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Clinical remarks with Statistics

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in.

the North of Scotland.

by.

John Wilson Black.
Clinical Remarks. with Statistics of Ten Years' Eye Work in the North of Scotland.

The following Remarks are collected from Notes of Ten Years Active Work in Ophthalmic Practice, in the North of Scotland. The Patients were drawn from all Classes of the Community, in the Counties of Inverness, Nairn, Moray, Ross, Cromarty, Sutherland, and Caithness, the towns situated in these Counties, while a few came from the Outlying Islands. The Years with Consideration were from 1 January 1856 till March 30th 1866.

The Notes of the Cases were taken either during the Visit of the Patient, or as soon after as possible. Recorded, alongside the results of treatment, as accurately as might be.

The Total Number of Patients Seen, suffering from eye affections, was Seven Thousand, Three Hundred, and Forty Nine, being an average of Eighty two Patients per Clinic, or 720 Annually. Continuing the year of 365 Days.

Of these Patients, 4,064 were Males and 7,305 females, being an excess of 759 females over males. As regards sex, I may state that Majority of the Erythids were more prevalent in the female Sex. More particularly, the Right eye of Erythids, as also Erythids
The lachrymal apparatus, while affections of the
Iris occurred more frequently among the male sex.
I shall give the exact statistics, upon the influence
of sex into different affections, after first giving a
table of the order to be observed. In this order I
shall follow, fairly accurately, that given by Dr. J. D. Ferg.
Berry in his well known book on Diseases of the Eye.

Classification of the different diseases, with statistics.

1. Disease of the Eyelids. 790 cases, or 10.71%.
2. Disease of the Lachrymal Apparatus. 319 cases, or 4.3%.
3. Disease of the Conjunctiva. 341 cases, or 4.6%.
4. Disease of the Sclera. 7 cases, or 0.9%.
5. Disease of the Cornea. 1478 cases, or 20.9%.
6. Disease of the Iris. 419 cases, or 5.6%.
7. Disease of the Cere. 673 cases, or 9.1%.
8. Disease of the Ciliary Body. 93 cases, or 1.2%.
9. Disease of the Choroid. 89 cases, or 1.1%.
10. Disease of the Vitreous. 59 cases, or 0.8%.
11. Disease of the Retina. 897 cases, or 5.3%.
12. Disease of the Optic Nerve. 193 cases, or 2.6%.
13. Glaucoma. 39 cases, or 0.52%.
14. Wounds of the Eye. 359 cases, or 4.8%.
15. Sympathetic Ophthalmia. 11 cases, or 0.14%.
16. Aphakia & Amaurosis. 36 cases, or 0.5%.
17. Intra ocular tumors. 31 cases, or 0.42%.
18. Disease of the Orbit. 10 cases, or 0.13%.
19. Errors of Refraction. 1505 cases, or 20.4%.
20. Affections of the Oculi with Tumors. 187 cases, or 2.53%.

Lastly, I have described Operations, & Methods of Operating.
Sex.

Now as regards sex, the order observed in the above table.

Diseases of the eyelids, were found to be more frequent in the male sex, particularly the Various types of Blepharitis. The reason of this is probably due to more attention being paid to the eyes with the sex, with a special preference to these effects.

Diseases of the Lachrymal Apparatus, were undoubtedly more frequent in the female sex. Thus out of a total of 219 cases, 186 occurred in women, and only 33 in males, being about 23 cases in the female sex. The reason of this is difficult to account for. It may depend upon the smaller size of the Lachrymal ducts, nasal sacc in the female sex. It is perhaps partly because of women's closer contact rooms, setting up a more antiseptic condition, with thickening of the lining membrane, the greater sensibility of the lining membrane, the longer hair, the absence of any artificial medicine in the skin of hairs, such as is provided by the dress, and the more intimate contact in the male sex. Whether these are determining factors or not, the fact remains that, of all the Lachrymal Apparatus, the female sex has.

Diseases of the Conjunctiva, & Cornea. Seen pretty equally divided amongst the sexes. Excluding Traumatic Conditions.

Diseases of the Iris, have been frequently noted in the male sex. Thus out of a total of 219 cases, 186 occurred in men, and only 33 in females. The cause of this is probably due to the more frequent temperature, or trauma, in the male sex.

Disease of the Lens, Ciliary body, Choroid, and Vitreous, in the male sex, have fairly divided amongst the sexes, with the large proportion of the females, to which
Glaucoma has been frequently observed in the female sex. This at our total of 29 cases, 27 occurred in females and 2 in males.

Foreign bodies in the eye are much more frequent in male sex. The reason of this is obvious.

Sympathetic Ophthalmia has been seen in 11 instances. Of these 9 occurred in males and 2 in females.

Aphthous. Aphthous ulcers have been frequent in both sexes. The chief cause of aphthous ulcers is the use of tobacco.

Diseases of the Orbit. Diseases of Orbit. Errors of Refraction, and affection of the extra ocular muscles are equally distributed amongst the sexes.

Age.

As regards age, the following points may be noted. Inclusive cases of Ophthalmia Neonatorum have been. This is a percentage of 0.16%. The disease is very uncommon in the Northern Counties of Scotland. Although cases of Cataract, Conjunctivitis in Infants are possibly as frequent as the other.

Aphthous is less common, and Conjunctival affection...
An frequent in the young. Thus out of a total of 480 cases of Rheumatism, 29 cases or 4.3% occurred in individuals under 20 years of age.

Affections of the cornea are also much more common in children and young adults.

Cataract, and affections of the lens, are even more frequently observed in elderly subjects. Out of a total of 647 cases of affections of the lens, 90% of which the great majority were those of senility. Of mature cataracts, no fewer than 471 occurred in individuals over 50 years of age. The oldest patient who was operated on for cataract was a lady of 89 years of age, the youngest was a baby of eight months.

Occult fevers.

The influence of climatic conditions has been in the marked increase of lachrymal affections in the colder months of the year. In the lachrymal conjunctival affections in the spring months. In the lachrymal gland affections in the early summer months, particularly in April and May, then the cold East winds. In this particular, colds, cures, chill, and rheumatic manifestations. Lachrymal affections are probably more frequent in the summer months, yet, particularly, functional cases dependant upon direct Sunlight, and also from glass.

Family and Class predisposition. The poorer classes have a great tendency to chronic
Inflammatory conditions such as Ophthalmitis and Keratitis.
Chronic conjunctivitis, blepharitis, corneal ulcers. Foreign bodies in the eye. Burns of the eye. Tobacco
Abuse. Venereal affections such as Urethritis or syphilis.
Infectious diseases. Conjunctival affections. Retinal
Affections. Rarely frequent with bill to bill.

Trades and Occupations.

Fires and foreign bodies in the eye, has much been
Common among directly exposed to the risk of these,
Such as Stone breakers, Masons, lavers. Some very
Notable cases of Sepsic Conjunctivitis. See following
A neglected or improperly treated eye in stone breakers.
In these cases almost without exception the eye has
been treated by a friend or fellow workman. What is
Usually employed to remove the fire, is an Ordinary
White Fan, the point of the fan is bent between the
Fingers, so that it is flattened and slightly bent at
An angle. See Fig. 1. If it is then used, without any
Atmosphere at Cleaning, to pick out the foreign body.
And very often successfully. In a few cases, where
the particle is deeply fixed in the corneal tissue, or
Is very deeply placed, or when the patient is nervous
or delicate, the fire is not removed, but these cases
are exceptional. The majority of those coming for
Treatment have the particle removed. Only come
For a complication. Namely a Sepsic condition of
The cornea with hyperplasia. Then they never use cocaine
Or any other sedative. The pain of removal in many

Cases must be considerable. Considering the frequency of these cases, the little disregard of cleanliness the wrong to the insufficient depth. Incisura really did. As a rule, each of the different cases has got its own man. Skilled in the removal of foreign bodies. Out of 100 cases of fire in the eye, which had been looked at, only 3 cases for infiltration of the cornea. In 29, there was hypopyon in addition. Some of these being very severe cases. In only 1 case the life lost. I do not move use the Cautery so frequently. As in these cases, I really think the heat of the Cautery caused some damage to the delicate structure placed deeper in the eye. And particularly to the iris - a circular body. I am convinced, that in some cases, arrest of function in the Cautery apparatus, or consequent ultimate loss of vision, the globe or even shrinking of the eyeball is really due to the too active use of the thermo - cautery.

Formic aldehyde, as recommended by J. Meglumy, a French Medical Journal, 19 January 1876. And particularly mixture of Iodine, will give very satisfactory results. But I shall enter more fully into this subject when speaking of hypopyon keratitis.

In the removal of foreign bodies from the cornea, I have found an instrument, which I had made for me, by Dr. Stedman, four or five years ago, a principle which has been used to be very satisfactory. It is called a "Corneal hook," for the removal of fire or foreign particles from the cornea.
A NEW INSTRUMENT FOR THE REMOVAL
OF FOREIGN BODIES FROM THE
CORNEA.

Most ophthalmic surgeons have experienced some
difficulty in removing foreign particles from the
cornea, especially if these particles are flat or scale-
like, and lie deeply in the corneal tissue. Under
such circumstances a good deal of digging has to
be done with the corneal spatula to get the
instrument well round the foreign body, in order to
insinuate it beneath it. This effort may cause rup-
ture of Descemet's membrane, and escape of aqueous.
In all cases it causes considerable destruction of
corneal tissue, which may leave some degree of
opacity or cause altered refraction after healing, with
consequent impairment of vision.

The instrument above figured I have found to be
of considerable service in the removal of foreign par-
ticles, whether lying superficially or embedded in
the corneal tissue. It consists of a fine rounded
needle-like shaft. The terminal end of this which
is very fine, is flattened at the expense of the
anterior surface, which makes it slightly spoon-shaped.
The very tip is minutely hooked. This hook can
be distinctly felt as a "catch" when the point of
the instrument is drawn across the palm of the hand.
After the instillation of a few drops of a 4 per cent.
solution of cocaine, the instrument may be used
either as a tractor or as an elevator.

1. As a Tractor.—Here the minute hook fixes on
the edge of the foreign particle and picks it out.
This is especially serviceable when the foreign body
lies deeply in the corneal tissue, as there is thus less
risk of causing rupture.

2. As an Elevator.—By this means the minute hook
is insinuated beneath the foreign particle, and it is
lifted out of its bed lying on the hook.

In either case it is surprising how easily the hook
lays hold of and removes the foreign body with the
smallest amount of destruction of corneal tissue.
The instrument has been made to my entire satis-
faction by Messrs. John Weir and Son, of Oxford
Street, W. The cost is very moderate.

Inverness,

J. Wilson Black, M.B.Edin.
In fig. 2. I have used it constantly ever since.

I have never had any troubles with the nasal or the offending particles. The body can be better hooked out, if lying on the upper layers of the cornea, as if using a spade. If lying deeper, the hooked end can be passed beneath the foreign particles, and then it can be lifted out. It, also, is not at all so destructive to the corneal epithelium as was the old corneal spade.

Five cases of retinal disturbance from direct effects of sunlight were observed. Three of these were in fishermen, the rest exposed to the direct glare from the Sun at the lake, in a Very Hot Summer. The boats lie at anchor all day into bay preparing to the right fishing. The men are much exposed to glare.

A number of cases severe cuts of the Globe occur in Medical lace manufacturers, by the bursting of the bottle. As also in Ravine, engaged in blasting with nitroglycerine. Some cases of scratch of the cornea from a baby fish rail, also occur. Many these last became infected and became very superficial and consequently very painful, and are therefore seen at once.

Tobacco amblyopia is exceedingly common, no fewer than 287 cases having been observed. All of these occurred in males, but in very instance the amount of tobacco consumed was less than 2 ounces daily, and almost invariably smoking was indulged in on an empty stomach.
Two ounces of strong tobacco weekly, particularly when mixed up in any liquid tobacco, seems to be the safe limit for most men. Whitman mentions several cases in which the disease continued for any length of time, especially when nothing is indulged in. Then the disease is less apt to return unless other ailments begin to show symptoms of affection, from the poison by some impairment of vision. In most of these cases alcohol was indulged in, as well as tobacco, in some of them to excess. In a few cases I know that while the tobacco was completely stopped, after treatment was begun, the alcohol was not in any way moderated. Yet in those cases, improvement of vision took place just as soon, and satisfactorily, as in those where the alcohol was discontinued as well as the tobacco. This is in one case which was seen 12 July 1876, vision 1/100th, aged 37, used to be vision at 1/120th. He indulged 4 ounces of strong tobacco weekly. Took drink heavily occasionally or oftener daily. He stopped tobacco entirely at once, but under wise moderation his drink, r 76, by the beginning of March, vision = 5/30 to 1/120th. This shows that the tobacco is the real vital factor in the disease, the greatest cause of tobacco blindness was in a young man aged 23 years. The oldest in a man of 52 years of age.

1. Diseases of the Eyelids.

Diseases of the Eyelids. One noted in 990 cases. The commonest affecting being epithelium tarsi and
tarsal cyst. Because of the ulcers eradicated Oct 72.
In one of the total number of cases this occurred.
The number of cases of Khephair was 480.
Of these cases varied in all degrees of severity, from mild to
severe at the vertex of the lesion to marked ulceration with
scarring. In one case a chronic inflammatory thickening
of the lid margin with epiphora. The routine treatment, except
in the very mild cases, consisted in first pickling all the
seeds, laying bare the ulcers, then thorough irrigation from
the whole stained area. I have done this personally on
all cases, although it is tedious. It pays best, in the final improvement that takes place. After
epilation, Cocaine was well rubbed into the raw bleeding
surface, also to the borders of the eyelids. This relieved
the burning, and also helps to bleed. Then Silver
paper was applied into a camel hair pencil, 20 pr
of the anise to the third undilated surface, or 10 pr to
the borders of the lids. If the canaliculus was closed,
by very small puncta, it was then freed out of with
a knife's knife. I regard this as a potent to
the eye, as it is impossible to hope for cicatrisation
of the disease, as long as the lids are constantly kept
open. The picking up of the canaliculus was delayed
to the last, because being painful, very young or reverse
patients get frightened after it. I will never allow
further manipulation. Then a few drops of Cocaine
are gently instilled, & the patient puts an eye cloth.
Item of box estrogen, & yellow oxide of mercury
salve, to use at home. Must keep the above.
treatment arrested the disease promptly. In a few
instances the death rate of Silver Solution had to be re-
stricted, once or twice. But there were invariable cases
where the tear ducts were lined with a look of silt. If
the instillator was used to warm the ear, then, to bring
a drop of life - only a very small number
of cases required true correction for Short Spectrum.
Bordeaux or Siphon. Only ten cases of this type are
Recorded. The cause of this is obvious. As treatment
is usually expensive. Only the richer classes seek
advice. All true cases are for recurrent nature.
the patients become cases of debilitated, receiving
their treatment, and change of air. Ten of the cases
required attention to reparation, all hypermetropia
or presbyopia. In the Siphon itself, request his dropper
maintain was found soothing and restful. Whenever
better form the affected and less inflamed, or the
yellow point picked off with direct light for cope.
Chlorine gypseid.

Not one single case of this affection was noted in
the ten years. Siphon instillation now getting more
common, is decided less frequent here, than in the
South. A Regiment of soldiers is now practiced
at Hohenwalt, I the result is an increase in the
number of cases of syphilis.
Vaccin pox, 111. vaccini inoculation gypseid.

The case of this was noted in a lady who
was reeling her recently vaccinated child. The
swelling was very scant. and the preauricular and
also has complicated. It was scraping under Cocaine, 
if, although a considerable amount of tissue was 
destroyed, it did well. The drains continued and the 
face was strongly treated with the lape. Soon 
scars were well; 1 small papilloma of the lid margin, were treated. They were all, latter 
snipped off with scissors, or left undamaged with 
 fine silk, and allowed to drop off.

Keratocele.

Xanthelasma.

There were marked cases of Xanthelasma were 
noted. No treatment of any kind was asked for.
They all occurred in women past middle life.

Tarsal Cyst.

This is a common affection. No fewer than 120 cases 
being operated on. In 32 instances the cyst occurred 
in both eyes. The upper eyelid was affected in 98 
cases, the lower eyelid in 22 cases. 75 of the 
patients were male, and 45 females. In cases, were 
operated on, in the usual manner: namely, without 
the application of Cocaine. In each case, special pains 
were taken to thoroughly scrape out the contents, 
right up the cyst well. In five cases the opening had 
made through the skin, as the contents had supported 
the skin covering had ascended there.

Trichiasis.

Trichiasis.

Twenty seven cases of Trichiasis were noted - otherwise
mostly of slight degree, and were treated by repeated
Elastin. Five cases were operated upon.

Ectropion.

Conjunctival Ectropion. Numbered 47 cases. The treatment
in the minor forms consisted in lifting up of the
lower Canaliculus, and the application of a solution of
Silver nitrate 10-20 per to the mucous to the internal
surface of the eyelid. This, if repeated at frequent in-
tervals, completely cured the less severe cases. In
several cases more aggravated forms, that will not
submit to more severe operative measures. In these
seven cases were operated on by Mr. Angle's Kobelt's
method, which gave very satisfactory results. I have
tried this operation, without any Anaesthetic in three
instances, and the scar is by no means very severe. In no
\[\text{Inleg ref.} 174^o,\] after cutting away all the tissue. It did well.

Ectropion.

Nine cases of Ectropion were noted. Five were sen-
ior. Nine were operated on by a removal of
a fold of the skin half at half. Two cases
occurred after Cataract Extraction, caused some
trouble, owing to the cases irritating the lid. In
Cases which are very slight, and will not submit to
operation a small piece of heated Adhesive plaster,
keeps the lid wonderfully well in position, and is much
better than Adhesive tape. Collection.
Symbiopharon. Symbiopharon.

Seven cases of symbiopharon were noted, following accidents & burns of the eye. The adhesions were divided with scissors. The conjunctiva being carefully dissected up & then stitched into place. All the cases were successful. One of these cases was very severe.

Dermoid Cyst. Dermoid Cyst.

Two cases of dermoid cyst were seen. They were removed and all did well.

Ptosis. Congenital ptosis.

Twelve cases of this were seen, in the last 10 years. In 7 the affection was simple. Some of them came for the affection of the eye. & had no trouble with the ptosis. Now they were operated on.

Epicanthus. Epicanthus.

Five cases of epicanthus were noted in the last 10 years. All were submitted to operation. It was done by partial division of the fold & stitching the cut ends together. In four other cases were no success. & did not really require operative measures. weird seemed to do quite well for operation. No pain being complained of.
Fifteen cases of diphtheria were observed. Twelve of these were in children and young adults. The remaining three were in adults over 25 years of age. Nine cases occurred in males and six in females. One exceptionally severe case was seen in a nervous middle-aged man who developed it after a period of overwork and mental worry. The condition in this case was severe and almost constant. Medical treatment of a fairly drastic type, involving some relief, was symptomatic and effective. In all, fairly large doses of bromide of potassium at night undoubtedly benefited him. After a rest, release of air, the symptoms almost went away, but still slightly return upon any excitement. In some of the cases an attempt of vaccination was discovered. The correction of this by suitable passage, and the improvement of the general health did much to cure the condition. Six of the children showed a marked tendency to chronic and recidivated.

2. Diseases of the Lachrymal Apparatus.

Disease of the lachrymal apparatus was observed in 319 cases. Out of these 319 cases, 133 occurred in females, and 133 in males. They were divided as follows: Diseases of the lachrymal gland 1 case. Disease of the tear passages 318 cases.
Lacrimal gland. Disorder of the Lacrimal gland.

