

AN ESSAY
ON
A PECULIAR INFLAMMATORY DISEASE
OF
THE EYE,
AND ON ITS MODE OF TREATMENT.

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Read 11th December, 1827.

THERE are few subjects in pathology which have obtained more attention than inflammation; and yet, perhaps, there are not any in greater need of further investigation. This is owing to the number and variety of the diseases which are classed under this head. It may indeed be said that every morbid affection, which has produced, or which has an immediate tendency to produce alteration of structure, and which is accompanied by an increased accumulation of the circulating fluids in the affected parts, is denominated inflammation. Various attempts have been made at a scientific classification of inflammatory diseases, but it will be admitted by those whose field for observation has been the most extensive, that the

number of facts as yet accumulated are insufficient for this purpose; and, in our present state of knowledge, he will contribute more to the advancement of the pathology of inflammation who will labour to describe with accuracy the individual forms of inflammatory diseases, and their proper mode of cure, than he who will engage in attempts at their generalization.

As inflammatory diseases are so numerous and so varied, it follows that they must require great diversity in their treatment. Yet there are certain general principles of management, which are applicable to them all, and it is only in the details, or in the application of these general principles to particular cases, that there exists much variety. It appears to be admitted that the capillary vessels hold an important rank in this class of diseases. That these vessels are, on many occasions in such diseases, in a morbidly distended state, there can be no doubt. There is also as little doubt but that the removal of this state of distention is one most important object in the treatment of inflammations. This is, in fact, so obviously true, that many practitioners appear to have no other aim in their treatment; and when such practitioners have exhausted those measures which are calculated to produce these effects, they have exhausted all their resources. Thus we observe many, who scarcely extend their therapeutics beyond the lancet, the leech, and the purge; and when these

have been employed in vain, the case is treated empirically, or is set down as hopeless ; or it is left to the resources of nature, who often, on such occasions, performs the office of a skilful physician, and, when allowed to proceed without interruption, sets up processes of restoration which are quickly followed by recovery.

It is true, evacuants will be frequently sufficient for the cure of inflammatory diseases, and they are on many occasions the only remedies required. This is the case in those inflammatory diseases which occur in healthy constitutions in consequence of injury. On other occasions they will be sufficient, because the necessary actions of restoration can be accomplished by the natural resources of the part, after the vessels have been relieved from their preternatural load of fluids. The removal of the state of distention of the capillaries is, however, only one element in the treatment of inflammatory diseases, and often a very secondary element. For it is clear that there can be no accumulation of fluids in a part, unless those properties, or that state of the part, which regulated the admission of fluids into it shall have been previously altered. This alteration in the properties of the part often constitutes the most important change which has taken place, and consequently demands our particular attention. Therefore, to modify or alter the vital properties of the capillary vessels will be found to be the

great object, which we are to hold in view, in the treatment of many inflammations.

It must be admitted that, in our present state of knowledge, we are unable to trace any connection between the known qualities of our remedies, and the powers which they have of controlling diseased actions of parts, or of the general system. Thus, who can point out the manner in which mercury cures syphilis, or sulphur scabies, or bark ague? Yet, that there exists a certain connection between the mode of action of the remedy and the altered properties of the diseased parts, there can be no doubt; but our information on this subject must entirely result from experience. Those remedies that possess an action or influence, upon which we can calculate in the treatment of particular diseases, are called specifics, and are, it is to be regretted, very few in number. It is evident, that one great object of those who endeavour to extend the resources of medicine must be to increase our knowledge of such agents as exercise a specific influence over particular diseases; and we may hope that, as our knowledge advances, we shall be able to reduce to some general law of the economy all the insulated facts respecting the specific action of remedies. Such were the views which I entertained on the subject of inflammatory diseases, when the following case occurred to my observation.

Charitable Infirmary, Jervis Street,
October, 1827.

John Butterly, aged 36 years, a labourer, residing at No. 6, Dorset Street. He had been the subject of fever about eleven weeks ago. The attack lasted fourteen days, and was followed by a relapse, which confined him to his bed for a fortnight. Since then he remained well, until about a month ago, when he was seized by a violent rigor, followed by a hot and sweating stage. A similar paroxysm has returned with regularity, every second day since. His countenance is very pallid, and he is much disposed to profuse perspirations on the slightest exertion. The vision of his right eye is so very imperfect, that he can only distinguish light from darkness by it. The pupil is irregular and contracted. The iris greenish. There is considerable redness of the organ, particularly round the cornea, and on the inner side of the lids. The slightest exertion of the eye greatly increases the redness. He is troubled by frequent flashes of light, which dart across the sight; and often when in the dark, he conceives that he observes a lighted candle. There is not much pain of the eye, or of the parts about it.

