If you will, cut out my tongue,
So I may keep my eye, O spare mine eye.

King John

By Edwina F. King
1853

A very creditable poem, exceedingly
thought & carefulness in its
construction.
"In viximum dot vitium dat," was the motto adopted by a successful occultist, and though a figurative expression, can scarcely be thought too bold, and presuming for next to none who has been rescued from the cold grasp of death, who is more sincere in this praise of the healing art, than he, whose sight has turned into day, at the surmise skillful touch? While there is not one of the senses whose loss is so much felt as that of sight, neither is there any for which, even at the worst stage, our art can avail so much — so much good if used aright, or so much irreparable destruction if misunderstood or misemployed — of no single organ of the body is the literature so extensive as of the eye, and to attempt any thing new in its pathology is consequently difficult. My aim has only been to group together a class of ophthalmic which though individually recognized are not as generally interconnected with one another and with their constitutionally predisposing cause, as the accurate diagnosis on which their successful treatment depends, would seem to require. — E. J. H.
The *Rheumatic Ophthalmiae*.

The eye, in common with other organs of the body, into which any fibrous tissue enters, is obnoxious to the attack of Rheumatism and Gout, and (as might be inferred from its composition) the Sclera, is the peculiar locale of these maladies: in fact, the former, is perhaps the most frequently occurring disease, to which the sclerotic is subject, being sometimes cespitant, and often coagulogous with rheumatic inflammation of other parts of the body. The importance of its accurate diagnosis is, as we shall endeavour to prove considerable, because it is not rarely complicated with other Ophthalmiae, which alone attract the attention of the Surgeon, in many instances, and further, because its treatment ought to be so much modified, from the circumstance of its being a constitutional, as well as
Scott gives a case of frost in the eye in which concretions of Lithare of Sroda formed there — Dalrymple gives a view of it in his last work —
a local affection.

There are various particulars, by which it may be distinguished from simple inflammation of the sclerotic. Thus in comparing the two, it may I think be observed, that the Rhematome lacrim is less acute, and more dilated in its progress, that the pro
ductive degree of vascularity is slighter, that the attendant subconjunctival ede
ema is more considerable, and that the sclerotic itself by degrees acquires a
yellow, or yellow-brown tinge. The arrangement and colour of the vessels is however, pretty much the same in both, all most all of them pass from the periphery of the globe to
wards the Cornea, around the circumference of which they are arranged
in a somewhat Zonular manner.

Though from the anatomical structure of the parts, the vessels are most nu-
merous around the Cornea, yet many of them proceed to, or even along its
margin, not all terminating ante
to its edge, but actually pushing a little distance beyond it—Thus we find an obvious difference between the full, distinct and complete vascular wreath which is seen at some little distance from the margin of the centre in acute uveitis, and the trivial arrangement of vessels which is noticed in the same situation in acute scleritis and which is caused by the arrangement of some of those vessels which constitute the vascular connection subsisting between the tunics of the eye in that situation—But, it is not so much by these objective symptoms, as by the history of the case, the knowledge of the Constitutional predisposition of the patient, the nature of the pain, and the periods of its accession, that we must establish our diagnosis—Thus cold, and partly moisture, damp weather, is that generally the time when it occurs, for as might be expected, all those circumstances which predispose to and excite rheumatism, acc
favorable to its accession. The pain of which the patient complains, is deep seated and lancinating, resembling that of chagrin; it is not confined to the eye ball, but extends to the orbit, the periosteum lining which is presumed to participate in the inflammatory action. The eye brow, the cheek, the side of the nose, the fore-head, the temple, and in some cases even the entire side of the head, are affected with severe pain of a constant character. The pain is connected with the distribution of the frontal division of the fifth pair; it seems due to compression of the ciliary nerves, as they pass through the inflamed and swollen sclerotic, and is transmitted by sympathy or radiation back to the cutaneous branches to the first and second divisions of the fifth pair. The long and short ciliary nerves are continued forward to the iris, and are connected posteriorly with the sympathetic system, and it is
reasonable to conclude that a considerable portion of the pain may be attributed to the sympathetic exciting between these nerves, and those which supply the various structures of the eye-ball; it is generally at night that these pains occur and with greatest intensity and those unfortunate, suffers, is exhausted by want of rest, and persecuted by his agonies. But though it accords with my own observation that the exacerbations of pain are nocturnal, yet I find several carefully recorded cases, where the reverse of this takes place, and the patient, though suffering to a degree through the day, enjoyed comparative ease during the night. Hence as regards the pain generally it is a curious circumstance that in many instances, the periods of paroxysms of its greatest intensity are regular in their recurrence—they take place with considerable exactness at some particular hour, and after a certain interval, disappear.

