On Intis.

by Frank W. O'Donnell

A very respectable. There is sound, sensible, practical.
I have been led to adopt as the subject of the following thesis, "Inflammation of the Iris," not only on account of its importance in a practical point of view, but also on account of the interest attached to it by Medical authors, in elucidating some general pathological facts, regarding which, but for the observation of them in the eye, we would have been imperfectly acquainted: for although Inflammation of the Iris, would seem to require only to be looked at, to be perceived and understood, yet I have not been able to discover, that English Surgeons or Physicians were acquainted with its existence, as a distinct disease, until the publication of an account of it by Dr. Schmidt of Vienna, in the beginning of the present century.
It may not, perhaps, be considered inexcusable, to premise, the few observations, which I may find it necessary to make, by stating, that I am not in a position to offer any thing new regarding the pathology or treatment of the disease in question, my medical knowledge, being, as yet, in a great measure, derived from books, the prelections of my teachers, the observations I have been enabled to make in a limited dispensary practice, and my attendance at the Hospitals. In these circumstances, I entertain the hope, that my essay will receive the indulgent considerations, it so much requires from those, appointed to decide upon its merits.

It will be enough, for my present object, to describe the Iris, simply as a septum, situated between the anterior and posterior chambers of the eye, having in the centre, the aperture of the pupil; this septum performs the duties of a contractile diaphragm, in regulating the quantity of light admitted to the retina, or true organ of vision; the uvea or dark pigment,
which lines the posterior surface, preventing the transmission of rays through the mem-
brane itself.

It requires the keen in mind, in considering the affections of the Iris, that it is exceedingly
sensitive, being abundantly supplied with nerves, and that it is highly vascular, and
contains an amount of red blood, large in
proportion to its size. These circumstances
render it peculiarly liable to inflammato-
ry attacks, of a character exceedingly dan-
gerous to vision, owing to the formation of adhe-
sions, and the opacity of the pupil, pro-
duced by the effusion of coagulable lymph.

Inflammation of the Iris seldom exists as
a purely local affection, unconnected with
disease in the neighboring organs and tis-
sues; on the contrary, the conjunctiva and
membrana scleroticca are generally involved,
and in every case, the anterior hemisphere of
the crystalline capsule, is more or less af-
fected. These structures, however, are not
liable to suffer permanent injury as the Iris,
and it not unfrequently happens, in cases.
proper knowledge of the treatment indicated by the symptoms present in different cases.

The general symptoms of uncomplicated acute iritis, are constitutional fever, deep-seated pain in the orbit, and side of the head, generally increased during the night. The sclerotic appears more vascular than usual, assuming the form of a linear, pale-pink coloured zone, at its junction with the cornea. The iris itself loses its colour and brilliancy; if it be naturally dark, it becomes reddish brown; if naturally of a light colour, it becomes greenish. These changes are produced by the deposit of coagulable lymph in its texture. The sight next becomes dim, weak and confused, supposed to be caused by the injection into the pupil of a turbid fluid from the vessels of the iris. Probably the aqueous humour of the anterior and posterior chambers, rendered turbid by the admixture of lymph. The pupil next becomes contracted, often irregularly so,
and much altered in shape, it may be square, o-
dlong, or octagonal, or fantastically fringed, or tufted.
These appearances are caused by adhesions of the
Iris, mostly to the capsule of the lens. The Iris
loses much of its irritability to the action of light.
In subacute cases, the pain is by no means, and
in many chronic cases, there is no pain what-
ever. In all cases attended with pain, the
pains come on by fits, after which, they subside
or entirely cease, for a limited period.
Iritis often attacks only one eye at a time, af-
fording an opportunity of observing the dis-
based Iris, in comparison with the sound one.

From what has been said, it will readily be inferred,
that there are not only degrees of
the disease, but that these degrees will exer-
cise a considerable influence in directing
the proper mode of treatment, and in mo-
difying the respective terminations of diffe-
rent cases. In some mild cases, there
will perhaps be very little increased
vascularity observable in any of the mem-
branes of the eye, and little or no pain
felt, or the annulus minor of the Iris may
be but slightly changed in colour, the pupil being of its ordinary size and shape, except that it will appear a little fringed and jagged at its border, and obviously to have lost its dark jet appearance, and become dim.