This patient was subjected to the influence of bark, for the cure of the intermittent, under which he laboured. As the eye did not appear to attract much attention from him, no remedies were di-

rected particularly for it. It was, therefore, with surprise that I found an improvement in the state of this organ a few days after he had commenced the bark; and before this remedy was discontinued, the eye had regained its natural appearance, and the vision was greatly improved.

Upon considering this case, the resemblance of the ophthalmic disease, to a most obstinate and dangerous form of inflammation of the eye, which I had frequently observed among those who had laboured under fever, struck me with great force, and induced me to consider whether I might not find in cinchona a remedy for that disease of the eye. I therefore determined on employing it the first opportunity, and I was thus led to ascertain the specific powers of bark over this disease.

I shall now proceed to a description of the disease, and I shall follow this description by a concise recital of those cases, from which I have drawn up the history. When a patient presents himself, labouring under the disease, his aspect is peculiar, and when once seen, is afterwards easily recognized. To those who have witnessed the venereal iritis, it may be observed, that there are many points of resemblance, as well in the style of the countenance, as in the appearance of the diseased organ. There is often that haggard and worn aspect, that sickly, mottled, pallid hue of skin, that sleepy, exhausted, and oppressed ap-

pearance of the eye, which is much more easily observed than described. The patient only half opens the lids of the affected organ. They are of a purplish red colour, and tumid. Their subcutaneous vessels are preternaturally enlarged. The vascularity of the sclerotic and conjunctiva is greatly increased. The vessels of the former describe a reticulated zone round the cornea, and those of the latter run in a direction more or less straight to the edge of this membrane, and sometimes appear to pass on the edge. The hue of the redness is peculiar; it is a dark brick-red. The pupil is generally much contracted, and its edge thickened and irregular. The iris is altered in colour, generally greenish, and incapable of motion. There exists a suffused dimness of the cornea, which may be compared to the appearance glass assumes when it has been breathed upon. There is often a turbidness of the aqueous humour, and a pearly appearance of the parts behind the iris may be observed by looking through the pupil. There is great intolerance of light, and a copious, hot, lachrymal discharge. The vision will be found, for the most part, so extremely imperfect that the patient can merely distinguish light from darkness, and he is often tormented by flashes of light, which shoot across his eye, and these occur more particularly in dark places; or he is troubled by brilliant spectres, or by the constant presence of *muscæ volitantes*. There is very considerable pain, which returns in paroxysms, and these are almost

always more severe at night. The pain is sometimes referred to the ball of the eye, sometimes to one of the lids, sometimes to the temple or to the circumference of the orbit. It is, one while, compared to the action of a saw on the bones, and on other occasions, to the darting of a sword through the eyeball.

This disease occurs as frequently in the male as in the female. The youngest patient, of whose case I have a note, was 10 years of age, and the oldest 36 years. It seldom attacks both eyes, and the right eye suffers more frequently than the left. Of forty cases, which I have noted, there were only four who had the disease in the left eye, and only two who had it in both. The general health seldom appears to be much deranged. The tongue is for the most part slightly white. There is often considerable thirst, and the pulse is somewhat accelerated. The bowels are frequently confined, and there is occasionally a disposition to nausea. The disease has occurred more generally in those who have been the subjects of relapse, but the period at which it takes place after the first attack of fever is extremely uncertain. In some it has appeared immediately, and in others not for months. Sometimes a state of apparently full health has intervened between the attack of fever and the commencement of the inflammatory disease of the eye. On other occasions, the general health has seemed imperfect

from the time of the fever, until the occurrence of the ophthalmic affection.

This disease presents two very distinct stages. During the first stage there exist amaurotic symptoms alone ; and in the second stage, to the amaurotic symptoms are superadded the symptoms of inflammation. The length of time that the amaurotic symptoms exist before the occurrence of external redness, or of the visible symptoms of inflammation, is extremely uncertain, as also the period after fever at which the amaurotic symptoms commence. On many occasions, the amaurotic symptoms, particularly a slight dimness of vision, with *muscæ volitantes*, have commenced at or even before the time of convalescence from fever, and yet the inflammatory stage has not supervened for weeks or even months ; while on other occasions the dimness of vision has not commenced for several days, weeks, or even months after the febrile attack, and has then been immediately followed by the symptoms of inflammation. It is to be particularly observed that I have never seen a case in which, upon strict inquiry, amaurotic symptoms more or less strongly marked have not preceded the inflammatory symptoms. This is, in fact, one of the most remarkable characters of the disease. It is also to be noticed that a similar distinction of symptoms is observable during amendment, for it uniformly happens that the inflammatory symptoms

subside a longer or shorter time before amaurotic symptoms disappear, and often before they are diminished in severity.

