am prepared to state the course which should be adopted in all cases of complicated chorea; but I strongly lean to the opinion that the less the complication is allowed to influence the mind of the prescriber, and the more energetic his efforts to control the special features of the disease, the more pronounced will be his success in dealing with it. The fourteenth case, though presenting a well-marked pericarditis, was treated exclusively by Fowler's solution, and the application of derivants to the præcordial region. The twentieth, aged 3, supervening upon a severe attack of rheumatism, was treated also exclusively by arsenic and warm baths; the results in both cases, were highly satisfactory. The latter especially fattened to a marked degree under the remedy. Many authors have laid great stress upon the value of arsenic in chorea, and Dr. Begbie has recently communicated to the *Edinburgh Monthly Journal* a valuable paper, in which he again draws attention to this agent. For several years my own prepossessions were in favour of the zinc preparations, although I have frequently employed the arsenical solution or the liquor arsenici chloridi of the *London Pharmacopœia*. On carefully re-examining my cases, I have been forcibly struck by the oft recurrence of notes showing benefit from the use of arsenic, after other measures had failed. I had, in fact, previously but a very inadequate impression of the results of my own cases in this aspect. But it is unnecessary to add further remarks on the question of the value of arsenic, as there is here a very general agreement among the best authors.

ART. XVIII.—*Amaurosis consequent on Chronic Retinitis, cured by Strychnia.* By DANIEL GRIFFIN, M.D., M.R.I.A., Licentiate of the King and Queen's College of Physicians in Ireland; Physician to the County of Limerick Infirmary, &c.

IN the *Dublin Quarterly Journal of Medical Science* for August, 1853, I gave an account of a case of complete amaurosis cured by strychnia. A second case, nearly similar, has since come under my observation, and was equally remarkable in manifesting the singularly restorative powers of the same remedy.

Denis Collins, a healthy-looking man, thirty-three years of age, was admitted into the County of Limerick Infirmary on the 24th of September, 1857. He had lost the sight of the left eye, many years since, by a destructive inflammation which injured

the internal parts, and left the whole cornea incurably opaque. Within the last three months he has been affected with dimness of the right eye, which has been gradually increasing, and is now nearly complete; he has not sufficient sight to know people, and can with much difficulty find his way. I can get but a very imperfect account of this affection, but in its progress it seems to have been attended with little or no pain, and he appears to have done nothing for it. The pupil is extremely sluggish in its movements, and rather larger than natural, but the iris is unchanged in colour. There is a moderate amount of congestion of the vessels of the conjunctiva and sclerotic coat; otherwise the appearances are as usual, and pressure on the globe of the eye indicates no softening or other abnormal condition.

He was immediately leeches at the temple, and blistered behind the ears and on the forehead alternately; smartly purged, and put upon the use of mercury until the gums were made slightly tender, and showed some tendency to pytalism. These measures were repeated and persevered in until all marks of congestion were entirely gone, and the eye was brought to a healthy aspect, a proceeding which occupied about three weeks. There was not, however, the least appearance of returning vision, nor any greater activity in the motions of the iris, nor, indeed, any other sign of restoration of function in the nerve. Remembering, however, the great benefit derived from strychnia in the case to which I have alluded, I was determined to employ it again in all such instances as seemed favourable—and as these measures were but preliminary to its use, I was not disappointed at such a result. He was now, therefore, in the fourth week from his admission, ordered one-twelfth of a grain of strychnia every night at bed-time, with one grain of Dover's powder, made up into a pill with crumb of bread; he used, at the same time, a collyrium of sulphate of zinc, as the eye looked weak and watery. A full fortnight's trial, however, of this plan gave so little promise of success that I was almost tempted to dismiss the case as hopeless, or at least as one in which but little good could be effected. In a few days more, as there seemed some distinct signs of amendment, I determined to persevere further. The blister was occasionally repeated behind the ears, and at the end of the third week of trial the improvement in vision was manifest and decided. On the 2nd November the dose of strychnia was increased to one-eighth of a grain each night at bed-time, everything else remaining the same. On the 6th he reported himself vastly improved; says he can easily count the cars in the corn-market,

at some distance from the hospital, and can see very plainly the dial-plate of the Lunatic Asylum clock about a quarter of a mile off. He can distinguish the letters on it, but not read them, but this indeed would be difficult to any eye. From this time forward he continued to improve rapidly, and was dismissed completely cured on the 23rd of December.

I think there can be no doubt that such cases as these originate in that inflammatory affection of the nervous matter which we call retinitis. From a consideration of their history and progress, it is evident that there are two conditions which destroy or interrupt the functions of the nerve—first, the state of inflammation, with its accompanying circumstances, whether these operate through the deposition of lymph or by the mere pressure or tension of hyperæmia; and second, the loss of power which remains when this declines or has been subdued, whether this arises from simple debility of the nerves, or paralysis, or some other unknown condition. It is in the latter of these states that strychnia seems particularly valuable, and which it appears especially adapted to correct. It seems to me, however, that it is of very great importance to make sure that all traces of inflammatory action are entirely removed before the use of strychnia is entered upon, and I am not quite certain that, in one or two other cases in which the remedy failed, I persevered long enough with the antiphlogistic measures to render the chances of success the best possible. The condition of the retina in these cases, both before and after treatment, would be a very interesting study for the ophthalmoscope. I have had as yet no experience of the use of this instrument, but it is possible that in expert hands it may enable one to distinguish those cases in which such a mode of treatment is likely to be successful.

In most of the cases of this kind which I have seen recorded, the endermic method has been adopted. It remains for experience to decide which is preferable; but there can be no doubt that in all such disordered states of the stomach as would render the internal administration of strychnia questionable, the endermic method should be the one chosen.

In the case I have just given, as in the former one, the small quantity of the strychnia that effected a cure was remarkable. In O'Donnell's case, the quantity used was somewhat less than eight grains in eight weeks, or less than a grain per week. In this of Denis Collins, the whole quantity given was exactly eight grains in ten weeks, or eight-tenths of a grain per week.