The motions of the Iris, in such cases, although imperfectly performed, are not wholly destroyed, nor is the vision very seriously affected, a certain degree of obscurity, and confusion of the sight in the affected eye, and a slight aversion to light, being all that the patient complains of. Such a form and degree of the disease, may exist for many weeks, without causing much inconvenience, and may be entirely removed by proper medical treatment.

A more formidable form of the complaint is frequently met with, exhibiting unmistakable symptoms of inflammation, over the whole surface of the eye; the Iris assumes a greenish or reddish hue, according to the character or shade of its original colour. The anterior surface appears swollen and puckered, particularly at the pupillary bor-
der, which is retracted towards the lens, the pupil is contracted in size, muddy from of
fused albumen, and variously misshapen.

The intolerance of light is very considerable, and vision greatly impaired. There is con-
stitutional fever, accompanied by parox-
zymes of pain, which intermit and recur,
as already described. In young and
otherwise healthy subjects, these symp-
toms, by judicious management, may be
successively combatted and even in patients
more advanced in years, the inflamma-
tion may be arrested, when the albumen
in the pupil will be gradually absorbed,
the organ regaining its natural size and
mobility, and vision be ultimately restored;
but if favourable a termination is not at
all times the result of such attacks.

The edges of the pupil, not unfrequently,
adhere permanently to the capsule of the
lens, impeding the functions of the Iris,
or the iris may become adherent to the
anterior surface of the lens, identifying
itself permanently with the capsule, after
the inflammation has subsided; opacity of the cornea and pupil may accrue from the deposition of organized lymph. Under any of these circumstances vision will be seriously injured.

There are cases of Ditis, of a still more inutterable and destructive character, than those to which I have alluded; the whole globe of the eye may be more intensely inflamed, and all the symptoms enumerated appear in a more aggravated form; the conjunctiva may be inflamed to the extent of obscuring the zone of the sclerotic, referred to as one of the chief diagnostics of the disease. Serous effusion may exist, and even the integuments of the eyelids may become reddish and tumid, from the severity of the inflammatory action. In these cases the lymph deposited is speedily organized. The Iris becomes swollen, its posterior surface adheres to the anterior surface of the capsule, and ciliary processes, and the posterior chamber is completely destroyed. The cornea
and aqueous humour, although implicated to a certain extent, in the general disease of the eyeball, seldom become so opaque, or turbid, as to prevent the examination of the Iris. Vision in these circumstances is entirely obscured, and even light scarcely perceptible. In acute cases of this description, the most severe pain is felt in the supraclavicular region, thence it starts upwards and backwards, to the top and back of the head, and downwards and forwards to the nose and cheek, the eyeball feels tense, and enlarged, and if the disease be allowed to run its course unchecked, it will in most cases, terminate in a total disorganization of the eye; or the cornea and Iris may adhere, and the anterior chamber become obliterated. When both the anterior and posterior chambers have been destroyed, the anterior periphery of the eye collapses and flattens, but if the anterior chamber only be obliterated, the cornea will, in all probability, distend, and produce the unsightly deformity named
In many cases the inflammation runs so high as to distend the anterior chamber with pus, which may burst; or an abscess may form posterior to the Iris and find an exit through the sclerotics near the cornea, constituting the disease named phlegmon of the eye; or that atrophied condition of the eyeball which causes it to waste in size, and retract itself within the orbit. Such destructive terminations of this form of the disease, may be considerably modified by proper treatment. The cornea and aqueous humour are often restored to their normal appearance, lymph and pus will become absorbed, although they will never entirely disappear from the pupil, which becomes filled by organized lymph, and in many cases contracts to a mere point. Vision in such cases can only be restored by the formation of an artificial pupil, and even the advantages promised by such an operation, are confined to cases, where the retina has retained its sensi-
A careful observer will not experience much difficulty in distinguishing Iritis, from other inflammatory affections of the eye; indeed there are few diseases, with which, Iritis is likely to be confounded, and as the indications of cure, in these few, are the same as in Iritis, I deem it unnecessary to enter into any formal description of them, beyond the mere mention of 1st Ophthalmitis Internus idiopathic. (Propria, sic dicit de Wern.) 2nd Inflammation of the cornea. 3rd Inflammation of the aqueous humours as described by Wardrop. referring especially, to the writings of those authors, for more minute information, regarding these affections.