It may be asked what is the nature of this disease; and what is the texture of the eye primarily affected? That it must be considered an inflammation, according to the common view of this morbid state, there can be no doubt. There is violent pain, there is preternatural redness, there is increased heat, and we may add increase of size. Nor does the morbid action stop at these primary symptoms. The structure of the organ becomes altered. The aqueous humour loses its transparency, interstitial depositions take place into the substance of the cornea. The colour of the iris is changed, the pupil is rendered small and irregular, depositions of lymph occasionally take place on the surface of the iris and at the edge of the pupil. In short, in progress of time, as will appear from the perusal of the cases, there is not a texture of the eye, the structure of which does not suffer materially. But, while the inflammatory nature of the disease cannot but be admitted, it is not so easy to determine what the texture is, which has been primarily affected. Judging from the course of the symptoms, it is the retina which first suffers; but judging from the disease when advanced, it should be called iritis. Does the disease commence in the choroid membrane, and from this extend to both retina and iris, producing

in the latter the symptoms already described, and a paralysis of the former? This is, perhaps, the more correct view of the subject, and best suited to an explanation of all the phenomena. If this be the case, the disease may be denominated choroïditis.

This disease bears no resemblance to that affection of the eye which has been described by Mr. Wardrop by the name of rheumatic ophthalmia*. Indeed there is no disease with which it is at all likely to be confounded except the venereal iritis, and the resemblance to it is often so very striking that the one cannot be distinguished from the other, without particular attention to the history of the case and to the concomitant symptoms. So long as the disease is in its primary stage, or in the simple amaurotic state, without any visible symptoms of inflammation, it may be confounded, if attention be not paid to the history, with incipient amaurosis proceeding from other causes.

Although the influence of bark over some rheumatic diseases, which are certainly more or less inflammatory in their nature, is already known, I am sure its utility in the affection under consideration will appear most remarkable, and much at variance with the routine practice of the pre-

* See Medico-Chirurgical Transactions, Vol. X.

sent day. Indeed had not a fortunate contingency enabled me to make that observation, which led to the discovery of its influence, it is not very likely that any reasoning on the subject would have induced me to employ in a disease so decidedly inflammatory, a remedy so decidedly tonic. Yet now that the observation has been made, the practice does not appear to be irreconcilable to the most enlightened views we possess of the state of the capillary vessels in inflammation. I mean those views which consider that these vessels are in a state of debility. But, if the vessels be in a state of debility in inflammations in general, why should not a remedy calculated to restore tone be generally useful in these inflammations? Can the utility of bark on some occasions and not in others, when the symptoms are apparently the same in the organ affected, be accounted for by the consideration that the general system of the patient is also in a state of different tone, and consequently in need of the administration of tonic remedies. It must be admitted that this is not unlikely when we reflect on the probable state of the body after fever. Yet the disease has occurred, as may be observed from reading some of the following cases, in persons who appeared at the time to possess full health, and the bark was equally successful in these. In considering this part of the subject it should be remembered that there are several symptoms of the disease which appear to shew a state of considerable debility in

the vessels affected. Thus the redness of the eye is, as has been noticed, very deep in its hue. It is, as well as the pain of the organ, much increased by a depending position of the head or by the most trifling employment of the eye, &c.

It is remarkable that the amaurotic symptoms frequently continue for a considerable period after all redness and pain have been removed by the employment of the bark. Indeed, I have seen some patients whose vision had not been perceptibly ameliorated, when the eye had, to all appearance, except the existence of a contracted pupil, recovered a healthy state. Now this is the more remarkable as it might, *a priori*, be expected that the bark would be suited to the removal of the amaurotic more than to that of the inflammatory symptoms.

Before the efficacy of bark over this disease was ascertained, it had been uniformly treated, like the iritis from the venereal disease, by depletion and mercury ; and with what ill consequences, on many occasions, I have had full opportunities of observing. The reader will find, among the cases, examples which will illustrate this mode of treatment as adopted by others. Those cases of this disease which are related by Mr. Hewson of this city in his treatise on the venereal ophthalmia have been all cured by mercury ; but I am decidedly of opinion that there must exist some

source of error in his account, for the incurability of the disease by mercury, on many occasions, has been ascertained by several as well as by myself, as also its curability by bark, when the mercurial treatment had failed.

When I commenced the use of bark in this disease, I did not venture to employ it when the inflammatory symptoms were very severe, without preceding its administration by bleeding and purging. But, latterly, whenever a case has presented itself, I have prescribed the bark alone, or simply with such medicines as were suited to the regulation of the bowels; and with the most decidedly good effects. Indeed, I have thought that the abstraction of blood has, on some occasions, considerably retarded the cure; yet cases may occur in which bleeding and purging will be necessary.

