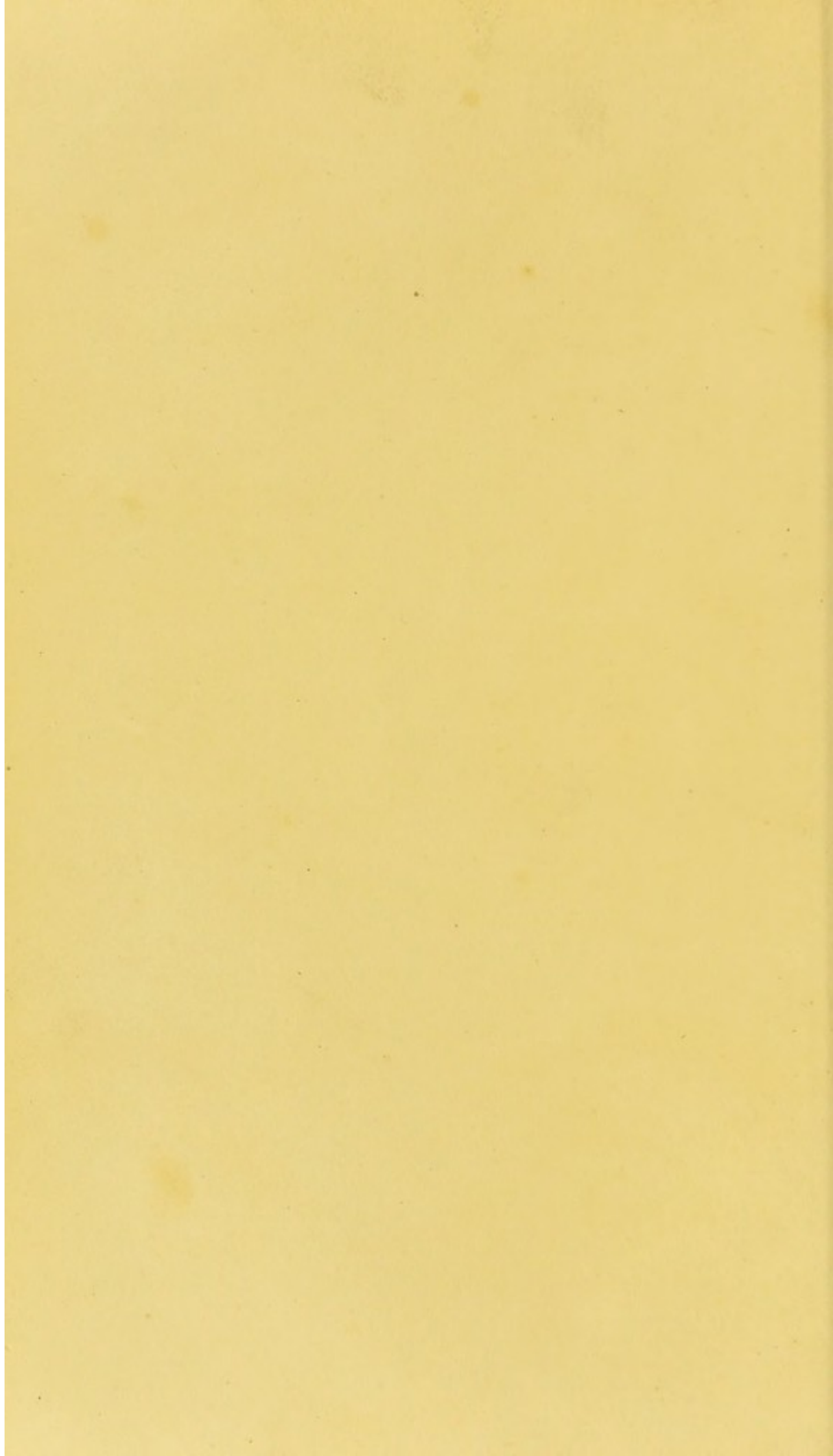
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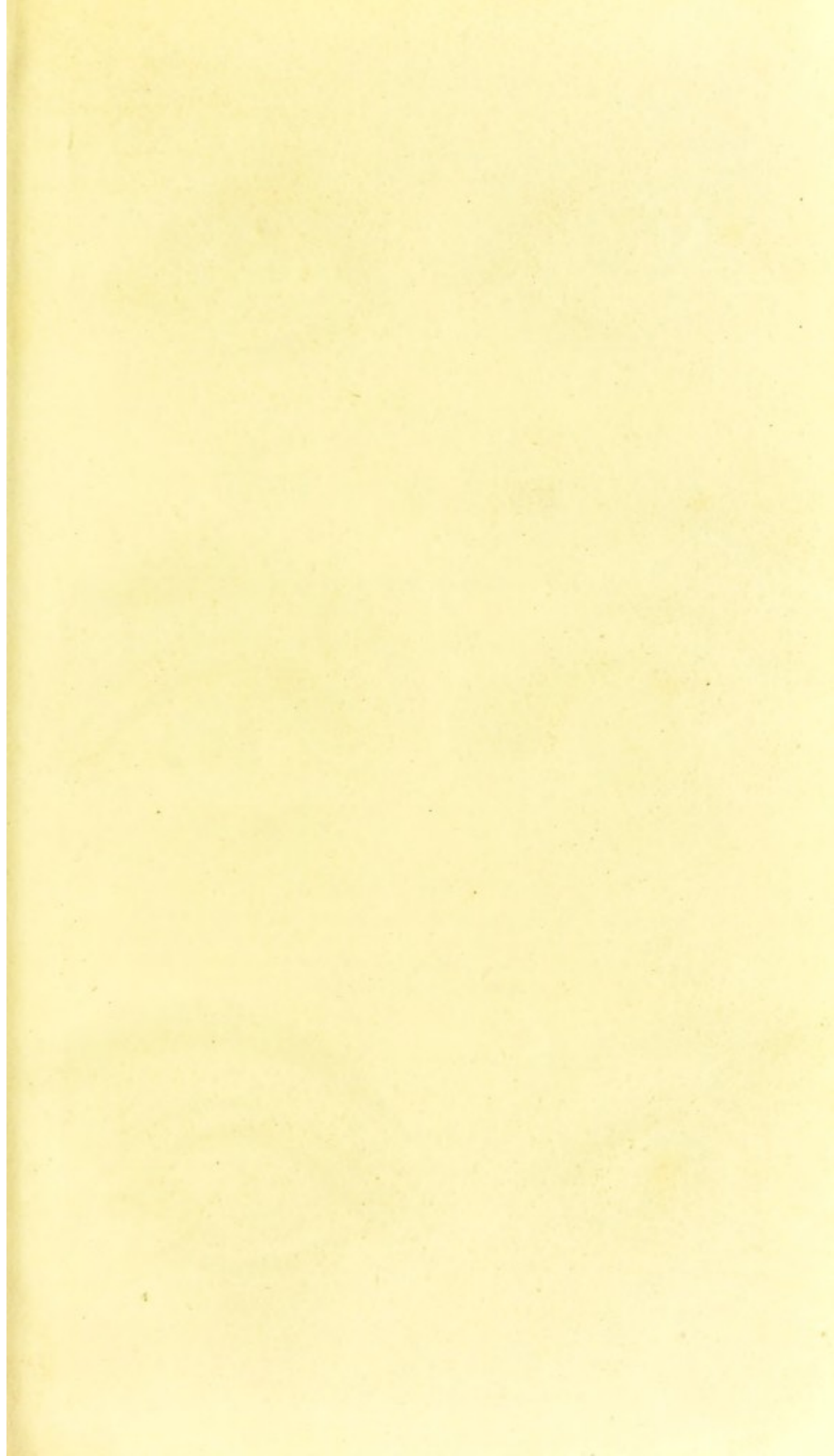


Fig. 1.

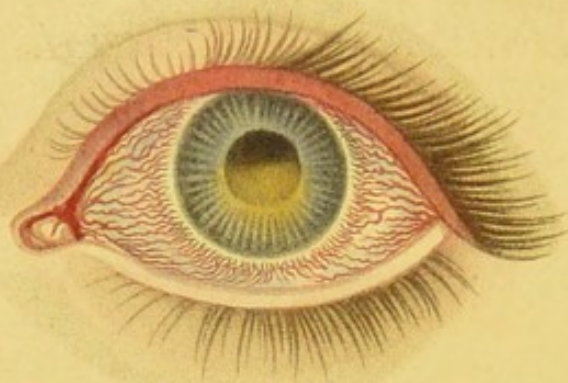


Fig. 2.



Fig. 3.

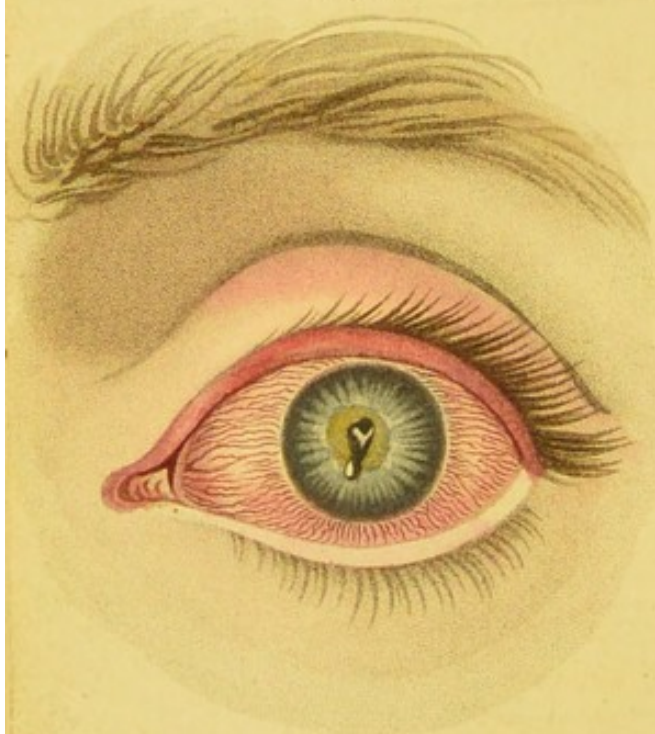


Fig. 4.

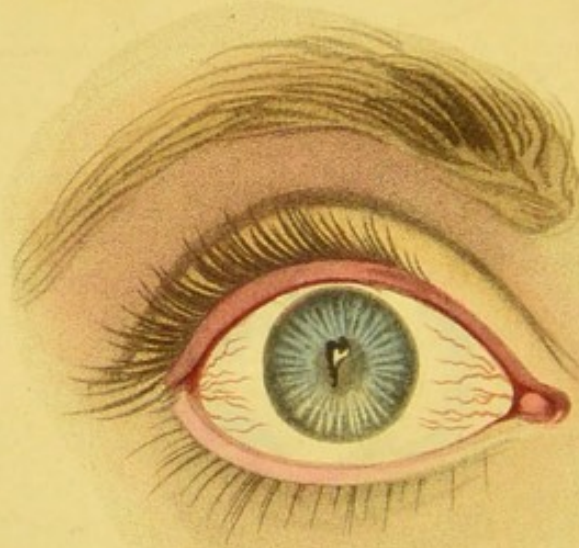
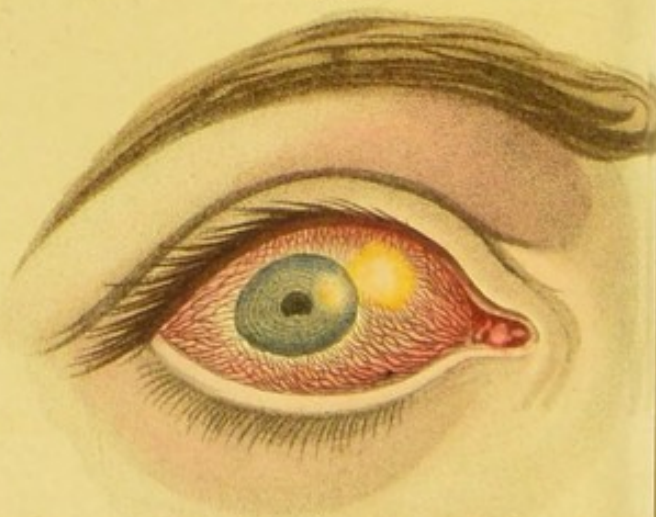


Fig. 5.



Fig. 6.



Sup. No. 4.

OBSERVATIONS

352

ON THE

HISTORY AND TREATMENT

OF THE

O P H T H A L M I A

ACCOMPANYING THE SECONDARY FORMS OF

LUES VENEREA.

ILLUSTRATED BY CASES.

By THOMAS HEWSON, A.B.

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND;
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INFIRMARY, &c. &c. &c.

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OPHTHALMIA

BY J. HENSON.

BY THOMAS HENSON, A.B.

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN ENGLAND;
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AS
A TESTIMONY
OF RESPECT FOR PROFESSIONAL TALENT, AND
OF ESTEEM FOR PRIVATE VIRTUE,

THIS WORK IS INSCRIBED
TO
PHILIP CRAMPTON, Esq., F.R.S.,
SURGEON-GENERAL TO HIS MAJESTY'S FORCES
IN IRELAND,

BY HIS OBLIGED FRIEND,

THE AUTHOR.

Dublin,
October 25. 1823.

A TESTIMONY

OF EFFORT FOR PROXIMATE TALENT, AND

OF TESTS FOR PRIVATE VIRTUE.

THIS WORK IS PREPARED

BY

THOMAS CHAMPTON, Esq. F.R.S.

MEMBER OF THE SOCIETY OF THE HISTORY OF THE ARTS

IN IRELAND.

AT THE OFFICE OF THE

THE AUTHOR

DUBLIN
1783

INTRODUCTION.

WE cannot suppose that the Ophthalmia, which is one of the most remarkable amongst the secondary symptoms of lues venerea, is an affection of recent origin; or that it has not accompanied this disease from its earliest appearance: and yet it is but within a short period, that practitioners in general seem to have investigated it with accuracy. None of the earlier writers on lues venerea have manifested the most distant notion of the true seat, or symptoms of this affection; and even the best informed, and most eminent of our own times, have shown a very imperfect knowledge of it. Among these, we shall find Mr. Hunter* entertaining doubts even of its existence.