Only one case of inflammation of the Lacrimal gland was observed. It occurred in a little girl 8 years of age of a Strumous type. The cause could not be clearly ascertained, after a short thorough investigation. It is probable it commenced as a periplacelar Cellulitis, the gland was only secondarily involved. It was swelling of the lid, especially at its outer portion. Extreme tenderness to touch. The enlarged gland could be felt on palpation. There was also some pro-trusion of the globe. Suppuration took place and the first burst was the conjunctiva. There was marked fever with some delirium at night. After this general 

Notal Cellulitis took place, with marked pro-trusion of  

the globe, and palpebrars tension, of probably 3-4. 

Any Shallow anterior Chamber, and Anesthesia of the 

Conner. The Conner then began to sluff. The globe 

was necleated. The child recovering perfectly. This was 

billed probably a case of Cellulitis, but the gland was also involved. 

Fistula. Fistula of the Lacrimal gland.

No case of this has been during the whole period.

Tumours. Malignant tumours of the Lacrimal gland.

No case of these were observed.

Tear passages. Disease of the tear passages. There were
Affecting part Canelo.

Chacalal.

Chacalal.

Affection at spot in Canelo.

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In the patient was some mild local at home. If there is any oedema or conjunctivitis, the lower surface of the lower lid is painted with a solution of nitrate of silver.

Dacryocystitis. Inflammation of the tear sac.

Acute inflammation of the tear sac has been seen in 15 cases. It was treated by hot sitz baths, with the use of plain hot or boracic solution, or poppy seed ointment, and frequently by the application of from 2 to 4 leeches over the sac, with a good trickle saline mouth. After the inflammatory condition subsides, the canalculus was slowly slit up, a probe gently passed into the sac. It was then gently washed out with warm boracic solution, and if possible the probe was passed through the nasal duct into the nose. A nasal astrigent, such as iodine, and boracic acid, was used three or four times a day. If warm boracic solution for the eye - such as treatment to cicatrize. Soon improved. In five cases a abscess formed or burst at once. All three of these cases were in women. In two of these, was the only trouble with the fistulous opening, so opened. In four other instances the abscess was opened. In chronic cases the canalculus has at once slit up, and the tear sac easily washed out with a warm anti-septic solution. The probe was passed twice weekly, gradually increasing in size until the duct remained open.
quite patent. This required considerable patience, and perseverance, for chronic cases show a great tendency
to relapse even when apparently cured. So the patients
were asked to return occasionally to have the probe
passed for a period varying from 6 to 8 months.
All this time they continued to use Boracic oint
and eau de nhd, and each morning the sac was well
pressed on, so as to dispel any retained mucus.

Lachrymal duct.

The return of the Lachrymal duct.

were treated by probing. The results of treatment
were fairly satisfactory. The drawback to successful
treatment is that many of the patients cannot return
sufficiently often for successful treatment. In some of
the patients, even after the shorter pains had been
taken. The condition relapsed, as soon as treatment was
resumed or stopped. Great benefit was found
from frequent washing of the sac or duct, by
as to get the walls into a healthy state.—Miller
水准. o. sole. The syrup or aconite. The solution
found not only be warmboracic acid,
or a solution of Burex. Obeaez or iodine and
Boric Acid of Soda. Boracic or Sodium and
Hydrosulphate of Soda. or a solution of lithium.
about 1 teaspoonful to a half tablespoon of water.
If the walls of the sac are in a very unhealthy
state. The three or four forced great benefit resulted
for the following method of treatment. The lower
Canalicus was first freely let open, then the sac
was freely boiled out into plain boiled water, in which a few little bicarbonate of soda has dissolved.
The resulting carbonate acid has injected this cause.
Sodium bicarbonate induces a healthy condition of the living membrane, therefore does any harm to the corna.
A little of silver is also useful.
For a second most useful, after an extended trial, were those of M'ggl. Robertson, and, after some experience, I found that no benefit results from the use of such large or thick prises as are seen now-a-days, which only laborate or over-stretch the already damaged walls of the duct. Diseases consequent to the patient, involvement, etc., are consequent to the patient, involvement, etc., are
the present leading one of the lacrimal apparatus.
Attention to the nasal cavity is to the general health. Such pains owing to cases, as well as the treatment of these cases, are caused improvement, and cure in many cases, chronic, or obstrinute conditions.
Before beginning treatment, I always explained fully the condition of the patient, and also how chronic or slow nature would be, and always get a promise to return regularly, until the state can better.
Without this, it is worse than useless to proceed with treatment. Many patients also, are unable to return at the particular time, owing to other arrangements. It is best partly away to return at a future time, and to return regularly, to have the treatment properly carried out. I explained this, before the treatment is commenced.
# Diseases of the Conjunctiva

Diseases of the Conjunctiva numbered 341 cases.

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Total 341 cases.

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Hyperaemia of the Conjunctiva.

There were cases of simple chronic conjunctivitis of the conjunctiva. There was a feeling of heat, and
glaucosmes in the eyes. Both eyes been as a rule affected. C. Corol Red, not bright, but dull-red. There was a slight reddish & furriness at the edges of the lids. Tenderness, & irritation, itch, feeling. It also the particles of mucous sticking in front of the pupil, and obstructing vision, caused the eyes to be frequently rubbed with the hands. The palpbral portion of the lids was found to be vascular. The conjunctive as a whole was thickened & velvety. Quite a number of the patients have been abroad in India, Egypt, S. Africa, hot, and sandy, or dusty place. Most of them also indulged in smoking indoors, or in small & ill ventilated smoking-rooms. Many also, lived rather well, ate hot curries, & took alcohol. Better to excess. I showed Carpoistiation in other organs of the body, such as a slight increase of dulness, with tenderness over the liver. It also a tendency to hemorroids. had some Carpoistiation in the lungs, shortness of the breath. In one or two there was a further condition, in some Carpoistiation of the liver, or kidney, with marked increase of pulse tension. These are the conditions that induce this hyperemic condition of the Carpoistiation. I am of opinion that in many of the cases, at all events, it is not a local affection at all, but a local manifestation of a general hyperemic condition. In proper treatment then, to general as well as local. I begin by drenching the patient, cutting off all habitable, poor-nick food. Reduction, or stopping the
Alcohol consumed, taking a sober account of.

prescribing a saline purgative

Paris green, such as Biarylc, Sarsaparilla

leaves, or Frascatelli, or Caroband pills. If the

drugs are damaged, with furrow tongue in the morning,

I prescribe small doses of this pill. I give tartar emetic

with food. The, along with a succession of alkaloids

makes an excellent tonic, to be taken with food.

They rely till then, is local treatment in use. Avoid

tobacco-smoking indoors. Overuse of the eyes. Corneal

any error of refraction. The local application

of 10% to the source solution of chloride of silver,

to the inside of the lower eyelids. The use of a

syrup, stimulating brisk at home. In some cases,

the purging or Swollen Canaliculus requires dilating

or lifting up. Some few cases are undoubtful

benefited by slight Sterilization of the inside of the

lower eyelids, and allowing for drying from the

second results by bathing with warm water.

Prolonged, that pretty freely, always have a

marked influence in reducing the conjunctival hyper-

alumina.

Cataract.  Cataractal Conjunctivitis.

This has noted in 124 instances, and occurred

in all degrees of severity. It has found to be

more frequent with spring and autumn instances. Thus

at the 124 cases, 50 occurred between the months
of February and May, 21 cases between May and August, 29 between the months of August and November, and 14 between the months of November and February. The Acute Cases numbered 88, of which 74 were chronic, and chronic.

Now figures do not include some acute cases seen in the course of other diseases, such as measles.

In the Acute Cases, cocaine drops 4% solution gave prompt relief. Also by the constipating action of the conjunctival vesicles favorably influenced the course of the disease. Boracic acid lotion was prescribed for home use, to be used frequently. In some cases the drops were instilled once or twice daily. The dried paraffin ointment was kept cleansed away, and so prevented from drying with the margins. In some cases, orifice ointment was applied to the edges of the eyelids at bedtime.

In the Chronic Cases, painting the eyelids with boracic ointment, at bedtime, after applying cocaine drop found most beneficial. In addition to the boracic acid ointment more astrinvent lotion such as albumin dihydrate 1% was used. At the same time, the lachrymal apparatus was carefully cleaned to. If the lower canaliculus were shut open, inserting it into a gather of at all.

Any cover of exudate was

Paracentesis. Paracentesis conjunctivitis.

By this is meant a mere simple opac of the corneal
Conjunctivitis, when the discharge is fluent. It was observed in 66 instances. It is frequently seen in Infants shortly after birth, and must be carefully distinguished from Ophthalmia Neonatorum. The secretion is almost always fluent, but is not abundant. The lids are swollen, but do not at all to the same degree as in True Ophthalmia Neonatorum. And there is no damage to the Cornea. In infants it is caused by the reception into the eyes of irritants against secretin, shortly before birth. But this secretin does not contain the true gonococcus of leases. It begins usually from 2 to 6 days after birth, as a fluent conjunctivitis. The lids then swell, and are stuck together by dry secreted mucus. Upon opening the lids, with the fingers, the Cornea is seen clear, unaffected. It is apt to be mistaken for True Ophthalmia Neonatorum, or for a mild attack of a Much Awkwardness may result from it. The last I saw, was thrown into a condition of much Petrification. I saw her entirely muffled up in the grave propriis pecunia by the family physician. She reported that her was a great danger of the infant's losing sight. The eyes were being dressed daily with corrosive sublimate. A lube of silver was applied to the eyes daily. The Child is now really not in danger, but is from the disease. I at once recognized the condition the was able to measure the fluids. I believe that this disease is recognized sufficiently into that books. It is
Mr. An ordinary staphylitic conjunctivitis. But
bequeath such as Ophthalmia Neumatium does rely
in a multitude of different ways rich to the corner.
Or lady, when I attend, has it in the infant at
each birth. If left alone it runs a course of days
automatically. The proper treatment is vitriol
of Silver 1 to 2 P.R. to the corner, dropped into the eye
twice daily. The patient recovers slowly. Never
write questions or work Smoked in Woman for acute lesions.
I have named the disease "Coryza Neumatium"
to distinguish it from the urea severe Ophthalmia
Neumatium. It is not so dangerous as Granulosa
although it is quite severe at first but it may quietly become granulose
It is a true purulent conjunctivitis of infants.
Granulose Ophthalmia.

Not a single case of this, in an adult, has been
during the ten years back.

Ophthalmia Neumatium.

Fifty cases of this disease have occurred. In each
of the 15 cases both eyes were affected. It was seen
Here in practice. Diseases of conjunctivitis
Neumatium occurs almost invariably with other cases
patients. At 7. The 15 cases. 13 had a poor recovery.
7 perfectly. 5 with defects in the corner soon or later
healed. In one case, the corner gave way during
the dressing. 7 the lens was extended, along with
Sor Vitreous, the eye ultimately shrinking. The other eye however did well. In another case, the damage was already done before the child was brought for treatment.

The treatment employed was frequent bathing with new Corrize Lotion, 1:5000, & the application of Saline Solution, 10 pts. to the cornea to the inside of the lower eyelid daily.

Ocular. Ocular or Ocular Conjunctivitis.

In all 76 cases were noted. All of them being children, young adults. Ocularly at the corners, scheld margin the small sign p in arrow are very suggestive of the use of both of some kind.

The patient were mostly in a weak and debilitated state of health. In many of the cases too seemed to be the slightest article of diet. This is drinking

fact damage to the fine phuyse of the lymphatics, & especially to the young people. Tea is drank both in town and country districts to dress. In fact in most of the county, where the tea pot stands all day, as a little hot in front of the fire, burning and boiling all the time. The Strang infuses so

found, is taken, the first thing in the morning. It is

every meal during the day. Very often alone, without food or any other kind. The appetite is thus

Satisfied. If the kernel of the seed is first. To nourish

heat of any kind is taken. I have frequently
New Young Girls of from 12 to 20 years of age.

The tea is taken 6 to 9 cups of black tea daily, preferably the tea is taken without any milk or sugar. The result of this is, that the stomach gets into a irritable condition. The mucus membrane gets congested. A process of mucus is secreted. A chronic catarrhal condition is set up. The patient gets debilitated. 

The mucus membranes may ulcerate. Palpitation. 

Insect. A periodic pain supervenes. The whole system gets low. 

Sclerotic and develop in the Cornea. 

The treatment advised is attention to the general health. 

To the state of the stomach. 

Fast from food and drink. 

Rest from work. 

But don't live. Just a few globe-bracing and inhaling cocaine. 

The mucus membranes cleared yellow stains of decaying content.

Diphtheritic Conjunctivitis.

During the ten years' work, three cases of diphtheritic conjunctivitis were observed. In the case there was the diphtheria of the throat. The palpebral conjunctivitis has a purulent white membrane firmly adherent to its surface. It could only be picked off with difficulty. It caused some itching and left a raw surface. The cornea was unaffected.

The treatment employed has the bathing the eyes.
with a bath of Sulphate of Potassie, 1/4 of the
baths with a sufficiency of diluted Sulphuric Acid
to dissolve the pustule. Some baths diluted into
equal parts of plain distilled water. Also made a
good eye bath. Usually Stenilates was given
inunction of the perichirid gum. Each case
made a good recovery.

Practone. Granular Conjunctivitis.

This disease is very rare in the West of Scotland,
only five cases being seen in the 10 years. Giving
an average of only one case in two years.
Out of the five cases, three had been abroad.
Three cases were all chronic, they were treated with
blue stone, and all improved.

Follicular. Follicular Conjunctivitis.

Nine cases of Follicular Conjunctivitis were observed.
Of these, 6 occurred in children under the age of
12 years. The cases were all mild, were
treated with Krones 7 Silver Solution, and
Antiseptic eye washes.

Amyloid. Amyloid Affection of the Conjunctiva.

The case of this rare disease was observed in
father, age 38. It consisted of a small patch
Of many looking material situated with either side of the bulbar conjunctiva. In the twelve cases mentioned it was right or left raised. It causes no symptoms, the treatment was nil. In one case there was otherwise healthy but got a foreign body.

Pterygium.

Two well marked cases were noted. In one, operation with success.

Pterygium.

Pterygium.

This is a rather common condition, having been noted in 24 instances. It occurs in others, although no role was taken as it came on account of some other eye affection. Most commonly both eyes are affected and much more frequently to the inner side. Thus only 5 cases showed the condition in both sides of the cornea. It has been frequently seen in hot climate workers. Who are exposed to the heat of a strong fire. Such as women engaged in cooking in large establishments, where the heat of the fire was great. And in a few instances in individuals who had returned from hot dry climates.

In no instance has any operative treatment called for.

Injuries and foreign bodies with conjunctiva.

These were
Observed in 32 instances. In these instances the injury was caused by metal balls. This accident, which is caused by pouring molten lead upon a wet surface, is always less or more severe. The conjunctiva is burnt and scarred more or less severely. The cornea is most usually injured as well. It is surprising how much lead can be picked out of the eye and from the inner surface of the upper eyelid. Lecain, distilled freely, is of great assistance in the removal of the particles of lead. In five instances nine has the cause of the injury. In these instances gunpowder caused the injury. These accidents from the premature bursting of fireworks. In these cases many particles of gunpowder were driven into and were through the conjunctival membrane.

Small particles of iron or steel are frequently found sticking into the conjunctiva. In some cases won. In others, instant closing any symptoms. The remaining cases were cuts of the conjunctiva, more or less deep, from sharp instruments. In some of these, the sclera has also cut. After thorough cleansing, the cut edges of the conjunctiva were accurately stitched with fine silk.

Syphilis plicatosis. Syphilis plicatosis of the conjunctiva.

No similar case had been noted on one occasion. The dilated lymphatics were well marked to the outer side of the globe. No treatment was called for.
Jumous.

Jumous of the Conjeuctive.

I don't like of the Conjeuctive has noted in three occasions. In each of these cases it had spread from the lid margin. And in each the cornea was more or less inflamed. In fact, it was only when the cornea became affected, that the patient became aware that the eye was affected. In each case, the eye has been examined. In the disease has thoroughly scraped, with a small follicular from the corneal tunic has scraped, into a small fluid. In one case, this has no further recurrence. In the other two, the scraping had to be repeated after an interval.

The Case of Papilloma of the Conjeuctive has been. It was snipped off with scissors and did not recur.

Diseases of the Sclera.

Episceritis. Episceritis.

Episceritis has noted in 9 cases. Four of these were in males, and three in females. In 6 cases out of the 9, a traumatic history could be traced. Either with patients themselves or in their friends. Massage on the closed lids, with cocaine instilled into the eye, and a solution of soda in small doses inwardly, tend to dry and heal. A solution prepared...
Then as rising in the morning, and its avoidance of butchers meat. Especially if the coldness was caused with lethargy, hastened recovery. I am inclined to look up the thickened episcleral patch, as alike in its nature, to the raised inflammatory patches, a note which appears on the skin in many cases of rheumatism in young people. The swelling is due to inflammatory effusion into the lax subconjunctival tissues, the fibrous tissue of the sclera being the seat of mischief. It is closely allied to what takes place in a joint during a rheumatic manifestation. First, there is inflammatory effusion of the fibrous tissue in the joint, with dull aching pain. This is followed by extreme tenderness. Effusion into feeling. This is exactly what takes place in the fibrous tissue of the sclera. This is first of all, an inflammatory effusion of the fibrous tissue of the sclera, very often at the point of insertion of a tendon, with dull aching pain. This is soon followed by effusion, and inflammatory thickening of the episcleral tissues, with enlargement of the episcleral veins. In the acute stage, I think it best to bandage up the eye, with plenty of absorbent cloth. The patient to remain indoors for a few days, hot fomentations also give relief. Later on having returned to absorption of the deposit.

3. Diseases of the Cornea.

This has a most important class of cases
And occurs no fewer than 1.47% times, being a percentage of 20% of the total number of cases. It was distributed as follows:

Primary keratitis. 856 cases. A percentage of 53.03%.
Secondary keratitis. 187 cases. A percentage of 12.67%.
Other affection of cornea. 432 cases. A percentage of 29.28%.

Primary keratitis was distributed as follows:

Ablecteral keratitis. 541 cases. A percentage of 37 cases. Arcus Serpaticus. 23 cases. Lympho keratitis. 188 cases. Dendriform keratitis. 19 cases.

Vesicular keratitis. 78 cases. Cases in the skin with certainty, but which belong to this class. 20 cases.

Secondary keratitis was distributed as follows:

Interstitial keratitis. 148 cases. Keratitis. 35 cases. Keratoconjunctivitis. 5 cases. Paralytic keratitis. 2 cases.

Other affection of the cornea were made up as follows:

Chalky deposits in the cornea. 7 cases.
Arcus Serpaticus. 70 cases.
Corneal cornea. 5 cases.
Fibroma of cornea. 1 case.
Constricted epithelium of cornea. 3 cases.

Injuries to cornea:

Lacerations. 87 cases.
Linte. 25 cases.
Spongy bodies. 231 cases.
Cornea. 5 cases.
Scler. 2 cases.
This has occurred in less than 541 cases, occurring in all degrees of severity. The great majority of the cases occurred in children, from 5 up to 20 years of age. To analyze the effects 51 cases occurred from two to five years of age. 387 cases from five to twelve years of age, and 103 cases from twelve to twenty-five years of age. No case has been younger than 2. nor over 25 years of age.