I trust the reader will be of opinion, after a perusal of the following cases, that the remedy has a specific influence over the disease. The knowledge of this important fact has been already productive of much benefit in this city, and to what extent it may influence our views of some other inflammatory diseases remains for future investigation. It is only a few years since the power of mercury over another inflammatory disease of the eye was ascertained; and the value of that discovery, not only in relation to the treatment of the peculiar

affection of the eye, for which it was employed, but also in relation to many other forms of inflammatory diseases, has been since duly appreciated by the profession*.

The cases which I shall now relate in illustration of the foregoing observations may be classed thus:—1st, Those for which mercury had been employed in vain ; 2dly, Those for which this remedy had not been used. In the latter class will be included, 1st, Those cases which were not submitted to treatment until the inflammatory stage had commenced ; and, 2dly, Those which were treated during their amaurotic stage.

1. CASES

In which mercury had been employed in vain.

Catherine Brennan, æt. 24, admitted into the Charitable Infirmary, January 10, 1827. Increased vascularity of the conjunctival and sclerotic tunics of the right eye, particularly round the cornea. The iris is of a darker colour than that of the left eye. The pupil is contracted, irregular, and mo-

* “ The ascertainment and promulgation of this fact (the beneficial use of mercury in iritis) are due to the Infirmary of this metropolis (London) for diseases of the eye, and in the catalogue of modern contributions to medical science, except the practice of vaccination, I know of none entitled to rank before it.” See *Surgical Essays*, by Astley Cooper and Benjamin Travers, Part I., p. 85. London, 1818.

tionless. The cornea is dull, and, as it were, contracted in diameter. There is a pearly appearance of the humours at the bottom of the eye. The lids are tumid and red. Their veins are large, and when she looks at any object, she does not separate them more than about two lines. There is much lachrymal discharge produced by every attempt to examine the eye or to look at any object. Pulse 100, and firm ; tongue white.

She reports that her vision is very imperfect, that there is considerable pain and heat of the organ, particularly at night, that her bowels are confined, that there is much thirst, and that she has little appetite for solid food ; that it is fourteen days since her eye became inflamed, and that the inflammation had been preceded for some time by imperfect vision.

She has been a patient at the Meath Street Dispensary. Bleeding, purging, blisters, and mercurials, to the extent of producing a very sore mouth, were employed without any relief. She had fever about six months ago, since which she has had two relapses, which succeeded each other very rapidly. Since the last relapse, which occurred two months ago, she has remained in a delicate state of health. (Half a drachm of bark to be taken three times a day in a cup of new milk, and a laxative pill each night.)

January 12th. She complains of sickness of stomach. The vascularity and pain of the eye are diminished. Bowels free.

R Sulphatis Quininæ gr. xij.

Aquæ Fontanæ ℥iij.

Acid. Sulphur. dil. gtt. iv.

M. cochleare magnum ter quotidie.

13th. She complains of pain and oppression in the region of the stomach. Tongue very white. Pulse 120. She reports that she had a shivering fit yesterday morning, and a copious perspiration last night. Her bowels are rather confined. Her eye is much improved. She was directed to take immediately a draught of the infusion of senna with sulphate of magnesia, and after its operation to continue the sulphate of quinine.

15th. She complains of general soreness and weariness. Tongue very white. Pulse upwards of 120. There is great thirst. The eye appears nearly well. The quinine to be omitted, and the following mixture to be employed.

R Aquæ Ammoniæ acetatæ,

Aquæ Fontanæ, aa ℥iij.

Vini Tartritis Antim. ℥ij.

Syrupi ℥i.

M. cochleare magnum 2dâ quâque horâ.

16th. Bowels confined ; other symptoms as yesterday. (To have the infusion of senna with the sulphate of magnesia, and after its operation, the mixture, as directed yesterday, to be repeated.)

18th. Tongue cleaning ; pulse 95. Mixture as yesterday.

21st. Tongue clean ; pulse 88 ; vision imperfect, but the eye almost free from pain and morbid vascularity. (The quinine mixture to be repeated.)

27th. Discharged. The vision slightly impaired, but the eye to all appearance in a state of perfect health.

I had an opportunity of seeing this woman some weeks after she had been discharged from the hospital, and her vision was then perfect.

Joseph Bunn, aged 16 years, admitted an out-patient of the Charitable Infirmary, January 20, 1827. There is great increase of vascularity of the right eye, particularly round the cornea. The iris is of a greenish colour. The pupil is contracted, irregular, and motionless. There is intolerance of light, and vision is very imperfect. He reports that he had fever in August last, followed in a fortnight after by relapse. During both the primary attack and relapse he had been a patient in the Meath Hospital. About a month after his

discharge from the hospital, the right eye was attacked by inflammation; but, from the period at which he was discharged from the hospital, the vision of the right eye had been imperfect. He has been bled, his mouth made sore by mercurials, and a variety of washes have been employed for the affection of the eye, but without any relief. In two days, half a drachm of bark, four times a day, produced the most decided effects. On the third day, the eye was nearly free from all pain and redness, and in a week he was in every respect well.