* Hunter on the Venereal, 3d edition, by E. Home, p. 345.

It is, however, evident, that he had not examined it with his accustomed attention, and that he took up his opinions on this subject on preconceived and hypothetical views. If we look, also, into the descriptions given of it by Mr. Howard* and Mr. B. Bell†, they will be found devoid of every degree of accuracy and truth; and, in fact, more applicable to any other species of ophthalmia than to this. But, without referring to others on the subject, the reader cannot but be surprized at meeting the following observations, in a communication from Mr. Pearson to the translator of Scarpa's work on the eyes. — "In that form of the secondary symptoms of syphilis, where the skin is the part chiefly affected, a disease resembling the ophthalmia tarsi sometimes appears. It is not commonly attended with much redness of the conjunctiva, nor is the sensibility of the eye to light remarkably increased; yet I have seen it, in a few instances, in the

* Howard's Practical Observations, 2d edit. pp. 81 and 82.

† Bell on the Venereal, pp. 35, 36, and 37.

form of an acute ophthalmia, resisting all the common modes of treatment, but yielding immediately to a course of mercury. The venereal ophthalmia resembles, in its appearance, those diseases of the tarsi and tunica conjunctiva which are derived from scrophula; and I believe there are no specific characters, by which diseases of the eye or eyelids, produced by the action of the venereal virus, can be distinguished from those excited by other causes." *

If we turn also to the greater number of the most respectable modern works on diseases of the eyes, with a very few recent exceptions, it will appear that their authors were unacquainted with, or overlooked all the peculiar symptoms attending the venereal ophthalmia. Thus, the few remarks and cases offered by Mr. Ware (if they can be considered as true examples of it), are far from affording any useful information respecting it; and Professor Scarpa, though for judgment, accuracy, and professional knowledge, justly ranking among the first of modern surgical writers, very errone-

* Scarpa on the Eye, p. 187.

ously states, "that it produces a gradual relaxation of the vessels of the conjunctiva, and internal membrane of the palpebræ, perverts the secretions of the ciliary glands, causes an ulceration of the edges of the eyelids, by which the hairs fall, and finally renders the cornea opaque." *

The merit is justly due to Mr. Saunders of being the first † author, at least in these countries, who made this ophthalmia an object of particular and accurate observation, and who took a correct view of its distinguishing symptoms. His untimely death, however, left this, as well as most of his other labours, unfinished. It is thus not a little remarkable, that an affection, frequent in its occurrence, singular in its symptoms, and in its progress productive

* Scarpa on the Eye, p. 199.

† The distinguishing characters and nature of this disease have not been unknown to some of the older practitioners of this city. I know some patients of the late Mr. Richards (whose accurate and profound practical knowledge was, perhaps, equalled by few surgeons of this or any other country,) who, from what they have stated to me, would appear to have been attacked with this disease upwards of thirty years ago, and who were treated in the mode now successfully pursued.

of so much injury to important parts of the structure and functions of the eye; deriving also its origin from a disease, every form and stage of which merit the closest investigation, should have remained so long almost unobserved, and so inaccurately described: but, as has often been remarked, it has been the fate of the diseases of the eyes, though possibly forming one of the most useful and interesting parts of surgery, to have scarcely, at any time, engaged much of the attention of well-informed and well-educated surgeons; and, according as they have deserted this branch of their science, it has been taken up by persons destitute, in general, of professional education, and often unacquainted with the common principles of medical and surgical pathology.

If the foregoing observation is well founded, it will afford a sufficient explanation of the slow progress hitherto made, in many parts of ophthalmic surgery, and will also shew why it has become so much the business of empiricism.

But although, since the publication of Mr. Saunders's papers, this ophthalmia has

attracted pretty general attention, and has been treated of by some eminent writers, any person, who is familiar with its appearances, and makes it an object of particular enquiry, will find, that, in numerous instances, it is not yet distinguished with sufficient accuracy from the common kinds of ophthalmia; nor is the proper treatment observed in these respective states of disease. From mistakes of this kind, there always result both injury to the patient, and discredit to the practitioner. We cannot, however, suppose that they would be likely to occur, if the disease in question had been clearly and fully described, and had, by this means, become more generally and accurately known.

From these considerations, I have been induced to think, that a short and distinct practical view of the venereal ophthalmia, divested of those speculative doctrines, in which the whole subject of lues venerea has, within these few years, been involved, and from which the affection before us has not wholly escaped, was yet wanting; and would be particularly useful among the junior members of the profession. This

has been my principal object in the following publication, the materials of which, and a great part of the manuscript, have for some time lain by me ; and, though an experienced reader will find nothing new or interesting in it, I trust its perusal will prove of some advantage to those, for whose instruction it was chiefly undertaken, and is now offered to the public.

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OBSERVATIONS, &c.

THERE are few parts, the diseases of which are more frequently connected with the morbid states of other organs, or with general constitutional derangement, than the eyes: and though in numerous instances these widely differ in their origin, morbid relations, and treatment, they are at the same time scarcely distinguishable by their topical appearances; it thence follows, that our practical knowledge of these diseases must always remain defective and imperfect, whilst we confine our attention to them as if they were merely of a local nature, having no sympathy or connection with the general system.

The history of the Venereal Ophthalmia offers a striking illustration of the preceding remarks.

When lues venerea attacks the internal structures of the eye, a peculiar ophthal-

mia is the consequence, which is called by some the venereal or syphilitic ophthalmia, and of late, pretty generally, the syphilitic iritis: but as this latter term would seem to limit the disease to the iris, and as it gives a very inadequate idea of a complicated series of symptoms; and also as this affection is properly one of a numerous variety of species, classed under ophthalmia interna, I prefer adhering to the former denomination.

The general characters of this disease seem to be derived less from its morbid origin, than from the peculiar structure and relations of the parts in which it is seated; and as it appears most commonly in a chronic form, this will be kept principally in view in the following description.

In tracing the progress of its symptoms, it will be useful to distinguish them into two stages: in the first they are all of a temporary nature, and effectually curable; in the second they are, in a great degree, out of the reach of relief, and more or less permanently injure the structure and functions of the eye.

This disease always first attacks one eye,

and, after having gone through its various stages, it then seizes on the other : so that, unless in cases which have been long neglected, or unskilfully treated, it seldom is found to exist in both at the same time ; and when this happens, the symptoms are not, in general, equally severe in both, but, according as they subside in one, they become more aggravated in the other ; and thus they may, for a long time, be alternately affected. *

FIRST STAGE.

It usually begins with some uneasy sensations about the ball of the eye ; sometimes these are so slight as not to be complained of : there is generally a flow of tears ; the admission of light gives pain ; and objects appear as if seen through a mist. Commonly, however, these symptoms at first engage so little of the attention of the patient, that he neglects applying for advice until urged to it by the

* See Cases 18 and 19.

increasing dimness in his sight. It is therefore unusual to meet a case in which the disease has not been of some duration, and made more or less progress.

The following appearances and symptoms, as they affect the different parts composing the ball of the eye, will, in a majority of cases, be observed.

The patient keeps his eye half-closed, and avoids, as much as possible, exposure to the light, which always excites pain and flow of tears : from the same cause the eye rolls, and is so unsteady, whilst an examination is making of it, that it is often difficult to get a satisfactory view of it.

There appears always more or less external inflammation ; and if we attentively examine the enlarged vessels, we shall, in general, be able to distinguish two tissues of them ; one superficial, which belongs to the conjunctiva ; and the other more deep-seated, connected with the substance of the sclerotic : in colour, they are sometimes of a florid, but oftener of a purple or venous hue. That part of the conjunctiva which lines the eye-lids is not usually under much irritation ; the portion which

covers the eye-ball is a little more inflamed; sometimes it is here a little œdematous, or a small vesicle or two may be observed on it; but it never enters into the thickened, fungous structure, nor is there any secretion of purulent mucus from its surface; both of which are so often the effects of the severer forms of external ophthalmia.

A great part, however, of the redness of the eye-ball is produced by vessels passing through the sclerotic, which becoming more numerous and frequent in their inosculations as they advance forward, and terminating abruptly, nearly at the space of a line from the cornea, about the situation of the ciliary ligament, cause in this part the peculiar appearance of almost a distinct red circle. Neither at this, or the more advanced periods of the disease, do these enlarged vessels pass over the surface of the cornea; nor have I ever observed any speck or ulcer forming on it: in a few instances there has been an appearance like the arcus senilis.

There is generally a pretty abundant flow of tears, the ordinary motions of the

eye and eye-lids ; the effort to look attentively at any object, or any pressure on the eye-ball, create pain. These symptoms may surprise an inexperienced observer, as not being sufficient to account for the great defect of vision of which the patient complains ; but the principal causes of this will be found to exist in the state of the aqueous humour and pupil, to which the attention must be particularly directed. This humour is always more or less clouded by an opaque fluid, which is generally seen floating in the anterior chamber. This prevents a clear view of the iris and pupil, and causes an appearance as if there was an opacity in the cornea. As to its nature, this opaque fluid would appear to be lymph, secreted by the vessels of the inflamed iris. It varies in quantity ; it is sometimes so abundant as to render the greater part of the iris invisible ; and, intercepting all passage of the rays of light, for a time entirely deprives the patient of vision. In some cases it scarcely disturbs the transparency of the aqueous humour ; in others we see it condensed and collected into a mass, and attached to some part of the iris, generally near the pupil. Whilst in

this state, in the more advanced stages of the disease, vessels shoot into it, and it becomes organized. It would seem to be specifically heavier than the aqueous humour, for it changes situation according to the position of the head. Thus, after the patient has lain some time in bed, it may be seen on either side of the anterior chamber; but when he is for any time in the erect posture, it accumulates chiefly about the lower part of the chamber and inferior margin of the pupil; also, as more or less of it always lies within the space of the pupil, it produces here an appearance like commencing cataract.

In a few instances, instead of lymph, I have seen blood effused into the anterior chamber, and nearly filling it. As this obstructs all view into the state of the interior parts, by which we might be able to distinguish the nature of the case, it will be the more necessary attentively to examine into other circumstances attending it. I may however observe, that this, though a symptom that may alarm both patient and surgeon, is attended with no bad effects.*

* Vide Case 13.

In some cases pus has been deposited in the anterior chamber, forming the appearance called unguis, or hypopium.* This, however, is an occurrence very unusual, and the peculiar circumstances attending it shall presently be more particularly noticed.

The appearances about the pupil vary in different cases ; in no two are they exactly similar, and in the same individual they change with the progress of the disease. In a few cases, it remains for some time preternaturally dilated and fixed like an amaurotic eye † ; but in general it is rather within the middle state of expansion, and remains nearly immovable in every variation of light ; so that, while comparing it with the pupil of the other eye, it at one time appears more dilated, and at another more contracted, according to the greater or less intensity of light to which they are both exposed. According as the disease advances, the pupil contracts ; and soon begins to lose its regular circular form ; some part of its margin is observed to make

* Vide Plate, fig. 5., and Case 20.

† Vide Plate, fig. 1.

a different curve from its original one, and at first to assume more of a straight line. This may take place in one or more parts of the margin, and for a greater or less extent, which will cause the pupil to take on different figures: sometimes appearing semilunar, at other times oval, triangular, or quadrilateral; we will, therefore, find, that it presents, in different cases, various alterations from its natural shape. We shall also generally observe, that some portion of the pupil, mostly about its superior part, preserves, in all stages, for a greater or less extent, its natural form, and that within this space, it moves a little under the influence of varying light, and also expands under that of the extract of belladonna: whilst the remaining portion is not affected by the same agents. We shall also very usually find a larger accumulation of lymph about the latter parts. These circumstances may render it probable that the same degree of diseased action does not extend round the whole of the pupillary margin.

In many cases, one or more small tubercles present themselves at this period about the pupil, generally where the diseased

action is most apparent ; often they appear in some part of the surface of the iris : but as these are mostly attendant on the second stage, I shall defer saying more here as to their nature and appearances.

If we examine the surface of the iris, we generally observe it to undergo some remarkable changes as to colour : often it assumes a yellowish or amber tinge, like lymph recently effused from inflamed vessels ; sometimes there is a dark-reddish or somewhat coffee-coloured circle about its ciliary attachment, and often we see the same appearance round the border of the pupil : in some cases the discoloration is confined to the parts most occupied by the diseased action, or shews itself in irregular streaks or patches on different parts of the surface. In some instances we will also observe here and there on the surface, a few minute spots like extravasated blood, or like the dots seen in a blood-stone. I would not, however, lay much stress on these latter symptoms, as similar appearances may often be remarked in eyes never affected by disease, and they are scarcely

distinguishable unless where the iris is of a light shade.

As the disease proceeds, the contraction of the pupil becomes more remarkable, particularly about where the morbid action first manifested itself; and thus, while one part of its border is closing towards the centre, and the other remains stationary or dilated, it consequently, sometimes appears as if drawn out of the natural axis. *

Vision gradually grows more imperfect, and rather severe darting pains are often felt in the ball of the eye, at the bottom, and round the external parts of the orbit. In many instances, however, scarcely an unpleasant sensation is experienced, except that of intolerance of light.

Nearly in this state the symptoms may remain for from six to eighteen days; they are seldom protracted beyond the twentieth without some appearances of the second stage shewing themselves; and it is necessary here to remark, that at this period, while the pupil is preternaturally contracted, and its motions are impeded, ad-

* See Case 16.

hesions may form between it and the capsule of the lens without being immediately perceptible. This circumstance, it is of some importance to know with certainty; for if it has occurred, the disease has already passed into its second stage, in which, as I have before observed, many of its effects remain permanent, and we can never promise complete success in our treatment. It may be ascertained by bringing the iris under the influence of the extract of belladonna; and thus the adhesions (if any exist) are put on the stretch, during the expanded state of the pupil, and brought distinctly into view.

SECOND STAGE.