With respect to other subjective symptoms though it is not at all an essential character of the disease in it commence—
German writers speak of a 'form at the angles of the eye lids' as diagnostic of hereditary ophthalmia.
ment, that vision should be much im-
paired, yet dimness of the sight, depend-
ing on dryness of the cornea, and a
slight contraction and stiffness of the
movements of the iris, when the latter is
involved in the principal, as is not un-
usual when the disease is prolonged and
tolerable, or when it is new and anew occur-
vring, not unfrequently constitute accorny
symptoms. At an advanced stage, exposure
to a strong light, gives rise to considerable
irritation, but only as a consequence of
other structures of the eye being sympa-
thetically involved. The eye ball itself
is hot and dry at the first, but when
the acute stage is passing off, there
is considerable lacrimation. As
might be expected there is a good deal
of constitutional disturbance, a smart
sympathetic fever is a general atten-
dant, the pulse frequent and full,
a quick and feeble according to the
state of the previous constitut-
on of the patient. Nausea, purrid
and white tongue, scanty urine.
deficient secretion of the skin, which is 
hot and dry, and the want of 
rest and discomfort attendant on the 
violet paroxysms of pain, tend to irri 
table the nervous system and disturb 
the bodily Jones in no slight degree, in 
fact more so, than many other diseases, 
of a character much more likely to 
prove injurious to right.

Nature and Treatment

It may be well to consider 
now, whether the inflammation which we have 
been endeavouring to describe, differs from 
simple solicitude or not. In it is by deter 
mining this, that we can settle if we 
are to put great importance to the Constitu 
tional treatment than we should do 
of the affection were entirely local. 

I have endeavoured in the section of this trea 
tise devoted to this subject says, "I do 
not believe it to be an inflammation 
very different from common inflammation 
the kind, consequent in the existence of 
what has been called the rheumatic
Dr. Hargrave of Bath, has given most exact de
tails of some hundreds of cases of acute
rheumatism, and in recounting the pain
ful part of pain, in each of these, talks
of the eye and maxillary articulations as
affected in two individuals — The proportion is
one in one hundred and eighty nine — These cases
are of more interest, as Hargrave was only
secondarily observed facts and did not dis
cuss the existence of rheumatic ophthalmia — and
more, there were cases of acute rheumatic fever,
where the eye seldom suffers, and they were
rarely cured by treatment directed to the general rheuma
tic attack alone.
"habit a disease" ........... "Rheumatic eye