James Cullen, aged 17, admitted an extern patient of the Charitable Infirmary, on the 19th of March, 1827. Increased vascularity of the right eye, and particularly of the sclerotic tunic round the cornea. The iris of the inflamed eye is darker in colour than that of the sound eye. There is a pearly appearance of the humours of the right eye. His vision with the inflamed eye is very imperfect, and when he attempts to look at an object, he moves the eye as if to cause the image of the object to fall on a sensible part of the retina. He has occasional pain in the forehead, particularly at night. It is four weeks since the eye had been attacked by inflammation, which from his account had been very violent at first. The redness had been preceded some days by dimness of vision. He attributes the occurrence of the disease to his having come out of the house after dark without his hat, for, on the following morning, he observed

the dimness of vision, and this was followed in a few days by redness and pain. He has been bled and blistered, and has used mercury to the extent of producing a very sore mouth, without relief. He has been a patient at Stephen's Hospital. He had fever seven months ago. The primary attack was followed by two relapses. Half a drachm of bark four times a day restored his eye to health in the course of one week.

For the following case I am indebted to Mr. M. Collis, Surgeon to the Meath Hospital, who employed the bark at my suggestion.

January 21st, 1827. Mary Davis, æt. 27, married, had fever ten weeks ago, was three weeks in bed. Her right eye became inflamed immediately afterwards. Present appearances :—conjunctiva very red ; a deep-seated pain in the eye ; pain over the eye-brow and in the head ; vision so completely impaired that she can only distinguish day from night ; pupil slightly irregular at the inner angle ; colour of iris not altered ; tongue white ; pulse regular ; appetite good. Has been using mercurials, purgatives, topical bleeding, and fomentations for the last ten days without effect. (To have a purgative bolus immediately, and after this has operated to take the following mixture :

R Sulphatis Quininæ ʒj.

Acid. Sulphur. dil. gtt. xx.

Aquæ ʒviij.

Sumat cochlearia ampla duo quartis horis.)

23d. Has taken the above mixture since last report. The pain and inflammation have considerably abated. The tongue is clean.

Feb. 1st. Since the above date till this day she has continued the sulphate of quinine, and some purgative pills occasionally. She also used a collyrium of sulphate of copper in water. The external inflammation has entirely subsided; no pain whatever in the head or eye. She remains, however, with considerable dulness of vision, which is gradually wearing away.

For the notes of the following case, I am indebted to Mr. Purcel, who was at that time resident pupil at the Charitable Infirmary, and to whose zeal and acquirements I have great pleasure in bearing testimony.

Mary Baker, aged 18 years, of a strong and full habit, applied on the 7th of December, 1826, at the Charitable Infirmary. She complained of violent pain of the right eye, darting through the eye-brow, and shooting back towards the occiput, with great intolerance of light. On endeavouring

to separate the eyelids, the lachrymal discharge, which she described as being hot and scalding, poured over the cheek. The conjunctiva was of a bright scarlet colour, and the redness so diffused that it was impossible to distinguish the vessels. The cornea was cloudy, and the pupil contracted and irregular. Vision was almost lost, and there was great constitutional disturbance. She stated that she had laboured under fever two months before, and that there had been a suppression of her menstrual discharge since that period; that she had been attacked by the ophthalmia two nights ago as she was going to bed; that she had imagined that some sand or dirt had got into her eyelids, and that during the night she was unable to rest from the violence of the pain.

As she appeared of a plethoric habit, twenty ounces of blood were taken from her temporal artery. Tepid fomentations were ordered, and two grains of calomel were directed to be taken every second hour. She had been purged previous to her application.

On the following day, the pain was somewhat relieved, but the appearance of the eye was the same as the day before. The lids were more swoln. The calomel and tepid fomentations were directed to be continued, and a dozen leeches were applied to the eyelids.

On the 9th, the vascularity of the eye was diminished, and the intolerance of light was not so great; but the pupil continued irregular and contracted, and the vision as before. Her gums being now sore, the calomel was omitted.

She did not return to the hospital for three days, and she then stated, that her absence had been occasioned by the soreness of her mouth. She was now comparatively free from pain. She could open her eye much better, and the vascularity of the conjunctiva was so far diminished, that the vessels of the sclerotic coat, could be distinguished forming an areola round the cornea. The cornea was less cloudy. The pupil was still irregular, contracted, and motionless. The soreness of her mouth having diminished, she was directed to take two grains of calomel every sixth hour.

She returned to the hospital in two days. Her mouth was very sore, but there was no improvement in the eye. A blister was ordered to the nape of the neck, and some purgative powders were directed.