In addition to the preceding symptoms, we will have to notice, in the second stage, an encreased contraction of the pupil, and that it becomes more irregular, puckered, and inverted; and often a black fringe appears round its border as if from a detachment of portions of the ingrum pigmentum. We will also generally see one or more

angular points proceeding from it towards the capsule of the lens, and these mark where adhesions have formed between it and the capsule. For a greater or less extent round these attachments, the latter membrane gradually grows opaque. The whole surface of the iris is often observed to become conical, and to diminish considerably the limits of the anterior chamber. About this time also, in a few instances, enlarged vessels may be distinguished ramifying superficially over it. *

Likewise, we will have in many cases to attend to a very singular, and, I might add, characteristic symptom, to which I have already alluded, namely, the formation of one or more small tubercles on some part of the iris. When these occur, there is always more pain and tenderness felt in the eye-ball than usual; they commonly present themselves at or near the pupil, and on that part of it where the morbid process is most active. Now and then they are seen on the surface of the iris, between the pupil and its ciliary attachment; they

* See Case 23.

are found from the size of a large pin's head to that of a small split pea: sometimes there appears but a solitary one, at others we see two or more of them unconnected; but in some cases a number are clustered together, and project into the pupillary space, so as nearly to fill it up, or protrude forward into the anterior chamber: at one time they hang pendulous, at another they are attached by a broad base: when small, they are of a dark red colour; but when large and prominent, they are more or less white at the apex, while about the base the redness continues. By closely examining them in this latter state, we shall distinctly observe that the inflamed superficial membrane of the iris is reflected over them, and forms their anterior covering; and thus, when these tubercles are small, their covering retains the redness caused by its state of inflammation; but when they are larger and more pointed, it becomes transparent about the apex, where, as happens in a common pustule, their whitish contents are visible.

While in this state, in some rare cases, the tubercle bursts, and its purulent con-

tents are poured into the anterior chamber, thus giving rise to the symptom called hypopion *, so common in idiopathic internal ophthalmia. The different circumstances, however, I may here shortly remark, under which this symptom occurs in these respective species of ophthalmia, are, with a little attention, sufficiently manifest; for, in the venereal case, we clearly observe that the matter is deposited into the anterior chamber from the pustular tubercle, which is previously formed and always present; whereas, in the latter instance, we cannot distinguish from what direct source it is produced.

After the disappearance of these tubercles, we may often discover a fissure or cicatrix in that part of the iris where they have been situated. † With regard to their nature, from what I have observed of them, I would conclude that they are either pustular or for the most part formed of a purulent deposition. Having never found them attendant on any other kind of inflammation or morbid action, I have always

* See Plate, fig. 5., and Case 20.

† See Plate, figs. 3. and 4., and Case 24.

looked on them as characteristic of venereal ophthalmia.

During the active stages of the disease, the pupil still shews a tendency to contract, until at length it scarcely exceeds in diameter a large pin's head. The opacity likewise spreads and becomes more dense in the capsule of the lens; and, finally nearly all power of vision is suspended.

In this state of the capsule and pupil, it is scarcely possible to discover whether or not any opacity extends to the substance of the lens. In one case, I had an opportunity of clearly observing this effect produced. While examining the eye of a woman * (a patient of mine in the Lock Hospital) who had lately recovered from the disease, I observed the pupil and capsule of the lens connected by an extremely minute point; in other respects, the pupil was in its natural state, and the capsule preserved its transparency; but from the adherent point, I could distinctly see some opaque lines ramifying, like a delicate feather, deeply into the body of the lens.

* See Case 22.

Though we have no direct means of determining with certainty as to the state of the choroid coat and retina, yet there can be little doubt that these parts are more or less involved in the disease. Indeed, we rarely find any morbid action set up in the iris, where the deeper-seated coats do not, at the same time, manifest some symptoms of being affected *; and in the disease we are now considering, it has already been observed, that defective vision, and intolerance of light, are among the earliest symptoms complained of. These symptoms also occur before any marked or decided signs of disease appear about the iris and pupil, or before we can discover any sufficiently apparent causes, to account for their existence; they continue unabated, or rather increasing, whilst any degree of the morbid action is going on, but in a great measure subside on its removal. We shall, therefore, be often surprised at the extent of useful vision, to which, under proper treatment, the patient is restored, though some

* See Essays on the Morbid Anatomy of the Human Eye, by James Wardrop, vol. ii. pp. 33, 34. See also Travers on the Eye, p. 131.

of the effects of the disease which we might suppose most likely to interrupt it, such as an adherent and contracted pupil, and opaque capsule, remain nearly unaltered and permanent.

From these observations, and others which will appear on a closer investigation, we may infer, that the morbid action attendant on the venereal ophthalmia is not confined to the iris, as some have supposed, but that the choroid coat and retina are to a greater or less degree involved in it.

About this period, or sometimes earlier, if no efforts are made for the relief of the patient, the other eye may be attacked, and the symptoms will hold in it nearly the same course that has been already represented: when this happens, they seem to be for a time suspended in the eye in which they first appeared, but may be again renewed in it, after they have gone to a certain extent in the other; and in this way the eyes may be alternately affected, until the disease has produced all its effects, and reached its final termination in both.*

* See Cases 18 and 19.

They will, however, sometimes remain confined to one eye, and leave the other entirely free from their attacks.

In some time after the symptoms have completed their course, we shall generally find that they begin gradually to assume a more indolent and chronic form; and that the pain and irritation, at whatever degree they existed at the commencement, will gradually and finally subside.

I have had an opportunity of seeing a few cases of some years' standing, in which, from ignorance of their nature, no proper treatment had at any period of the disease been employed; in these there was no appearance of inflammation, nor was any uneasiness experienced: the aqueous humour had regained its natural transparency; and there was only to be seen the contracted and adherent pupil, the opaque capsule, and two or three enlarged varicose vessels, like veins, running through the substance of the sclerotic.

About this latter period, or after the disease has for some time established itself in the eye, and where an irregular and inefficient treatment has been pursued, an abscess

sometimes forms in the deeper-seated parts, which generally terminates in the destruction of the organ. The first symptoms which indicate a tendency to this (as happened in a few cases that fell under my observation), are some degree of œdema and swelling on the fore part, and on one side of the eye-ball, immediately behind the ciliary attachment of the iris. At this place, a distinct tumour soon forms, which in a few days becomes pointed, and white and soft at the apex *; when opened, the matter it contains oozes but slowly from the orifice, and will be found darker in colour, and more thick and tenacious in consistence than common pus.

While the abscess is thus making its way externally, we shall at the same time observe it pointing towards the anterior chamber. A contiguous portion of the iris is protruded forwards, so as to come nearly in contact with the cornea: this soon gives way; and the same kind of tenacious matter which appears at the external opening is seen deposited in flakes

* See Plate, fig. 6., and Cases 8 and 21.

into the anterior chamber, but does not subside in, or mix with, the aqueous humour, as happens in common hypopion. Both iris and cornea are quickly destroyed by sloughing and ulceration, the aqueous humour, lens, and a part of the vitreous humour, are evacuated, the sclerotic contracts about the vacant space, and, finally, the anterior chamber is obliterated.

Cases of the kind here described are fortunately not common: one instance is noticed, and two figures are given of an eye thus affected, in Mr. Saunders's posthumous work; without, however, any of the particulars of the case being added. Another is stated by Dr. Farre *, in a communication to Mr. Travers, and three have fallen under my own observation, from which the above description has been drawn. The details of one of these cases will be found amongst those subjoined; and a good representation of the appearances of this patient's eye, while the disease was in progress, may be seen in the annexed plate.

* See Surgical Essays, &c. Part I. page 93.

The preceding assemblage of symptoms will be found for the most part to accompany this disease in its usual chronic form ; it often, however, shows a more acute character, but at the same time maintains, with little variation, the peculiar morbid appearances which I have already described.

I have before remarked, that the pain which commonly attends this disease is so moderate as scarcely to be complained of. In some instances, however, this is a most distressing symptom ; it seizes with different degrees of severity, and is sometimes so agonizing as to be almost intolerable. It has its seat chiefly about the ball of the eye, the orbit, cheek, temple, or one side of the head : in this state it much resembles the intermitting hemicrania ; having, like it, periodical paroxysms. The times of attack are generally towards evening : in some cases, they come on in the early part of the day, or at the first exposure to light in the morning. During a paroxysm, there is great intolerance of light, copious flow of tears, flushed countenance, and a quick, hard pulse ; and in the intermission, all

the symptoms shew greater exasperation than in ordinary cases. *

It may, however, be remarked, that we are in general most successful in our treatment of cases of this kind ; for, urged by the severity of the pain, the patient applies sufficiently early for advice, before any of those permanent morbid effects are produced, to which the disease has so constant a tendency. Whereas, when deceived by its mild and insidious nature at its commencement, the time has too often passed, at which relief might be certainly and effectually afforded. With respect to the circumstances which appear to have most influence in causing a difference in the mildness or severity of the disease, I shall speak hereafter.

CONSTITUTIONAL SYMPTOMS.

Having viewed the symptoms and morbid appearances of this affection, as far as the eye is concerned, it now remains to

* See Case 9.

turn our attention to those forms and stages of the venereal disease which are most frequently found to co-exist with it.

It is only when lues venerea has advanced to its secondary stages, and more or less contaminated the system, that the eye is susceptible of this disease; an half-cured, indolent chancre or bubo may be present with it, but some degree of constitutional taint is necessary to its production.

Some facts have led me to believe, that where the constitutional symptoms are most distinctly and strongly marked, and are attended with most general disturbance, in the same proportion will those attending the ophthalmia be violent and severe; and, on the other hand, where the former are few and feebly developed, so will the latter be slow and insidious in its progress, and mild in its symptoms. I have also pretty generally remarked that, in those cases in which no mercury has been used in the primary stages, or previous to the occurrence of the ophthalmia, this has appeared in its severest and most exasperated form; whereas, with those in which this remedy has to a certain extent been employed, the

contrary has been observed. Thus, among the cases noted as having the ophthalmia in the former state, many have been nurses who were infected by suckling pocky children : to these the disease is generally communicated in a manner unexpected, and its nature not being known, is allowed to proceed to its secondary stages without the intervention of its proper remedy.* Women, also, who have been disordered by their husbands, have been placed under similar circumstances, and similar results generally attend their cases. On the other hand, the patients with whom the ophthalmic symptoms have manifested most mildness and indolence, who are by far the majority, have been those whose previous treatment has been conducted on what is called the alterative plan — by pills, and without confinement. I must, however, acknowledge, that the worst and most unfortunate cases have been preceded by an irregular, inefficient, and protracted use of mercury.

It would lead me out of my limits, and

* See Case 5.

would be scarcely possible, to examine and enter on a minute description of all the varieties and forms of constitutional symptoms, which in different cases will be found to accompany the ophthalmia, for this would embrace a history nearly of the whole venereal disease; it will, however, be necessary to take a short view of the most frequent and remarkable.

Some species of eruption most commonly attends it, and this is usually either of the papular or scaly kind; we are not, however, to credit the statement of a recent speculative writer, who would have us believe that it is only joined with the papular. Though appearing most frequently in company with the eruptions I have mentioned, it is not necessarily connected with these or any of the eruptive symptoms, which in such endless variety indicate a constitutional taint. It may be associated with any general symptom; or, as it is distinct from, and independent of all, so it may exist alone. When the characters of any of the eruptions, of which I have now spoken, are sufficiently distinctive of their morbid origin, this concurrence will be decisive of the

nature of the ophthalmia, if any previous doubt exists respecting it ; but when these are faint and obscure, other circumstances of the case should be looked into : we must examine into the present and previous state of the patient's health, the time he had received any venereal infection, the treatment that had been employed, and the occurrence or not of any succeeding symptom.

If, in conjunction with some suspicious appearance about the skin, we observe him pale and emaciated ; that his health and strength have been for some time on the decline ; that he is less equal to his usual bodily exertions ; that he complains of pains about his limbs and joints, particularly at night, together with nocturnal perspirations ; that at some recent period, generally within the twelvemonth, he contracted venereal symptoms, in the treatment of which there appears something faulty or objectionable ; we have strong grounds for concluding the case to be syphilitic.

If the skin is free from any symptom to which we can attach suspicion, we are next

to examine into the state of the throat, which is very frequently affected at the same time with the eye. We shall here often find one or more ulcers, or a greater or less degree of excoriation, or irritation, either actually present with, or immediately preceding, the ophthalmia; and in some instances the transition of the disease from the throat to the eye has been remarkably rapid, a day or two only intervening between its disappearance from one and its seizing on the other. As the symptoms about the throat are often of an extremely dubious character, we can seldom solely rest our judgment on them; but must, as has been observed above, take our view of the case from an enquiry into the other circumstances attending it.

Besides the symptoms now enumerated, there may likewise be discovered, in different parts of the body, morbid cicatrices*, blotches, or ulcers; or the patient may have pains and swellings in his joints, on parts of the periosteum or bones; and, in short, any symptom, even the latest or the

* See Case 3.

most remote, may be conjoined with the ophthalmia. Not a few cases, however, will offer, in which the ophthalmia is, for the most part, solitary; for, like many other symptoms of lues venerea, it may exist alone, and be our only evidence of a diseased state of the system. In one remarkable case*, in which the ophthalmia followed the healing of some warty tubercles about the scrotum and folds of the nates, by means of local applications; it was the first and only symptom indicating this effect. And amongst women, also†, we shall often find that, in addition to the ophthalmia, the only circumstance leading to a suspicion of the constitution being tainted, is their having had repeated abortions, or still-born children. Under these circumstances, a familiar acquaintance with the characteristic appearances of the ophthalmia will be particularly useful, as by this means the attention will always be directed to such enquiries as will afford the clearest insight into the nature of the case.

* See Case 10.

† See Cases 6. 7. 17. 19.

EXCITING CAUSES.

After the system has become contaminated with the poison of lues venerea, the same causes that have been found to possess the greatest influence in exciting its morbid actions in other parts, particularly exposure to wet and cold *, seem also to determine it to the eyes. Thus we shall see the ophthalmia prevailing more in winter, and in severe weather, than in summer, and that many of the lower working classes suffer from it, while it is of rare occurrence among the higher orders. An eminent writer, in a late paper on this subject, seems to think, (if I understand him correctly,) that as a majority of the cases in question are consequent to the "constitutional use of mercury†," this creates a predisposition to the disease. With this conclusion, however, I cannot entirely concur. I have, *cæteris paribus*, as frequently met the ophthalmia where no mercury had

* Hunter on Venereal, 3d edit. 4to. p. 328.