The preceding observations being of a general character, are intended to apply to the different forms and degrees of Iritis, without reference to any specific variety or kind, or to the causes, which produce, modify, or otherwise influence the disease.

I shall proceed to consider the several species or varieties of Iritis described by an-

Experienced practical Physicians of the present day, seem to disregard, in a great measure, the distinctions laid down by authors, between the several varieties of Otitis.

An attentive consideration of the history of individual cases being supposed to afford the best means of diagnosis: the great desideratum in all cases being, to subdue the inflammation, and to prevent the effusion and organization of lymph, and consequent adhesions, effects which are more apt to succeed upon an attack of Otitis, than upon inflammation of any other portion of the eye; therefore in all cases of idiopathic Otitis, or where the constitutional symptoms supervene upon the attack, it will be necessary to resort to depletion, with promptness, and to pursue the strictest antiphlogistic measures, with unremitting perseverance. Local bleeding cannot be relied upon in Otitic attacks, general bleeding,
from a large orifice in one of the veins, in the arm, must be had recourse to, and the blood allowed to run, until the action of the heart and the circulation generally become sensibly affected, this should be followed by the application of repeated sets of leeches to the temples to prevent local turgescence, or to remove it if it be already present. Scarifications of the inner eyelid and conjunctiva, are not now generally practised, having been found in many cases to increase the irritation and pain, without affording any sensible benefit; in any case, in arresting the progress of the inflammation. It is scarcely necessary for me to observe that I include cooling purgatives, a sparse diet, diuretics and diaphoretics, with strict rest, and the absence of light in the antiphlogistic requisites recommended to be adopted. Blisters behind the ears, and to the nape of the neck will be found especially benefi
cial after the violence of the inflammatory symptoms has been checked by de-
pletion, and other antiphlogistic measures.
The second and third indications of treatment, viz., to prevent the effusion and organization of lymph, are best answered by the use of Mercury, and Belladonna. Mercury seems to have a peculiarly favourable, if not specific effect, in promoting the absorption of effused lymph, and is now used by general consent, with that view in the case of Otitis. It may be rubbed into the temple, in combination with spin or given internally, or used both ways; but although Mercury is much lauded, and has been found to be a powerful auxiliary in the successful treatment of Otitis, its exhibition requires to be well considered, and its effects narrowly watched, for there can be no question, but that cases may, and do occur, where its beneficial effects would seem to be exceedingly problematical, if not decidedly hurtful. Dr. Laver, while he advocates the use of Mercury in Otitis, quotes many cases where the disease has supervened upon the use of that mineral, and he expresses his belief, that it is one
of the most common exciting causes, if what is generally denominated, Syphilitic Iritis. Many examples might be furnished of the mischievous effects of Mercury, exhibited as a remedy in Syphilitic Iritis. These however are generally referred to the quantity exhibited, the form employed, or the precautions neglected; without always regarding the extent of the part inflamed, the character of the inflammation, and the precise state of the patient's general health. Belladonna has been found serviceable in the second stage of Iritis, where the lymph has not been converted into an opaque membrane. As soon as the severity of the inflammatory symptoms has subsided, and the turgidity and tension of the vessels and fibres of the Iris have been somewhat relieved, the use of Belladonna is then indicated. Its action is to stretch, and loosen the adhesions by enlarging the size of the pupil, and thereby promoting the absorption of the luminoius deposits which occasion them.
The late Dr. Monteith states, in his essay on Piritus, that he has seen many people blind in the affection of the disease, who by the long continued use of Belladonna, daily applied to the eye-brow, have gradually recovered useful vision. When Piritus can be traced to a constitutional disease, such as Serofigula, Syphilis &c., it will be necessary to administer remedies adapted to the nature of the disease, with which it is associated, and these I shall specially notice in considering the varieties of Piritus, to which I have referred in my preceding remarks.