She did not return for three days. The vascularity was then diminished, but far from being removed. Neither the vision nor the state of the pupil were in the slightest degree improved. The belladonna had been applied without effect. I

now despaired of being of any more service to her, when Mr. Wallace coming into the surgery, I shewed her to him. He immediately put her on bark, under which her recovery was so rapid, that she was perfectly well at the end of a fortnight.

The following case was sent to me, March 15th, 1827, by Mr. Ryal, who was then surgeon to the National Institution for Diseases of the Eye, and who is now chief surgeon to the naval hospital at Chatham, as an example of iritis, for the cure of which, mercury had been employed in vain, and for an experimentum crucis respecting the influence of bark in such cases.

Thomas Farquar, aged 27, a boot-closer, residing in Charles Street. The vision of the right eye is so very imperfect, that by it he can merely distinguish light from darkness. When he looks at a burning candle, it appears like a star or blazing fire. When in the dark, he is much troubled by frequent gleams of light, which dash across the diseased eye like flashes of lightning. Day-light is not so intolerable as candle-light. When he stoops his head, or attempts to work, he experiences a most severe pain in his forehead and eye-brow ; a pain like a head-ach, but confined to one side. He has sometimes a distressing sensation, as if the vessels about the head would burst. The eyelids are tumid and livid, and their veins are large and tortuous. They adhere slightly at night.

When he attempts to look at any object, he only half opens his eye. The vascularity of the organ is greatly increased, particularly round the cornea, and the vessels appear to advance on the edge of this membrane. The iris of the sound eye is of a light blue colour, but that of the diseased eye is green. The pupil is contracted, irregular, and motionless. The humours are turbid. There is occasionally a copious and hot lachrymal discharge, which is always followed by relief. Tongue white. Pulse 80. He complains of thirst, yet says his appetite is good.

It is ten weeks since the vision of the right eye became impaired, but the organ has not been perceptibly inflamed longer than about six weeks. He had fever about five months ago; the first attack was, a few days after convalescence, followed by a relapse. Venesection, blistering, and mercury have been employed for the ophthalmia, without relief. He was under the influence of mercury for four weeks, and at the end of this period he was worse than when he began its employment. He was directed to take one tea-spoonful of bark three times a day.

March 17th. He reports that the pain is less, and that the vision is slightly impaired. The bark to be continued, and a laxative pill to be taken each night.

20th. He complains of great pain of the eye, attended by a very copious lachrymal discharge. He reports that he had been much better until yesterday, and he attributes the aggravation of the symptoms to his having taken some porter, and to exposure to cold when at chapel. The bark to be continued.

21st. Pain less, but vision not improved.

29th. In consequence of the illness and death of one of his children, he has not been able to attend to himself for some days. The pupil is more contracted than it was. The vision is completely gone. He does not observe those flashes of light which formerly troubled him, nor has he so much pain in his head. (The bark to be repeated. Belladonna applied.)

31st. The eye appears less red. The pain is less. The pupil is equally irregular and contracted as it was. He complains of a troublesome itching of the eye, and of a return of those flashes of light which formerly tormented him. Brilliant spectres also frequently appear before the eye. (The bark and belladonna to be repeated.)

April 2nd. The pupil has been slightly dilated by the belladonna : it is of an oval form. The long axis of the oval is oblique from above downwards, and from without inwards. The pain and

redness are greatly diminished. (The bark to be repeated.)

9th. The pain is gone, and there is scarcely any redness. There is some vision.

14th. The organ does not differ in appearance from the other eye, with this exception, that the pupil is motionless, somewhat contracted, and irregular. The vision is very much improved. (The bark to be continued for a few days.)

A few weeks ago I saw this patient. The pupil remained irregular and motionless, but the vision was scarcely less perfect than in the other eye. The organ was, however, easily fatigued.

The following case had been under the care of Mr. Rooney at the Dublin Eye Infirmary, and was sent by him to me, March 12, 1827, after mercury and depletion had been carefully employed in vain for its cure.

Ann Ward, aged 22, unmarried, residing No. 12, Coal Quay. The vision of her right eye is almost lost: by it she can merely distinguish light from darkness, or faintly observe an opaque body if interposed between her eye and the window. She complains of great pain in the eyeball and in the head over and round the orbit. The pain occurs at intervals in the course of the day,

but is most severe at night. Day-light causes some uneasiness, but the light of a candle produces great distress. When she attempts to look at the light there is a great lachrymal discharge, and she only half opens the eye. The lids are tumid and livid. The anterior chamber seems shrunk or diminished in size. The cornea is dull, and at its lower border there is an appearance as if pus or lymph were deposited between its laminæ. The iris is of a deeper colour than that of the opposite eye. The pupil is greatly contracted, and motionless: its lower border, which is turned backwards, adheres by a thin layer of semi-transparent lymph to the capsule of the lens. The vascularity of the conjunctiva is much increased, and there is a zone of deep-seated vessels in the sclerotic round the cornea. Her tongue is white; pulse 100; countenance pallid; her appetite is very deficient; she rests badly at night; bowels in general confined. She had fever about eight months ago, followed soon after by a relapse. The vision of the right eye has been imperfect since the time of the fever, but the organ was not painful or red until a few weeks ago. The pain and redness occurred after exposure to cold. (A tea-spoonful of bark was directed to be taken three times a day, and a laxative pill each night.)