† Surgical Essays by Cooper and Travers, Part I. p. 60.

been previously used, as any other secondary symptom of lues venerea; and, indeed, some facts have induced me to believe, that the constitutional operation of mercury rather diminishes than increases the susceptibility to the former. To this circumstance I would, in a great measure, attribute its prevalence among the lower orders in this country, who, when infected with syphilis, are notoriously negligent in resorting to the necessary treatment, until the disease shows itself in some form of its secondary stages. The greater number of females also who are infected by their husbands rarely use mercury until the disease shows itself constitutionally, and these are very frequent subjects of the ophthalmia. We may farther observe, amongst the anti-mercurial experiments of our military surgeons, that "iritis" has been no uncommon occurrence; and in some unpublished official reports, with an examination of which I have been favoured, I find it expressly stated, in reference to this fact, that "iritis was more frequently observed as a secondary symptom than is known to happen after treatment with mercury."

DIAGNOSIS.

From the preceding description, we might suppose it scarcely possible to mistake this for any of the common forms of ophthalmia, which affect only the external parts of the eye ; and yet, it is with these that we find it to have been heretofore most frequently confounded. We must keep in mind, that the ophthalmia, which is our present subject, has its primary and constant seat in the interior parts of the eye ; and although some degree of external inflammation always attends it, this forms no essential or characteristic feature of the disease, but is only the effect of sympathetic irritation ; and although sometimes secondary venereal ulcers (and in a few instances I have seen primary ones) appear on the eye-lids, and involve the eye-ball, or excite irritation over it, yet no symptom like this disease supervenes.

There may occur cases in which, to a tarsal or scrophulous ophthalmia, a venereal is superadded. This is, however, an accidental and very unusual combination ;

and frequently, also, symptoms not unlike those ascribed to the latter appear about the iris and pupil, as the consequences of long protracted superficial inflammation. The least acquaintance, however, with these cases, or enquiry into the circumstances attending them, must render their distinctions easy.

As, however, all the different species of inflammation, whether idiopathic or connected with constitutional disease, which have their primary and principal seat in the deep-seated structures of the eye, have all some common symptoms and morbid effects, it will be useful to compare a few of these a little more minutely with the venereal ophthalmia.

1. IDIOPATHIC INFLAMMATION OF THE IRIS.

It will, I believe, be generally observed, that only those symptoms which proceed from the milder and more chronic forms of internal idiopathic inflammation, have any similarity to those of a syphilitic origin; for when it attacks the same parts in any

very acute degree, it is liable to be succeeded by consequences of a totally different nature, such as suppuration into the anterior chamber, and sloughing, ulcerations, and opacities of the cornea. But, notwithstanding their agreement in some respects, idiopathic inflammation of the kind first mentioned will be found to differ in its effects from the syphilitic, in many remarkable circumstances.

1st. It does not so very quickly disorganise the structure, or disturb the functions of parts it attacks; and it is often for months' duration, sometimes subsiding, or almost entirely disappearing; and again, after certain intervals, returning, without leaving any permanent injury.*

2d. We shall rarely observe (indeed I have never met such a case) that it produces the same kind of pustular tubercles on the iris, and about the pupil, which have been mentioned as frequently appearing in the venereal ophthalmia.

3d. After it has subsisted for a long time, it frequently causes organic changes in the

* See Cases supervening, on Typhus Fever.

iris, choroid, retina, and in the vitreous humour, and terminates in amaurosis, sometimes with an adherent and contracted pupil; in others this is dilated, and in these cases, it is not unusual to observe, in the same individual, one pupil amaurotically expanded, and the other closed.

Finally, mercury alone is not so active, or so certain in subduing idiopathic inflammation of these parts, as some writers suppose; whilst the means necessary to resort to for this purpose, and which most frequently succeed, are totally useless in the venereal ophthalmia.

Though many other points of difference might be adduced, and will readily occur to an attentive and experienced observer, no reliance whatever should be placed on lines of distinction drawn from topical appearances alone; but in all cases, the state of the patient's general health, both previous to, and after the occurrence of any ophthalmic symptoms of the nature we are now considering, should be closely and minutely enquired into. The necessity for this never more forcibly struck me than in some cases that appeared as the sequelæ of

the typhus fever which, a few years ago, spread so widely and so fatally throughout this country, and which still, though to a more limited extent, continues its ravages amongst us.

The first of these cases came under my observation in the autumn of the year 1815, at which time the fever prevailed to an unusual extent amongst the poor of that part of Dublin in which the Meath Hospital is situated; and numbers also suffered from an ophthalmia, which, from its peculiarity, attracted a good deal of my attention. At first, its appearances induced me to question the patients as to their having any venereal symptom, but not finding this to be the case, I learned, on farther enquiry, that they all had gone through the fever a short time before their eyes were attacked. By subsequent investigation, I ascertained that during convalescence from the fever, and even long beyond this period, the internal coats of the eye were remarkably susceptible of inflammation, and that it was in general excited by a premature exposure to cold; sitting at an open window; damp or wet

feet ; and in some instances patients were attacked whilst yet confined in hospital. I observed the same ophthalmia to accompany the fever while it raged, for several successive years ; and it was not the least among the evils attendant on this formidable malady ; for if treated only with collyria, and not as the seat and nature of the symptoms indicated, it continued for months to harass the patient, totally incapacitated him from following any occupation, and often permanently injured the eye and its functions. As I am not aware that this particular affection has yet been noticed, and as an acquaintance with it may be of some use, at least to the practitioners of this country : it being also, in some respects, connected with my present subject, I shall hereafter subjoin a few cases, which, without interrupting the subject immediately under consideration, will fulfil the purposes of a more detailed account of its symptoms, diagnosis, and treatment.*

* See Cases succeeding to Typhus Fever.

2. INFLAMMATION OF THE CAPSULE OF THE AQUEOUS HUMOUR.

The symptoms to which I shall next call the attention of my reader, from which it may be necessary to keep the venereal ophthalmia in distinct view, are those which attend inflammation of the capsule of the aqueous humour.

The points of resemblance, as well as disagreement, between these respective affections, may be stated in Mr. Wardrop's words. *

“ 1st. In both, a red circle of minute vessels appears on the fore part of the sclerotic coat. There is not that general redness of the white of the eye and internal palpebral membrane which characterizes the inflamed conjunctiva; 2d. Effusion of albumen into the anterior chamber, and effusion in many instances on the surface of the iris, and in the pupillar opening; so that the pupil, instead of re-

* Essay on the Morbid Anatomy of the Human Eye, by James Wardrop, vol. ii. p. 6.

taining its lustre and circular form, becomes more or less dim, its form irregular, and its motions limited; 3d. Vision more or less dim."

The symptoms by which they may be distinguished are, first, in inflammation of the capsule of the aqueous humour, that portion which lines the cornea is its most frequent seat; and here "it is indicated by one or more spots, which distinctly denote an opacity of its substance. These do not resemble any of the common forms of speck, but have a mottled appearance." 2d. "An appearance as if the eye-ball was unusually full, and, in particular, a remarkable distension of the anterior chamber. 3d. The patient suffers very little on exposure to light; so that the eye-lids are kept open;" and, lastly, the morbid changes mentioned as liable to take place about the pupil are not constant, and only occur in consequence of very protracted or repeated attacks.

It is unnecessary to add, that, in respect to their constitutional symptoms, they still more strikingly differ.

3. RHEUMATIC OPHTHALMIA.

Mr. Wardrop has likewise supplied us with a description of another species of ophthalmia, which bears some analogy to the syphilitic; namely, what he denominates Rheumatic Ophthalmia.

For a general account of this disease, Mr. Wardrop's* paper may be consulted, in which the subject is treated with the usual accuracy and precision of this author: I shall only here select the leading particulars by which it may be distinguished from the venereal ophthalmia.

1st. "This particular species of ophthalmia appears to be deeply seated in the sclerotic coat," and "the blood-vessels are generally equally numerous over the whole white of the eye, passing forwards in nearly straight lines from the posterior part of the eye-ball, and advancing close to the cornea; but neither passing over it, nor leaving the pale circle around it, which is so striking when either the choroid coat or iris is inflamed."

* Medico-Chirurgical Transactions, vol. x. part 1. p. 1.

2d. "In mild cases, in the early stages of the complaint, little apparent change takes place in the anterior chamber; but as the disease advances, the cornea becomes dull and turbid, leaving a general cloudiness, more opaque in the centre, and diminishing towards the circumference; and, if closely examined, there is generally one or more parts where the corneal conjunctiva appears to be abraded."

3d. "The eye does not seem to suffer from exposure to light; for the eye-lids are kept open without appearing to create any uneasiness."

4th. In the latter stages, or in the more severe forms of the disease, "the redness of the eye-ball increases, and the whole white of the eye is crowded with blood-vessels, the conjunctiva being at the same time swelled. At length ulceration commences in the cornea, through which the aqueous humour is discharged, and the eye-ball collapses."

5th. Besides the local symptoms, there is always more or less symptomatic fever accompanying the rheumatic ophthalmia. "The functions of the primæ viæ are

much deranged, the appetite being impaired, and the evacuations changed in quality ;” and, lastly, it does not admit of the mercurial treatment, which “aggravates rather than mitigates the symptoms.”

If the preceding observations are attended to, there can be little danger of confounding the rheumatic with syphilitic ophthalmia.

4. ARTHRITIC OPHTHALMIA.

I would not have deemed it necessary to make any observations on the subject that comes under this head, if an ophthalmia of the kind here alluded to was not pretty often spoken of as a distinct species ; and, in particular, some continental writers * describe an arthritic iritis similar, in many respects (according to their statements) to that attending syphilis. I have, however, strong doubts as to the existence

* See Quarterly Journal of Foreign Medicine and Surgery, vol. i. p. 71.

of any peculiar affection of this kind being connected with gout; at least, I have not met with any facts which would lead to such a conclusion. It may be remarked, that none of the eminent writers who, from time to time, have so minutely investigated and treated of gout, make mention of this fact, which, as one so very remarkable, they would scarcely have failed to do, if it at all came under their observation; and in the last highly instructive and comprehensive work on this subject, the author, in reference to the eyes, only quotes Morgagni's account of his own case, who shortly states that he was affected with an obstinate ophthalmia in both eyes, which resisted the usual remedies, but was relieved by an attack of the gout in the foot.* I believe we shall find, on sufficient enquiry, that in gouty habits the in-

* Vide Scudamore on Gout, 4th edit. p. 17. He says, "Heat of eyes, with slight *membranous* inflammation, is one of the usual premonitory symptoms." Morgagni states that the inflammation of his eyes *almost approached to a chemosis*. Vide Morgagni, Epist. 57. p. 221., or Alexander's translation, vol. iii. p. 331.

ternal tissues of the eye are not more susceptible of inflammation than in ordinary states of health ; perhaps they are less so than the external, and the symptoms attending it differ little from those resulting from common inflammation, except (as is observed by Mr. Ware*) “ that in gouty persons cretaceous matter is sometimes deposited in the membrane that lines the eye-lids ;” and he relates a case in which he extracted a substance of this nature, which had long maintained a troublesome ophthalmia. †

5. OPHTHALMIC SYMPTOMS CAUSED BY MERCURY.

There are no symptoms, in whatever organ or parts they present themselves, amongst which it is more necessary, and often more difficult, to draw clear lines of distinction, than between those which have

* Ware on Ophthalmia, vol. i. p. 263.

† Vide Travers's remarks on this subject in note B., p. 437., in his synopsis of the diseases of the eyes.

their origin in syphilis, and in the morbid action of mercury.

With respect to those, into the consideration of which we are now about to enter, we shall, I believe, meet the same vague and unsettled opinions prevailing, that involve most other parts of the subjects connected with lues venerea, and the operations and effects of mercury on the animal economy.* Mr. Travers makes no attempt at discriminating between the ophthalmic symptoms derived from these respective sources, but rather seems altogether to identify them; observing, "that it is impossible to pronounce whether the iritis so frequently presented after sores on the genitals, and accompanied by eruptions, is the effect of a morbid poison, or of the mercurial poison;" and again, "that it is impossible to say to which of the two agents the effects belong which manifest themselves at a period subsequent to their successive introduction into the system." Though I feel much hesitation in differing from such high au-

* Vide Travers on Iritis, in Surgical Essays by A. Cooper and B. Travers, part i. pp. 60. and 64.

thority, I am compelled to say, that these statements, and some others advanced by the above writer on this subject, have not appeared to me altogether borne out by facts. It is not because a majority of the cases of iritis met with "are consequent on the use of mercury," nor yet because they sometimes occur "while the system is charged with mercury," that we are authorized in concluding one to be the specific effect of the other; for we might with equal reason assign mercury as the cause of the greater number of constitutional symptoms generally acknowledged to be syphilitic, the cases in which they appear being commonly found under similar circumstances. A more obvious, and, in my mind, a truer source of the cases in question, may generally be traced to a defective and inadequate mode of administering mercury; in consequence of which, besides other effects, it fails to exert its anti-syphilitic properties, or to eradicate the disease from the constitution; and, during its exhibition in this way, and while the system is yet under its influence, we frequently find syphilitic symptoms appearing in suc-

cession, or retiring from one place, and breaking out in another, and often committing some of their severest ravages. This is no uncommon result of what is termed the alterative plan of treatment, which is confined to the administration of pills, and in which the patient is placed under no salutary restrictions; and ophthalmia, like other syphilitic symptoms, (as will appear from a perusal of many of the cases subsequently detailed,) is no very unfrequent consequence of it. A minute investigation, however, into an extensive variety of cases, which came under my observation while acting for some years as surgeon in the Lock Hospital of this city, (perhaps at the time the largest establishment of the kind in Europe,) not alone impressed me with the opinion that iritis occurring under the circumstances above stated is, with very few exceptions, connected with a syphilitic taint of the constitution, but also that the ophthalmic symptoms usually associated with the "constitutional use" of mercury are of a very distinct and different nature from the disease in question. Indeed, my expe-

rience leads me to look on primary iritis as a very rare effect of the constitutional use of mercury. On the contrary, I have observed the external structures remarkably subject to be morbidly affected by it, and this without its manifesting any tendency of the same kind elsewhere.