The great majority of the cases, then, occurred in children; usually, Struma, or in some way tainted, from five to twelve years of age. A very rare, incurable proposition. The cases were described from four attacks. A child a perfect object of deep gloom or demonstration, described from a previous attack. This disease treat as a very common one. It occurs in all degrees of severity. The primary cause seems to be a debilitated state of the system, occurring in an individual predisposed by some constitutional taint, Struma, or otherwise. Short of the children born of a really Struma Anæsthesia, and in all a debilitated state of the System existed. In a few cases the Phlycten"
So formed quickly becomes irritated. If a new ophthalmic
suppuration infects the eye. Dying to the
low state of the system, this is not likely to last.
These or less vascularisation occurs. The condition
is aggravated by the intense photophobia, and constant
retention of the tears, which seem to have a paralytic
like action on the cornea. Also by the habit of
keeping the face buried in the pillow, so as to exclude
all light from the eye, which also, further increases
the paralytic action of the tears. From the heat
moisture the outer edges of the eyelids get pressed
on the lids become excoriated. The patient then
brought to the crescentic room presents a sorry
spectacle. A thin white face, with eyelids tightly
closed. The head bent to the ground. The outer edge
of the lids pressed in. Lids excoriated and nostrils usually
choke with dried inflammatory products. The patient
condition becomes truly pitiable. The child
is irritable. Prefers to lie on his face in bed. He
will not be disturbed. In nine of those cases did any
Corneal suppuration or hypopyon result. It is rather
curious how this is so. We would imagine that
here he has all the factors conducive to pus
formation. An ulcerated spot or spots, low
vitality, little absence of cleanliness. Moisture
Tenderness. Yet out of all these 541 cases, not
one went into suppuration of the cornea.

Treatment. The treatment employed has as follows.
All applications are useless until the repair.
Span is closed. The child keeps the habit of persistently lying with its face buried in the bedclothes. This can be accomplished not satisfactorily by the application of Solid Nitrate of Silver to the surface of the upper eyelids. This idea, I believe, first introduced by Dr. Applehotton. It has been used as a tentative method of treatment in all the more aggravated cases, with the most satisfactory results. The method of application is as follows. The child being placed with his head fixed between the operator's knees, if the body resting on the operator's knees, has the closed eyelid gently opened. This allows a stream of jet of tears. The little ulcer at the outer canthus is then apparent. The tears are then gently dried away, with a small swab of cotton-wool. A full stream of Cocaine Solution is introduced into the palpebral aperture, the lids being gently held apart, until the Cocaine Solution will run into the cornea. The moisture is then again gently dried away. A full stream of Atropine 1/4 per to the trance is introduced, the lids being held apart. After the Atropine has been soaked into the eye, the lids are allowed to close. Then the skin surface of the upper eyelid. A whole of upper surface of orbit is moistened with a small soaked in water, and then the whole of this surface is fully rubbed into a small flake of Solid Nitrate of Silver. The little ulcer at outer canthus is lightly touched with the same canthie if the
Skin of the upper lid and upper surface of spot is at all dry or greasy, this will require to be first after cleaned with soap & warm water, or with a little spirits of turpentine then dried. or the vitriol of silver will have no effect.

The application, when done properly, is a painful one.

In one or two minutes the child begins to cry, & complains of the skin being hot, or burning. The hands will require to be held, for a few minutes, or probably the surface of the skin becomes a dull gray color, turning shortly of a reddish hue. If the child be very young, it will by this time be crying loudly, into the pain that the mother can be reassured, that it will soon pass away, & in being taken home, & put to bed, the child soon falls asleep, and usually sleeps quietly for some hours.

The Crying: Counting in imitation of the persistent hephuropus as great pain, & the irritability & restlessness some pass away. The child also is unable any longer to lie with its face down, an account of the tenacious, stuck surface. It lies well, considerable, & the surface turns gradually black, from a scab, which gradually congeals, & separates, leaving no mark what so ever. I am the conscious of the value of this treatment, that I would not care to be without it, in this, or other forms, of obstinate conjunctivitis.

After a few days, the spectacle partially open, the lachrymation is checked, & the conjunctiva.
tools classes and healthful. After this, Cocaine and Atropine are used systematically. Ettia in a Solution or 1 in 25, that the eutretes is away, with
vaseline. With vaseline, the alkali and must be used.
The vaseline being slightly stimulating seems to hasten the clearing up of the tuberculous deposit. In the
first, attention is paid to the general health, Cod
lies in, salt. Arsenic, crude, purin. Antimony
precipian. After the health is stable, a drug, farmine
ammoniates should be provided. The eyes proper
should.
A few of the cases required the intraocular silver to
be injected, but it has always thoroughly applied.
as if it has to be done at all, it should be done
properly. I have used the intraocular silver
at all ages, from 3½ years up to 38 years.
3½ every case it has been beneficial.
After a true vaginotuberculosis condition, can be used
without the effect caused. I have found, when
it caused irritation, the case plain that it could
be persisted with. A few grains of Cocain
(alkali) were combined with it. In some cases,
Cocain ashes into the Cocain or head, lime
shells were found to be beneficial. Especially in
convenient cases, but the effect should be watched.
This circular keratitis

Fascicular.

This has noted in 37 instances, all in children or
young adults. The treatment consisted in the use.
Vascular Keratitis.

Of this affection 5 cases were noted, being in one case in 2 years and none of the others severe. They were all old cases which had been already under treatment, and had better responded or not done satisfactory. The disease is most often seen in the Northern Countys. These cases were all treated in the usual manner. In no case was incision with Naphtha or Euphyus permissible.

Euphyus: Cases of Stromal pannus were collected. They were very chronic and obstinate. Martyr over the closed eye seemed to do a little good.

Euphyus: Euphyus Keratitis.

This is a common affection. So far the 138 cases being collected. Thrusting in all degrees of severity, from slight to severe, causing tissue at the bottom of the cornea. To the most severe rapidly extensive infiltration of the cornea, with the Cornea half full of purulent products. The most common cause was trauma of the cornea of the patient and.
mainly drawn for the working classes, who are of course
then exposed to the risks of injury or accidents to
the worker.
Forty-five cases occurred in Stonebreakers. The men
were using their tools, breaking stone at the roadside.
In preparing the block to this effect, many often
have a small piece of stone
strikes the Cornea, it remains fixed. On coming away,
leaves a Corneal Abrasion. This is rubbed with the
dirty hand. The man goes at once to a friend who
endeavors to remove it. Whether it is torn or not by use
with the smaller blade of a dirty pocket knife, with a
brass pin. In any case the Cornea is still there.
Aches and it is then declared to be all. The
man is quite satisfied. He goes home from work. He
the eye is very comfortable. It feels irritated, redness
at first is painful. It is then pushed into
contacted, but next night it is more painful.
he does not sleep at all. Next day he stops from
work, but the right is very bad. The pain radiating
from the eye up to the brow & temple, then to the
top of the head. He concludes the fire is still there.
Next morning calls in advice. He states the
matter, received an examination, is as follows:
A Corneal Abrasion with infiltrated Yellowish, a
lentil looking hay Fevering from this, for a little
Distance into the Corneal Tissue. A shatter of keratitis is a factor of less amount of pus, in the bottom of the anterior chamber. Without injection of the note.

Nineteen cases occurred in farm laborers. One or six cases are noted as due to the scratch of a thorn, like walking through a cow. The other cases were caused in different ways, such as cut from a piece of work, striking the eye, when cutting wood with an axe. All by a look from a cow's tail, got while cutting killing the cow.

It is wonderful how infrequently septic inoculation of the cornea is set up, in the removal of foreign particles by a dirty instrument, out of 83 cases collected. Septic inoculation occurred in only 12 instances. I have often wondered how this should be, and suppose it must depend upon the healthy condition of the cornea, on the occurrence of episcic a more difficult matter, and then the free flow of tears, washing away any dust.

If this is so. The removal of cornea, with removal of foreign particles by instilled lotion is a blessing, as free to remove the flow of tears is free. Out of the 12 cases collected, 9 occurred in stone breakers or stonemasons, and this in retail workers.

Treatment of keratitis.

The treatment of these cases must be to get the surface of the lens into a healthy state, and also to destroy the septicity of the pus which is lying embedded.
When the Corneal Lacerus – in the anterior chamber.

The first indication can be Carried out in a number of ways, but the second is a more difficult problem.

To destroy the underside surface of the ulcer, all we have to do is to scrape away, or burn the adhered iris tissue. This can be done by scraping, the underside surface of the ulcer, with a fine steel spatula, after instilling Cocaine. It is followed with saline antiseptic solution, kept ready. For the slight and less fixed cases, this is sufficient. For the more severe cases also, used at a dull black heat, and applied firmly to the adhered surface, is also very useful. Hot as I mentioned in another place, the heat in these cases causes damage to the deeper structures of the eye – in consequence should be used cautiously. It is also the case that the heat is the action whatever upon the lens which is lying between the Corneal lamella, and which may be of a highly septic nature. After this, if these methods of treatment, the ulcer may be rubbed with gentle gauze calibrated. After this, the ulcer should not be further spread. If the force of the burn has not thoroughly destroyed the patent lens Corneal solution.

After poisoning the Cornea at home frequently with Quinina literally, I nourish with water, and with之在 as much of these cases the growth obliterated. In many cases, this treatment will usually, but not in all. the process of which, I have stated above.
A few months ago, Dr. MacAndrew, Surgeon to the Aberdeen (British Medical Journal, January 18th, 1876) has recommended for use in cases of hypopyon keratitis. This is useful in some cases, but it is by no means always successful in checking the formation of pus. I have had confidence in the following method of treatment, which I first commenced to use some considerable time ago, than in any other. The eye is first corked. The lens is then treated with a weak solution of corrosive sublimate. The eyelids are then gently held open, the plate is then laid into a small basin of clean water. A fine camel's hair brush is then taken, and dipped into a bottle of pure tincture of iodine. The white ulcerated surface is rubbed gently over with the iodine. This does not cause any pain or reaction. Any excess of iodine if it should run over the ball of the eye, is then gently rubbed off, with a very small piece of wool. 1:1000 nitric acid is instilled into the eye. The eye is then covered with a small piece of clean lint. Covered with wool, and lightly bandaged. The effect of the iodine upon the progress of the ulcer is surprising. The ulcer quickly takes on a healthy action, and the infiltrated pus rapidly disappears. The hypopyon also rapidly subsides.

The following cases show the results of this treatment:

Case 1: John Smith aged 24. Farmer. Seen 9th March 1876, with septic hypopyon ulcer of right eye. The eye was
Preferably blinded from old glaucoma. Five days ago he got an abrasion of the cornea. Since then has had much pain. This is a septic punctate ulcer over centre of cornea with infiltrated edges. Considerable infiltration of corneal tissue into iris in anterior chamber. Iris ulcer has healed into corneal ulcer, & fine fracture of cornea painted on. After previous cocaineisation, this caused no pain. Then the eye was lightly bandaged. & corneous wound into cocaine and alcohol ointment to be used at home. Next day the hyperopy was quite sure, the cornea was clear & healthy looking. She had a very good night without any pain until the early morning. The notes state “The base of the ulcer is quite clear. All infiltration is gone.” The cocaine was repeated. was seen again after two days.

"Quite well."}

Case 2.

Kenneth Maclean aged 76. Fencer (that is when he spins, & builds fences, for peace parks) Seen 1st March 1876. Had hyperopy ulcer of right eye. with ectropion. "A week ago, while walking in a wood, at Cawdor, a twig of birch struck the right eye. It caused pain at the time, which however soon subsided. After three days he noticed a small grey spot over the right pupil. The eye inflamed with a return of the pain. & severe brow pain at night. At illumination a small infiltrated ulcer existed over right pupil, with slight hyperopy. Patient is very persimmon about himself. In years he may lose his sight. After being cocaine the ulcer was
Painted with pure solution of ichodine. This caused no pain, then atropine was instilled. A drop lightly
standed on the dressing. "About 15 minutes
after using the ichodine the ulcer looks clearer, and
from the Centre a spreading haze shows the absorption
of the ichodine into the Corneal tissue."

He got Corrosive otamine + Cocaine and Atropine
drops to use at home. Next day he returned
The Cornea was quite clear + hypopyon gone. The
little ulcer was again touched with ichodine. At
next visit has well. Has not been afterwards.

Case 3.

The third Case was the most severe of the lot.
John MacDowell. Serve, employed at Foyers, was
engaged in blasting operations with Apparatus. One of the
charges prematurely exploded, injuring MacDowell +
a fellow workman. His Captain got his brother
Swin opened into. Some pieces of bone were driven
into the brain. The man dying subsequently of Septic
Pneumonia. Both MacDowell's eyes were injured. His
left eye showed a clean cut wound across the
white Cornea, in its lower third, into which the iris
protruded, along its whole length. The capsule of the
iris was also injured. The lens became Cataractous.
The right Cornea has stretched and abraded. +
there was a pretty profuse hyphema. +
His left eye has been washed with Corrosive otamine.
Atropine + Cocaine instilled frequently. By the time
he was seen the iris was already fixed to the lens.
of the wound. It was useless to attempt exploration.
Although every attempt was made to prevent sepsis,
on the third day, the whole length of the wound was
filled with pus, and persistent infiltration extended itself
into the corneal lamellae. The Doyle surface of the
wound was freely painted with a solution of iodine.
The eye bandaged as in the other cases. Next day
the report is as follows: "Had a very good night
being almost free from pain. The wound looks
healthy. There is much less infiltration of the cornea."

The iodine was repeated next day. The persistent
infiltration gradually subsided. After two days
a small particle of metal, has been observed lying upon
the surface of the iris, towards the inner part.

He was put under Cocaine. An antiseptic
solution was injected into the corneal part. The piece of iris removed
having the piece of metal. A small particle of iron in
its meshes. This was probably the piece that causes
the laceration of the capsule of the lens. The
Consequent traumatic cataract. After this. The
Eye punctured down and did well.

In your instance, Schlemich's operation was refused.
but I have been led to perform it since beginning
the treatment of hypopyon keratitis into pure solution
of iodine. On the whole I think this new
method of treatment is very promising.

Dendroform. Dendroform keratitis Nineteen
Cases of more or less well marked examples of dendritic keratitis were noted. All the cases occurred in persons just middle life. The condition had the appearance of light milky streaks upon the surface of the cornea. The resulting infiltration was very slight. In fact some of the cases could only be made out by the careful use of the magnifying lens with oblique focal illumination for treatment. Nitrate of silver was applied, with or without previous slight scraping of the affected corneal tissue. I have not seen a case of this disease since using the iodine treatment for hyperplastic keratitis & I should have tried it. The patients were also directed to use an antiseptic wash that had

Vesicular Keratitis.

Vesicular keratitis was noted in 78 instances, being predominately of about eight cases annually. A vesicle first forms at the cornea, then breaks down, leaves a perfectly clear area. With regard to the ages of the patients, it may be interesting to note that the youngest occurred in a young man aged 19. A 20-year-old, who was run down and debilitated, from confinement, and was weak. No infiltration whatever, of the edge of the ulcer, was seen. The progress towards healing was very slow. Weak Peruvian drops, with constitutional treatment, particularly change of diet did good. One case was noted in a
Middle age man, who suffered from high myopia. The oldest patient was 73 years of age. In many of the cases, the healing was imperfect. The corneal tissue was not properly rounded, at the site of the ulcer, and a shallow depression or fault being left. Although the perforation was perfectly clear. This in a number of instances caused some irregular astigmatism.

Secondary Keratitis.

The case of Secondary Keratitis were distributed:

Interstitial Keratitis: 145 Cases.

Kerato. Cites: 25 Cases.

Kerato. Cites. Chronic: 5 Cases.

Analytic Keratitis: 2 Cases.

Interstitial Keratitis.

This was a large and important group of cases, 145 cases in all being under treatment. The age varied from 3 to 26 years of age, the average age being 12 years. All the cases were very chronic, varying from 3 to 12 months. Most of the patients presented other symptoms of inherited specific traits, such as pre-, healed teeth, fixture, prominent frontal prominences, and general debility. The treatment employed was mainly constitutional. Although local measures were very important. Citanine eye drops,


Thirty-three cases showed marked decrease of tension of the globes. These persisted at all times.

Kerato-citis, Kerato-citis, and Kerato-irido-chordoiditis.


perception of sight. In this case, its epitheliotic history could be traced: either inherited or acquired. The only cause seemed to be general debility of the patient from overwork and confinement. This was the worst case of the series. All of the others recovered with more ease than this. In many of the cases, the primary affection seemed to be situated in the conjunctiva, from thence spread to the iris, and choroid. The vascular nutritive parts of the iris became seriously damaged.

A few of the most simple cases of keratitis, were traumatic in origin, these as a rule did well.

Analytic

Only two cases were recorded, in which the cornea was affected, being in paralysis of the fifth nerve.

A number of cases, of minute keratitisKERATITIS, with cornea, which quickly broke down, leaving very minute scars were observed, in habitual stoners, without any specific eruption of the skin, nor really of the nature of a typical nervous. Such were cases, as few of serious influence, for as soon as one set of keratitis healed, another is immediately formed. The case, which was treated in the Northern Infirmary, that of a servant girl, who was admitted as suffering from right keratitis, but frequent relapses. A crop of round, minute keratitis, were thrown all over cornea, thus quickly broke down. healed, but only to be followed
by a fresh crop. She did not suffer from any
perpetual drench of the face or tongue, but there was
tenderness or pressure on the nerves. This case took
many months of treatment, and only got well as
the general health improved. She was sent to
the Country.

Other affections of the Cornea.

Chalk deposits. Of chalk deposits in the Cornea 7 Cases were noted.

Two were old in the Staging cases of Corneal Disease.

In one case, a young lady, there was complete blindness,
both eyes being affected, with Calcareous degeneration.
In both Corneas, obstruction of the Pupil. In all the
other cases, there was some vision in one eye. In
Tension of the Pupil was affected in both instance.

Arsenic. Arsenic Poison.

This was noted in 70 persons. Although this does not
by any means include all the cases seen.

The youngest patient, in whom it was seen was
a healthy looking young man of 22 years of age.
In this case, it was extremely well marked, being
probably the most marked case of Arsen I have
ever seen. I examined this young man very
thoroughly, and failed to detect any disease of any
other disease. He has been perfectly normal in
every other respect, the heart, the arteries, kidneys.
Stomach, all seemed perfectly normal. It
Commenced, when he was only eighteen years of age.
the case was not a new one. There was just a
backache, at the site, and lower margins of the
Concealed. The young man was very much concerned
about the state, as he was engaged to be married. The
young lady's friends induced to put off the marriage.
Owing to the condition of the eyes, which they suspected
would lead to blindness.

Corneal Cones. Corneal Cones.

The case of this was noted. All being in females
the last instance, both eyes were affected. The age
of the patients varied from 17 to 36 years.
The Case was connected with one or both breasts.


The case of this was noted. The beautiful case
of megalocoria, with micro-coneae, has been in
the infant. The eyes, although 300 diopters near
perfectly formed, & the coneae, with blue irises, perfect, are
clear. There was 252 archives. 2 intact perception of
light. The Case of 

The Case of micro-coneae, and
the case of congenital opacity of the coneae, whose
eyes. In all these cases, the children seemed
otherwise perfectly formed. No disorder all names
Injuries:

1. Abrasion.

2. Laceration.

Injuries to the Cones:

Abrasions accounted for 87 cases. One has caused in a multitude of ways, for the finger, nail, teeth, hand, or horn, and in many other ways. The injuries sometimes cause irritation from and are greatly relieved by traction.

Laceration of the Cornea.