Traumatic Piritus is the form of Piritus resulting from an injury. Wounds penetrating the cornea and injuring the Iris or lens are common causes. Operation for artificial pupil, or the extraction of a cataract, are often followed by an attack of Piritus, and when the disease is excited by such causes it is always acute, and requires to be treated in the most active and decided manner. Large bleedings from the arm are often required to be repeated two
or three times, within twenty-four hours. From the accession of the attack, and should the pulse continue hard and full, general bleeding should be again resorted to on succeeding days. Leeches however liberally applied in this form of disease, will signally disappoint the surgeon, who trusts to them alone for arresting its progress. Calomel and opium should be given, so as to affect the mouth, as speedily as possible. Cold evaporating lotions, or warm smelling fomentations, are not equally serviceable in different cases, both however may be tried, and persevered with, according to their comparative beneficial effects. Pruning and the other antiphlogistic means, generally recommended, must be strictly observed, in the treatment of this variety of the complaint. When the inflammation has been subdued, consider the benefit is derived from the use of the Chinum spinosum, dropped into the eye. It has been observed, that the nocturnal hemi-
cranial pain often continues in cases of sau-
motic Iritis, after the acute symptoms have subsided. In such cases, and more parti-
cularly if the patient be of a feeble and re-
lated habit, marked benefit will accrue
from the exhibition of Bismuth, which
seems to allay the irritability and morbid
action of both the muscular and nervous
systems, not only in affections of the eye,
but in other traumatic inflammations.

Syphilitic Iritis. It would be foreign to
the object of this essay, to enter into any for-
mal discussion of the disputed point, whe-
ther Iritis, occurring during the presence of
secondary syphilis, be a consequence of that
affection, or of Mercury given for its removal.
It will be enough for my purpose, to con-
sider the diseases, in their combined rela-
tion with each other, and the Iritic attack
reparticipating in, and as being influenced,
by the constitutional symptoms, with which
it is complicated.

Syphilitic Iritis, like other affections
of a syphilitic character, is often very insi-
dious in its advance, and afterwards, dur-
ence without any known exciting cause, yet like many other symptoms of secondary syphilis, it is most commonly induced by exposure to cold, overexertion of the organ, slight blows, or other trifling injuries, which may in like manner become the exciting causes of an attack. One eye is generally affected first, and if proper treatment be not adopted, the other in all probability will be affected in like manner.

The general symptoms of Syphillis, already enumerated, are strongly marked in this variety, and it has been remarked that numerous small papules, (condylomata) which are frequently absent in other varieties, exist in this one to a degree almost diagnostic of its peculiar character. These papules are seated on the anterior surface of the iris; they may be only one or two in number, or they may surround the pupil, project into it, and to a certain extent block it up; they vary in size from that of a pin's head, to that of a split pea. However frequently these
small cysts or abscesses may be present in syphilitic iritis, as compared with other forms of the disease, the fact, that they are not exclusively confined to any one form; sufficiently, shows that something more must be taken into consideration, than the difference observable in the general symptoms, to discriminate between the syphilitic and other varieties of iritis.

Syphilitic iritis, after even a favourable termination, requires to be carefully watched for a long time; the eye being always left by the attack, in a condition peculiarly sensible to the effects of cold and moisture; on every exposure to these, the light is felt to be exceedingly irksome; the eye overflows with tears, and the vascularity of the sclerotic circle is observed to increase; symptoms which if neglected, will become more aggravated, and ultimately lead to a dangerous relapse.

Different surgeons have expressed different opinions, regarding the efficacy of Mercury, in the cure of Syphilitic Iritis.
to the exclusion of bleeding, blistering and other remedies. Dr. Montef rhath, as quoted by Dr. McKenzie, was a strong advocate for depletion; he had seen the disease progressing with rapid strides, notwithstanding the full action of Mercury, and its further progress at once arrested, by a full bleeding from the arm, and a blister at the side of the neck. Dr. Watson in speaking of the comparative merits of bleeding, Mercury and Belladonna, in the treatment of this affection, says "that if he were restricted to the employment of one of them, to the rejection of the others, he would prefer Mercury, next to that belladonna, but that the combined employment of the three, will have the most decided effect in curing the disease." The inflammation may be stopped by bleeding, but the eye may be lost before this is accomplished.