It has, in many instances, appeared to me, not alone to create a susceptibility to conjunctival inflammation, but also, where this was present, to prolong and exasperate the symptoms. Evidence of these effects was afforded in many patients, who, at the time they required the use of mercury for the cure of syphilitic symptoms, happened to labour under common ophthalmia. It was very generally remarked of these, that the ophthalmia shewed more than common obstinacy, and often resisted all the ordinary remedies, as long as the system continued under the influence of mercury; and that, until this subsided, they could not be effectually relieved. I have often seen an ophthalmia thus kept up for a month or more: it exhibited no very striking or characteristic appearances, but denoted a more or less inflammatory ex-

citement of all the parts composing the eye-ball. There was a copious flow of tears; the conjunctiva presented a close and dense vascular network over its whole surface; the aqueous humour was a little turbid; the pupil obscured; the patient could scarcely make an effort to look at an object, and had the greatest impatience of light; whilst any organic changes that finally took place were, in these cases, strictly confined to the conjunctiva, by its palpebral surface becoming thickened and warty, and its corneal, vascular.

The following case (which shall be more fully detailed hereafter) will, in a very striking manner, illustrate the preceding remarks.

In August, 1822, a lady from the country became my patient, labouring under sore eyes, by which she had been confined for the previous eight months. I found the case to be syphilitic. In the right eye the ophthalmia was only in its commencement; but in the left it had reached its second stage, and the eye was quite deprived of vision. In addition to the morbid state of the internal parts of this eye,

I observed the conjunctiva and sclerotic to be more than usually inflamed, particularly on the outer side of the fore part of the eye-ball, about the situation of the ciliary ligament, where a small blackish space appeared, as if the sclerotic had been abraded, and the choroïd exposed. About this part, also, the vessels of the sclerotic and conjunctiva were remarkably enlarged and numerous. On enquiry into the circumstances of the case, I learned that the treatment had been principally topical, and that, amongst other means of cure, an attempt had been made, some time before, to remove by excision the enlarged vessels, which, in this disease, always encircle the fore part of the eye-ball. Acute pain, and tenderness over the whole eye, immediately succeeded the operation, from which the patient continued to suffer to the time I saw her. But what I have particularly to remark with regard to this patient is, that from the moment mercury began to operate constitutionally on her, although the internal morbid action in the same degree subsided, yet the inflammation of the conjunctiva and sclerotic, which was of the

common kind, neither shewed any tendency to abate, nor yielded to any treatment I could resort to, until the constitutional action of the mercury had ceased.

From repeatedly noticing these effects attending the constitutional use of mercury, I have been led to observe it acting in a similar way under other circumstances. Thus, where the scrophulous ophthalmia of children, who are particularly subject to a constitutional excitement from mercury, has proved most unmanageable, I have generally found this to have arisen from too free an exhibition of calomel as a purgative; and that a favourable impression could not be made on the symptoms, until the effects of this were counteracted.

From a minute investigation, also, into the cases of a great number of soldiers, who had been discharged the service on account of the consequences of the ophthalmia, from which our troops have for so long a period suffered, (which consequences are known to be confined principally to morbid alterations in the conjunctiva and cornea) I have been able to discover few amongst them, who have not

evinced more or less of a mercurialized habit; sometimes brought about by mercury being exhibited with this design; sometimes the effect of a careless and unrestricted use of mercurial purgatives; and often of repeated courses of mercury, undergone within short periods for venereal complaints. In short, since my attention has been drawn to this subject, whenever I meet an ophthalmia that has passed into its latter and most intractable stages, particularly when accompanied with a thickened and warty conjunctiva and vascular cornea, the necessity has more and more forcibly struck me of enquiring whether or not the patient has used mercury to any extent, either in the previous treatment of the ophthalmia, or for any other purpose; and, in all cases where I find any symptoms indicating its morbid activity in the system, such as a foetid breath, ulcerated gums, and general excitement and irritability, I conclude it to be utterly vain, in this state of the health, to attempt the relief of the ophthalmic symptoms by any topical remedies or treatment.

The effects which I have above ascribed to the morbid agency of mercury, are of a nature peculiarly liable to escape observation ; and probably from thence have not been at all attended to. I would not be understood as maintaining that they are often the consequence of a short and temporary use of mercury, though, in some instances, this too was observed ; but I have found them so repeatedly resulting from a negligent and protracted exhibition of it, particularly where it was not calculated to act as a remedy, that I could not avoid taking this opportunity of fully stating my views on the subject ; more particularly as it is much inculcated, and generally believed, that the constitutional use of mercury may be resorted to, not alone with impunity, but advantage, in all species and states of ophthalmia. If, however, the observations that I have made are well founded, this must appear to be a practice productive of very extensive mischief, and should be guardedly refrained from.

From what I have also stated above, the differences between the ophthalmic symptoms directly and exclusively dependent on

the constitutional use of mercury, and those we have seen attending syphilis, will be sufficiently evident. However, in those complicated and anomalous cases*, which are but imperfectly known to us under the title of pseudo-syphilis and other denominations, and in which I believe there are grounds for suspecting that the syphilitic and mercurial poisons are often operating on the system at the same time, we shall frequently find syphilitic symptoms, or symptoms precisely similar to them, attacking the eyes as they do other parts. It is here extremely difficult, if not impossible, to form any diagnosis; but at the same time this is not necessary; for we must always treat ophthalmic symptoms occurring under these circumstances, and of this nature, as if they were of a genuine and unmixed syphilitic origin.

It is, therefore, to be observed, that the plan generally adopted, and which experience fully sanctions, of withholding mercury in most cases coming under the description of pseudo-syphilis, is to be

* See Case No. 11.

deviated from when any symptoms, however remotely characteristic of a venereal nature, attack the eyes: for if we here wait the slow effects of any other treatment than that with mercury, these delicate organs will, with certainty, sustain irreparable injury.

In the few last foregoing pages, I have taken a short view of some of those affections, from which I have conceived it to be of most practical importance that venereal ophthalmia should be clearly distinguished. It is, however, obvious, that in a complicated and intricate subject like this, any familiar acquaintance with it must be the result of much diligence, judgment, and experience on the part of the practitioner.

PROGNOSIS.

On the subject of prognosis, it is unnecessary to say much; this is easily determined, if the stages of the disease are distinguished with sufficient accuracy. All the symptoms appearing in the first stage are, as I have already stated, by proper treatment, speedily and effectually re-

moved; but many of those attending the second, such as an adherent and contracted pupil, and opaque capsule, remain, to a certain degree, permanent and irremediable. Notwithstanding these effects, however, much useful vision is generally regained by the patient, after the morbid activity of the disease is fully subdued.

With these exceptions, and where no circumstance opposes the introduction and regular constitutional action of mercury, we may expect a favourable termination of the case.

TREATMENT.

It is not a little remarkable, that there are no symptoms of lues venerea, whether primary or secondary, or wherever situated, which yield with more facility or certainty to the constitutional action of mercury, than those which form our present subject, — a circumstance peculiarly fortunate, considering the delicate structure of the organ concerned, as well as the rapidity with which many of the most lasting ef-

fects of the disease are produced. We have, therefore, little more to do than consider of the most active and efficient mode of bringing the patient under the influence of this medicine.

Corrosive sublimate is a favourite remedy in this disease, among the continental practitioners, and also with many in these countries. This, we may presume to be, on the supposition that it possesses superior activity to the other mercurial preparations, in arresting the operation of the venereal poison. But, besides that we may doubt its being peculiarly endowed with this property, there are many strong objections to its employment in this particular case. It must always be introduced slowly, and by small doses, in order to guard against the unpleasant effects on the stomach and bowels, which are so liable to attend its use ; and, with every precaution, there are many habits which cannot bear its exhibition with impunity. It moreover mostly acts in the alterative way, which almost constant experience proves to be here inadequate to a cure.

Thus, during the delays and interruptions which are liable to attend the exhibition of corrosive sublimate, the ophthalmic symptoms will be gaining ground, and effects may result, which cannot afterwards be remedied. We should, therefore, only resort to such a mode of treatment as is attended with the least possible uncertainty, and is most expeditious in accomplishing our object. This is afforded us in the treatment which is now pretty generally adopted, and with the advantages of which most of the well-informed practitioners of this city have, for many years, been acquainted. It simply consists in administering a pill, containing two or three grains of calomel, and half or quarter of a grain of opium, night and morning, or sometimes oftener; varying these proportions according to their effects or the urgency of the symptoms. The opium is useful in allaying pain in the eye, which is sometimes a very distressing symptom; and also by preventing the calomel from irritating the bowels, and passing off too rapidly, the constitutional action of mercury is more promptly brought about.

According as this is effected, we shall observe a gradual amendment in the eye: first, all pain and irritation cease; the redness of the eye-ball, the intolerance of light, and flow of tears, subside; the transparency of the aqueous humour is restored; the pupil assumes its natural actions, and all morbid depositions and appearances are removed from about it; and finally, but in some instances slowly, and after a considerable lapse of time, vision returns to its natural state. This is on the supposition that the treatment has been taken up in the most favourable circumstances of the disease, and during its first stage; but when it has been of longer duration, and when the organization of the parts concerned in it has undergone any of those permanent morbid changes, which so invariably attend its latter stage, our success will be more slow and less complete. However, after all diseased action has been subdued by mercury, a greater or less portion of useful vision is ultimately regained by the patient, notwithstanding that the parts about the pupil never entirely recover their original and natural state.

If, after pursuing the preceding treatment for six or eight days, the mercurial influence does not manifest itself, or the symptoms with which the eye is affected do not sensibly yield, frictions may be combined with the pills, until ptyalism is fully established; from the first appearance of which, we shall usually find that the symptoms take a favourable turn. But if, after this sets in, no decided amendment follows, we may reasonably suspect the case not to be of a genuine venereal kind. Though frictions are, with a few exceptions, to be preferred to all other modes of using mercury in the treatment of syphilitic symptoms, in those affecting the eye they are not sufficiently active; nor would it be prudent, in the first instance, to join them with the pills, because these latter will seldom disappoint us; and by attempting to introduce mercury too rapidly into the system, we often defeat our purpose of exciting its proper constitutional action, and render this afterwards more difficult of accomplishment.

It is almost unnecessary to remark that, in the treatment of this ophthalmia, con-

finement can less be dispensed with than in that of any other symptom of lues venerea.

The patient may be saved the inconveniences of blood-letting, or blistering, as they do not afford the smallest benefit, nor will they allay a single distressing symptom; and the same may be said of purgatives; in which respects the venereal ophthalmia is singular, and differs from all other analogous affections.

The topical applications are not numerous. No advantage whatever may be expected from collyria of any description. On the contrary, those of an irritating kind are decidedly detrimental. Any treatment, also, which causes excitement and irritation in the external membranes, has always the effect of exasperating the morbid action that is going on internally:—a case in which the patient seemed to undergo more suffering than I have usually witnessed in this disease, was one to which I have already alluded, in which an attempt had been made to cut off the enlarged vessels that encircle the fore part of the eye-ball. During the paroxysms of pain, some ease

has been experienced by fomenting the eye with a warm decoction of poppy-heads, or of camomile-flowers, in which a little of the watery extract of opium had been dissolved.

The solution of the extract of belladonna is recommended, and very generally employed, in all stages of the disease; but if used whilst the morbid symptoms are in any degree of activity, it seems to create very uneasy sensations about the entire eye, and in some instances to produce the effects pointed out above. I think, therefore, that it should not be resorted to, until the acute symptoms are in some measure on the decline.

When all morbid action has been removed from the eye, and its functions have been restored, as far as its state will admit of, we are not to stop here in the exhibition of mercury, but must persevere in its use as long as we have any suspicion of the existence of a venereal taint: for it should be kept in view, that the quantity required for the relief of the ophthalmia, falls far short of what is necessary for the complete eradication of the disease from the system. In

those cases where the syphilitic poison has been allowed to lurk in the constitution, the ophthalmic symptoms, though in a degree subdued, have appeared to proceed on almost imperceptibly, and a gradual and nearly total failure of vision has ensued, which can only be restored by a full and efficient course of mercury.

Before concluding, I cannot avoid advertising to another point on which I am compelled to differ from Mr. Travers,* namely, where he states "that all forms of iritis, whether primary or secondary, simple or specific, require the constitutional use of mercury for their cure without exception." It appears to me, on the other hand, from the effects that I almost daily see attending it, that the constitutional use of mercury should in general be confined within as narrow and as precise limits as possible; and with respect to the class of affections to which the preceding remark refers, I believe that there are many amongst them, in which the constitutional use of mercury might

* Vide Travers, on Iritis, in Surgical Essays, by Astley Cooper and B. Travers, part i. page 78.

with great advantage be dispensed with. For example, a considerable number of cases of idiopathic iritis are found to depend on a disturbed state of the digestive organs, and where this is observed mercury will be most useful when given only in such combinations, and to such an extent, as is calculated to restore these organs to their healthy functions. Many cases, also, of iritis are connected with some morbid excitement or action about the brain, or its membranes; and here likewise other remedies and modes of treatment must be adopted besides the constitutional use of mercury, which would oftener, perhaps, be more likely to do injury than service. In short, the treatment in every individual case should be conducted with a view to its particular causes and combinations; and as these are various and different, so also must be the means of cure resorted to in each.

The practice which I have long thought to be most prudent, and have found to be most satisfactory, is to confine the constitutional use of mercury, in a great measure, to cases truly syphilitic; and in all others to employ it for the most part only as an

adjunct with other remedies, and principally directing its action to the gastric organs.

CASES.

First Stage of Syphilitic Ophthalmia.

CASE 1.

April 1. 1813. John Woods, aged 32, complains of soreness and dimness of the right eye, and occasional darting pains through it; cannot bear the admission of light without its causing distress. There is but slight external inflammation. The pupil is irregular and slightly inverted at its inferior and external margin, and this part is much obscured by an effusion of lymph about it. Vision is clouded; pain most severe at the approach of day; duration of these symptoms about thirteen days. He has also some brown scaly spots about the back part of his elbow and shoulders, pains and stiffness in his limbs, and is pale and emaciated. Has had repeated venereal infections, which were always removed by pills and washes.