habit" frequently occur in individuals who

have never suffered from rheumatism in any

other part of the body." On the contrary in all

the cases which I have witnessed of this

so called disease the affection was primarily

new metastatic" and from these arguments

he concludes that the term "Rheumatic ophthal-

mia" is an unsuitable one. I do not find

these statements at all borne out by facts for in

all the cases which I have either seen or

found recorded, the patient had either been

hereditarily rheumatic, or was an absolute

sufferer himself from and after the accession

of the attack in the eye; and even supposing

that the disease were the first in which

that inflammation first manifested itself,

there is nothing in its recurrence itself,

which renders it the less likely to be

rheumatic. Professor Albinu in his lectures hints

at the frequent existence of rheumatic ophthal-

mic ones or less modified distinguishing

of I remember correctly "A Rheumatic Oph-

thalmia, threatening the sight by inducing

opacity of the Cornea," often proceed-
ed by the appearance of puncture here— and 
an inflammation distinctly rheumatic, generally 
effecting one eye, distinctly exciting and 
accompanied with tenuity of the neighbouring 
guts of the head and face— Tyrell of London 
almost limits the inflammation of the sclera 
to the Rheumatic type— The German writers 
ordinarily agree in the same statement, and 
Middlemore, in a note to the last edition 
of his works expressly says— "I have lately 
had an opportunity of seeing a person who had 
suffered from a state of most acute scleritis, who 
had extemporized the effect of bleeding, colo-
med opium &c. but who quickly amended; and 
was soon almost cured when put on the 
use of the Venom Colchicii" Now how and 
this last medicine have effected any such 
a speedy good had not the disease had a 
Rheumatic origin?— I may instance the case 
of a medical man a near relation of my 
own who while residing in a damply situa-
ted town in the East of England was 
a martyr to Rheumatism, and suffered from 
a severe attack of Rheumatic Ophthalmia, 
in which he was treated by the most
eminent London oculists, and local means having failed, recovered under constitutional measures alone—he soon after removed to a remarkably healthy and dry situation (Hampstead Hills) here he remained several years, never during all that time suffering a touch of rheumatism, and though his eye were once or twice exposed to a cold wind sufficient to produce conjunctivitis, yet the inflammation were attacked only after its structure or showed any tendency to assume the peculiar rheumatic type—after the lapse of several years he again changed his abode to a town almost as damp as the one he had formerly quitted, after his arrival there he soon became subject to his old rheumatic pains, which were the precursors of a series of inflammations of the sclerotic, resembling in every respect, the type of disease which I have described above: will any one deny that in this case the disease of the eye was not distinctly connected, with the aggravation of the latent though still unexpiated rheumatic diathesis, and in this so far from
Rheumatic ophthalmia not being metastatic an accurate observer of disease writes thus: 'There in distinct remembrance, several well marked cases of the transference of diseased action so well described by Mr. Lawrence, in which rheumatic pains in the limbs, discharge from the urethra, and rheumatic inflammation of the bladder, succeeded each other, with the most perfect regularity, the affection of one of these parts, not generally arising at the same duration but on the total subsidence of that in the other, the discharge from the urethra being quite independent of symptoms of contagion, and not, it may be observed, peculiar to rheumatic subjects alone, for persons of a sturdy constitution, are occasionally troubled with a uniform or fleeting discharge from the urethra.

Treatment

In offering these on the consideration of the treatment of rheumatic ophthalmia, it is well to remark, as it has been pretty clearly deduced con-
nicted, in a great measure, with a constitutional disease, constitutional remedies must occupy an important share of our attention, while it must at the same time be born in mind, that neither alone, nor held under prominence to the neglect of the other, and that the nature, course of treatment, must be subject to those modifications and variations which the ever changing local or personal symptoms may render necessary. To commence them with a remedy suited to the commencing stage of the disease viz.

Blood letting

Though not perhaps so frequently called for as in a simple inflammation of the sclerotic, yet if the chamae.

atic from its early enough taken in hand it often proves most valuable, and saves a long sequence of suffering; cupping over the temple on the side of the affected eye, or division of the anterior branch of the temporal artery which is subcutaneous and of easy ac-
cels with the canceet, a cupping glass being ap-
piled, if the blood do not escape with facility, 
is the practice which I would venture to recom-
mend as superior to any other in this speci-
al case; lop of blood form an acting along 
producing a more powerful effect on the 
system than when a vein is opened, and 
without the irritation of教师. the double 
that of a local and general blood-letting 
is in a great measure served — 
At the same time, we may order two or three 
parts of Calomel with Scammony to correct 
the obstructed state of the Prima Vex, 
and a xiiij pair of dose's graver to keep 
up the effect of the lop of blood — 
The patient will be by this treatment generally 
much relieved, though but seldom cured, and 
now turning our attention to the constitution 
or origin of the disorder, we may ad-
minister some of the preparations of col 
chium, as the Tincture a Wine in the dose 
of half a Drachm, three or four times in 
the day — and as soon as the bowels are 
affected, the action of the remedy must 
be diligently watched, and the doses at
once suspended or diminished, for what one may be said to the contrary, the opinion expressed by Dr. Chantournaud, its good effects are seldom manifested till the constitution is so changed with it, that its physiological action straightway begins to show itself. The combination of aromatic waters or a little mucate of Maphia remedy its tendency to debilitate the stomach. Nitrated of Potash though it had fallen into disuse of late years, seems from recent trials made in the clinical wards, to be frequently productive of the best effects in rheumatic disorders, when given to the extent of from viii to xii grains in the course of twenty-four hours.