Two hundred 39 cases occurred with degree of severity.

Foreign body in the Cornea.

This is a very numerous class. It accounted for 281 cases.

Foreign body in the Cornea. This is a very numerous class. It accounted for 281 cases.

Foreign body in the Cornea.

After instilling a drop of saline and depressing the offending particle is easily removed by the "Corneal hook." On page 7 a.

Corneal laceration.

This was seen in these instances: 66 in males, 45 in females.

In one case, the laceration was situated at the upper part of the Cornea. It was caused by a blow on the eye from a kick. This was not associated with any considerable foreign object of the Vitreous followed.

In the second case, in a man aged 77, the laceration took place at the inner side, in the Corneal laceration. In the second case of the Cornea's laceration, the laceration was associated with the injury being caused by a blow from a Corneal hammer. For a time the lens seemed to have been bled, half in, half not, the chamber, but gradually leaked its way outward, probably as the tension of the eye rose, or owing to some rubbing of the eye.
beneath the conjunctiva. I did not see him until three minutes after the injury, when the lens lay, quite comfortably, beneath the conjunctiva. In the lower side of the paste, swell away, from the cornea. The conjunctiva was stripped over the upper part of the lens present. It healed up without any trouble. The vision was 2/60, with a +10.5 sph. There was nothing hacketing of the sclera or subconjunctival tissues.

Case of Cataract Extraction.

Christina Brown aged 73. Llaggs at Shottam Farm.

The set a small wooden, three-legged stool, 7 rose bending forwards, to give the cow a turning. While she was in this position the cow suddenly turned round its head. The tip of the horn struck her left cheek, and face over the right eye. The experience next plain. I put the upper, middle eye, and walked into the house. The two went to bed, and applied cold compresses, all right. She noticed that the upper was blood-stained. Next day, she sent for two beeches, and applied them to the eyelids. I still continued the cold compresses. I saw him shortly after. There was a clean cut wound, over the upper outer portion of the corneal, several junction which has really healed. The third of the iris had been forced out. The lens in its capsule. Slight had been previously getting
This is in the eye, from ordinary Simple Cataract. He
would healed satisfactorily, and the Vision after a few
weeks is 6/18, 

The other eye is

Cataractous. So that the life which was operated

on by the Cure is its useful member. Its life

is a beautiful era for Ophthalmoscopic purposes, and

I often wish I could send the old lady to Edinburgh

that the students might practice under. Not only is

the lens away, but also the whole of the iris entirely

taken from its Ciliary attachment. So that the pupil

is indeed widely dilated. The tension of the

fluid is perfectly normal. Nothing can now be

made out by more inspection. Only that the whole

of the Cornea is black. I propose to operate

upon the other eye shortly, as she is afraid to run

the same risk again.

There is a suspicion that wounds inflicted by

Cows horns very rarely become Septic. The reason

of this I do not know. But Dr Perry says to

them I related the above Case, informs me that

the first varioloma was done successfully in.

England was done by a Cows horn. Accidently of

Cornea. On the other hand, wounds inflicted

by deer's horns usually become greatly Septic.

(why I suppose to the amount of Laceration &

also it is said to have Urinart Inflammation. Connected

with the horn.)
6. **Seccess of the Iris.**

Four hundred and nineteen cases of disease of the Iris, were observed in the ten years practice.

The cases were distributed as follows:

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**Hypoemia.**

**Hypoemia of the Iris.**

Hypoemia of the Iris is a Common effect. I have noted it, as occurring in 37 cases. It probably occurs in a greater or less degree in all cases of long continued cataract of the anterior parts of the eye. Such as cases of foreign particles.
Embedded in the Cornea, for any length of time. The first change noted is a slight persistent contraction of the pupil. This is probably, at first, caused directly from the local irritation. The next stage is a dilatation of the vessels of the iris, with an effusion into the network, and consequent discoloration of the color of the iris, along with the passive hyperemia. There is the occurrence of frontal pain, worse at night. If this is allowed to go on, squint will slowly form.

In the first stage, the "Cicatrization" stage, all that is required is the removal of the local irritant. Cocaine is of especial benefit here, as it not only removes instantly all local irritation, but permits the offending particle being removed, but it also slightly dilates the pupil and reduces, in this way, the hyperemia of the iris. For quite advanced cases it is well to use a drop of Atropine in addition to the Cocaine.

Recurrent.

Recurrent Iritis.

Recurrent, the Recurrent diathesis, is decided the most frequent cause of Iritis. Out of a total of 419 cases of Iritis observed in 10 years, 136 cases were caused by Recurrence. In occurred in 31 cases of a distinctly Recurrent Type. That is a percentage of 30.07%.

The patients were mainly young, at the prime of life. A Recurrent history could be traced back in the
Patents themselves, or in some near relative, in nearly all the cases. In history of a former or present affection of joints in the patient, could be made out in 98 instances, and of the remaining 38, some of the near or distant relatives showed a tendency to rheumatic manifestations, such as arthritis. A case of rheumatic disease, probably rheumatic in origin.

In the whole males seemed to be decidedly more liable to the disease, probably on account of their exposure. Thus out of a total of 136 persons affected, 93 were males, and only 43 females.

As regards the age of the patients, the youngest was 14 years, the oldest 47: The great majority affected, were between the ages of 17 to 36 years. Many of the attacks were recurrences.

In 108 cases my life was attacked. The remainder (28) having both Eyes affected.

The disease is not the whole an obstinate one, and very liable to relapse, following slight causes. It also requires very close attention for its reli, as there is a great risk of suppuration forming. But many cases show a great predisposition to an excessive secretion of Serae. With a considerable increase in tension, 

[Partial text not legible]
Next day, the chamber was as full as before and paracentesis was again performed, and so on daily for 6 or 7 days, before the dressing secretion has checked. This would distinctly show participation of the cellular body in the process. I have no doubt that such really does occur. We might compare this to the supposed affection in rheumatic joint disease when fluid is found not rapidly into the tissue fluid. In the particular case above quoted, with the one eye fractured, the other immediately afterwards became attacked, and also required paracentesis, daily for a number of days, both eyes ultimately making a good recovery.

These cases require strict confinement to the house, and many of them are better in bed. Ichthysis of body is valuable, but requires to be pushed to have any good effect. Potassium, in small doses, with an alkaline, seems to be useful in the acute stage.

Syphilis.

For nine cases of syphilis iritis have attended for 16 years, being a useful and safe remedy. These have all healed cases. Occurred as a secondary manifestation of acquired syphilis. A peculiar deposit in the iris has been seen in these cases. In the great majority of cases (65) one eye alone was affected. In a few instances both eyes were involved.

The treatment of these cases by mercurial I consider to be very satisfactory. Locally, mercurio cocaine were
Traumatic. Traumatic cataracts.

Traumatic cataracts were noted in 53 cases. A large number of these cases occurred in hypopyon keratitis. Eighteen were observed after cataract extraction. One particularly severe case occurred after a cataract extraction without iridectomy. Six cases were due to punctal chlorosis and iridodialysis of the globe.

Sympathetic. Sympathetic cataracts.

Eleven cases were noted. They will be described afterwards.

Gonorrheal. Gonorrheal cataracts.

Seven cases of gonorrheal cataracts were observed. In these cases, which closely resembled traumatic cataracts, Salicylate of soda is useless. After injury, a history of gonorrhea with a peritriculectomy discharge can be ascertained. In these cases, the lens must be attached, as well as the eye. Atropine in mild solution serves to keep the pupil dilated. 1/10 per cent. turpentine is beneficial. A medium-sized nitol solution should be passed over a week afterwards.
Tubercular oint.

Only two cases of undisputed tubercular oint were noted. One occurred in a little girl, aged 7, of which the following are the notes:

"Jessie Ann Mackenzie, aged 7 years. Schoolgirl, was first seen on 21st April 1892. About a fortnight or three weeks before coming, the mother noticed that the child had looked inflamed and watery, but did not complain of pain. She rubbed the eye frequently. She said she could not see well with it. The child herself blames an accident, when a little boy struck her in the eye, as the cause. Her general health is good, but she has complained of headache for the last six weeks. On examination, patient is a healthy, bright little girl. Fair hair. She has typhoid fever about a year ago. Chick revealed her very much.

On examination of the eye, the following points were noted. The eye is somewhat reddened generally. The pupil is irritable, dilated, the largest diameter being up and down. To the inner upper part a narrow growth is seen, spreading from the surface of the iris towards the periphery of the choroid. This new growth consists of two portions, or lobules, a smaller upper and larger lower portion. The tension of the eye is 2. There is no tubercular family history in either parent or maternal side. The vision in the affected eye = $\frac{5}{60}$.
The aqueous humour is deeply turbid, particularly at its lower part. We can barely see the capsule of the lens. With the ophthalmoscope the reflex is clear. The other eye is normal. The growth has continued to be better.

26th April. Growth slightly larger. Aqueous mixture not clear. The patient's vision in the eye and head.

The growth is about the size of an ordinary pea and contains 2 portions.

6th May. Growth larger. There is a green of pus at the bottom of the anterior chamber. The cornea is clear.

P. agreed to incision. The eye was sent to the hospital, to have the eye removed. But the turbid aqueous suddenly became clearer. The growth has decreased in size. Operation was postponed; he was ordered 5 grs of Potassium iodide, the twin daily. In a few days, a sub-

conjunctival growth about the size of a pea appeared in the inner side of the eye close to the cornea. Next day the eye was incised. The nose was cut off. A large piece of conjunctiva around the fresh deposit was removed. The patient was sent to Edinburgh for examination. It was pronounced to be tubercular.

The second case was somewhat similar, but the patient could not permit incision. The case passed out of my hands.

My opinion of these cases is that early incision...
is the proper treatment. Provided the other organs are healthy. It is somewhat remarkable how rare this disease is. I have only seen one, to date. There are organs, such as the upper respiratory tract, which is an exceedingly common affection. Yet, tuberculosis in the liver is a rare disease. Very usually a primary manifestation.

The little girl whose life was punctuated made a perfect recovery. He is well and robust to this day.

**Sphenoid Cystocele**

This is not strictly speaking, a primary disease of the eye, but an irido-cyclocele. Twenty-three instances of this disease were noted. 15 cases occurred in girls, young women, and 5 cases in males.

In all cases there was a gradual failure of the general health, before the eye became affected. Debility, little anaemia or a peculiar clay colour, was present. Weakness, a feeling of weight, a feeling of opacity, or any word, was present. The a - shaggy feeling of the tissue in the eye, + tear incalculably to read with comfort for any length of time was present. Often a right diagnosis of glaucoma was suspected. In the morning the vision was not the better. I first became so the day advanced. The average age of the patients was 18 years. This disease is a exceedingly interesting one, both for its mode of onset, and in respect to the etiology. The primary cause is infected in the
Chlorosis. The first thing Captain Mrs. in regard
to the eye is pain and weakness in the act of accommodation. At this stage there is no vitreous, no cellular englymphation. The hinter eye appears to be dotted with irritating masses of debris. These adhere both to the iris and to the internal layer of the cornea. The tension is at first increased. Adrenalin must be used cautiously at this stage. In some cases pallor is required. The dulled retina is indurated
set up by some blood appearance, especially in cases where the system is over-worked.

If all probably the paroxysmal portion of the cells body is the portion first implicated. From this the contractile action may creep backwards, infect the anterior portion of the choroid, of the posterior layer of the iris. The primary rise in tension is probably due to 1. An increased secretion of vitriated aqueous, from the contractile gland, 2. A blocking of the apex of the anterior chamber by the second products of inflammation. Vision is in these cases, partly reduced to the center of vision. This is principally due to the turbid aqueous. This adheres to the cornea, upon Descemet's membrane, upon the capsule of the lens.

At this latter stage the tension is reduced. The changes
observer, the secreta very little fluid. The lens and vitreous are apt to suffer owing to their nutrition being interfered with.

The treatment found most useful was that which
informed the general health, as well as the quality of the blood. Best for both. Change of air.

Air and sunshine. In the early stage, hot dry vegetation to the eye is distinctly beneficial. After these, the eye should be well covered with a large pad of wet lint. Keep warm. Count irritant to the temple is also useful.

Oclusion. Oclusion of pupil.

Complete occlusion of pupil by inflammation of the iris and other products of inflammation was observed in 9 instances.

Fusor... Fusors of iris.

Three cases of fusor of the iris were observed. One was a case of melanotic sarcoma in a man of 38 years of age. The eye was incised and two cases of cyst of the iris were seen. Tumor from the surface of the iris. Eye then removed, along with the face of iris, from which they spring.

Synechiae. Synechiae.

Anterior and posterior, one separately observed. Dr. C. in 62 cases - 21 anterior, and 41 posterior. Case here possibly less but not noted.

Aniridia. Aniridia. Only 1 case was noted.
Regular Case in which the iris has drawn lightly upwards, to the outer and upper portion of the Cornea.

This was a rather peculiar case, of which the following are my notes:

L.B., aged 57, complained of defective sight in the right eye for about 6 years ago. He has now had very painful, irritable eye, escaping very slight pain at times by the forehead, more towards the right side. He has never referred from any injury.

On examination, the iris is drawn light upwards, towards the outer, upper portion of the Cornea, so that the pupil is displaced to the extreme upper part of the iris. The ciliary is his usual dark blue, dilated downwards. Surrounding the pupil is the stretched white iris, the yellow iris, which radiating from this, like the rays of a sun, is its very much stretched iris tissue. Stained a deep blue. The deep blue iris of the iris being very distinct. At sides this is the pigmented (black yellow) iris tissue.

Vision in this eye = 20/30 at 12 feet. The lens is quite clear. The cornea is normal.

I recommended: 1. Perman. 2. Directing, with good results.
Coloboma. Coloboma iridis.

Only one case was observed.

Foreign bodies. Foreign bodies in the iris.

Two cases were observed. In each the foreign body was a small chip of metal. In one the lens also was injured. Traumatic cataract was set up. A small piece of the iris was removed along with the foreign particle. In the other, the particle was removed with a fine iris forceps. The nucleus kept had no effect upon it.

Iridoanalysis. Iridoanalysis.

Three cases were observed, after injury to the eye.

Iridoanalysis. Iridoanalysis.

Two cases of iridoanesis, or tearing away of the iris, were seen. Excluding the cases seen after cataract extraction. In one interesting case there was a partial spontaneous luxation of the lens. In such a case of high degree of myopia with iridoanesis, there was no history of any injury or strain. The case was a Crotch, 53 years of age. The vision was 6/6 in the right eye and 6/9 in the left eye. Subsequently the visual acuity of both eyes became 6/60. The right eye was operated upon and the case was ordered.

Spontaneous Luxation from Iris.

In case of spontaneous luxation from the iris was noted, a pattern of iris not so well separated from the cornea was seen. The iris appeared to be half full of blood. The iris later became normal and the case was ordered.
7. Diseases of the Crystalline Lens.

Six hundred and seventy three cases of diseases of the Crystalline lens were observed in the ten years' period, being an average of 67.3 cases.

First cases were distributed as follows:

- Dislocated lens: 14 cases.
- Foreign bodies in lens: 1 case.
- Intracapsular: 6 cases.
  - Capsular: 11 cases.
  - Capsulitis: 31 cases.
  - Incipient: 107 cases.
  - Maturity: 136 cases.
  - Lamellar: 5 cases.
  - Post. polar: 4 cases.
  - Traumatic: 58 cases.

Dislocated lens

Fourteen cases of dislocated lens were noted.

In two cases the dislocation was subconjunctival. That is to say, the dislocation was both traumatic and complete.

In one case the lens was completely dislocated into the vitreous. The other cases were idiopathic.

In the case of the lens dislocated into the vitreous an attempt was made to remove it into a scleral. This was unsuccessful, and a considerable amount of vitreous was lost. The eye ultimately, after much pain, shriveled.
In this case, an old woman of 80, I wished to enucleate but the friends would not permit the operation.

Foreign bodies in the lens.

One case was observed, where a small particle of steel has lodged in the lens capsule. The lens itself was cataractous. I have not yet operated upon this case, but intend removing the lens in its capsule by the use of the wire retractor.

Cataract.

This important condition numbered 658 cases (including all the different varieties)

Anterior pyramidal Cataract was observed in 6 cases:
And traumatic in 58 cases.

Ant. pyramidal Anterior Cataract.

This was noted in 6 cases all in young people. In each case there was a history of eye trouble shortly after birth. It is surprising how completely the relative condition of the cornea may clear. In two cases scarcely any trace of previous corneal mischief could be made out.
One of these cases were subjected to operative means. In one, a pair of lambda Indiana spectacles permitted of some dilatation of the pupil, with a degree of improvement of vision. In one case indelery was recommended.

Capillary Capillary cataract.

Capillary cataract was noted in 11 instances. This occurred in dots and streaks upon the capsule of the lens.

Congenital Congenital cataract.

This was noted in 31 instances, most of these were operated on by me. The oldest case operated on was a boy of 12 years who was born blind. He was sent to the home for the blind in Ithaca, New York, for a number of years. The day, when walking through the town, I saw him and after examining his eyes, recommended operation. There was a considerable degree of myopia, but the eyes were otherwise healthy. The tension of each was normal. The perception of light was good. The pupil responds well to light. I removed the lens in both eyes. Expected the healing to be two or three different occasions. The broken down lens was absorbed well and ultimately left a good clear pupil in each eye. The sight at first was poor.
And he was almost as helpless with the little sight as instant it. The retina, however, seemed gradually to take note of function of the sight considerably improved. And after six months he was discharged from the home.

*The youngest case operated on was a baby of eight months, with double congenital cataract.*

**Incipient Cataract.**

This is a large and important class. No fewer than 407 cases having been seen and the probably does not include any case which came under observation. These cases of incipient cataract varied in all degrees. The process of maturation occupied the most diverse periods.

After Carisbrooke's study of those cases I have come to the following conclusions.

It is impossible in any case to predict the period of time taken in the process of maturation even approximately. Man is the commonest of any, use in hastening the process.

Induction by any uncertain in its results. In some cases it apparently hastens maturation, but in many other cases, without any apparent difference. It has no perceptible influence upon the process of maturation. Nothing can alter materially hasten the maturation, if any, gradually and cautiously, is without much risk. If.set
tried the effects of various drugs, used locally. Such as opium. Alcohol instilled into the eye and also when instance injected by a hypodermic needle into the anterior chamber, but so far without much success. So far I place not reliance upon needling. Rare cases, if incipient cataract, are frequently very disheartening to the ophthalmic surgeon. A patient presents himself, with both eyes cataracts. Yet nearly intact. The vision is reduced to 2/6 or 2/12. Yet the lens is exceedingly soft. What is to be done? The patient urgently demands operation. He is a business man. Cannot see to do his work. Yet must be at his post. He is told to wait for a month. In a month he presents himself, wishing the day for operation named. Upon examination, the lens is as lucid as ever. To do it may go on for months and months. In such cases I now needle the lens, at first cautiously. Then add fluid to the extract. It is well in these cases to do a preliminary injection, as there is then much less risk of subsequent chtis. Let the operation remove as much cortex as possible. A little boiled water may be gently used to wash away what remains of cortex. To cleanse at the chamber. If any cortex is left, it can be covered at through a small incision in a hour or the day time. Subsequent needling, if required can be resorted to. I am of opinion
that this was the best method of treatment so far, but he may find something that will last.

Maturin took cautiously. Two cases of diabetic cataract, that I saw recently impressed me with the rapidity with which opacity of the lens occurs. Maturin took place.