Ordered to rub one drachm of mercurial ointment every night ; and a pill containing calomel three grains, and opium half a grain, every night.

April 5. Diseased appearances about the eye have greatly declined, and likewise the pain. Iris dilates and contracts more freely ; pupil more regular, but still clouded ; vision defective ; mouth slightly sore. Contr. medicamina.

April 9. Eye has now nearly recovered its natural state, the pupil is perfectly regular, but vision is still impaired. The eruption has disappeared from about the arms and shoulders, and all pains have subsided. Mouth very sore : bowels confined. Ordered a purgative medicine, and the mercurials omitted.

April 16. No apparent disease now about the eye ; vision, though improved, is not yet fully recovered. Frictions renewed.

April 22. Eye is now completely restored, both in its appearance and functions : mercurials were now continued for the purpose of securing the constitution, until the 10th of May following, when appearing to disagree with him, they were laid aside.

CASE 2.

October 20, 1813. John Kearney, aged 37, complains of dimness in the left eye, which increases towards evening; has some pain in the eye-ball, when pressed on or exposed to a current of cold air; there appears but slight external redness, and that entirely on the anterior part of the sclerotic, near its junction with the cornea. The pupil is irregular at its inferior margin, and lymph is effused about it; it is in a middle state of contraction. He has copper-coloured spots about the forehead, shoulders, and arms, and ulcers on the tonsils. About twelve months ago had chancres and a bubo, for which he took pills until they were removed, and his mouth made a little sore. He remained tolerably well until about five months ago, when having exposed himself to wet and cold, his throat became sore, the eruptions appeared, and within three weeks the above symptoms attacked the eye. Ordered frictions and pills.

November 2. Eye nearly recovered, pupil regular, vision improved, eruption

have almost disappeared, and ulcers of the throat have healed; mouth has been very sore for the last week, which obliged him to lay aside mercurials. Ordered to renew them again.

November 10. No symptom now remains, either local or constitutional; but he was continued on his medicine for some time longer, for the purpose of greater security.

CASE 3.

April 7. 1815.—John Lyons, aged 67, complains of dimness in the left eye: can distinguish no object with it; has occasional severe pains in the ball and about the orbit; both conjunctiva and sclerotic appear very vascular; the aqueous humour is turbid; pupil irregular and contracted. Several diseased-looking cicatrices appear in different parts of his body, which succeeded to ulcers, to which he has for some time been subject, and which were painful and difficult to heal. With the exception of these, he enjoys good health, and was able to

follow his occupation till his eye became affected, which was about seven days ago. Had several venereal symptoms some years ago, for which he underwent a course of mercury. Ordered pills of calomel and opium, to be taken night and morning.

April 10.— External inflammation much subdued; pupil dilated and regular; mouth but slightly affected. Pills continued.

April 14.— No disease now existing in the eye; and it is unnecessary to follow the treatment further.

CASE 4.

July 17. 1815.— Fanny Murphy, aged 24, married. Has her left eye affected with dimness, irregularity of the pupil, cloudiness of the aqueous humour, tenderness on pressure, and pain on moving the eye, or endeavouring to look earnestly at an object. Has also a pale copper-coloured eruption over the arms, shoulders, and legs; pains about the joints, and night sweats. Was disordered by her husband about seven months ago; first, had sores and a bubo;

to these succeeded the eruption, pains, &c. Has been for the last six weeks in the Lock Hospital, and taking there a medicine which constantly excited nausea and vomiting. Had left the hospital but a few days when the eye was attacked. Ordered pills of calomel and opium every night.

July 24. — Left eye much improved; pains of the limbs and night sweats have nearly subsided. There is some tendency to irritation in the right eye, the pupil of which is fixed, rather dilated, and a little irregular at its inferior margin. Ordered to take a pill night and morning.

July 31. — Both eyes are completely recovered, and vision is nearly as perfect as ever; eruptions are rapidly disappearing; mouth somewhat affected. Frictions to be added to the pills.

Treatment afterwards continued, with a view to the constitutional symptoms.

CASE 5.

December 24. 1813. — Mary Goulding, a widow, aged 27, complains of acute lan-

cinating pain in the ball of the right eye, and can distinguish no object with it. There appears considerable external inflammation. The aqueous humour is very turbid; and the pupil can be but indistinctly seen, and is irregular and inverted at its inferior margin, where a small round whitish tubercle is observed attached to it, and which projects into the opening of the pupil. There is a copious flow of tears, and she cannot bear the admission of the weakest light. A papular eruption appears about the face, forehead, shoulders, and limbs; has severe head-aches, pains, and weakness in the limbs, and night sweats. On the 24th June last, she took a child to nurse, which was covered with an eruption, and had sore lips; it lived only a fortnight. A small sore remained on the side of the nipple, which she found difficult to heal. In about six weeks or two months after, she began to lose her health, and to suffer from pains about the limbs, and night sweats. To these succeeded the eruption, and the eye has been affected for about three weeks. Ordered pills and frictions.

January 3. 1814. — Symptoms about the

eye considerably relieved ; the approach of light gives no pain ; the pupil comes clearly into view, and there is but little trace of the tubercle that was attached to it. Vision improved ; constitutional symptoms less troublesome ; mouth slightly affected. Medicines to be continued.

January 10.— Eye completely recovered ; pupil has resumed its natural shape and appearances ; has now very useful sight in this eye, but not quite so good as formerly ; constitutional symptoms have almost disappeared ; ptyalism has been pretty severe for the last ten days. Treatment afterwards continued to secure the constitution.

CASE 6.

March 25. 1815. — Sarah Logan, aged 36, married ; complains of indistinctness in the vision of the left eye, as if motes covered every object, and of a constant sparkling sensation in it. Has shooting pains through the ball, particularly at night. There is but slight external inflammation, and that on the fore part of the conjunctiva

and sclerotic. Aqueous humour clouded, chiefly about the inferior margin of the pupil, which is slightly irregular at this part. Duration of the symptoms about eleven days. Has at present no apparent syphilitic symptom; has had several children, all still-born; knows that her husband, a soldier, has been repeatedly disordered.

Ordered pills of calomel and opium, to be taken night and morning.

April 3.—No appearance of disease about the eye; vision quite perfect; mouth a little affected. Pills to be continued.

Patient from this time ceased attendance.

CASE 7.

April 7. 1815.—Catherine Matron, aged 30, married; complains of want of sight in the left eye, and of occasional darting pains about the orbit; there is but slight external inflammation; aqueous humour a little turbid; pupil contracted, oval-shaped, its internal edge forming nearly a straight line, and there is much cloudiness about it. The eye has been in this state about six

weeks, and she has been using eye-waters to no advantage. No other venereal symptom present. Has had of late years several still-born children. Knows that her husband has been often under treatment for the venereal disease. Ordered pills of calomel and opium, one to be taken night and morning.

April 15. — There is now no trace of disease in the eye. She resided at some distance in the country, and I did not see her afterwards.

CASE 8.

July 4. 1816. — William Dobbs, aged 26, complains of acute pain and defective sight in the left eye. There is considerable inflammation in its external coats. The iris is mottled, and of a darker colour than that of the other eye. Aqueous humour turbid; pupil clouded and fixed. There is some tumefaction of the conjunctiva and sclerotic, at the inferior part of the ball, a line or two distant from the cornea; and the iris contiguous to this part appears pushed forward. Has most acute pain

about the orbit, and on exposure to strong light. These symptoms have been of about three weeks' duration. He has been bled copiously, had purgative medicines and eye-waters, notwithstanding which he has been daily growing worse. Complains likewise of severe night-pains and sweats, and weakness in his limbs, which disable him from following his labour. A purplish-coloured papular eruption is thickly spread over various parts of his body. About eight months ago had chancres and a bubo, for which he took a few pills; his mouth was made a little sore, and the symptoms disappeared. Ordered pills of calomel and opium to be taken each day.

July 8.—All external inflammation and pains about the eye have ceased; the tumefaction above noticed has nearly subsided. Pills to be continued.

July 13.—Symptoms under which the eye suffered are all removed, except a feebleness of vision; constitutional ones rapidly declining. Pills continued.

July 22.—The eye having fully recovered itself, the treatment was afterwards conducted with a view to the constitution.

CASE 9.

April 8. 1814.—Mr. J— W—, for the last three nights, towards the approach of morning, has been attacked with most agonizing pain in the ball of the right eye, and about the orbit, which has continued unabated till eleven or twelve o'clock in the day: the agony is so great that he throws himself on the floor, and writhes and cries out as if in the extreme of torture. At this time he cannot bear the feeblest light; there is great turgescence of the vessels of the eye-ball, and an incessant flow of tears. After the pain subsides, there is but little irritation about the eye, or intolerance of light; the aqueous humour is turbid, particularly about the pupil, which is regular but immoveable; vision not much impaired. Complains also of soreness of the throat, where there appears, on the back part of the fauces, an ulcer about the size of a shilling. Suffers likewise from pains about the shoulders, arms, and legs, which become painfully swelled towards evening. These latter

symptoms have now existed for nearly two months. About the latter end of June, 1813, he contracted a chancre, which he neglected for nearly two months, from not knowing its nature: but a bubo appearing in his groin, he then applied for advice. He used only three rubbings, when his mouth became severely sore, which obliged him to lay aside mercury for about a fortnight, at the end of which time both chancre and bubo disappeared, and he declined taking more mercury. About Christmas last he found his health becoming impaired; he was affected with head-aches, pains in his limbs, and night-sweats; and, latterly, he has been unequal to almost any exertion. Ordered frictions and a pill of calomel and opium every night.

April 11.—Had a return of pain, both this and yesterday morning, but less severe, and of shorter duration.

April 16.—Had no attack this morning; feels his eye perfectly recovered; pains and swellings in his limbs and night-sweats much relieved; mercury beginning to affect his mouth.

April 19.—Both the symptoms which affected his eye, and all others, are now completely removed. Treatment afterwards continued, with a view to secure the constitution.

CASE 10.

Lock Hospital, Aug. 13. 1819.—William Burges, aged 20, has a fungous warty ulcer at the inferior side of the penis, near the reflexion of the scrotum, the discharge from which is thin and acrid; has similar smaller ulcers on the scrotum, folds of the nates, and about the anus. These have been of about seven months' duration. Had used about twelve pills a month ago. Ordered a strong solution of argenti nitratum as a lotion.

September 18.—Has for several days past complained of tenderness in his left eye, which he supposed arose from some lime having got into it, while the ward in which he lay was white-washing. Without the eye being looked at, he was ordered a weak saturnine collyrium, with some purgative medicine; but these having afforded

no relief, I this day examined the eye, and was somewhat surprized at seeing a true syphilitic ophthalmia; the pupil clouded and irregular at its inferior and outer margin; a small irregular-shaped tubercle, midway between the pupil and the ciliary attachment of the iris. He suffers much from great intolerance of light, and acute pain about the orbit at night. Ordered pills of calomel and opium.

Sept. 26. — Sore mouth; eye nearly recovered.

October 12. — Mouth kept sore by frictions; all symptoms removed.

Oct. 28. — Discharged perfectly cured; has used four ounces of mercurial ointment, and seven pills of calomel and opium.

CASE 11.

October 4. 1823. — Mr. J. C., in the naval service of the East-India Company, about the spring of 1819, had an excoriation on the glans and internal surface of the prepuce, the consequence of an impure connection, for which he used some pills. In the sum-

mer following he sailed for India. About the October after his arrival there, he was attacked with what he was told was bilious fever. For the cure of this he took large quantities of mercury.

In the succeeding November, whilst yet in India, he was seized with an ophthalmia, the nature of which cannot be ascertained; and for the cure of this also he used mercurial pills.

He states that, at this time, he was so much reduced in flesh and strength as to be obliged to go up the country to recruit; and by this means he sufficiently recovered to be able to resume his duty on board ship. His vessel returned for Europe in February, 1820. After being on board for some time, he got a wetting twice, soon after which he was seized with pains, and an eruption appeared over his body and limbs. For these symptoms he made use of mercury, in the alterative way, with pills, for nearly the whole of the voyage home, at the end of which he found himself much reduced and weakened. In April, 1820, he arrived in London, and consulted Mr. Pearson, who directed for him the

decoction of sarsaparilla, with milk diet and opening pills, composed of cathartic extract and James's powder. Shortly afterwards he came over to Dublin, and Mr. Crampton held a consultation with me on his case. At this time he complained of pains about his head and limbs, and had an eruption of the species *ecthyma syphilitica* of Willan on his arms, legs, and shoulders. It was agreed that the treatment advised by Mr. Pearson, by which he had considerably recovered, should be persevered in, with country air and exercise. Towards winter he again returned to Dublin, in consequence of his left eye becoming inflamed, and other symptoms recurring. At this time I visited him, accompanied by a professional relative of his, and found that the inflamed eye was attacked with the syphilitic ophthalmia, and that the disease was closely approaching to its second stage. Calomel, with opium, was immediately administered to him, by which, in a short time, his eye was relieved; he, however, for a long time after, complained of dimness in this eye. The mercury was then discontinued, and since then has been ab-

stained from; and the only medical treatment used, with the addition of sea-bathing, has been that first recommended by Mr. Pearson. He is now in the enjoyment of good health and strength, but has not quite regained his original vigour. There is, however, no defect whatever in the eye.

Second Stage of Syphilitic Ophthalmia.

CASE 12.

January 13. 1813. — William Church, aged 24, complains of dimness of the left eye, and intolerance of light; can scarcely keep it open so as to permit a view of it. The conjunctiva is slightly inflamed on its fore part; the aqueous humour is turbid, and obscures the pupil, which is contracted, immoveable, and somewhat oval in its figure: its upper and outward part is regular, but the inferior and internal forms a straight line. The slightest pressure, even that of closing the eyelids, is painful. He has a brown, scaly eruption about the arms, shoulders, and body, and nodes on the

tibiæ, and suffers from pains, stiffness, and weakness in the limbs.