During the paroxysms of pain described above, the patient experienced great relief from the careful portion, in the course of the complicated process, of opium blended with a little mercurial nostrum, and this latter is of more marked advantage, when the structure of the iris becomes affected, as will presently be seen to very frequently be the case. The extract of Belladonna maybe
combined to prevent contraction of the iris which, according to Dr. Reagan is frequently present. By the introduction of these three substances we can to moderate the painful symptoms as to prevent their reacting to such a very untoward degree on the general system as they are almost sure to do if unchecked: a good combination is made as follows—Recipe Extracti Belladomnume gr. 1/2, Pilocarpinii gr. 1, Unguentii Hydragyri Zl. 1/2, distillat e unguentum, but this well into the skin immediately above the eye and along the distribution of the nerve. As the pain generally occurs towards evening, it will be advisable to take in this ointment over the situation of the supra-orbital nerve, about two hours prior to going to bed, or at least before the expected recurrence of the pain, and to repeat its application in about four hours, if relief be not obtained. 

Chloroform used externally on the skin over the affected nerve, gives a pretty sure though in most cases only a temporary relief from pain, and again some caution in its use, lest it should enter the eye itself, where it is apt to excite a slight inflammatory action.
In those cases which have become chronic, or in which the constitutional powers are naturally feeble, or somewhat more prone that may be and then will be thought advisable in the more acute stage, but all acids and fermented liquors must be avoided, during the entire progress of the cure. Carbonate of Iron, seems to have been successfully prescribed in some instances and may be used in the dose of half a dram three times in the day. Cinchona Bark, with carbonate of soda, is much recommended by Mr. Wardrop, both as a tonic, antacid, and an antiperiodic, but, according to the experience of Tyrell, they must be given in small, though frequent doses, not exceeding five grains of each for a dose as he gives cases of the large doses failing, and the reduced dose succeeding. Quinine, saraparilla, cascara, &c. may all be used a half of a dose, a change of the form of dose being, in long standing cases often attended with marked advantage. The employment of calomel and opium will
be more properly considered, when we speak of the deeper-seated complications with which this form of sclerosis is so apt to be connected. The auxiliary use of sudorifics and deephreatic warm baths so obviously suggest themselves, as not to require particular notice. All local applications must be used warm, and experience speaks in favour of their being dry, as flannel bags loosely filled with Chamomile flowers and heated in hot metal plates for "moisture though it give relief at the time, is objectionable as it is usually observed that some suffering is subsequently induced."—The Lignor Potassae Arsenitis is the favourite remedy with some practitioners, in that state of the disease in which tonics or anti-paroxysms are indicated. I have only further to remark that applications to the eye itself have little force over this disease, and that those which are most useful in other opthalmic cases are often worse than useless in the rheumatic, and the solution of the nitrate of silver is spoken of, as being in the present instance, decidedly injurious.
Sequela and complications

Rheumatic Ophthalmia

One of the most common, and at the same time perhaps one of the most dangerous of the complications of rheumatic ophthalmia is termed by writers the catarrho-rheumatic.

