

ble at the right—mucous membrane of mouth and œsophagus beginning to be lined with a very tenacious, viscid secretion—a dark, very thick coat forming on the tongue, and about the teeth—deglutition very difficult. Dr. B. arrived about 3, P. M. In the mean time, I had only made use of stimulating frictions, with very mild cordials and diluents. We now concluded that the most active depletion alone could save him. He bled freely, say about a pint—had a large blister on the back of his head and neck, and for 24 hours had very free dejections, from Cal. Jalap, &c. He also vomited considerable, in the night, from the same medicine. After bleeding, the pulse rose, especially on the right side; but the next day (12) he did not appear much better, and towards night seemed to be failing. I now directed a free use of cinchona and quinine.

Feb. 13. Several involuntary discharges of fæces and urine, in night. Much brighter this morning, takes more notice, but cannot yet protrude his tongue, or speak—deglutition a little improved—coat on tongue a little lighter—can move his limbs a little. Continue quinine, &c.

From this time there was a very gradual, almost imperceptible amendment, till, in the course of two or three weeks, he could begin to articulate yes and no, and but very little else for several weeks more. He could use his limbs; but there remained debility, partial loss of voice, and great difficulty in articulation, for some two or three months. Some of his acquaintances strongly urged him to try the "*Thomsonian System*." Accordingly, some time in May, he went through two "*courses*." He *thought* the first helped him, but he *knew* the second was quite injurious; so he would not try a third. After this, he went to a Doctor of "*Roots and Herbs*;" and whether from him, or from riding about the country, exercise, time, warm weather, or from whatever source, he certainly had improved some, when I last saw him, about the middle of June.

Stow, Sept. 5, 1836.

CASE OF STRABISMUS, WITH AMAUROSIS.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN July last, Geo. W. Spear, aged 18, applied at the Eye and Ear Infirmary, with strabismus convergens of the right eye, combined with amaurosis. The history of this case, leaves the cause of the increasing dimness of vision, for which he applies for advice, in some obscurity. He states that at the age of 4 years, he injured his eyes by looking with the naked eye at the sun; and that soon after this, his parents began for the first time to notice the strabismus. But whether there was at the time any inflammation or pain about the eyes or head, he cannot tell. The strabismus probably increased in degree, but has always been, and is now, more perceptible when he applies the well eye closely to any object. Of late years, the patient has noticed a slow and gradual diminution in the power of vision in the defective eye. This has not been at-

tended with any pain of head or eye, with *muscæ volitantes*, or any other symptom of amaurosis. The pupil acts equally well with that of the opposite or sound eye, and the eye is to all appearance, excepting the strabismus, equally perfect. The globe retains all its natural motions, but the vision is much impaired, and is constantly diminishing. The iris is of a dark hazel color; general health, good. His business is that of a printer.

The questions that occur in this case, are—what was the original cause of the strabismus, and to what is the present diminution of vision owing? It may be presumed that the first was a congestive state of the choroid tunic of the eye or of the vascular membrane or portion of retina. The solution of the second question is of more practical importance, as having a direct bearing upon the course of treatment to be pursued. It is a well-known law in the animal economy, that when any organ or part of the system ceases from any cause whatever to perform the functions assigned to it by nature, such organ or member, in process of time, is deprived of its powers, or becomes inert so far as its peculiar function is concerned. Thus when from congenital cataract or indelible opacity of the cornea, the functions of the retina are not exercised for a long time, that membrane invariably, in a greater or less degree, loses a portion of its susceptibility to its natural stimulus—light. This may or may not, according to the circumstances of the case, be recovered. In the present instance, then, vision being entirely performed by the left or sound eye, to the exclusion of the right, it is supposed that the retina of the defective eye has become impaired from *disuse*. The obvious remedy, so far as the case admits of treatment, is to make use of the weak eye while the other is closed.

But this mode of treatment, either from the length of time which is required to effect the object, or from want of faith on the part of the patient or patients, who may not readily comprehend the principle upon which the treatment is based, seems very rarely to result in much improvement or benefit. In all cases of strabismus, therefore, it is of the highest importance to ascertain the *causes* of this defect, in order that active remedies may be resorted to, if possible at an early period, at which time alone, they will avail much.

Boston, Aug. 1836.

TINEA CAPITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR—I would inquire, through the medium of your Journal, if any of the profession could suggest a better treatment for obstinate and long-continued cases of *Tinea Capitis* than the one usually recommended by authors, as Gregory, Wood, Cullen, &c. I find no trouble with recent cases. Usually cutting the hair short, and lotions or unguents of Nitras Hydrar. or Argent. Oxymuriate Hydrar. Tr. Iodine, &c. or shaving head and poulticing, or applying Sulphur and Tar, will prove effectual, espe-