About three years ago, while at Baltimore, in America, he contracted chancres, to which shortly succeeded a bubo, and being afraid of being put out of employment, applied to a quack, who, by means of a wash, removed his symptoms. After this, he continued well for upwards of a year, when, on landing in Ireland, he got a severe wetting, and was immediately seized with pains and stiffness in his limbs, and night-sweats. These symptoms were removed by a few pills, and he had no complaint till within these four months, when the pains again returned, the eruption appeared over his body, and his health generally declined. The eye is now affected something more than three weeks. — Ordered frictions and pills.

January 16.—Eye can bear the admission of light, vision improved, eruption fading, and pains less severe: mouth a little sore. — To continue his medicines.

January 20. — All inflammation and tenderness has left the eye; there appears, however, an irregularity and adhesion of

the pupil at its inner and inferior margin, and a slight opacity of the capsule of the lens, at this place. Vision imperfect, but a good deal improved; constitutional symptoms fast declining; ptyalism established.

Mercury was continued for four or five weeks, and he was discharged cured.

CASE 13.

April 15. 1814. — Francis Brennan, aged 45, complains of uneasy sensations and dimness in the left eye: the vessels of the conjunctiva are somewhat turgid, particularly about the inner canthus, where there is a vascular elevation of this membrane; remarkable redness on the fore-part of the sclerotic: aqueous humour turbid; pupil contracted, and irregular at its inferior margin, and there is much lymph effused about it. The iris is of a darker colour than that of the other eye, and some reddish spots appear on its surface. The eye is now affected about a fortnight. He also suffers from pains about his temples, thighs, and knees, attended with night-sweats. He has some copper-coloured, scaly patches of

eruption about his arms, body, and legs, and has been thus affected for nearly two months. Had chancres about two years ago, which were removed by taking a few pills. — Ordered pills and frictions.

April 20. — An effusion of blood has taken place into the anterior chamber, which more than half fills it, and quite conceals the pupil; in other respects the eye is improved: mouth rather sore. — Pills omitted, frictions continued.

April 23. — Effused blood diminished in quantity, but still conceals the pupil; no uneasiness now in the eye: pains in the limbs, &c. are much relieved — mouth sore.

April 28. — Blood nearly all absorbed: pupil now comes into view; it is more dilated, but irregular at its inferior margin; vision improved — mouth sore.

May 2. — Anterior chamber is now free from any extraneous effusion, except a few red flakes, which are floating about the pupil; this has an irregular oval shape. — Pills repeated.

May 9. — The diseased appearances now to be observed about the eye are, a black fringe round the margin of the pupil, and

slight irregularity at its inferior part, where it is also connected with the capsule of the lens, and the latter is a little opaque : extract of belladonna shows but little effect in dilating it ; vision imperfect ; has some pains still about his limbs ; eruptions all removed.

May 28. — All constitutional symptoms have now, for some weeks, disappeared ; and mercury not agreeing with him, he was ordered to lay it aside. The appearances about the eye, the same as last described.

May 6. 1815. — The patient whose case is above described applied this day at the hospital, on account of some other complaints, and I took the opportunity of examining the eye that had been formerly diseased. On a minute inspection, I could scarcely discover any unusual or unnatural appearance about it ; there was only a very slight irregularity of the pupil, and the powers of vision were as good as at any former period of his life.

CASE 14.

February 20. 1816. — Matthew Gibson, aged 24. Vision of his left eye so impaired

that he can only distinguish day from night. There is a good deal of inflammation on the fore-part of the eye, particularly near the junction of the sclerotic and cornea. The aqueous humour is turbid; a cluster of small whitish tubercles are attached round the pupil, which render it impossible to distinguish its margin; the eye is tender on pressure, and has severe pains shooting through it, particularly in the evening and towards the approach of day. These symptoms have been of about eighteen days' duration.

He contracted chancres about six months ago, for which, as they healed spontaneously, he used no remedies: in some time afterwards, his health began to decline, and he suffered incessantly from head-aches and night-sweats, and lost his flesh and strength. Has, at present, copper-coloured patches of eruption about his elbows, shoulders, and legs; is weak, and has pains and stiffness in his limbs. — Ordered a pill of calomel and opium, night and morning.

February 23. — Many portions of the cluster of tubercles, which adhered to the

pupil, have disappeared, and it now comes more clearly into view: mouth very slightly affected.—Frictions to be added to the pills.

February 29. — Pupil is now freed from all depositions; and vision, though still defective, is greatly improved: constitutional symptoms much relieved. Mouth pretty sore.

From this time ceased attendance.

CASE 15.

May 25. 1816. — Sally M'Kean, aged 28, married; complains of dimness in the right eye, and of severe shooting pains at night, and on the first exposure to light in the morning, and also pains about the temple and cheek. There is considerable redness in the fore-part of the eye; the pupil is irregular at its internal margin, where two points of adhesion appear between it and the capsule of the lens: and here are also observed two or three very minute tubercles, imbedded, and almost concealed in lymph. The colour of the iris, which was originally a pale blue, has become darker, and it is mottled with patches of a

brownish red. The eye is now affected upwards of three weeks.

About seven months ago, suckled a child for a few nights, which was covered with an eruption, and had sores at the angles of its mouth. Soon after, a sore appeared upon her breast, and to this succeeded a sore throat and eruptions, which were removed by a liquid medicine given her by a quack. — *Habt. pil. calomelanos et opii manè noctèq.*

July 25. — All external inflammation of the affected eye has subsided; iris has recovered its natural colour; pupil has the figure of an irregular square, is fringed with black, and adheres, in several points, to the capsule of the lens, which is slightly opaque; vision defective.

Has been irregular, both in attendance and taking her medicine. — Frictions ordered in addition to the pills.

No farther note taken of the case, as she ceased attendance.

CASE 16.

October 31. 1816. — Anne Whelan, aged 20, complains of soreness and dimness in

the left eye. There is considerable redness on the fore-part of the eye, particularly about a line from the cornea; the aqueous humour is turbid; pupil quadrangular, not seemingly placed in the centre of the iris; pain very acute; flow of tears abundant; great impatience of light. Her body is thickly covered with a papular eruption; has severe pains about the limbs, and night-sweats; vaginal discharge, and enlarged inguinal glands.

About three months ago she began to lose her health; had frequent shiverings, flying pains about the head, back, and shoulders: to these followed the eruption. The eye is affected about five weeks. Has used no remedies except what were employed for the eye, such as purging, bleeding, and blistering. — Ordered a pill of calomel and opium night and morning.

November 15. — The pupil remains irregular, contracted, and adheres at its internal and inferior part to the capsule of the lens, which is for some space opaque. Vision, though improved, is still imperfect; constitutional symptoms a good deal on the decline; mouth pretty sore.

November 26. — All ophthalmic symptoms have for some time disappeared; the irregularity about the pupil remains; capsule less opaque. — Mercurial treatment continued for a fortnight longer, when she was dismissed cured.

CASE 17.

September 22. 1817. — Margaret Connor, aged 27, married; complains of a pain and dimness in the right eye; cannot bear the light. There is but little external inflammation; pupil oval; one or two points of adhesion with the capsule, at the upper part of its margin, where it is particularly clouded and obscure; has been in this state for a fortnight; has suffered for the last three months from severe pains in one side of the head, and cannot bear the slightest pressure upon it; has had several still-born children; no other apparent symptom of lues; knows that her husband was disordered previous to marriage; has herself been since in a declining state of health. — Ordered a pill of calomel and opium to be taken night and morning.

September 27. — Pain and inflammation of the eye have almost entirely subsided; mouth slightly sore. — Pills continued.

September 30. — Ophthalmic symptoms have all disappeared; head much relieved; mouth very sore. — Pills omitted; to have an opening draught.

From this time ceased attendance.

CASE 18.

February 22. 1815. — Anne Carey, aged 30, married; has suffered from inflamed eyes and defective vision for nearly three months back; the left was for some time alone affected, and, after it had got a little better, the right began to get tender, and to fail in its sight, and is the one she now most complains of: it is impatient of light, and has a continual flow of tears. The aqueous humour is turbid, and the pupil can be but indistinctly seen; she suffers from a severe shooting pain down the cheek of this side.

The left eye is not inflamed; the anterior chamber is clear; the pupil has formed some adhesions with the capsule of the

lens at its upper and outer margin, and the latter is a little opaque: vision in both eyes greatly impaired.

About the latter end of September, 1814, was disordered by her husband: symptoms first noticed were chancres and bubo: to these succeeded an eruption about the arms, breast, and shoulders, night-pains and sweats, all which symptoms still exist: during their progress, has been taking mercurial medicines irregularly, and in small quantities, without full salivation: her breath has at present a mercurial foetor. — Ordered frictions and pills.

February 28. — Inflammation and morbid appearances greatly removed from the eyes: mouth slightly sore. — Medicines continued.

March 9. — All active disease has subsided in the eyes: eruptions much faded: pains quite relieved. Mouth sore.

March 20. — Has continued the mercurials with some intermission for the last fortnight: complains now only of a slight defect in vision: there is but little trace of the eruptions. — Medicines to be continued.

April 12. — The left eye, in which some adhesions were observed to have formed between the iris and capsule of the lens, is now most perfect in vision ; and the opacity which had been in the latter has a good deal disappeared : no symptoms of constitutional disease now present.

CASE 19.

March 10. 1815. — Mary Harte, aged 40, married ; complains of severe pain in the right eye, with loss of vision : there is considerable external inflammation in it, cloudiness of the aqueous humour, pupil obscured, contracted, and irregular.

About four months ago, had pains about the shoulders, knees, and elbows, attended with night-sweats ; shortly after, the eyes, one after the other, became affected, and were alternately engaged : the symptoms increased in one according as they subsided in the other, and after each attack vision became more impaired. When first married, she had one or two still-born children : has not had one these seven years : knows her husband to have been repeatedly dis-

ordered, and that he is so at present. — Ordered a pill of calomel, 3 grains, and opium, half a grain, to be taken night and morning.

March 28. — Having obtained great relief from only four pills, she has neglected a regular attendance at the hospital. The pain and irritation, however, have greatly subsided in the right eye, and vision is much improved. — Pills repeated.

April 10. — No diseased action now existing in the eyes; but the pupils remain irregular and contracted, and their margins appear fringed with black: they obey but imperfectly the action of the extract of belladonna. She enjoys, however, very useful vision: her general health greatly restored.

CASE 20.

February 3. 1820. — Michael Brown, aged 26; left eye affected with the venereal ophthalmia: the outer half of the anterior chamber is nearly occupied with a pustular tubercle, a little less than a small split pea, which projects from the iris, and approaches near to the internal surface of the cornea.

This tubercle is white at its apex, and of a dark red about its base, where the inflamed membrane, covering the anterior surface of the iris, is distinctly seen to be reflected over it. Other parts of the iris are mottled, as if from effused blood: a small quantity of pus appears at the bottom of the anterior chamber, forming the symptom called unguis. The anterior ring on the eyeball is of a deeper red than usual, particularly about the part corresponding with the internal tubercle. Vision totally lost: can only distinguish day from night: does not complain of pain except on exposure to light, but in the commencement it was very severe.

Disease now about four weeks' standing.

Some discoloured blotches appear about his arms and shoulders, the remains of an eruption that had been on these places for two or three months. A few distinct spots of a scaly eruption are still about his shoulders: there is a ridge of enlarged and suppurating glands under the left side of the lower jaw: has pains about all his limbs, and is much emaciated.

Was disordered about six months ago : primary symptoms removed by a solution given him by a quack : remained well for a few months, when he was attacked with pains, eruption, &c. &c.

Pil. Cal. et Opii, manè nocteque.

February 7. — External inflammation much reduced : pus all removed from the anterior chamber : tubercle greatly diminished in size : ptyalism commencing.

March 6. — All external inflammation has disappeared : a fissure appears in the situation where the tubercle had formed, and a thin opaque membrane, seemingly the cyst of the tubercle now occupies this place : has been under ptyalism for three weeks : mouth getting better. To use frictions.

March 14. — Pupil contracted, and its margin indented at the side the tubercle protruded from : vision recovered in a great degree, but not quite in its original state. Treatment farther continued for the removal of the constitutional symptoms. See Plate, fig. 5.

CASE 21.

November 3. 1813. — George Wolfe, aged 47, complains of dimness in the right eye, darting pain in the temple, and some intolerance of light: the pupil is irregular at its inferior and internal margin, and some opaque lymph is effused about it: there appears some turgescence of the vessels on the forepart of the ball. The left eye is also imperfect in vision, and its pupil is obscured by lymph. This eye was first affected, but the uneasiness gradually left it, and the other then became dim and tender. These symptoms are about three weeks standing, and were immediately preceded by a sore throat, which attacked him after he had lain in a damp bed. On looking into the throat there appears now but a very superficial ulceration, or rather excoriation on the left tonsil.

About two months ago had chancres and a bubo, for which he used a wash, and took some pills; and after his mouth was made a little sore, they disappeared. Ordered pills and frictions.

November 10. — All external inflammation and pain have ceased in the eyes: pupils cleared from the lymph: vision still defective. Having continued his medicines for about a week or ten days longer, and finding his eyes, as he thought, perfectly recovered, he went to the country, and I did not see him until the 1st of April 1814, when he again applied at the hospital, but with his eyes in a much worse condition than at his former attendance.

His right eye, in which the disease was before observed to be most active, is now pretty free from it, and all its activity seems to be transferred to the left, but its pupil is greatly contracted, and he has but very feeble vision with it. He feels great tenderness and a painful throbbing sensation in the left eye: its pupil is nearly closed, and occupied with a densely opaque capsule. At the upper and inner part of the ball, a line or two from the junction of the sclerotic and cornea, there is an œdema of the conjunctiva, and beneath it the sclerotic appears tumified: about this part also, the iris is pushed forward, and its surface bulges into the anterior chamber. He

complains of pains and stiffness about all his limbs and joints, and there is an ulcer in the left tonsil. Ordered pills and frictions.

April 4. — Left eye in the same state as was last observed: throat healing: limbs more free from pain: mouth a little sore. Medicines continued.

April 11. — An effusion of a thick brownish matter appears in the upper part of the anterior chamber, and conceals the superior half of the iris: the tumour in the sclerotic is more pointed, and is soft and white on its apex: an opening was made into it, and a brownish tenacious matter flowed from it, apparently like what was effused into the anterior chamber. Pains about the temple and eye have been for some days very severe: ulcers in the throat healed. Medicines continued.