In this disease the complication is not subsequent, but simultaneous, both conjunctivitis and scleritis are attacked at the same time; the symptoms and appearances consequently present, are a mixture of those attendant on conjunctivitis and scleritis, which much increase the difficulty of diagnosis. In some cases it may chance, that the former is severe and the latter slight; hence the one may mask the other, unless it be strictly watched for, and thus a grave error of diagnosis be committed, the treatment being directed only to the one of the conjunctival affection, the
deep-seated and more serious lesion, runs on its course for a length of time undisturbed, and further, as it seldom happens, that the inflammation of the conjunctiva can be subdued, till that of the sclerotic is quelled, it becomes evident, that when the attention is turned to the conjunctiva alone, the disease may drag on a weary length remedies after remedies failing, till at length vitre, inflammation of all the deep seated tissues, or organic ameasures point in a manner not admitting of doubt to the presence of the treacherous and reflected enemy. Though I have myself known such cases as have committed rectified fortunately, in time, to operate any very rapid disaster, yet the cases are few and far between in which by close attention to symptoms we can fail to discern the true nature of the malady.

The sensation of grit between the eye lids and eye-ball, the secretion of a pungent mucous which coagulates on the lid, the increased lacrimation and the sense of stiffness in the eye-lids is
sufficiently indicative of the fact taken in the disease by the conjunctiva—light is in-
spersed, and objects at hand are seen with a coloured halo around them. Inflam-
mating edema (chemosis) is by no means an uncommon attendant, and when it does occur, it hides from view the scler-
the vascularity. The eye lid are not uncommonly red and swollen, the vessels of the conjunctiva are freely injected, one of a carmine tinge, some what darker than in Win-
ple inflammation, and under the wet work which they form in their tortuous course, may be seen the vessels of the sclerotic wall eddied straight in their course forming a masked contrast. It is worthy of remark that this kind of catachuo-spherical disease seldom occurs under the age of puberty, mostly in the male sex, and all most alone in those in whom the existing state of the animal functions is much below the norm, and most decidedly manifests itself in those of a nervous temperament, and who are deficient in bodily energy. The general symptoms are with slight variation time before described, when
As inflammation leads to fluid effusion sometimes mixed with lymph (probably never in truly rheumatic cases with pus) it is to be expected that when it occurs near a serous membrane, such as that of the aqueous humor, there should be a great increase of its normal secretion, leading to an accumulation of aqueous humor & inducing tension and conduc to pressure of the globe of the eye - in urgent cases Wardepts plan of evacuation maybe used with good success -
Speaking of the inflammation of the sclera and the general plan of treatment—much the same, only as we have the case complicated with conjunctivitis, counter irritation by a blister behind the eye, and a weak solution of nitrate of silver, or alum and the vinum opioiropia drop on the surface of the eye two or three times in the day will prove valuable auxiliaries, as soon as the most active inflammatory stage has passed.

It is by no means rare for the cornea in this disease to suffer from ulceration, or from the infiltration of pus between its lamellae—in fact this is the kind of ophthalmia which in the opinion of some has an excellence, a tendency to the production of hydrophobia. The ulcer of the cornea which results is peculiar—Wardref, Béau, Farre, &c., &c., will describe it as following the rheumatic ophthalmia of the sclera alone, while Mackenzie say that it never occurs except the conjunctivitis also implicated. This ulcer is described by Béau as originating in Phlyctenulae, it extends superficially, seldom in the general case of cases implicating at the first, the true substance of the cornea; it early leaves an
opaque speck when it heals or grows impurities to vision. These ulcers have a great tendency to defective action, and are apt to get very chronic in character, or if much neglected involve the substance of the cornea.

I have the note of a case which I watched in which the ulcer of the cornea remained after all other symptoms had quite subsided, it showed no tendency to heal, and resisted all treatment but by a careful restoration of the general powers of the patient, the use of the tonic aphorem, and of a small quantity of malt liquor such a marked improvement took place that in three weeks scarce a trace of the ulcer remained.