March 19th. The redness of the eye is almost gone, but the vision is but little improved. There is still some pain in the ball of the eye, and

in the cranium over it. The tumidity of the lids is diminished, and the colour of the iris is restored. The flashes of light continue, but the intolerance of light is much diminished. The pupil remains contracted and irregular.

26th. The organ has assumed its natural appearance, with this exception, that the pupil is irregular, contracted, and scarcely moveable. Vision improved. She was directed to continue the bark for a few days longer.

I have been informed by Mr. Rooney, who has lately seen this patient, that her vision is restored, but that the pupil remains contracted and irregular. It is however but fair to state, that after the patient had ceased to use the bark, and after all perceptible inflammation had been removed, Mr. Rooney employed mercury again, to which he attributes the perfect restoration of vision. But, from my observation of many similar cases, I am authorized to conclude that this result would have occurred without the employment of mercury.

It is needless to add to the length of this paper by multiplying examples in proof of the efficacy of bark after mercury had failed, for the cure of this disease. I have notes of many more cases, but a further detail is unnecessary. In passing, it may be remarked that I have been informed by several who have used the bark at my suggestion, and

among others, by Dr. Colles, one of the professors of surgery to the College of Surgeons, that its power was most decided in several cases, in which they had employed it after mercury had failed.

2. CASES

In the primary or amaurotic stage.

Ellen Hopkins, aged 30, unmarried, applied at the Charitable Infirmary, March 12th, 1827. Complains of dimness of vision of both eyes, but particularly of the right. The pupils of both eyes are slightly irregular. There is no increased redness of the eyes, but there is some tumefaction of the lids, which adhere together at night. There is a pearly appearance of the humours behind the pupil, particularly in the right eye. There is a severe pain in the lower edge of the right orbit, as if she had received a blow on that part, and there is considerable pain of the same eye when the organ is gently pressed. The eyes are more painful in the mornings and evenings than in the middle of the day. Occasional flashes of light dart across the right eye. It is two months since the eyes have become affected. She had fever in last October: was ill for six weeks. There were six in the same house who had fever also. This woman attended the others. She has been in a delicate state of health ever since. She was di-

rected to take one drachm of bark three times a day, and a laxative pill occasionally.

March 20th. She has continued the bark regularly to the present date, and it may be said that the eyes are now in a perfectly healthy state. She was, however, directed to continue the bark a few days longer.

Under this head I shall content myself with the mention of two other cases, of which I have received a brief note from Dr. Reid, president of the association of the College of Physicians, and physician to the Fever Hospital, Kevin Street, to whom I had communicated the knowledge of the influence of bark over the disease.

Catherine Bungy, admitted into ward No. 11 of the Kevin Street Fever and Dysentery Hospital on the 12th of February, 1827, affected with cerebral fever, was convalescent on the 22d. On the 26th complained of dimness of sight, pain in the orbits, pupil of the right eye irregular in shape, so as to appear oval. No external inflammation. (Ordered one drachm of bark and four grains of capsicum in three parts; one to be taken three times a day.)

March 2d. Sight restored; pupils have a natural appearance.

3d. Discharged cured.

Hugh Byrne had relapse of fever six days after convalescence, admitted into ward No. 2 on the 28th of February, and was convalescent on the 3d of March.

6th. Complains of dimness of sight, pain in the orbits, pupil of right eye irregularly contracted, no external appearance of inflammation. Ordered the bark powders.

9th. Sight nearly restored.

11th. Relapse of fever. The powders were therefore stopped, and the treatment adapted to fever employed. On the cessation of the fever, the bark was again administered, and the affection of the eye removed.

3. CASES

In the secondary or inflammatory stage.

Matthew Casey, aged 20, applied at the Charitable Infirmary, as an extern patient, March 16th, 1827. The lids of the right eye are tumid and red. They are only about half opened when he attempts to look at any object. The vessels of the lid are dilated. The vascularity of the conjunc-

tival and sclerotic tunics is greatly increased. The iris is green. The pupil is irregular, and its edge thickened. There is some pain in the head, and considerable pain on gently pressing the eyeball. The vision is greatly impaired. Occasional flashes of light cross before the eye. A dimness of sight preceded the redness for two days. The eye has been inflamed three days. Had fever last December, for which he was confined in the fever hospital at the House of Industry. He has been bled and purged. (To take half a drachm of bark three times a day.)