Henry Bache, aged 55, had suffered for two years from diabetes mellitus. He was on 5th Oct, 1875, complaining of pain and loss of sight in the left eye. This came on quite suddenly, the previous night. Upon examination, the eyelids were considerably swollen and the eye closed. The conjunctiva was reddened and chemosis. The aqueous was turbid. The iris was swollen and sluggish. The lens was already becoming opaque. Tension of the globe was slightly increased. Vision was reduced to perception of figures at 2 feet. The urine was loaded with sugar. After a few days the pseudophlebitis subsided, but the lens was quite opaque. No syphilis had formed.

In three months time the right eye became suddenly affected in the same way. The patient was very depressed in spirits, but I measured him as much as possible, and made arrangements to operate upon the left eye, but I never saw the patient again.

On returning to his home he had somehow stumbled into the river, which at this season of the year was in full flood. His body was found two months afterwards near Fort George, having been swept out to sea by the strong currents.
Possibly the rapidity of maturation in this case was due to the soft condition of the lens, but in each case, the phenomena were those of acute inflammatory reaction from some active irritant.

Mature, Mature Cataracts.

Mature cataracts numbered 136 cases. These were all operated upon, giving an average of 13.6 cases annually.

The operation most usually performed was the modified Graefe vitrectomy, with iridectomy.

The cases, with results, may be classified as under:

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex.</th>
<th>Age</th>
<th>Duration of Cataract</th>
<th>Operation</th>
<th>Vision</th>
<th>Wound Healing</th>
<th>Duration of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>71</td>
<td>Four years</td>
<td>4th July 1880</td>
<td>Weak. 3/40</td>
<td>Crescent. Edematous</td>
<td>45 days</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>81</td>
<td>Seven years</td>
<td>1st March 1880</td>
<td>Co. &amp; Done.</td>
<td>Crescent. Edematous</td>
<td>Slight.</td>
</tr>
<tr>
<td>3</td>
<td>Male</td>
<td>85</td>
<td>12 years &amp; 3 days</td>
<td>April 13, 1880</td>
<td>Both eyes</td>
<td>Both eyes, both irides, both intact, one indistinct.</td>
<td>34 days</td>
</tr>
<tr>
<td>No</td>
<td>Sex</td>
<td>Age</td>
<td>Health</td>
<td>Symptoms</td>
<td>Diagnosis</td>
<td>Operation</td>
<td>Anesthetic</td>
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<td>4</td>
<td>Female</td>
<td>75</td>
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<td>2 years</td>
<td>Injuries, laceration</td>
<td>Oct 4, 1886</td>
<td>Cocaine, normal</td>
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<tr>
<td>5</td>
<td>Female</td>
<td>87</td>
<td>Delicate</td>
<td>9 years</td>
<td>Laceration, laceration</td>
<td>June 19, 1886</td>
<td>Cocaine, laceration</td>
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<tr>
<td>6</td>
<td>Male</td>
<td>68</td>
<td>Good</td>
<td>1 year</td>
<td>Laceration, laceration</td>
<td>Aug 7, 1886</td>
<td>Cocaine, normal</td>
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<tr>
<td>7</td>
<td>Female</td>
<td>79</td>
<td>Good</td>
<td>2 years</td>
<td>Laceration, laceration</td>
<td>Oct 6, 1886</td>
<td>Cocaine, normal</td>
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<tr>
<td>8</td>
<td>Male</td>
<td>83</td>
<td>Very good</td>
<td>2½ years</td>
<td>Laceration, laceration</td>
<td>Nov 1, 1886</td>
<td>Cocaine, normal</td>
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<tr>
<td>9</td>
<td>Female</td>
<td>73</td>
<td>Good</td>
<td>9 months</td>
<td>Laceration, laceration</td>
<td>Dec 5, 1886</td>
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<tr>
<td>10</td>
<td>Female</td>
<td>84</td>
<td>Good</td>
<td>½ year</td>
<td>Laceration, laceration</td>
<td>Dec 12, 1886</td>
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<tr>
<td>No.</td>
<td>Sex</td>
<td>Age</td>
<td>Health</td>
<td>Finger + Cataract</td>
<td>Vision + Cataract</td>
<td>Operation</td>
<td>Commenced</td>
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<tr>
<td>11</td>
<td>Female</td>
<td>58</td>
<td>Good</td>
<td>Normal</td>
<td>19 days</td>
<td>3rd May 1887</td>
<td>$V = \frac{5}{36}$</td>
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<tr>
<td>12</td>
<td>Female</td>
<td>71</td>
<td>Good</td>
<td>Normal</td>
<td>18th July 1887</td>
<td>$V = \frac{6}{30}$</td>
<td>Cataract, Incision</td>
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<td>13</td>
<td>Male</td>
<td>76</td>
<td>Good</td>
<td>13 years</td>
<td>17th March 1887</td>
<td>$V = \frac{6}{36}$</td>
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<td>Varies. Incision contractive small. 1/2 operation. Premature cataract. Physically, colour left. Terror to stomach afterwards. Allow read needles. 67 days.</td>
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<tr>
<td>14</td>
<td>Male</td>
<td>63</td>
<td>Good</td>
<td>52 years</td>
<td>8th April 1887</td>
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<td>Varies. Incision contractive small. 1/2 operation. Premature cataract. Physically, colour left. Terror to stomach afterwards. Allow read needles. 67 days.</td>
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<tr>
<td>15</td>
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<td>61</td>
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<td>5 years</td>
<td>8th May 1887</td>
<td>$V = \frac{6}{56}$</td>
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<td>Varies. Incision contractive small. 1/2 operation. Premature cataract. Physically, colour left. Terror to stomach afterwards. Allow read needles. 67 days.</td>
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<td>16</td>
<td>Female</td>
<td>66</td>
<td>Good</td>
<td>3 years</td>
<td>12th June 1887</td>
<td>$V = \frac{5}{10}$</td>
<td>Cataract, Normal</td>
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<td>Varies. Incision contractive small. 1/2 operation. Premature cataract. Physically, colour left. Terror to stomach afterwards. Allow read needles. 67 days.</td>
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<tr>
<td>17</td>
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<td>71</td>
<td>Good</td>
<td>7 years</td>
<td>16th July 1887</td>
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<td>Varies. Incision contractive small. 1/2 operation. Premature cataract. Physically, colour left. Terror to stomach afterwards. Allow read needles. 67 days.</td>
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<tr>
<td>20</td>
<td>Female. 65.</td>
<td>7 yrs.</td>
<td>L. Nov. 1897.</td>
<td>Cocaine.</td>
<td>Cataract.</td>
<td>19 days.</td>
<td></td>
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<tr>
<td>21</td>
<td>Female. 72.</td>
<td>7 yrs.</td>
<td>L. Dec. 1897.</td>
<td>Cocaine.</td>
<td>Cataract.</td>
<td>19 days.</td>
<td></td>
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<tr>
<td>No.</td>
<td>Age</td>
<td>Duration ofAstigmatism</td>
<td>Operation</td>
<td>Anaesthetic</td>
<td>Result</td>
<td>Duration ofResult</td>
<td>Vision</td>
</tr>
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<tr>
<td>25</td>
<td>Male 65</td>
<td>4 years</td>
<td>14. July 1888</td>
<td>Cocaine, normal</td>
<td>21 days</td>
<td></td>
<td>V = 6/12</td>
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<tr>
<td>26</td>
<td>Female 71</td>
<td>1/2 years</td>
<td>17. March 1888</td>
<td>Cocaine, normal</td>
<td>10 days</td>
<td></td>
<td>V = 6/12</td>
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<tr>
<td>27</td>
<td>Female 72</td>
<td>1 year</td>
<td>31. April 1887</td>
<td>Cocaine, normal</td>
<td>12 days</td>
<td></td>
<td>V = 6/12</td>
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<td>4 years</td>
<td>18. April 1888</td>
<td>Cocaine, normal</td>
<td>3 days</td>
<td></td>
<td>V = 6/12</td>
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<tr>
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<td>Male 67</td>
<td>3 years</td>
<td>28 May 1887</td>
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<td>21 days</td>
<td></td>
<td>V = 6/12</td>
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<tr>
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<td>Male 75</td>
<td>9 years</td>
<td>17. June 1888</td>
<td>Cocaine, normal</td>
<td>14 days</td>
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<td>V = 6/12</td>
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<td>Female 79</td>
<td>3 years</td>
<td>14. August 1888</td>
<td>Cocaine, this</td>
<td>3 days</td>
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<td>Male 69</td>
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<td>17. Oct 1888</td>
<td>Cocaine, normal</td>
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<td>V = 6/12</td>
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<td>No.</td>
<td>Sex</td>
<td>Age</td>
<td>Occupation</td>
<td>Duration of Illness</td>
<td>Condition</td>
<td>Cocaine</td>
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<td>23</td>
<td>Male</td>
<td>65</td>
<td>Good</td>
<td>3 years</td>
<td>Normal</td>
<td>Cocaine</td>
<td>Normal</td>
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<tr>
<td>24</td>
<td>Female</td>
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<td>Fair</td>
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<td>Good</td>
<td>12 years</td>
<td>Good</td>
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<td>2 years</td>
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<td>Male</td>
<td>74</td>
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<td>2 years</td>
<td>Fair</td>
<td>Cocaine</td>
<td>Normal</td>
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<tr>
<td>30</td>
<td>Female</td>
<td>48</td>
<td>Good</td>
<td>12 years</td>
<td>Poor, heat</td>
<td>Cocaine</td>
<td>Normal</td>
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<td>Female</td>
<td>72</td>
<td>Good</td>
<td>5 years</td>
<td>Normal</td>
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<td>47</td>
<td>Female 73.</td>
<td>Good.</td>
<td>1 year.</td>
<td>6. Jan 1890.</td>
<td>$\frac{6}{12}$</td>
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<td>48</td>
<td>Female 13.</td>
<td>Good.</td>
<td>13 years.</td>
<td>4. July 1890.</td>
<td>$\frac{6}{12}$</td>
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<td>49</td>
<td>Female 62.</td>
<td>Fair.</td>
<td>2 years.</td>
<td>18. March 1890.</td>
<td>$\frac{6}{15}$</td>
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<td>50</td>
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<td>2½ years.</td>
<td>4. April 1890.</td>
<td>$\frac{6}{18}$ + 9 d.</td>
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<td>51</td>
<td>Male 87.</td>
<td>Good.</td>
<td>3 years.</td>
<td>13. June 1890.</td>
<td>$\frac{6}{36}$ ; 6 weak.</td>
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<td>52</td>
<td>Male 63.</td>
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<td>9 months.</td>
<td>21. August 1890.</td>
<td>$\frac{6}{36}$</td>
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<td>Female 19.</td>
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<td>10 years.</td>
<td>9. Oct 1890.</td>
<td>$\frac{6}{18}$ + 9 d.</td>
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<td>54</td>
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<td>2½ years.</td>
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<td>Sex.</td>
<td>Age</td>
<td>Duration</td>
<td>Operation</td>
<td>Perfusion</td>
<td>Healing Process</td>
<td>Function of Treatment</td>
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</tr>
<tr>
<td>51</td>
<td>Male</td>
<td>79</td>
<td>1 Year</td>
<td>18th Jan 1891</td>
<td>Cocaine. Normal</td>
<td>21 days</td>
<td>Pain in left.</td>
</tr>
<tr>
<td>52</td>
<td>Male 24</td>
<td>7 Years</td>
<td>12th Mar 1891</td>
<td>Cocaine. Normal</td>
<td>14 days</td>
<td>Pain in left.</td>
<td>93%</td>
</tr>
<tr>
<td>53</td>
<td>Male 1/2</td>
<td>1/2 Years</td>
<td>18th Mar 1891</td>
<td>Chloroform. Normal</td>
<td>Reclined 4 days</td>
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<td>5th May 1891</td>
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<td>Good</td>
<td>31: Jan 1892</td>
<td>Cocaine</td>
<td>Normal</td>
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</table>

The table provides information on patients' medical conditions, treatments, and outcomes related to cataracts. The entries include details on the patient's sex, age, duration of cataract, functional exam results, operation date, treatment characteristics, healing process, and the duration of treatment. The notation $V = \frac{5}{5}$ indicates a perfect visual acuity.
<table>
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<th>Date</th>
<th>Operative</th>
<th>Fractional</th>
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<td>Operation</td>
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<td>Female, 77</td>
<td>1 Year</td>
<td>12: April 1095</td>
<td>Cokeine, Normal + 10. 1st.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>Female 40</td>
<td>3½ Years</td>
<td>16: May 1095</td>
<td>Cokeine, Normal + 100. 8th.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>Male, 72</td>
<td>4 Years</td>
<td>28: May 1095</td>
<td>Cokeine, Normal + 100. 8th.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>Male, 57</td>
<td>1 Year</td>
<td>3: June 1095</td>
<td>Cokeine, Normal + 100. 8th.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>117</td>
<td>Female, 72</td>
<td>2 Years</td>
<td>12: June 1095</td>
<td>Cokeine, Normal + 100. 8th.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>118</td>
<td>Female, 67</td>
<td>9 Months</td>
<td>26: June 1095</td>
<td>Cokeine, Normal + 100. 8th.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>119</td>
<td>Male, 62</td>
<td>9 Months</td>
<td>15: July 1095</td>
<td>Cokeine, Normal + 100. 8th.</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Sex</td>
<td>Age</td>
<td>Duration of Cathartic Loss</td>
<td>Operation</td>
<td>Anaesthesia</td>
<td>Healing process</td>
<td>Duration of Treatment</td>
<td>Note</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>120</td>
<td>Female</td>
<td>76</td>
<td>15 years</td>
<td>21 July 1875</td>
<td>cocaine, slight</td>
<td>RGF L front &amp; back</td>
<td>21 days</td>
<td>V = 4 24&quot;</td>
<td></td>
</tr>
<tr>
<td>121</td>
<td>Female</td>
<td>70</td>
<td>1 year</td>
<td>16 August 1875</td>
<td>cocaine, normal</td>
<td>10 days</td>
<td></td>
<td>V = 6 12&quot;</td>
<td></td>
</tr>
<tr>
<td>122</td>
<td>Male</td>
<td>69</td>
<td>2 years</td>
<td>9 August 1875</td>
<td>cocaine, normal</td>
<td>10 days</td>
<td></td>
<td>V = 6 24&quot;</td>
<td></td>
</tr>
<tr>
<td>123</td>
<td>Male</td>
<td>69</td>
<td>1 1/2 years</td>
<td>20 August 1875</td>
<td>cocaine, normal</td>
<td>10 days</td>
<td></td>
<td>V = 6 12&quot;</td>
<td></td>
</tr>
<tr>
<td>124</td>
<td>Female</td>
<td>7</td>
<td>9 months</td>
<td>29 August 1875</td>
<td>cocaine, normal</td>
<td>10 days (after 20 seconds)</td>
<td></td>
<td>V = 6 24&quot;</td>
<td></td>
</tr>
<tr>
<td>125</td>
<td>Male</td>
<td>82</td>
<td>6 years</td>
<td>12 Sept 1875</td>
<td>cocaine, none slight &amp; critic</td>
<td>28 days</td>
<td></td>
<td>V = 6 26&quot;</td>
<td></td>
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<tr>
<td>126</td>
<td>Male</td>
<td>73</td>
<td>2 1/2 years</td>
<td>19 Sept 1875</td>
<td>cocaine, none</td>
<td>10 days</td>
<td></td>
<td>V = 6 24&quot;</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>Female</td>
<td>88</td>
<td>4 years</td>
<td>29 Sept 1875</td>
<td>cocaine, none</td>
<td>10 days</td>
<td></td>
<td>V = 6 12&quot;</td>
<td></td>
</tr>
<tr>
<td>128</td>
<td>Male</td>
<td>76</td>
<td>2 years</td>
<td>12 Oct 1875</td>
<td>cocaine, none</td>
<td>12 days</td>
<td></td>
<td>V = 6 12&quot;</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Sex</td>
<td>Age</td>
<td>Health</td>
<td>Fract. EXAM</td>
<td>Date</td>
<td>Treatment</td>
<td>Reaction</td>
<td>Vision</td>
<td></td>
</tr>
<tr>
<td>-----</td>
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<tr>
<td>129</td>
<td>Male</td>
<td>75</td>
<td>Good</td>
<td>Normal</td>
<td>21st Oct 1895</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
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<td></td>
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<tr>
<td>130</td>
<td>Male</td>
<td>71</td>
<td>Good</td>
<td>Normal</td>
<td>20th Oct 1895</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{18}$</td>
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<tr>
<td>131</td>
<td>Male</td>
<td>80</td>
<td>Good</td>
<td>Normal</td>
<td>12th Nov 1895</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{24}$</td>
<td></td>
<td></td>
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<tr>
<td>132</td>
<td>Male</td>
<td>57</td>
<td>Good</td>
<td>Normal</td>
<td>21st Dec 1895</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
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<tr>
<td>133</td>
<td>Male</td>
<td>61</td>
<td>Good</td>
<td>Normal</td>
<td>12th Dec 1895</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{18}$</td>
<td></td>
<td></td>
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<tr>
<td>134</td>
<td>Male</td>
<td>49</td>
<td>Good</td>
<td>Normal</td>
<td>26th Dec 1895</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
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<tr>
<td>135</td>
<td>Male</td>
<td>51</td>
<td>Good</td>
<td>Normal</td>
<td>10th Jan 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
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<td></td>
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<tr>
<td>136</td>
<td>Female</td>
<td>57</td>
<td>Good</td>
<td>Normal</td>
<td>27th Jan 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>137</td>
<td>Female</td>
<td>69</td>
<td>Good</td>
<td>Normal</td>
<td>10th Mar 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
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<tr>
<td>138</td>
<td>Female</td>
<td>70</td>
<td>Good</td>
<td>Normal</td>
<td>12th Jul 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{24}$</td>
<td></td>
<td></td>
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<tr>
<td>139</td>
<td>Female</td>
<td>71</td>
<td>Good</td>
<td>Normal</td>
<td>1st Mar 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>140</td>
<td>Male</td>
<td>61</td>
<td>Good</td>
<td>Normal</td>
<td>12th Mar 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
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<tr>
<td>141</td>
<td>Male</td>
<td>67</td>
<td>Good</td>
<td>Normal</td>
<td>6th Apr 1896</td>
<td>Cocaine, Normal</td>
<td>$v = \frac{6}{12}$</td>
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Dear Sirs,

The 141 cases include 136 cases of cataract, 2 cases of glaucoma, and 39 cases of cataract. The remaining cases of diseases of the eye were 4 of post-polar, 15 of traumatic cataract.

The method of operating is described at the end of this paper under the heading of Operations. The remaining cataract cases were handled in the ordinary way. All did well.

Ciliary body.

P. Diseases of the Ciliary Body.

The eye was noted in 90 occasions. Being often complicated with iritis, choroiditis, uveitis, etc., of the retina. This gives an average of 4 cases annually. Many of these were traumatic in origin, and required enucleation, or the eye was sent to General ophthalmologists.

It is very difficult, in some of these cases, to know whether to enucleate or leave the eye alone. The case, which I tried to save, was caused by a wound from a small chip of wood. It proved bad at first, but the pain increasing enucleation was performed. The vitreous was found full of blood clot. Another, much more improving case, would not permit enucleation. He went to Margas. I was advised to leave the eye. It ultimately thorough, but he says he prefers this to an artificial eye. The thing however is hard to teach.