Mr. Lunnell gives two cases in which he made a like observation, and insists that when these ulcers are thus slow to heal, it will be well for the surgeon to look more to the general than to the local state of the patient.

It is but seldom that the state of suppuration of the cornea is produced from these causes, when it is, it is always of the chronic kind and the patient never escapes, without permanent opacity of some part of the cornea.
Sclero Iritis

(Rheumatic - Arthritic-iitis)

When first speaking of the Rheumatic affections of the eye, we indicated the iris, as one of the seats of this peculiar inflammation; and we will now endeavour to give some account of it. As we pass, the sclerotic coat and iris are both involved; hence it derived the name, Sclero-iitis, from it by many authors.

The surface of the globe of the eye, presents on examination, a dull red aspect, the result, as is found on a close inspection, of the numerous vessels of the sclerotic injected with blood, usually more intense in one part than an other, these vessels are minute, rose red, and run in straight lines towards the cornea. The vascularity is greater towards this part of the axis, though as we shall afterwards see, not close to it and in the earliest stage, is some faint colored for some distance from it. If the disease continues
unchecked, the normal color passes to a dull vermilion, and even to a purple tint. Early changes take place in the edges of the corneal capsule, gradually extending towards the central circumference of the iris. The pupil seems contracted, and its free dilatation is impeded; its color undergoes change, if at first blue it becomes green, a gray, and reddish brown if originally hazel. This change in color, which is an impinging index of inflammatory action in the iris, is often persistent when all other symptoms have passed away. The bright black of the pupil is lost from a slight opacity, in some cases of the autopsy capsule of the lens. In addition to these objective symptoms the patient complains of a sense of fulness in, and tenderness of the eye, with a dull aching pain in the head & increasing, as its rheumatic origin would lead us to expect, at night and spreading over the side of the nose. The mist in a little time seems to hang over the patient's right, a gray smoke traveling the field of vision, getting gradually darker, while the mist seems to spread a more
impenetrable curtain, the sufferer looks forth into the blankness of the night and sight is altogether lost — at the commencement there is intolerance of light, and a stiffness of the pulpshein with a sense of heat on the conjunctiva dependent on sympathetic affection of that coat — increased flow of the lacrimal secretion is sometimes present. In the opinion of Tyrell, the rheumatic disease is always well marked in those subject to this form of the disease — a sluggish state of the bowels & of the whole course of the prime vae, a foul tongue, a tendency to nausea, accession of febrile symptoms on the evening, scanty urine, pumy cloudy on cooling, a clammy cold perspiration, a pumy compressible pulse, and acute rheumatic pains, are not rarely the heroids of, and are always the attendants on, this slow crisis — the immediate exciting causes are exposure to cold & damp and errors of diet, particularly the use of articles of food containing muriatic acid such as cider, for the in habitants of the counties on the border.
of the Severn, in the South West of England, where this is the chief drink are, in a
special manner, obnoxious to this disease. When it has once occurred it is very liable to re-
turn, particularly in those of adult age. There is one symptom to which some authors
point as most particularly prominent among the objective signs of rheumatic ophthal-
mia. I mean, "the appearance of a grey or ash-col-
oured line around the margin of the cor-
nea, which separates the old results of the
sclerotic, from the corneal circumference."
Its existence is not constant at least in
great numbers in many carefully de-
cribed cases, and some state that they
have noticed its absence in pure acute
inflammation, uncomplicated with any
other lesion and unconnected with the
rheumatic diathesis. The cause of this
grey margin seems pretty evident; it depends
on the mode of juncture of the sclerotic
and cornea. The former overlaps the latter
when it does so to any extent the extreme
inner edge, in place of being fed with
blood by its own proper vessels, is supplied
by those of the conjunctiva, consequently it remains free from red blood, while the proper vessels of the sclerotic, injected by the inflamatory action, give the rest of that tissue a red hue. These "sclerotic vessels" anastomose freely with those of the iris, while those supplying the inner edge of the sclerotic have but slight intercommunication—justifying accounting for this opaque gray line. Should it chance that the sclerotic does not overlay the cornea regularly, but extends forward more in some parts than in others, partially toward the inner and outer angles of the eye, the result is that the gray line is incomplete, assumes a serpentine figure on either side, and gradually slopes off superiorly and inferiorly where the sclerotic is deficient— or, on the contrary, the sclerotic may be wanting laterally, and present a semilunar margin above and below, then does the gray line in inflammatory action deviate in a similar manner: these variations furnish a strong corroboration that the phenomenon is thus correctly accounted for.
If the disease be not checked, the pupil soon becomes occupied by a gray cobweb-like substance, to be recognized as a delicate flake of coagulated lymph, into the irregular inner edge of the iris extends, and adhesions are apt to form, taking place causing the vision, when restored as far as it can be, to remain obstinately imperfect—by degrees the cornua lose its tenuity, spots form on the iris, a lymph deposited deposit on its fleshy and gives them a puckered appearance; or elevations form in it, which prove to be cysts containing pus, and discharge their contents into the anterior chamber and thus give rise to spurious hypopyon—a blood may extravasate into that cavity, and predisposing to the bottom of it accumulate there and constitute the state termed Hypopyonal.