March 22d. There is less pain, less redness, and less intolerance of light. (The bark to be continued.)

26th. There is little pain or redness. The sight is improved. The iris continues green and the pupil irregular. (The bark to be continued.)

30th. The iris has recovered its colour. The vision is much improved. There is no intolerance of light. His vision is best in the evening. Muscæ volitantes, which troubled him, have disappeared. (The bark to be repeated.)

April 6th. Eye perfectly restored.

John Farquar, brother to Thomas Farquar, whose case has been above related, applied at the

Charitable Infirmary, March 19th, 1827. His right eye has been inflamed about five days. The inflammation was preceded several days by impaired vision. The lids are tumid and red, and do not expose much of the eye. The enlarged vessels, which exist principally round the cornea, and which appear to pass on its edge, are of a bright red colour. The pupil is susceptible of some motion. The iris is greenish, while that of the sound eye is of a grayish blue colour. Tongue slightly white. He had been the subject of fever four months ago; the primary attack was followed by a relapse. (Half a drachm of bark was directed to be taken three times a-day, and a purging pill every night.)

March 21st. The inflammation of the eye does not appear diminished, nor is his vision improved. He reports that the pain is less. (The bark to be repeated.)

26th. The redness is diminished, but the vision is not improved. The pain is much less. (The bark to be continued.)

30th. The improvement continues. (The bark to be repeated.)

April 2d. The redness is very much diminished. There is no pain. Vision not much improved.

The pupil is irregular. (The bark to be continued.)

5th. The pupil is oval transversely. It is not so much dilated as that of the sound eye. There is no pain whatever. The redness is nearly gone. The sight is improving.

9th. The eye is apparently well. The vision is much improved. (To continue the bark for a few days.)

July 10th. I have seen this boy to-day. He applied at the Infirmary on account of a pruriginous eruption. His eye is perfectly well in all respects.

I am indebted to Mr. Purcel for a note of the following case :

Rose Car, a robust looking girl, aged 17, applied at the Charitable Infirmary on the 12th of February, 1827, labouring under acute ophthalmia. She stated that she had been confined in Cook Street Hospital with fever, and that she had left it only a fortnight ago. She complained of violent pain shooting through the orbit, and of great intolerance of light. Whenever she endeavoured to open the eye, the lachrymal discharge was very copious. The pupil was contracted and irregular.

The vessels of the sclerotic coat were remarkably turgid, and formed a zone round the cornea. Vision was very imperfect. I directed her to take four grains of calomel immediately, and in a few hours after, some infusion of senna with the sulphate of magnesia.

14th. Medicines had operated well. Appearances were much the same as yesterday. A small tea-spoonful of bark was directed to be taken three times a-day in a cup of milk. Under this treatment she continued to improve daily, and on the 22d of February was free from all complaint.

Ellen Fowan, aged 30, applied at the Charitable Infirmary, March 29th, 1827. There is extreme intolerance of light of the left eye, particularly during the latter part of the day. She is unable to open the lids by any voluntary exertion. They are tumid and reddish, and adhere together at night. The eye is extremely red, particularly round the cornea. There is great lachrymal discharge. The iris is green, and the pupil greatly contracted. There is a stinging pain in the ball of the eye, and a violent pain in her forehead, which she compares to that which would be produced by the darting of a sword. The pain is most severe at night. The slightest pressure on the ball of the eye is painful. She complains of a sense of weakness, of thirst, and of an unpleasant taste in her mouth. Her bowels are regular. Dimness of vision, accompanied by

muscæ volitantes, preceded the redness about two weeks. She had fever last December. She has been bled and purged by Mr. Ryal at the National Institution for Diseases of the Eye, but these remedies rendered her worse. (To take a tea-spoonful of bark three times a-day.)

March 31st. She continues to complain much of the pain and of thirst. The eye, however, does not appear so red, and she can open it better. Her bowels are confined. A purgative draught was ordered, and directions given to go on with the bark on the following day.

April 2d. Pain not so severe. She opens the eye better. The redness is less. (To go on with the bark.)

She employed the bark regularly until the 10th, when she was discharged perfectly well.

It is altogether unnecessary to add to the number of cases; I shall therefore conclude with the following extract from a note, which I received some time ago from Dr. Lendric, physician to Mercers' Hospital. "I have treated two cases lately of ophthalmia with the usual characters of iritis consequent on fever, by means of the sulphate of quinine. I do not recollect the particulars of each case further than that the amendment was rapid, and speedily followed by recovery."