Some improving cases do well. These can be of

General Tab. Set alone. In the other 40 cases, it must depend upon experience. The cataract 2

to shape. So many things have to be taken into

consideration.
Consideration, not as the Toto, as regards Ebbatina, the weapon that inflicted the wound, the time that has elapsed since its infliction, the amount of reaction, the condition of the patient's health. Many other points.

Chroid. 9. Diseases of the Chroid.

Diseases of the Chroid have occurred in 83 instances. This is not a large proportion, being only thirty-one
( 83 ) cases annually. I do not see at all so many of these cases as I used to see in my student
Chroid. days in Edinburgh. While Chroiditis disseminate
Chroid. has frequently seen in the dark rooms.

These 83 cases have made up as follows.

Chroiditis disseminate. 29 cases.
Chroiditis limitis. 12 cases.
Cobbley of Chroid. 1 case.
Hemian. 6 cases.
Rupture of Chroid. 2 cases.
Plus. Chroiditis antitron. 1 case.
Plus. Chroiditis postica. 32 cases.

These cases numbered 29. On an average of about three
Chroiditis. cases monthly, this is a very small proportion. In all
disseminate. of these there was a less catastrophic spot. So that
Chroiditis the disease was comparatively easy. Smythies scarce lamented these.
Achrocidae Retinula.

Twelve cases of Achrocidae Retinula have occurred. One here
was or was difficult to diagnose. I. To say whether the
primary change was in the Crista or in the Retina.
In two of the patients' albums was present in the line.
He had marked Carcinic disease. The atherosclerotic
lesions were shown. He had anemia of the Eyes.
His vision was 0.8: 51, 0.5: 51 firm at 6 feet. The
Carcinoma was the treatment which caused the
mild hematuria, and kidney pressure so that there was probably
a specific taint.

Coloboma.

Colobom of Achrom.

Only one case of Coloboma of the Achrom was seen. Few
cases of this sort were seen this year. It was situated in the
lower part of the Eye. Rising toward from the optic nerve.
Resin was thick, white, with a number of hairs running
near it. Vision = 6
60.

Albinism.

Six cases of albinism were noted. Two of these were
in brothers. The second and third brothers of the family. The
mother was a sister who had dark hair. One the two
albino. The a brother who was dark. Both
sisters brothers were dark-haired. He said the hair
light blue, the spectrum of appearance were brilliant.
The cases of subarachnoid haemorrhage and rupture of the choroid plexus have been described. Both causes by striking trauma. In many cases, there was detachment of the retina as well. In both cases, the vision was severely affected.

In the choroid plexus, active secretion was observed in one instance.

Staphyloae subarachnoidis, potestis.

Staphyloae pellucidae were noted in 52 instances. These figures do not include all the cases seen, but only those in which the staphyloae was well-marked.

Tabulci choroid.

I have carefully reviewed many cases of tabulci choroid. I cannot say that I have seen any tabulci choroid in the choroid since Camp. Some Reverses. Tabulci choroid is very common. So that this shows that the choroid is not by many means a favourite seat for the development of tuber-umber 70/182.
Vitreous. 10. Diseases of the Vitreous.

Diseases of the vitreous were noted in 59 cases. They were distributed as follows:
- Persistent hyaloid artery: 1 case.
- Detachment of vitreous: 5 cases.
- Foreign bodies in the vitreous: 7 cases.
- Opacities in the vitreous: 46 cases.

Persistent hyaloid artery:
This is only seen in one instance. It is only a short distance into the vitreous.

Detachment of vitreous:
It was observed in few cases. In all it was probably the result of trauma. In three of the cases, there was a recent severe episode of myopia.

Foreign bodies:
Just as in foreign bodies in the retina, we have seen a small particle that was either a fragment of a detached vitreous or a piece of intraocular body. It caused an inflammatory reaction. Three cases of foreign bodies were noted. One injured the retina, as the eye otherwise was badly injured. Two cases were healed. The eye shrunk remaining in a chronic fibrous condition.

Opacities:
Opacities in the vitreous:
These were seen in 46 cases. They were well marked.

Diseases of the Retina occurred in 397 instances. They were made up as follows:

- Maculœsia of Retina: 28 cases.
- Atrophic Retina: 9 cases.
- Retinitis: 31 cases.
- Albuminœmia: 32 cases.
- Hemorrhage: 87 cases.
- Pigmentary: 29 cases.
- Proptosis: 2 cases.
- Subretinal Central Atrophy: 21 cases.
- Retinal detachment: 134 cases.
- Opacification of lenses: 2 cases.


Hypoaemia of the Retina.

This was present in 28 cases. They were probably all instances of true hypoaemia of the retina, but it is difficult to say whether the condition is due to deep hypoaemia or due to a result of hypermetropia or astigmatism. The condition is probably a result of near vision of the eye. Some cases seem to be induced by overwork in too powerful a light, such as the electric light, or the glare of the incandescent light.

13. Atrophy.

Atrophic Retina.

This was seen in 9 cases. The cases of mild atrophy...
Atrophy has been following upon neuritis. In some cases I found atrophy had set in, but marked deterioration of vision when no definite cause could be made out. Whether the nerve was not marked atrophic.

Atrophic Keratitis.

In 31 cases no special cause could be assigned for the keratitis: In some of these the cause was probably of a specific nature. In some cold chill might be set down as the cause, as neither definite cause could be made out. In the cases, in young girls, some menstrual irregularity seems to have a causal connection with the disease.

Albuminuria: Atrophic Albuminuria.

This has been in 53 instances. Chiefly in the chronic forms of kidney disease. In the great majority the cases both ears have been affected. While in a few, although the characteristic appearance has my marked or better marked in one ear, still the sight in the other ear was poor, 6/60 or less. Two cases were seen in the albuminuria of pregnancy. In 7 cases associated with some edema. Two cases also occurred in Scarlet fever with albuminuria. In 2 cases the case has been which developed any accident without any apparent cause. By far the most common form has been in chronic, interstitial Nephritis disease.
(Abdominal kidney) with considerable thickening of the poles, &
more or less cardiac hypertrophy. In most of these cases
renal symptoms had already been noted before any
retinal complication was seen, but in a few, the Ophthalm-
microscopic examination caused an examination of the
vitreous to be made, the albumen was found to be present.
In the case there were macular blankest. Without any
ophthalmoscopic change, despite partial or great small
hemorrhages. In the case of advanced heart disease, there
were transient attacks of blindness from edema, without albumen
being present in the urine.

Hemorrhagic
Hemorrhagic Vitritis.

Eighty seven cases but observed, some others were
hemorrhagic into the vitreous. None occurred at all
age. The youngest age 15. & in many different afflictions
this average about 9 cases annually.

Pigment.

Activity Pigmenta.

Ninety nine cases of these 9 cases will made 20 per
year. Activity pigmenta were seen. They were all in young
subjects, the youngest being in a girl of 17. In one
family two members were affected, in a young man, 22.
years of age & the other a girl of 26. The latter together
were her blood relations, the sight in all the others
members of the family was good. In all the cases,
the loss of sight has been doubly slow. & in some given
up to the present date, her entire vision lost.

Prognosis. Activity pigmenta. Two cases, losing a part.
This case is sufficiently interesting to print in full.

Mr. S. Fraser, aged 73, has been seen 5th July 1871.

While stooping at work today, picking up some leaves he suddenly lost the sight of his left eye. He says that a black cloud suddenly passed over his eye, from the inner side to the outer "like an eclipse of the moon." At first he could not pass over the outer part of the eye, so that as he says, he could still see light by the side of his eye. The changes were more particularly noticed because his right eye is cataractous. Vision in it, only = 6/60. Vision in this the sight of his left eye was good. The hour later he could not join with his left eye. Patient has salver to heat knees.

Left eye.

Cataract.

A little vitreous humour.

A curious picture is formed. A lower and outer part of the retina is blood-coloured; the inner, a coffee-pot being normal. The luteal membrane is clearly visible. No phakic vitreous is well marked.

The dilatation is situated with inferior temporal Marcus.

The articular Cataract. The capsule yellowish, red and green, remaining before his eye.

Round a tracing of the field, mixed tumour at the front, and also the right way off, are appendages. And also a clump of the epithelial ciliary appearance.

I regret I did not see patient after this.
Sketch of Fundus in case of Substitution of Anterior Temporal Branch C of Arteria Centralis.
A less resemblance to Winter's influence of this disease prevented. In each case there was a partial loss of vision. In one case, male, age 58, there was a partial loss of vision of 2 months, and he was admitted July 4th. Examination: V = 2, right eye = 6, left eye = 6. The vision was 60%. Ocular: the details of fundus could not be made out. The opacity continued on disc and posterior vitreous. In no case was slight detachment seen to the place. With continued rest there was no evidence of detachment, but the results of treatment were not very satisfactory.

Problem: Surplusion of Central Artery of Retina.

Twenty or cases of surplusion of the Central Artery of the retina were observed. That is about 2 cases annually. Many of the cases were old and had not attended for the eye naturally. I have seen one case of surplusion of a branch of the Central Artery of the retina. I have written the case upon other side of paper.

134 cases of detachment of retina. Nine often severe cases were noted. 76 of the cases were in males, 58 in females: females accounted for 34 cases. In one case an eclipse, the detachment disappeared spontaneously, with my considerable lesion of vision. 1st. M. E. at 57. 2nd. M. at 68. 3rd. M. at 68.

Case:

Detachment
A small detachment of retina was seen to arise side of disc in right eye. *M.R. = 6/60*. After 72 hours it retinal detachment took place. The improvement was kept up for 10 days. The eye was again examined and no trace of the detachment could be made out. Vision = 6/60 in right eye = 6/60 in left eye.

A very unusual position for a detachment was seen in a young man 24. While running into some beds he got a blow into the sternum of the eye. For four days he had no perception of light. Vision was widely dilated. After spitalization an examination was made. Some haemorrhages were present in the retina. After this a small detachment was noted in the outer edges of the disc. The whole detachment was about the size of a split pea. A nystagmus, slow, lateral, eye turned into edge of disc. The vision was never regained. The eye ultimately intelligence attacked.

In no case did I try any operative measures for detached retina.

*Dr. Rees.*

Two cases of this have noted. One in a child and the other in a child.
Optic Nerve

Abnormalities

Diseases of the Optic Nerve were listed in 195 instances. They were distributed as follows:

- Hypoplasia of optic nerve: 58 cases.
- Connective tissue deposits in nerve: 2 cases.
- Anemia of nerve: 14 cases.
- Optic neuritis: 47 cases.
- Neuritis of optic nerve: 38 cases.
- Optic atrophy: 36 cases.

Hypoplasia

Hypoplasia of the Optic Nerve

Fifty eight cases of hypoplastic optic nerve were seen. The nerve was nine of less deeply red, with hypoplasia of the capillaries, poor filling of the veins. The most common cause was indubitable hypermetropia. No fatigue of the accommodation. In some cases, there was slight hyperemia of the veins, with hard cells. Disorders Staphylococci, Constitutional vertebrobasilar insufficiency. In this case, it is to be looked for, as it shows the need that is for rest, occupation for mental work. All these cases should be examined optical. Usually, a marked or less degree of hypoplasia of the nerve will be found. In all of these cases, there was hypoxia or less, cyanosis, but without swelling of the nerve.
Connective Tissue.  Connective Tissue in the Papilla.

Anaemia of the Optic Nerve.

Anaemia, or bluish color of the nerve, was seen in 14 cases.  One was case of blood affecting principally Anaemia - ferrium anaemia - the other haemorrhage.

Optic Neuritis.

Optic Neuritis was noted in 47 patients.  Being an average of about five cases annually.  The case was all, as far as could be made out, true case of neuritis as distinguished from neuro-neuritis.  Although in one of the cases natural haemorrhage occurred.  In some of the cases only one nerve was at first affected, but the other usually becomes finally involved.

Of the 47 cases, 12 occurred from Syphilis.

.... 7..... The tumour.
Whitie in 35 cases the 'Scurvy' was most objection.
Optic neuritis in syphilis.

Two marked cases of optic neuritis were seen as the result of syphilis. The following is a typical one.

Francis Badie, age 33. Fever in appendix, headache on 6th March 1916. He complained of severe pains in the head, and headache. The pain begins in the forehead, then goes over the head, to the back. FREQUENCY INTO GIDDINESS, 1 CONFUSION OF VISION. The headache commenced three months ago. AT TIMES HE STUMBLING, 4 EYES FALLS. THEN IS A TENDENCY TO FALL BACKWARDS.

The nose had KNOCKING. BOWELS REGULAR. The headache is worse at night. The headache has been quite annoying.

Vision in right eye = 2/6, but left eye 1/2.
No OPHTHALMIC EXAMINATION. There is marked
NEUROSIS IN BOTH EYES. No palsy can be demonstrated. but on right, and left is better than right.

HIPS is defective. Hearing is also defective. Patient
is married, 2 children. No miscarriages in family.
He had a change 10 years ago. He was put up
Biochloro + codeine, 4 made a poor, incomplete
Healing.
The other cases resembled the above three others.

Case 2.

Tumours

Optic neuritis from tumors other than syphilis.

Seven cases of optic neuritis from central tumors were
noted. For cases were similar, and the

tumors.
I will relate me of each case, as described after this.
Case of Mr. McEwan (Able) Cured by Canthar

Achileus Leslie, aged 38. Inquiries: Friend at Ross.


Two years ago, he was perfectly well. Twenty-one months ago, he had a fall off his horse, which hit his head at the time. It struck the right side of his head forcibly into ground. He was stunned, but did recover consciousness. After this accident he was off bed for 3 weeks, a month of which he was confined to bed. The great change

Commenced 3 months ago (although he has had headaches off and on ever since the fall). He has amnesia, & amnesia of pain in head. Right side of body. He has gradually begun to come on the right. This period added that his memory is not so good, so family.

Very day now, he has one or more attacks of.

Aches in head which support may fall; at this time also,

he partially loses consciousness, not taking notice, the effort of

but later injures himself, not his tongue. If he

is hitting, that's partly due more so. He just turns to

forward, then will fall to the ground. He looks

for a few minutes, he is not at all sleepy, after it. He

Often falls towards before the fit comes in. He often

hates the bed at first. He headache are principally getting.

loss of vision. He has also double vision. Right side

of his body is weaker than the left.

Has just lost 9 children, 7 of them are dead. Six
of the children died in infancy, four being still-born. Patient says he once had a chancree, but no secondary symptoms followed.

Present condition. The pains in the head are principally felt on the right side, above right temple. Principally over a small distinctly localized area, which can be slightly covered with the palm of the hand. The exact localization of this area, can be defined by drawing a line on the top of the head, from ear to ear, one inch in front of the external auditory meatus. Another line was drawn from middle line, from the root of the nose, to the external orbital protuberance. The central portion of the pain is exactly two fingers to the right of these three lines intersect. The spot of greatest pain is about the size of a crown-piece. There is marked tenderness to the touch here. The left eye is turned inward, there is paralysis of the external rectus on this side. She is a weak, uncertain, staggering gait and patient speaks slowly. The tongue is protruded rather to the right side. She utters occasionally. She sounds are active. The circulatory system is normal, but the pulse is slow, regular & weak. Respiratory system. Respiration is less diaphragmatic than usual. The bowels are active. The urinary system is normal. Sensibility to touch is not impaired. He can exactly localize the slightest prick into a finger. The patient after is abed in left limb. He is able to move. He moves with the right hand is weaker than with the left. His hearing is much impaired, but he is otherwise intellect right. He replies distinctly. Cannot continue to attention for any length of time. He is in a short interval before he answers a question.
Examination of Eye.
There is internal strabismus of left eye.
In right eye, $V = \frac{1}{6}$; in left eye, $V = \frac{1}{12}$.

The field of vision in better eye is not decreased. Vision in each eye normal. The pupils do not respond to light at all: I only partly to accommodation.

In each eye, there is well-marked hyperemia, with much

Swellling of the disc. No outline of disc can be made out - the veins are full of tortuous, thin, curvilinear

hages. The retina is not inflamed or abnormal. There is a very distinct band with vessels as they pass

from the swollen papilla into the retina.

A diagnosis of Central Tumour was made - probably a Syphilitic - the eye was put on high dose of

Bichloride of mercury. I wear Bache Spectacles.

kept his bed, I have Bismute of the plains.

Under this treatment he decidedly improves. The pain was

relieved, the swelling of papilla was retarding. The eye

brighter, Pupils change. Vision in each eye = \( \frac{1}{6} \).

I insisted on rising, on 20th March. Called at

My consulting room having called for his lodging through

the town. He came in quite readily & without any help.

His son says he feels a great improvment - as today

Vision right eye = \( \frac{6}{12} \), left = \( \frac{6}{18} \). So that there

is a less loss. In few days of low stopenine was put

into right eye for Ophthalmoscopic Examination. To denote

is still well marked, but the swelling is subsiding. Left

the Ophthalmoscopic Examination was completed. While I

still sat in front of this looking into questions period.
Suddenly Mr. R ran towards the door of the room. &
shuddered still in a heap upon the floor. He fell
heavily, to the right side. I could distinctly
have heard him say, had his arm. Cauted him
as he was falling. He remained quite unconscious
lying upon the sofa, for half an hour, but he slowly resumed
consciousness, was taken here in a cab. & put
to bed.

31st March: Has a bad night. Great trouble.

Tended to his rescue. He lies on a table. CPR
is futile. He is in bed. & offensive smell
from this.

31st March. Bed sore is threatening. Very rotten. Ordered
To be repainted at once.

31st March. Good night after repainting.差不多
today.

3rd April 1891. He is quite intelligent again. Still poor
while involuntary. He is in a great mess. His bed sore is
healing.

He went in to the condition. Died on 26th April.

Rust suddenly be came unconscious before death.

Post mortem Examination.

This was made by Dr. Fleming. The following is his
report.

"Body still remained warm. --- --- ---" On opening
skull, the hemispheres present well marked Signs of
congestion. The veins are large. The brain
material is very reddish and appears to be yellow. It is
especially evident at the base. The membrane are
...thickened. A large quantity of cerebrospinal fluid. At the base, the parts of the brain which the toponsilateral structures rest is softened. No brain tissue is soft & spongy-like. It has an early look. The cerebrum — cerebellum — pons, all seem otherwise healthy. But in the inner aspect, lying near the left middle peduncle is a tumour about the size of a walnut, of a soft gelatinous appearance, but it is hard to the touch. The tumour proceeds from the pons, — from left 6th nerve.

Report from Dr. Brown: he has the case at present.

The tumour is in a plane.

The other three cases of hydroa, all occurred in males. I report I have no notion of the age in which the above case will be similar to repeat the service.

Three cases of intracranial tumors of the brain, all March, had optic neuritis; were noted. All in children.

I shall (shortly) join the history of one of those cases. The others nine or ten resembled it.

Nellie Price, at 7 years, began to complain of headache some months before she was quite ill. This was on 13th March 1897. She also has frequent vomiting, constipation, & slurred speech of hearing.

She is a delicate looking child. The family history is not tubercular — eye examination there was well marked optic neuritis — sickly girl. The patient had head an opium, — No fever. Pupils are rather dilated — this case died in gradual going case.
The pain in the head became agonising. With intense optic neuritis, the rest intense I have ever seen, the head began to boggle. The pupils, for being bright. Clear child, became quite viable. The neuritis was followed by complete optic atrophy. I examined, the child in cirrhosis. There was a large tubercular parti at base of brain. I removed small tubercles scattered over headbrain.