**Treatment**

It is now for us briefly to consider the remedies on which the greatest reliance is to be placed, and bearing in memory that constitutional functions are disturbed and must be corrected, either the bulby
are simply obstructed and must be cleared, in the stomach is abound, tongue loaded and biliary secretion sluggish; then we may look for success to our emetic, a small altirative dose of blue pill, followed by the black draught or is the secretion of the thin defective and the urine scanty and a feverish state present with Dodd peace and a saline diuretic, obviously suggest themselves. But while general indications of general treatment are fulfilled, local means are loudly called for proportionate to the urgency of the case, if there is much fulness and a few complaints about the eye, a few leaches in some instances capping, maybe can be played with advantage, general bleed in is seldom indicated as the parti-ents constitutional powers are. Mostly follow free, if theinson the intesti becomes very irregular, hala-amine is supped to correct the tendency to contraction, or to oppose adhesions of plastic lymph which the inflammatory...
active induces between the eye and the
anterior capsule of the lens. The opiate, codeine
and opium make an excellent incitation of
the circumscribed joints generally decided to
prove any troublesome. Calomel is to be
trusted to, if there is any indication of
the inflammatory exudation in the anterior
chamber threatening to prove dangerous, its
action being of the term be still permitted
"specific." The dose is to be as small as is
consistent with the production of due effects
dissipation of focal joints being reducibly
achieved as it is to a retention to the nor-
mal standard that we direct our subse-
fuent efforts; with this view we find that
when the crisis has ceased the experience
of most writers is in favour of a gradu-
al adoption of the true regimen assisted
by small doses of cinchona & soda, & of
the purec belp, and sulphuric acid
or other medicines of the same class.
As regards internal irritation it is spoken of in
many terms by many as by Richens, who says, "Blister behind the ear are of
more service in rheumatic than in any
the cure" and I must say that I have seen
them produce, in combination with other means,
a most marked benefit—of the use of tincture
in this form of urine I cannot speak, but
as it is only commended as a substitute for
Calomel where we fear the production of
Vermifuges or when the disease is connec-
ted with the seminal tract in a phaeno-
demic form, there does not seem much
need for its employment here.

In looking over the recorded cases of this
disease I have been particularly struck
with the manner in which, and
with the notice that is continually
taken of the asthenic state of the pa-
tient's constitution, of the failure of a
continuance of such treatment as "local
and seminal bleeding, medications, purging,
abstinence, and the use of mercury till the
symptoms are affected", and of the good resulting
from a change to calmatives, to allow
irritability and genuine sleep, a more
seminal diet, true medicines and some
in some cases, from the use of stimulating,
solvents and iodide of potassium.
being brought to bear against the rheumatic diathesis — These last remarks of course not being intended to apply to the acute & more urgent cases —