The inflammatory process not only requires to be arrested, but the mischief already done, requires to be repaired, and this he thinks, can only be effected, by the judici
use of Mercury. Mercury, he considers, the sheet anchor in syphilitic Pitu, and holding a successful adjuvant in abating the force of the circulation, checking local inflammation, and disposing the system to submit itself, more readily to the specific influence of Mercury. Pneumonitis although, pretty generally allowed to be necessary in most cases of syphilitic Pitu, may not be required, in cases where the constitution of the patient has been greatly impaired by previous courses of Mercury, yet even in such cases, the urgency of the local symptoms, the character of the fever, hardness of pulse &c, afford the surest means of determining the necessity of its adoption, and the extent to which it should be carried. The employment of Mercury in this disease, must be pushed to the extent of salivation; in many cases, no salutary effect will be observed, until the mouth has become distinctly sore. Calomel and opium is considered the best form, for administering Mercury in this disease. Two grains of Calomel, from a quarter of a grain to a grain of opium, made into a pill, may be given three
times a day, until the gums be decidedly affected, after which two pills daily may be continued for a time, and then one only given at bedtime. Much discrimination is required, in the mode of managing a course of mercury, in order to avoid the unnecessary misery of violent myalism, while securing to the patient, the full benefit of the remedy, and in very bad cases, where the constitution is much defaced, it may be necessary, to support the system by a generous diet, and a small quantity of stimulants. The local use of mercury is often of great benefit in relieving the pain felt round and over the orbit at night. In grains of strong mercurial ointment, well mixed with two grains of finely powdered gum, rubbed into the temple, an hour before the nocturnal pain is accustomed to recur; after which the eye is to be covered with a fold of linen warmed at the fire; in most cases this practice will completely prevent the accession of the pain. Where inflammatory symptoms are fairly on the decline, the gum will be of service, as in other va-
nities, but the belladonna may be employed throughout the disease, and continued after
the inflammation has been removed, for
months, or as long as there is any hope of
dilating the pupil, and restoring vision.

The mode of employing the belladonna, is by
smearing the surrounding skin, with the
moistened extract, when the eye is painful
and much inflamed; but under other cir-
cumstances, two or three drops of the filtered
solution (a couple of the extract to an ounce
of distilled water), dropped into the eye, is to be
preferred, for its quicker action. A greater
power. Dr. Syme, of Dublin, has
written a pamphlet on the treatment of
syphilitic Intu, and other deep seated
inflammations of the eye, by means of
turpentine. The cases related by him,
afford indubitable evidence, that this me-
dicine has been found successful in the
removal of this form of the complaint.

I urge in favour of this remedy, the rap-
dacity with which it pervades the system, and
consequently brings disease under its influence,
together with the absence of fever, during its opera-
tion on the constitution, thus rendering its use a
matter of interest and utility, even although the
same favourable effects, might be produced
by other means. Cases of Syphilitic Urti-
cerous urethritis occasionally occur, where from a variety of circum-
stances, the exhibition of mercury, is for a time
altogether inadmissible, or at least extremely
hazardous. In such cases, it is fortunate, that
an efficient substitute has been found in the
medicine proposed by Dr. Carnichael.

A draught of the oil of turpentine may be gi-
ven three times a day in the form of an emulsion.

Rheumatic Urti is generally originates
in a rheumatic state of the constitution, or
catarrhal inflammation affecting the serous
coat of the eye. The serous tissues of the joint
are frequently the seat of rheumatic inflam-
ination, in those persons in whom a rheumatic
diathesis exists, and this inflammation, has a
tendency to extend its action, to all the structures
of the same kind, throughout the body. The
sclerotics, partaking of the nature of these tex-
tures, is liable to be involved, when from vi-
Rheumatism, of temperature, exposure to cold, the use of mercury or other exciting causes, an attack of rheumatism has been induced.

Rheumatic ophthalma, ostitis rheumatic, ophthalma and Rheumatic Fritis, are three diseases which merge into each other; a degree of Fritis, almost invariably attends the two former inflammations. Some surgeons describe a fourth disease of this class, which they designate the Asthetic or Grisy, Fritis; but as the distinction has not been universally adopted, and seeing that the remedial measures indicated, by the symptoms present in each, are applicable to all the four, I have not thought it necessary to discuss them separately. Of course certain modifications in the treatment will be necessary, according to the peculiar circumstances which distinguish individual cases; and these can only be determined by the judgment and discretion of the physician in attendance.