I have, at present, a case in which I was asked to operate for strabismus. Fortunately, before doing so, I examined the aires and found them to be in an advanced stage of optic neuritis. Upon inquiry, I find the child complaining of headache. Has vomiting occasionally. Without reference to food. Is losing flesh. I at once refused operation. Have the child under treatment. This case shows the importance of a proper examination before undertaking treatment. The strabismus is from weakness of left section of eye.

In twenty-five cases of optic neuritis, the cause was not very definite. In three cases the lens had became atro-phenic. The history in three cases was very varying.

In one case, an hot bath at Auchasen. The history was as follows: "Headaches in the morning. Sickness. Aussen of vision always been a temptation, but worries & anxieties lately. The aumen of vision began a fortnight before I saw him. Examination costous & con-stricted. Amount of albumen: No sugar. Vision right eye = 20/30; left = vision at 6 feet. Aures are roilithe.
and influenced by some officious he died. The cause of death being asthenia for kidney disease. The sex was trying little if any, irritations. The nerves being the principal seat of mischief.

One very interesting case, in which I could trace no cause for the neuritis, was seen in a healthy looking farm servant aged 29. He complained of diminution of vision, a headache, particularly in the morning, and giddiness, his previous health being he has occasional attacks of vomiting. Pulse 40 per minute. He was in fair from albumin, sugar, but instead of his legs, patellae reflexes abolished. Vision right eye = 4/6, left = 6/60—well-marked neuritis in both eyes. He went on in much worse condition for months. In 6 months time, vision right eye = fingers at 10 feet, left eye = perception of light. Two months after this the vision improved, right eye = 6/50, left finger at 10 feet.

Sensibly is now commencing. He then passed through a state of my observation.

One or two cases have been associated, or caused by diabetes. One case was seen in a lady at the Clinic after whom I could not deduce any cause for the neuritis. The vision in this case was reduced to counting fingers at 2 feet, but she ultimately made a perfect recovery.

Neuro retinitis  Neuro retinitis.

Thirty-eight cases of neuro retinae have been seen in 10 years.
that is, an average of about four cases annually.

In each of these cases, there was some or too well marked Retinitis, in addition to the papillitis. It is curious that in none of the tumour cases was there Retinitis. Although in each, there was some or less extensive Retinitis. But of the 38 cases, 23 were in males, and 15 in females. In each of these cases there was less swelling of the nerve than in the Papillitis. The nerve is more often deeply red, with marked swelling. The general tone of the Retina is swollen. The veins are tightly drawn. There are Retinal haemorrhages.

Optic atrophy. Optic atrophy.

Thirty six cases of Optic atrophy, was observed in the 10 years, 18 in a current of almost four cases annually. We do not include the cases of Retinitis, many of which went ultimately into atrophy, but only those cases in which atrophy was marked, when the case came under treatment. That is to say, "primary optic atrophy." The nerve, in these cases, was mostly white, but in a few it was still gray, or lightly tinged gray. In all it was translucent, or of a dull, dead, appearance. In all the cases, the vessels were much reduced in size. The arteries being in many cases quite thread.

But of the 38 cases, 23 occurred in males, 15 in females.

The youngest case of Complete Optic atrophy, was in a boy 7 or 9 years of age. The left eye was totally
Colour Sense for

Right Eye

Name: William Fox

Date: 22nd July 1872

Priestley Smiths, Bemerton

Curry & Pantone
 Vikt. No perception of light being present while with the right eye he could see figures moving. He affected of right began two years before I first saw him. So that before this, he had a fall from a well, and struck his head severely against a stone. After this he had frequent headaches, and vomiting. So that probably this loss optic nerves started after this. Very soon after the fall, he took measles. When recovering from this, it was noticed that his sight was beginning to fail. "He is pale, unhealthy, loosing. Loss in vision no albumen, or sugar. In the right eye there is white-blue cloud of the disc, the disc is lacr. Tanner-shaped. He articulation in Vater, hall. Left eye the disc is pink. White the vessels are very small. He lost his vision in left eye. The vision is just fair, but he can still see blue and yellow. One with difficulty.

One case. When the case was exceedingly difficult to make out, occurred in a young man, 29 years old. Both eyes then were well-advanced cloudily. He had headaches especially in the morning. As well as think he was also getting deaf. The urine was normal. The urine became pale. When small pellets, A tracing of his full vision in right eye is pasted in the opposite page. His patient became considerably benefited, at all before the sight became anything. His vision in left became. By hypodermic injections of strychnine. The following table opposite.
as accurately as possible the cause of the death.
The number of cases seen, as also the sex.

<table>
<thead>
<tr>
<th>Cause</th>
<th>No.</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>10</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Central</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Kidney</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3</td>
<td>3</td>
<td>—</td>
</tr>
<tr>
<td>Injury</td>
<td>2</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>Other causes</td>
<td>8</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>36</td>
<td>25</td>
<td>11</td>
</tr>
</tbody>
</table>

The treatment employed was: Iodide of Potassium.
Sodium Chloride, Salvarsan, and Sodium Chloride especially hypodermically.
Not one single case of lead poisoning was observed.

Glaucoma.

Thirteen cases of Glaucoma were observed within 10 years. This gives an average of but 1 case annually, or .58 percent of the total. Twelve
of the 13 were acute, 17 chronic. All the cases were of the Primary type. Out of these 13 cases, 2 occurred in persons under 10 years.
In the 12 acute cases, 10 were operated on. 2 cases were not operated on. All the cases were treated as soon as possible.

The results of the operation were encouraging. All the cases did well. 8 remaining
as much time as they had before operation. In operating, I prefer a very fine serrated jeweler's
Cataract knife, to the Keratome. It makes the section
Easier. I think with less risk and causing mixture
of the iris and cataract. I often cataract.
A large cataractous leford was made in both cases.
In most of the cases, the pain before operation was very
Serious. This fortunately makes the patient apply for advice
Sooner, than he would otherwise do. Also here readily
I consent to operate. But in one case, Rich I saw
a long distance off the country. The cataract had already
been away. The iris was steadily blading before I
operated. His eye required resection. I put the eye in gauze.
Cocaine is quite useless in operating chronic cases.
As chloroform is nil. General anesthesia is requisite.
The chronic cases are not at all so satisfactory.
The proper is to have a plan, that many of these
glass will not readily submit to operation, but
prefer to drag on, until there is no need need for
any treatment. I find always that before operating
it is well to explain fully, to the patient the amount
of good the operation is likely to do. Otherwise,
the patient, that they seek better before teaching the
eye. that the sight is worse. Since the inter-
ference. In a few of the chronic cases, the length of one
eye was already gone, before the patient applied for
Treatment. It was only when the other eye began to fail,
that advice was sought. An Aicatation was
at once performed, with ruin or less good results,
Out of the 12 acute cases, no fewer than 8 occurred in women. Only 4 in males. In 7 of these 12 cases lens operation was done - 6 females, 1 male. I have not got the amount of vision retained after operation in these cases; but it varied from 6/12 to 6/24. The duration of treatment also varied. In one case, the lens itself took its place after a little time. The patient became sighted. In two cases, there was a little prolapse of iris. One of the patients was a woman of 79. This was my first case of acute phacocoele. I saw her one morning, suffering acute pain from well-marked phacocoele. Jane C. Retained, operated at once. He did well. The eye was quiet within a week. Her vision was afterwards tested to be 6/12. (This was very soon after operation.)

The case of cataract extraction was attended followd by phacocoele. In this case, there was no prolapse of iris, or cataract of iris to cataract. No secondary cataract. I could not write at any time for the phacocoele, in this aphakic eye. Out of the 27 chronic cases, 9 were operated on with varying degrees of success. Out of the remainder, 2 or 3 went better for operation. One case here about the most difficult to handle to deal with, that I had, especially if the vision in one eye was already lost. The sight for the other.
As for this reason. Patients expected, that as the result of an operation, that the vision could be fully restored. I failed to understand how an operation was required in order to retain the vision, which they already possessed. Also in this case the determination of vision was to have failed that they failed to notice its departure until it was already far gone. This is one of the 7 cases both by time affected in 14. In many of these, vision in one eye was quite fair. In the other it varied from 20/20 to total blindness at 10 feet. Was eye being blind already, many of these patients, and we wished the idea of an operation being performed, that in the good eye, they would all else allow the blind eye to operate on. Could be the fear of to stay. But did not care to have the eye they could alone be with. Subject to operation measure, & this & the process of retarding as much vision as they already possessed. This is the reason that only 9 of them cases have operated on. Here is the common return for operation. In a number of the cases the process of exposure was exceedingly slow. In an operation the vision had been determined for as long as 6 or 7 years.

In concluding this short account of my experience since beginning to work, I say that with regard to the chronic cases, the results of operation are very satisfactory. If operate without a delay, with regard to the chronic cases, results are favourable. But in the chronic cases the results are apt to be disappointing, because the patient delay, the damage already, due to the deliberate refusal times.
Foreign bodies in the eye.

An account of the foreign bodies in the eye, its gives into the different sections. Thus foreign bodies in the cornea.

Foreign bodies in the iris. Iris has two in number. See page 69. In each instance, the foreign body has a small chip of metal and was sticking into the iris.

Foreign bodies in the lens. In case of a foreign body sticking into the capsule has been. It causes traumatic cataract.

Foreign bodies in the vitreous. See page 75 in text.

In page 99, the method of operation in this case is described under the heading of operations.

Wounds of the Eye.

This is a large and important class of eye injuries. To quote 359 cases of wounds, and injuries of the eye, were dealt with in 10 years under consideration. That is 4.87% of the total number of cases seen. The cases may be divided into four, of course. The great majority cleared among these four classes. The greatest number.

Any attempt at classification is difficult, but they may be divided into: (1) Cataract.

(1) Lens: (2) Cuts and lacerations, in which there is sharp instrument. (3) Burns. Classifying the cases, they may be divided into: Cataract 261 cases; Cuts 61 cases, and Burns 33 cases. In Cataract,
Here is ranging in depth, thus caused by many different
injuries, these bite the foot. Some bite a stick.
Cut out of cannae three bottles. Cowhorn. Two cases were
Caused by running slowly against a fixed gas
bracket. The treatment advised was rest. Cold
Pills. or hot baths. Cocaine. atropine.

Cut of note. Cut of the plate.

Cut of this note accounted for 61 cases. One has
all nine other severe. Many complicated the injury
begin. One or two detached three across the concave without
touching the dangerous line. The cuts were caused in
a multitude of ways, by knives. Chips of wood.
Piece of tin. girl's pass. In fact, anything.
Most cases, the wound healed kindly. The lip did
well by first treatment. The lips of the wound were well
Allowed to rise, if pelletized, slowly returned. or snipped
off. A dry dressing is often useful. cases of
Guttapercha tissue should be used. If any infiltration
of the edges of the wound occurs. Placing the
injection of cocaine is exceedingly useful. In the case
So treated, the lip of the wound pointed punctate in
infiltration with third day. This lasted for a Car
Schrader's distance into the connect tissue. the blood
has not here been infiltrating the whole character
of the cone. The lip looked doomed. But by painting
their into the injection of cocaine. The use of atropine,
& frequent washing with warm antiseptic lotion the
infiltration finally resolved. The wound healed well.
The number of cases. Their causes in a different variety of ways: Sicca, herpes, butches. Curies were the principal causes. In my seven cases of burn occurred in a young lady, who took a bit of paper and fell into the fire, with her face actually in the fire, near the hot bars of the fire. The eye was completely burnt out. The iris was totally destroyed. The face was burnt almost beyond recognition. The facial area was burned, the lips were burnt away. After a few days, insects suffering. She died.

In four cases there was continual cut of the globe.

Sympathetic Ophthalmia.

Eleven cases of Sympathetic Ophthalmia were noted in 10 years. Being about 1 case annually, and 1.14% after that. In no case was the disease seen, but at the time of death of the patient. In 9 cases the wound involved the cornea region of the eye. The occurred after a bleeding of a cataract. In one case occurred after operation for cataract. This case is related in page 79. Case 31. While looking to remove the lens it stuck back into the vitreus. All attempts at its removal were fruitless. The was some vision for a few days, but the irido-cyclitic, with great pain, returned. Although improved, the world was sent cataract. In four weeks time, the other eye became affected.
Bride, aglets, with any interest, I am very unevenly. This is
life also shrank - both eyes ultimately blindness - In
the sympathizing eye, there was also a little catarrh.

The operation, the suture & suturing the muscles, the wound healing by first intention & there was no
trace of suppuration. This was the only case of this kind,
I have ever seen in my own practice, and probably the
first reported in my whole eye work. So strong did
I urge caution, that when the Index was passed
rebated, left my influence the more that I insisted
upon another medical man seeing it & he also urged
the importance of it, at without effect. I saw
another case of the same kind, that occurred in the
practice of a well known London oculist. A lady called
to be seen one day, accompanied by a friend. She was
thickly veiled, & said she wished me to operate
upon her eye for catarrh, left the microscope led.
I found to my astonishment, two strong positive
acous. The Index, upon being pressed, that one eye
was operated on in density of catarrh, that influence
made it impossible, that the oculist wished to know, if
the Index was positive. That about 6 weeks afterwards
the other eye became affected, & soon afterwards
she died with much suffering. Dr. Clay in the case of
operation, and it was difficult to persuade her,
that nothing could be done for her. With some presence
of mind, this was actually accomplished. In some
respects this case was worse than mine, as my case
was in an old female linear of 78 years of age. This
the patient was only 51. Strong and active.
In each instance, the affecting eye was soft and tender to the touch.
Out of the 11 cases, seven occurred in males and four in females. In the 11 cases, 3 occurred after the 2nd week, 8 after the 4th week + between the 4th
+ 9th weeks after the injury. In three of the cases, the 1st year the
loss was 90% of an eye, with phthisis tumescens, & tended to
thick, which had been in this condition for 7 years, in the case as long as 12 years, and yet no sympathetic
irritation or light-sensibility in the fellow.
As regards the cause of the injury, in the 11 cases
under observation, in 2 cases it was caused by a
knife, in 4 cases by a knife (including the 2
operation cases) in 2 by othour, & 4 by a piece
of wood, & 2 by their spade.

Anopia, Anopia, and Anacoria.
All 369 cases were noted being 5% of the total number of cases.
These cases were divided as follows.

Colour blindness. 2 cases.

Sight blindness. 5 cases.

Amacoria. 58 cases.

Congenital anopia. 26 cases.

Acute Bright disease with conjunctivitis albuminaria
+ irini 3 cases.

Acute simple ful. 3 cases.

Tunics anopia. 267 cases.

Hemianopsia. 5 cases.
Only two cases of colour blindness were noticed in the whole period of 10 years. Both occurred in sailors. In both the colour blindness was for red and green. In neither case could any heredity be traced. The case was in an engineer engaged in constructing the new railway line at Inverness. He knew of his defect and was much distressed by it.

The cases of dysesthesia were due to the direct effects of bright sunlight. Two occurred in fishermen, from the glare of the sun on the water. The latter of the two cases are as follows:

John Mackenzie, aged 21. Fisherman. Complains of great dulness of sight, whenever the sun sets. During the day he is quite well, but at sunset he is very blind. On one or two occasions lately, he has nearly lost his life by falling overboard. He has been affected each season for the last three years. It occurs usually in May and August or September. He fears he will have to leave the sea and obtain his livelihood in some other way. General health excellent. All the joints of the body are normal. Vision in both eyes = 2/6.

But when brightly illuminated the man the Vision rapidly deteriorates for 6/60 to 6/600. He often experiences epineurial sensation in the abnormal.

Coloured Vision.

Coloured Vision.

Capt. Smith. Age 43. Fisherman. Has been affected with coloured vision since the age of 16. It was first noticed on a bright sunny day at sea. Since then it has increased in severity until he can only make out objects in red, green, and yellow. The vision is affected only when the light is strong, and he is unable to read unless the light is dull. He also has a sensation of a foreign body in the eye, which is more noticeable during bright sunlight.
Excessively tall in the left eye. One of the upward retinal vessels is buried just as it leaves the disc, and then reappears. It is due to a little connective tissue on the edge of the papilla.

Musca. Musca rotata.

Lately eight cases were observed. These were all well marked, fairly large. Many minor forms were also noted at all. The large majority of these patients were women.

Convergent Amblyopia.

This has been in 26 cases. Hyposthenus was present to a greater, lesser degree. As in the case of Musca these did not include all the cases actually seen, but only the more severe cases. In some of the cases the views were fairly good. That view was present.

The cases of Amblyopia have lasted as long as 20 years. The patient refused, in 2 instances complete amnesia, with total hemianopia, and contralateral loss of vision, effecting in the right hand, left hand, and vision. But, the sight gradually improved. But, the cases were observed after an injury to the head.

Traces Amblyopia.

No cases of 267 cases of traces Amblyopia were observed. All in cases in the 10 years under consideration. The cases were
all still marked. In no instance was the
quantity of tobacco consumed less than 2 ounces daily.
In many, a very large quantity was consumed, as
high as 6 ounces daily, being noted. The youngest
case noted was in a young man of 23 years of
age, the oldest case was in a man of 82 years.
If we analyze the 267 cases, we find that it gives almost
of about 27 cases annually. So that the disease is
fairly prevalent in the Northern Counties. In many
case the tobacco consumed was the ordinary strong
brown twist. I have seen no case other than any
other kind of tobacco, or from cigarette, or pipes
or from snuff. Many of these cases also drank
ftly beer, as well as tobacco, but alcohol never
ale within day without tobacco. Many of the
Cases were reported. Ascertained another, I got
nearly 80% and another, I got recovery
took place as readily showing that the essential
cause of the mischief is tobacco. The main
fact in the line of treatment, is to discontinue
tobacco, but from observation I think that nicotine
induces assists recovery.

A peculiar feature is tobacco anthanopia, in that
one eye, as a rule, is more affected than the other.
In the case Willis in right eye was 50% left eye,
pupils at 12 feet. In many other cases it was
a considerable difference, in the final power of the
two eyes. Although previously, the vision was equal
in each. This must indicate a factor susceptibility.
of the one visual centre or figure to the other. Another peculiar fact is the wearing away of vision. Varying periods of time during which the vision fails to act upon the vision. This is the very last case of tobacco anæsthesia which I have tested. On the 22nd April 1846, the patient, a gardener, 38 years of age, had smoked very fine tapers of strong tobacco for twenty-five years. The diminution of vision had only commenced two months before I saw him. There was a difference in the vision in his two eyes. In the one vision = 6/50. In the other, nothing at 10 feet, although previously the vision in that eye was 6/15. He had had his sight always, he said. He first noticed the sight to be affected, in reading, after reading gazing at a distance. He says he had influenza recently. This probably accounts for the tobacco setting the brain afire to speak. There had been a weakening of the system or as a result a special vulnerability. I have noticed this in nearly all my cases. That before the vision begins to fail, there has been some kind of break down. Either due to disease, or over-exertion, or wanting, or anxiety, the nervous system is less resistant, or the vision becomes affected. This is rather peculiar, as it shows little Saturation of the system with some of the poisonous principle of the tobacco. In latent conditions ready to attack as soon as a favourable opportunity is afforded to the specially vulnerable state of the centres.
In all the cases, there was more or less well-marked central blinding for red & green, and also yellow was puzzling. It was called green, but each case named the correctly. There is often a very considerable difficulty in getting them to wear glasses to try. It was too severe at once. They will willingly promise to give it up gradually, but don't seem to put with it entirely. In such case, I have recommended my patients to discontinue it entirely, and at once. But in quite a number I found on their return visit after a month or so, that they were still taking an occasional dose. scenery the place fairly well, even in these circumstances. Thus, I have noted the case. First seen 23 March 1876. He began to lose his vision five weeks before I saw him. Say he noticed why I was always looking. He noticed the depth of black before I saw him. I saw him again on the 18 April 1876. The vision had improved as follows. The right eye = 20. 20 left = 20. He being questioned, he confessed that he had never quite stopped reading, but that he reduced it to about one ounce weekly. He was taking strychnine twice daily, after meals. His improvement in vision was very satisfactory, & quite as rapid as in many patients. The assurance that they had stopped reading entirely.
As regard treatment of tuberculosis, I have had occasion to think that when we have strychnine in the first rank, it is as good as quinine or bichromate of potash. I am convinced that it is difficult to use it hypodermically, in those cases as the patient cannot retain sufficient quantity. But I must say I would like to try it hypodermically. I imagine he would take more tobacco to do it by setting up the nerves, than from the stomach.