Such then is the general history of the disease of the eye which we considered to have a rheumatic origin or to be connected with the existence of that predisposition in the system and such are their complications and sequelae varying of course much in degree of severity, in frequency, and in result according to the exposure of individuals to mediocrity no exciting causes and modified in no slight degree by the promptness in treatment and assiduity of the treatment employed — These ophthalmic cases generally hereditary and in several cases in which I made enquiry one of the parents of the patient had suffered in time from or thru from a similar attack — or at least considered them selves to be rheumatic
I shall conclude with some account of a journey the melody described by M. Flourens, Currie in the 'Annals d'Acidentiques' from a paper of St. Sechei's entitled, "On a peculiar form of facialis inflammation or of the Chonic as and of the subconjunctival cellular tissue and its treatment."

I can find no notice of it in any British writer till the recent work of the late Dalrymple of London who states that he first noticed the disease in the year 1847 though its complicated character renders it doubtful whether what particular class of opthalmia we are to place it yet the fact that it attacks stromal tissues, the peculiarity of the tears with which it is accompanied constituting a marked feature in the early part of its course its extreme irritancy and persistence, the advantages in many cases of its treatment with such remedies as colchicum and arsenic, the widespread of all colpyria, the concomitant disturbed state of the nervous system, the necessity of excluding acid or stomachic matters from the diet during cure and the circumstances which give rise to it may perhaps warrant us in coming to the conclusion that it is of a rheumatic type—I shall in speaking of it avail myself purely of M.
Drusi's account - he says that these sometimes effect an elevation of the conjunctiva resembling the pustule of strumous conjunctivitis, it has not its primary seat in that membrane but in the cellular tissue which separates it from the sclerotic, it is often connected with a partial choroiditis. The symptoms of which are marked more or less by the inflammation and swelling of the submucous tissue - we see at first a little elevated red spot at some distance from the corneal border, easily brought under notice at the earliest stage, when first attended to there already exists an irregularly rounded tumour occupying on the conjunctiva a space of from four to two millimetres of a dull red color most frequently at the inferior and external part of the anterior horn of the globe; it is to be distinguished from a lymphatic papule by its not presenting a yellow spot or patch on any ulceration and in place of its surface being flattened it is more or less convex and pointed and also more elevated and shining. If we try to displace the conjunctiva over the tumour by means of the finger and eye lid we do not succeed as in the case
of the lymphatic pustule theory that the swelling is less formed by the conjunctiva than by adjacent parts. The swelling is concentrated, limited to the elevation and its immediate vicinity, as if the vascularity be once extended it at least does not present that peculiar appearance formed by vessels of considerable calibre conveying a parallel, proceeding from the commissure of the lids to the buliding as in purulent ophthalmia. In a more advanced stage the circumference of the elevation presents a redness, approaching purple, a local turning to a livid leaden hue. This disease is of peculiarly long duration and extremely obstinate in its resistance to ordinary or even the most rational and energetic treatment: and for the facility in which it terminates in staphyloma of the sclerotic winding the spot which the elevation of the conjunctiva first occupied. M. Cunin connects this disease essentially with inflammation of the sclerotic choroid: may we not attribute all that the sclerotic as the burning seat, and suppose that it is by the advance of the inflammatory action in a concentric and excentric direction
that both chord and conjunctiva are subsequent ly involved, evaporation taking place both into the subconjunctival cellular tissue in the one direction and between the sclerotic and chord in the other, when that latter is considerable it displaces the pupil and by consequence this force affects the normal state of the iris and induces in it a sense of vascular action and often changes its color in the same manner as the acutitic iritis is described to do above. Of the treatment I can say little never having seen a case. Mr. Cunin seems to have trusted mostly to constitutional measures and to the use of turpentine and counter-irritation for the iris became much involved. There seems I think room for doubt if these cases described by Mr. Cunin may not be referred in example either of Postular inflammation of the conjunctiva complicated with cataracto-sclerotic symptoms or into small deposits of tubercular matter in the subconjunctival structure.

Edw. T. King
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