Rheumatic Fritis, like rheumatism itself, is liable to occur frequently from slight causes. There is seldom much permanent
danger done to vision by a single attack, but by frequent attacks, if the disease has not been properly attended to, effused lymph will form adhesions, the pupil will become more and more contracted, and vision will ultimately be destroyed.

There are certain local appearances which distinguish this variety of the complaint from others. It is not so often attended by a deposition of lymph in distinct masses, as syphilitic tritis. The contracted pupil keeps its central position, not being directed to the root of the nose, as in frequently the case in syphilitic tritis. The zone of red reflexes encircling the cornea does not run up so close to its margin; a remarkable white ring being left between the cornea, and margin of the zone. Sometimes this circular white stripe is as perfect, as if it had been drawn by a pair of compasses. The patient complains of pain in the eye, and in many cases it is very severe, and attended by throbbing; the pain is much increased on the slightest motion of the eyeball. There is al-
so circum orbital pain, and pain in the eyebrow. These pains are increased during the night, as in other varieties of the complaint.

Dr. W. Tungie says that he has generally found this form of Intis, in asthenic patients, beyond the age of fifty. Persons whose health had previously been impaired by an indulgence in spirituous drinks, he thinks, however, that the disease may take place in those who are more robust. It is obvious, from the preceding remarks, that this variety of Intis, neither requires, nor bears those free emulsions of blood, and that liberal use of mercury, which are necessary for other varieties. Mercury, pressed to salivation, is often found to do more harm to the system than good to the eye, and in a disease which is so apt to recur, repeated salivation cannot be otherwise than hurtful; the treatment must therefore be conducted on general principles, and regulated by circumstances. If there be fever, a hard, quick pulse and white tongue, leeches should be applied liberally to the brow and temple, and caustics administered freely. From twenty.
to thirty drops of the wine of Codicium may be given three times a day. The digestive organs require to be set right, and the bad habits of the patient corrected. An astringent will be of service in the first instance, followed by a hum.

meris pill every second night. Counter irrita.

tion by means of tartar emetic antiment, his.
tors at the nape of the neck and behind the ears will be of essential benefit, and when their good effects have been fairly manifested, great bene.

fit is likely to be derived from the employ.

ment of tonics such as Fowler's solution, Tonicine and the phosphorine Carbonate of Iron.

Dr. Mottelthorpe seldom used mercury in this varie-
ty of cases, owing to its effects in inducing a re-
lapse, from the slightest exposure to cold. Pas.
sing from one room to another, removing the

linen compress from the eye, or throwing off a

night cap, he has been followed by a relapse

of increased virulence. Rest in a darkened

chamber of moderate warmth, and a strictly

antiphlogistic regimen are recommended in the commencement of the treatment, with

spirits at night, to combat pain, and cul-
Apt use of Magnesia in the morning to cleanse the bowels. Small doses of nitre may also be exhibited three or four times a day, and Belladonna applied freely round the eye. A handkerchief or scarf should be worn on the head and several folds of warm linen on the eye.

In constitutions where the rheumatic diathesis is strongly marked, the complaint may continue for months, to harass both the patient and his medical attendant; the eye appearing one day almost quite well, and on the following day, without any assignable cause, as bad as ever, just as is observed in rheumatic affections of the joints. In such cases much more benefit is likely to accrue from remedies adapted to the removal of the general rheumatic diathesis, than by local treatment applied to the eye itself. In this, as in the preceding varieties, the persevering use of Belladonna, will have its beneficial effect in restoring partial if not perfect vision.

The subjects of Rheumatic Conit will require to avoid, as much as possible, all sudden changes of temperature, violent exercise, and all
known causes likely to prejudice health. Incidence in a southern climate, during the winter often seems an indemnity against a recurrence of an attack.

Scurrous Influenza. A stolonomic taint or diathesis is one of the most common predisposing causes of disease in the eye, but notwithstanding the frequency of scurrous diseases of the eye, and its appendages from this cause, it rarely occasions a primary attack of Eritis. The iris becomes consecutively involved in the inflammation affecting the other structures of the eye. The disease in its primary form is generally confined to children under the age of puberty. It is chronic in character, and compared with other forms of Eritis is slow in its progress. The pain is seldom severe and the inflammation is mostly confined to the serous covering of the iris. The effusion of lymph is but limited. If the disease be neglected and is allowed to proceed in its course, the pain becomes more severe round the eye, accompanied by intolerance of light, the capsule will become opaque from effused lymph, and adhere to the pupil. The iris will be ob-
seemed to bridge forwards toward the cornea, and ultimately the eye will become atrophied.