April 16. — Matter still oozing from the abscess: what was effused into the anterior chamber a little lessened: pains about the eye much subsided: right eye improving in vision: all constitutional symptoms removed: mouth moderately sore. Medicines continued.

May 7. — The left eye is now almost completely disorganized: the cornea and iris have been involved in the abscess and destroyed, and the eye-ball has sunk in the orbit.

May 14. — The sclerotic has gradually closed round the vacant space left by the cornea, and the eye-ball is diminished nearly half its size. He enjoys a considerable share of vision with the right eye, though the pupil is very much contracted and adherent, and the capsule appears densely opake. See Plate, fig. 6.

CASE 22.

March 6. 1817. — Anne Moore, aged 18; complains of pain and weakness of sight in the right eye; pain increased by exposure to cold or light; eye-ball sensible on pressure. The enlarged vessels of the conjunctiva and sclerotic present two very distinct layers, and they form a close and remarkable web-work near the cornea. The pupil is much obscured and obliquely oval. The capsule of the lens appears almost entirely opake. She has also some

brown scaly spots about the scalp, shoulders, and arms, and night pains and sweats. She was lately in this hospital (Lock), and had used a few rubbings, and a considerable quantity of pills, without ptyalism: left it about three weeks ago, while the weather was very severe; she was much exposed to its effects, and her eye was shortly after attacked. Ordered a pill of calomel and opium, to be taken night and morning.

March 12.—Eye much improved; mouth sufficiently sore. Pills omitted.

March 30. — All appearance of inflammation and pain have subsided in the eye; pupil is clear, more dilated, obliquely oblong; capsule has recovered its transparency. At the inferior and outer margin of the pupil, there is a very minute point of adhesion between it and the capsule, whence some delicate opake lines spread like a feather into the substance of the lens: vision imperfect, but a good deal improved. Ordered frictions.

April 13. — Discharged cured.

CASE 23.

August 11. 1822. — Mrs. S——, a lady from the country, has the following symptoms: right eye a little tender and irritable on exposure to light; aqueous humour turbid; pupil clouded, fixed, and slightly irregular at its inner and lower margin; in left eye the pupil is contracted and adherent, and enlarged vessels are seen converging towards its margin; the iris conical, and approaches nearly to contact with the cornea; its surface is mottled, and at the inferior and outer side of its ciliary attachment there is a small portion with minute brownish tubercles, which give it something of a granulated appearance. Contiguous to this part, externally, the vessels of the conjunctiva and sclerotic are remarkably numerous and enlarged, and there appears here a small black space, as if the sclerotic was removed, and the choroid covered with its pigmentum nigrum exposed; aqueous humour, but slightly turbid; capsule of the lens opake throughout; vision has totally

failed, only a very indistinct sense of light remaining.

Complains of severe darting pains through the orbit, temple, and head, particularly at night, which greatly interrupt her rest. Has a faded eruption on the forehead, on the right cheek near the nose, and on the right angle of the mouth, where there is a superficial ulceration. There is also a tenderness and slight ulceration on both tonsils, and painful nodes on both tibiæ; is greatly emaciated and reduced in strength.

The above symptoms appeared in succession during the months of November and December, 1821; states that she had sufficient grounds for knowing that her husband was disordered in the previous autumn, though he denied the fact to her. The right eye has been affected for nearly three weeks; the left about eight months. The treatment to which she had been subject before she became my patient, was general blood-letting, blistering on the throat for the internal soreness, purgatives, emetics, leeches to the eye, *vinum opii*, section of the enlarged vessels on the fore-

part of the eye-ball, and a few mercurial pills, which slightly affected the mouth.

She was now put on the use of mercury, both by pills and frictions; and its full action was kept up for about six weeks, at the end of which time every venereal symptom was removed, and she quickly regained her health and strength. But though the left eye recovered a useful degree of vision, it remained long in a painful and irritable state from the continuance of external inflammation, evidently the effect of the above mentioned operation.

CASE 24.

May 20. 1818.— Henry Smith, aged 40 ; vision of his left eye so impaired that he can distinguish no object with it. He keeps his eyelids nearly closed, and finds it impossible to open them himself, or to have them supported, without suffering much uneasiness ; there is incessant flow of tears and considerable inflammation, and some œdema of the conjunctiva; aqueous humour not very turbid, and chiefly so about the

pupil, which is greatly contracted, and of an irregular triangular figure ; its margin is inverted towards the lens, and is fringed with black, and a small whitish tubercle, about the size of a large pin's head, hangs pendulous from its lower part. Round its ciliary attachment, and also about the pupil, the iris is for some space of a dark red hue, and for a small interval between them it retains its original colour, that of a light blue ; its surface is also somewhat convex ; the capsule of the lens is almost entirely opaque. These symptoms began about eighteen days ago ; the pain at the commencement was very severe, it is now more moderate ; he has also a papular eruption thickly spread over the whole body ; pains in legs, arms, and joints, which disable him from all exertion or labour ; tonsils swelled and tender, and an ulcer on the left side of the integuments of the penis, covered with a black-coloured scab ; glands of the groin and neck enlarged ; contracted the sore on the penis about two months ago ; used no remedy for it. Ordered pills of calomel and opium, to be taken three times a day.

June 23. — In a few days after the treatment commenced all pain, impatience of light, and inflammation subsided in the eye; the iris soon recovered its natural colour; the tubercle attached to the pupil was absorbed; the pupil remains contracted and adherent, and the capsule densely opake, except for the space of about a pin hole at its upper part; vision is tolerably distinct, but much more imperfect than formerly; there is but little trace of the eruption, and the pain of the limbs has entirely ceased. Has used eighteen pills, and six rubbings; mouth sore for about ten days. Discharged the hospital at his own request.

See Plate, figs. 3 and 4.

CASE 25.

February 7. 1815.— Michael Flood, aged six years, suffers from intolerance of light in both eyes, and a continual flow of tears; there is but slight external inflammation. The aqueous humour is turbid, and obscures the pupils, which appear rather

dilated and fixed. Eyes have been in this state, with some short intervals, for nearly four months. He has painful enlargements in the centre of both tibiæ; is very restless at night, and has most profuse perspirations. When four months old was covered with an eruption, which was with difficulty cured. Mother denies ever having had a suspicious venereal symptom, but says that her husband was repeatedly disordered, both before and since marriage. Ordered powders, containing calomel gr. i., prepared chalk, grs. iii., and ginger, gr. ss., to be taken night and morning.

February 25. — All symptoms considerably better. Ordered to rub half a drachm of mercurial ointment every night, in addition to the powders.

March 3. — Ophthalmic symptoms much relieved; can bear the admission of the strongest light without inconvenience; node on the left tibiæ nearly removed, that on the right not much altered. Medicines to be continued.

March 17. — Eyes appear free from disease, but vision still a little defective; other

symptoms have greatly yielded; mouth very sore. — Omits frictions and powders.

After his mouth recovered a little, the mercurials were again renewed, and continued with some intervals for about three weeks longer.

April 3. 1818. — The above boy presented himself this day at the hospital. He appeared in the enjoyment of the best health: there was no trace of his former symptoms, and he only complained of being short-sighted.

Though not quite satisfied that the above is a genuine syphilitic case, it appeared to me sufficiently interesting to be inserted here, from the peculiarity of the symptoms, and the circumstance of their having yielded so entirely to a mercurial treatment.

Cases of Ophthalmia succeeding to Typhus Fever.

CASE 1.

August 1. 1815. — John Rigan, aged 40, a cotton-weaver, complains of dimness of

the right eye, of darting pain through the ball, and tenderness on pressing or moving it. There is but slight external inflammation. The aqueous humour is turbid; the pupil contracted and irregular in different parts of its margin, and a good deal obscured by lymph; cannot bear the admission of strong light. He never had any venereal complaint, is married, and has seven children, all living. About three months ago had a fever, and while yet weak from it, was exposed to wet and cold. His eye was immediately attacked with inflammation, which has since continued, but never affecting him very severely; his sight, however, has been gradually becoming so dim, as to prevent his following his work. Ordered a pill, containing calomel grs. iii. and opium gr. ss. to be taken every night.

August 7. — Vision improved, appearance of internal disease subsiding. — Pills to be continued.

August 9. — No apparent disease now existing in the eye, except an irregularity in the pupil; vision fully restored; mouth has been scarcely affected.

CASE 2.

August 7. 1815. — Margaret Murray, aged 17, has dimness in the left eye, intolerance of light, and pain about the orbit; there is an inflamed ring on the fore-part of the ball, near the junction of the cornea and sclerotic; the aqueous humour is a little turbid; the pupil clouded, more contracted than that of the other eye, and slightly irregular at its upper and internal margin. Had this affection for nearly six weeks; it came on shortly after leaving the fever-hospital: neither has at present any venereal symptom, nor ever had one. — Ordered calomel grs. iii. and opium gr. ss. every night, and a purging mixture every second morning.

August 21. — Eye nearly recovered, no morbid appearances remaining; has taken eight pills, with the intervention of purgatives; mouth not affected.

August 28. — Eye completely well; has taken no medicine since last report.

CASE 3.

Aug. 17. 1815. — Sarah Lynch, aged 40, married, was last night suddenly seized with lancinating pain in the left eye, which still continues unabated. Vision of the eye is also greatly impaired ; she complains of intolerance of light, and tenderness on pressing the ball. There is no remarkable external inflammation, but a copious flow of tears. The aqueous humour is clouded, and the pupil is contracted and obscured. These symptoms came on immediately after sitting at an open window ; about a fortnight ago had a fever, from which she is not yet quite convalescent ; has no venereal symptom, and denies having ever had one.

Twelve ounces of blood to be taken from the temporal artery, and a pill of calomel and opium at night.

August 24. — Complains now only of dimness. — A blister to be applied to the left temple.

August 28. — Vision fully restored.

CASE 4.

September 12. 1815. — Francis Holywood, aged 22, a weaver. His left eye is affected with dimness, pain on pressure, and on the admission of light: the anterior part of the ball is slightly inflamed: aqueous humour turbid: pupil is clouded, contracted, and a little irregular at its inner margin. These symptoms have existed for upwards of five weeks, and began with slight dimness, without pain or inflammation. Has always enjoyed the best health, is married, and has a healthy child. About two months ago had a fever, and three weeks after, while yet in a state of convalescence, his eye was attacked. Never had a venereal complaint.

Twelve ounces of blood taken from the temporal artery: a pill of calomel and opium at night. Purging mixture in the morning.

September 19. All diseased appearances removed: vision still a little defective. A blister to be applied to the left temple.

September 30. Vision is now perfect.

CASE 5.

October 2. 1815. Anne Flynn, aged 28, married, complains of agonizing, shooting pain through the ball of the right eye, and the same side of the head: it has no remission. Vision is much impaired. Anterior part of the ball considerably inflamed: aqueous humour turbid, and the pupil is so obscured with opaque lymph, that it is but indistinctly seen. About a fortnight ago had a fever, and soon after leaving the Hospital, these symptoms attacked the eye. No venereal symptom is manifest, and denies having ever had one.

Treatment as in the preceding cases, and in about a week or ten days she was dismissed cured.

THE END.

EXPLANATION OF THE PLATE.

Fig. 1. represents the appearances of the venereal ophthalmia nearly at its earliest attack, and was taken from a patient, in whom the disease had been of about four days' duration. The dense circle of enlarged vessels on the anterior part of the eyeball, the opaque lymph which obscures the inferior surface of the iris and nearly half its lowest margin, sufficiently characterize the commencement of the disease. The pupil in the eye of this patient was naturally more dilated than is usually found.

Fig. 2. exhibits the disease in a more advanced state, having existed for 12 or 14 days, at the time the original drawing was taken. We here observe the red vessels on the eyeball more numerous, and forming a closer net-work, the aqueous humour turbid, and the pupil much more contracted and irregular than in the former instance. In both these cases the disease was still confined to its first stage, which admits of effectual cure; though in the latter one, if not arrested in its progress, it would, in a very few days, have advanced to that state in which it is but imperfectly relievable.

Fig. 3. exemplifies the disease confirmed in its second stage. (See page 12. Cases No. 23. and 24.) The points principally deserving of remark in this, are, 1st, The iris has a dusky, brownish hue over its whole surface, particularly for some space surrounding the pupillary margin, where it also appears puckered and concave. 2dly, There is seen a small pendulous tubercle, connected by a filament with the inferior border of the pupil: this had been of larger size, and grew in that space where the fibres of the iris appear separated for a few lines. 3dly, The pupil is contracted to a compass, which is seen at its upper side, not much larger than a pin's head. Its lower portion has permanently united with the capsule of the lens, which, like a white dense membrane appears stretched across this space.

Fig. 4. The same eye, after the disease has been subdued by mercury. We here see that all external inflammation has disappeared. The iris has regained its natural colour, and the tubercle has been absorbed, but the pupil continues nearly unaltered, and the only space that appears, for the transmission of the rays of light, is the small black spot under its upper margin. There is a cicatrix where the tubercle had previously existed, extending a few lines downwards from the inferior margin of the pupil. The vision, however, of this eye, though before

completely extinct, was stated by the patient to be now nearly as good, as before the occurrence of the disease.

Fig. 5. gives a good view of a pustular tubercle, in a state in which it sometimes bursts, and deposits a part of its contents into the anterior chamber, which subsides in the aqueous humour, like the pus in common hypopion, and forms the appearance called unguis. The presence of one or more pustular tubercles will always distinguish this effect in the instance (Case 20.) before us, from that which is the consequence of idiopathic inflammation.

Fig. 6. illustrates the commencement of abscess as described in page 20. and case No. 21. which terminates in the disorganization of the fore part of the eyeball.

completely extinct, was stated by the patient to
be now entirely good, as before the occurrence
of the disease. It is a good view of a tubular tubercle,
in a situation where it sometimes bursts, and the
tubercle a part of its contents into the adjacent
chamber, which tubercle is the common situation,
like the pus in common pyopoe, and forms
the appearance called fungus. The presence
of one or more tubular tubercles will always
distinguish the effect in the instance (see No. 20.)
before us from that which is the consequence of
idiopathic inflammation.

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