This form ofritis is very difficult to manage and is left subject to the control of remedial measures, than any of those which I have attempted to describe, for the constitutional diathesis, on which it depends, cannot be entirely got rid of, and whenever the exciting causes of serous low diseases come into action in patients of tender years, this form of the affection is liable to decline itself. What is called Secondary puerperal lowritis, is not the result of any new external or internal agency operating upon the iris: it is merely the inflammation which had previously attacked the cornea extending itself to the iris.

Neglected cases of this compound form of opthalmia, are frequently met with where, from the mildness of the symptoms, the disease has been allowed to go on for years, and until vision has been all but entirely lost; such cases frequently present a remarkable dough or stage-like stiffness of the cornea, and iridescent, when pressed upon with the finger, denoting disorganization of the vitreous humour, which is always attended with a certain degree of amaurosis.
The great object, in the treatment of primary sterility, will be to correct the condition of the sexual system, especially the digestive organs, which will always be found a very striking symptom of the local disease. In addition to the means recommended for this purpose, tonics, and change of air, will be of unquestionable benefit. The sulphate of picric is of essential service in the treatment of sterility. It may be given, even to a child, in grain doses, three times a day, dissolved in water with a drop of dilute sulphuric acid in some syrup of orange peel. Leeching or general bleeding are seldom required in sterility; on the contrary, the abstraction of blood has frequently been found to aggravate the symptoms, probably by increasing the irritability of the retina. Warm fomentations often produce a soothing effect, when the pain is troublesome. When the constitutional symptoms have been, in some degree, rectified, local stimulants and astrignents cautiously applied will often be of great service. The vinum aperic and solution of birett cantharid are the best. These will be found to diminish irritability, and promote the healing of any ulcers, that may have formed upon the sur-
face of the eyeball. When there is marked intolerance of light, a contracted pupil, dullness of the iris with floccular redness, unaccompanied by adhesions of the pupil, the exhibition of Mercury is not indicated, and Quina, and ferruginous tonics will be more likely to benefit the patient, but even in this form of fits, cases will occur where the administration of Mercury is recommended by the most experienced surgeons, as the most effectual medicine to preventing the effusion & promoting the absorption of lymph, and therefore in the cases of weakly febrile subjects, presenting the signs of lymphatic effusion, Quina may be given in combination with calomel and opium. I need scarcely add that in such cases, from the peculiar constitution of the patients, as well as the chronic nature of the disease, the administration of mercury will require to be conducted with great caution and patience. Repeated gentle courses of the medicine may be required, while the system must be strengthened and supported during the intervals of each course, by nourishing diet, the use of
tonics, and all other justifiable means that can be adopted in the patient's circumstances. Counter irritation is another of the local measures which have been found of undoubted utility in this complaint. Blisters behind the ear, and at the back of the neck, are often followed by immediate and marked benefit. Gleys in the sinuses also not only remediable in promoting a cure, but in preventing relapses. Belladonna should be applied in every variety of purulent oitis, whether acute or chronic, and continued as long as any symptoms of inflammation remain. It is best applied in the form of solution of the extract round the eye, rather than risk exciting the vascularity of the organ by dropping it upon the eyeball.

Many of those cases where oitis co-opts with cornuca, when treated judiciously terminate favourably, but in cases of such as are naturally of a very bad habit of body, if the treatment be over-active, and the eye incessantly annoyed by topical applications,
vision will most certainly be destroyed. Such a termination will no doubt happen at times, and with the best treatment, but it is generally the consequence of too much being done to both the eye and the constitution.

I am well aware, now, that I have brought my essay to a close, that I might have extended my remarks to a much greater length, than I have done, but after much consideration, I thought it more advisable, to confine myself within those limits, which would sufficiently demonstrate the amount of information, which I have obtained upon the subject of sight generally, and the views and opinions, which are meant to guide my practice, until I am better able to test the value and truthfulness of those views and opinions, by personal experience and a mature judgment.