As regards ophthalmia, I have seen:

In many of the patients there was a slight paleness, or outside of this, but the appearance was by no means constant. In the majority of the cases looked redder than usual.

Foci cases of scrofula have been seen, but these were very rare and not continuous. Two cases call for a special remark. The one in a woman 3 weeks.

Quite a number of cases of scrofula have been seen. I have very little. I accurately taken notes of the cases which will be best stated here.

I.P. aged 32. Complains of frequent attacks of dizziness and light Kopff, followed by transient blindness. The condition first commenced about 12 years ago, and has been seldom, frequent, attacks since.

The attack commence in this way. Patient is usually at the time, in a dream, either through mental fatigue or worry or over work. Then without the least warning
he suddenly noticed at the extreme temporal side of each
field of vision a little dancing of the light. He at once
knew what is going to take place. It has been said to the
So. This dancing of light gradually extends from the
periphery slowly into the center of the field. If he ever
sees it he sees the same thing with other. As the process
extends, the wave also extends in length. A curious
point is, that the waves always fluctuate upward.
Then he neverHorizontal - this.
The light is never colored, but
always of a proper neutral tint. As the process creeps
into the center of the field, vision is gradually lost,
until only perception of light is seen. But then by
making an effort, he can see an object individually
for an instant. He appears so, may he
compared to that of opening the eyes under water.
Nothing is seen, but there is a sense of fulness,
or oppression before the eyes, as if the air was rolling back
from the face.
Light Suddenness is not felt, but
he has seen it. And the dancing of the light
slowly fades off to the inner side of the field,
that is the temporal side appears Clear first. The
whole field gradually clears. He feels as if he
were in a clear atmosphere again. He often compares
it to a thin atmosphere gradually coming in, as it
passes away, it leaves the air clear. Just when
the vision is at its best, the beginning of headache
is felt. In the vision Clear the headache will gradually
begin. I feel for a Cape phone usually. The whole
disturbance of vision is some 30 minutes about half an hour.
17. Intracocular Tumours.

Less than 30 cases of intracocular tumour were observed in the ten years under consideration, but is about the cases annually. The cases were divided as follows:

- Primary growth: 4 cases
- Secondary growth: 9 cases
- Other tumours: 18 cases

Four cases of retinal lesions were observed. The youngest case was in an infant of 6 months. The oldest in a little girl of 7 years.

In each case the eye was operated.

One of the cases may be described in full:

K. M. aged 4 years. Accompanied her mother to the Dispensary on 23rd April 1846. She was last seen patient, but the doctor had noticed the matter with her right eye, and I asked to see her. The eye was examined. Patient with a Whitfield's glass for the pupil. A white retinal chamber with tumour slightly increased. I let me suspected lesion. Warned her mother that if it persisted, but to be a serious affection. I obtained permission to send her to the London Infirmary. After examination, it was decided that the nature of the disease was known. No signs had been complained of.
for about two months, before admission to the hospital. 

When we first saw them in this way, it was concluded 
without delay, to the utmost consternation. 

Opening the eye, a large prenasal process was seen. 

In its upper back part, rather half filled the naso-pharynx 
After the removal of the 

the child instantly recovered. All pain subsided, 
the orbit looked healthy and it was hoped that the 

stated was thoroughly removed. But in about 

three weeks time, a slight bulging at root of nose 
was observed. this quickly increased. The other eye 
gradually became involved. 

Day by day, 
it has pressed more and more out of socket, until 
the pole has completely thrust out of the orbit. 

Please to live in a line with the nasal aperture. 

the pole thrust, the became black & shrivels. 
The title page, which had taken place of the black & shrivels 

pole lay upon a lower level, than the nasal aperture. 
behind it was a mass of raw flesh 
atrici, which later upon being touched. The 

orbit was completely filled with raw flesh, or 
a large from the floor formed at the anterior 
frontal. Another on the right parietal region. 

In lives steadily increased, but the child was not 
much Plains, or took his food well. 

The slowly sank which about 21/2 months after 

admission to the hospital. 

Post Mortem Examination: 

Body much emaciated. Right eye emaciated. Left orbit
which with due growth, which projects beyond it, comes close to bone level thus here. At the edge this new growth is a small black bump, which represents the tip of germ which a number of bumps. Keeping in size quasus being 3, down to a small nodule. Ten to these can be counted, following here the line of future of the cranial bone(s). The socket of the uncalcified edge is healed, contains no new growth. Having removed the skull cap, the whole right side of this nodule has thinned with new growth, not all sign. This mostly follows the line of the blood. Reasons why many of them went out or rather vacuum, present between the cranial sutures.

The horse was quite frei from new growth, but the liver had a number of rents in it. These began after life of a small change. A large growth also strong from the lower surface of the right side bone. The photograph give an idea of the child's appearance about 10 days before death. He was curious that in this case the lump was free. This would seem to show that the spleen is not the carrier of the disease. The few about the frequency are all infiltrated with fungus.

Sarcoma. Sarcoma of the choroid.

Sarcoma of the choroid has noted in 9 instances. All 7 of these cases have been rejected. Melanoma sarcoma. Seven were found collected, and two spindles called sarcoma. Seven few from the choroid. One from the iris, and one from the ciliary body. One
The Clinical Research Association, Limited.

1, Southwark Street.
London Bridge, S.E.
24th Feb., 1896

Laboratory Report.

To Dr. J. Wilson Bleed.

The Specimen of Tumour marked A/B received here on 11th Feb. has been duly examined, and I have been instructed to forward the following Report thereon:—

The intracocular tumour consists of a detached retina folded in a complicated manner, and infiltrated with blood clot. There is no sign of malignant disease in the preparation. This detachment is no doubt due to the glaucoma. The specimen required to be carefully embedded hence the delay in reporting.

Prepared Slides enclosed, as requested.

Secretary of the Association.
of the nine cases nine were diagnosed into Cataracty & Succincted successfully. One with fruitfully. This
was in a lady, age 59. The case was in her eye
with pancrea. After careful examination I suspected
the presence of a tumour, I told her I should first
do an inditing, but if nothing best away I
should require her consent to succincate. This the poor
immediate after completing the incision blood flown
fully. I then, at once, succincted. There was a small
infiltrative pancreas at posterior part of the fundus of the eye.
After succincting all ten cases did well. But I
regret I am unable to give their after history.
most of them coming from widely scattered districts,
of country, and not returning or reporting themselves.

Chronic ones.
Other tumours numbered 18 instances. Some of these
consisted of organised blood clot. Some were probably
sarcomata, but were not examined microscopically.
I have tried, also, both here and in the report from
the Clinical Research association. Of the last case
I succincted for intraocular tumour, in February
of this year. It was in a middle aged man
suffering from pancreas tumour, with razy spleen.
so that it was pushed up by cold at the time. I
suffused a large inditing upwards, but without relief.
A week after had succincted. The report
will speak for itself.
Diseases of the orbit.

Only 10 cases of disease of the orbit, have occurred in the 10 years. An average of one case annually, or 13% of the total. The cases were of the following nature:

1. Plastic Cellulitis of orbit. 3 cases.
2. Pulsating tumor of orbit. 2 cases.
3. Malignant tumor of orbit. 2 cases.
4. Periostitis of orbit. 2 cases.

Cellulitis of orbit. Plastic Cellulitis of orbit.

Two cases of this interesting affection were listed. Two females. One was male. Of the females, I case occurred in a little girl. One in a woman 29. The male case was in a man 27. These were the only cases found. Out of the three cases, one died. One expired without treatment. One got well.

In all the cases, the symptoms consisted of swelling of eyelids, pain in the orbit, with photophobia. The pulse was slow, less loss of vision. In all the cases there was increased temperature. 101-104.2°F. The pain was very severe in all the cases. In two of the cases the patients were delirious. In all the three cases, the cellulitis was confined to one orbit. In all the cases I felt sure that septicemia was the cause of the condition, but there was no evidence that the woman who died, was the source of the septicemia.

Case 1. I. M. aged 6 years. Living near her mother, she...
Inuresus was seen by me at 6 o'clock one morning. In account of the severity of the pain, you arrived I found the child in bed, crying out with pain. On examination the right eye was prominent, with great oedema of the lids. The child had been ill for a few days. The eye was delirious at first, with high temperature. There was much proptosis, the tension of the globe was greatly increased + 2. The globe could not be moved in any direction, nor was it could be found. The eye was afterwards uncontrolled. Later recovery.

Case 2. Mrs. Malone, aged 29, had been sent one evening to consultation with two medical men. She had been confined shortly before, & coincided with a rise in temperature. The headache became sudden, the eye ball protruded. Severe orbital pain with headache was complained of. She was quite unconscious, with a temperature of 104° 6 7°. She was in extreme prostration. It had been higher I put ointment on the lids. I passed a towel into the abscess. I tried to point in different directions but there was no pain. She died the same night. No post mortem examination was permitted.

Case 3. A young man, aged 27, had all the above symptoms, but without delirium. He passed a great through conjunctiva. He did well.

Postmortem ophthalmoscopic (2 cases)

Few cases occurred after injury. No treatment was carried out. In one of the cases there was history of the injury. In another, I should be inclined
to try galvanic stimulation for these cases.

Maligant tumors of orbit. (2 cases)
Both of these cases were malignant. - Sarcoma.

2 cases in St. Mary's Hospital. 1 male. 1 female.

1 female, in whom the orbit had been operated on. In this case the mucous membrane of the orbit was removed. The orbit became infected and the patient died.

Symptoms of the orbital series:

Two cases of herpes of the orbital series have been

1 male, 1 female. - In both cases, a discharge of pus occurred, at the inner canthus of the left eye. The left eye became red, the patient died.

Drying of the eye was evident.

In one of these cases, the mucous membrane of the orbit was removed.

This was done to relieve the pressure. In the other case, the orbit became infected and the patient died.

Periostitis of orbit.

3 cases of periostitis of the orbit have been noted.

2 of these cases were chronic. 1 occurred in a 10 year old girl, and the other in a syphilitic subject. In both, the bone became dead bone which had to be removed.

One thousand five hundred and five cases of error of Dysphoetic or accommodation were seen in the 10 years, being an average of 150 cases annually, or 20.4% of the whole.

The error was most nearly estimated and corrected by the ophthalmoscope alone. In hypermetropia in children, the accommodation was at once, first lenses, then retracted with aitbung, and the necessary correction made with the ophthalmoscope.

The correction of astigmatism Sandoor and Schlotz's ophthalmometer was found useful. The only drawback to this instrument is that it takes a considerable amount of time, but it gives very accurate results. That is, they cost less than it takes to test objectively with an intelligent patient. In children it is invaluable.

Affectio ophthalmitis affecting the oculo-motor muscles.

One hundred and eighty seven cases of affection of the oculo-motor muscles were observed, over 10 years under consideration. This being a fraction of 2.8% of the total number of cases, or an average of 18.7 cases annually. The fact raising these cases, being cases, of the nature of Caraget Stabrosis, both hypermetropia, occurring in Children, but 40 cases of divergent Stabrosis was all of these cases well marked, with high degrees of myopia, are listed. The cases may be divided.
Paralysis of the External Rectus muscle. 9 cases.
Paralysis of the Superior Oblique muscle. 3 cases.
Paralysis of the Inferior Rectus muscle. 2 cases.
Paralysis of the Superior Rectus muscle. 1 case.
Paralysis of the Inferior Oblique muscle. 3 cases.
Paralysis of the Internal Rectus muscle. 2 cases.
Paralysis of the third nerve. 12 cases.
Obstetrical. Externus. 6 cases.
Conversat. Strabismus. 71 cases.
Distegut. Strabismus. 160 cases.
Dystropus. 32 cases.

Int. Rectus. Paralysis of the External Rectus muscle.

This was noted in 9 instances. Two instances occurred in association with cerebral tumor. In five of the others, there was runs or less probability of Syphilis.

In 2 others, but cause could be made out.

Sup. Oblique

Paralysis of the Superior Oblique was noted in 9 instances, two of these being in females, one in a man. Obstructive test, small area, ptosis, were present in these cases. Carefully adjusted glasses. The result of treatment was none other disappointing.

Inf. Rectus.

Paralysis of the inferior Rectus was noted in 2 instance.

Inf. Rectus.

Of the Superior Rectus one case. Of the Inferior

Sup. Oblique

Oblique 3 cases. all in women. Of the Internal

Inf. Rectus

Rectus 2 cases.

Third Nerve. Paralysis of the third nerve was seen 12 times. All
two cases were superficial. Mostly I think, being
Ophthalmography.

Sphthalogygia Interna.

Six cases of sphthalogygia have been described. Of these, one was one of those from central cause. Probably specific, but in two, I could not determine the cause. In one occurred in an elderly, married lady. Excepting for the sphthalogygia, I could not find any other symptom of disease. She lived for three or four years, after I had seen her, and in good health, but died, about eighteen months after, from stomach affection. Said to be ulcerative and catarrhal. In heart condition was never affected, nor did the heart develop any other manifestation of central affection. There was not the least suspicion, either inherent, or acquired, of pyloric. She had no headaches, or post mortem exam. listen was not permitted.

Convergent Strabismus.

Cases of convergent strabismus, numbered 76 cases. I indeed, I respect the above number, does not include all the cases. As many I have seen, I have taken no notice. A large proportion of these cases occurred in children, & young adults, affected...
with a great or less degree of hypermetropia. I
had seen a great many cases of these cases at a
very young age, than I did, like I first commenced
Optometric practice. As parents are at least expected
to understand the importance of keeping their children,
as soon as they notice anything at all with the
eyes or of having the eyes properly corrected with
glasses. In one family, all the daughters are affected
with a high degree of hypermetropia, requiring spectacles
of +9.3 sph. +7.8 sph. +3.5 sph. while
all the sons have perfectly normal eyes. In this
family, one only has the early tapering of the lens, the
constant proper adjustment of glasses relieves the
children from much suffering in the way of headache.
I have strongly refuted recessive. But also I am con-
vinced it has prevented the development of strabismus
the need for an operation. In this family, the
eyes must have their spectacles the first thing
in the morning before rising out of bed. This cannot
remain until going into bed at night. If otherwise,
headache is at once complained of. In another
family, I have attended, all the sons were
affected with hypermetropia. Five of them, while
all the daughters were unaffected. Except one, who
had right hypermetropia +15 sph. in the eye, 
right hypermetropia +15 sph. in the other. This case
may be looked on as a definite case of nature. For if
the hypermetropic eye had got a little of the hypermetro-
nism, the whole of it, practical hypermetropia could
Fifty-three cases of internal strabismus were operated on. Both by being operated on in thirty-eight cases.

In most of these cases, cocaine was the anaesthetic.

In a few further children chloroform was used. I find that proper application of a 10% to 20% solution of cocaine answers well, but the operation must be commenced too soon after the instillation, or the deep tissue will be incompletely anaesthetised. In not one instance had I any trouble with bleeding into the iris capsule. This is a fortunate accident, for it is a complication that cannot well be avoided.

First Kind.

Divergent Strabismus.

Forty-five cases of divergent strabismus have been. Most of these were associated with paraesthesiae of the upper part of the nose. One of these was operated on.

Nystagmus.

Nystagmus.

Thirty-two cases of well marked nystagmus were observed. Twenty-five occurred in children, of young adults, with some or less defective vision. Seven in adults. The thing to point to here is the whole of Scotland. Minor's nystagmus is rarely occurring. Now I think, I have seen two instances, one case from the South, to the Highlands, in search of health. Of course, in some of the peripheral conditions, when nystagmus occurred when the eye was moved to the affected side, but this can not be included in above.
The eye drop best in use, are cocaine solution.
490. in simple distilled water. atropine sulphate.
490. to the ounce. in distilled water. boric acid.
490. to the ounce. atropine hydrobromate 490.
to the ounce, for palpitation of the heart.

Lately considerable experience with the ordinary drop
bottle. I have discarded them all, as being made
or less troublesome. I oft to cause sepsis from the
solution becoming muddy. 

Septic. for a drop
flask, which I put made in Paris, at a trifling
cost. The ordinary drop bottle, into the stopper. fixed
into a piece of India rubber, whilst being convenient.
but the drawbacks. 1st. but the rubber soon gets worn.
may fail to lift a drop, at the time it is
required. 2nd. if the slit of the stopper came
into contact with a septic eye, it at once circu-
lates the contents of the bottle. if the solution be then
hard, in a case of Ceratoma, that is serious
risk that the healing process may be interfered with.

My eye drop bottle consists of an ordinary Florence
flask. capable of holding four ounces of solution.
The flask is fitted into a glass stopper, into a prove
bottle on each side of the ground part, which when
the stopper is turned, shuts the solution off. (This drop
stopper is a French patent, it is extensively used for
small drop bottles). Regum each operation, the flask.
is placed on a stand. Now an ordinary spirit lamp, so the stopper being removed the contents are thoroughly boiled. The effectually sterilizes the solution. The stopper can be put into boiling water so that the whole apparatus is thoroughly sterilized. No anxiety therefore need be felt in instilling the drops into any eye.

Since commencing the use of this eye's bottle, I have never had a septic case in my practice after operation. The eye solution, my requisite solution, is simply distilled water. I have not any preservative being added. They perfectly clear till the last drop is used. I consequently do not mistake.

Although such a thing flashes hold, 4 or 5 cent., they don't look at all large, or cumbersome. The glass being very thin. The shape of the flash taking away from their bulk. There is no trouble to be going constantly out of order. The pipette to come into proximity with a septic eye, and then inoculate the contents of the bottle into the risks above named.

After a constant use of nearly two years, I am perfectly satisfied with the clay's flashes.
but the exception of the two which are first rubbed with turpentine and then placed in a solution of iodine.

I have had a small sterilizer made for this purpose.

The principle of the Carlisle sterilizer is that of placing the instruments in a small box of copper turned over, into which leans out a small tray holding the powder of the instruments just so that it can be carried in a small hand bag along with the instruments. Above the bottom of the sterilizer inside the removable tray are soldered two trays.

These trays, with regular spaces cut in them, hold the knives, large instruments, to prevent them coming into contact with each other, on the side of the sterilizer, if the bush should boil violently and to prevent any risk of the edge being blunted.

When not in use, the sterilizer holds the lamp,

legs for supporting it, a large paper instrument like the light spectrum inside it, so that altogether it takes up very little room.

As instrument bag also contains a couple of small bowls - a bottle of turpentine - a small bottle of Barraps' Nolcum & Cop, tablets of iodine by day. Here are 2x -

acidified sols of 2.24% form into a small bowl of warm water, forms a convenient solva, which does not affect finished instruments.

The instruments are prepared for use as follows:

and here I may describe the preparation made.
Hand bag, ready for purse out to an operation in the County. Containing sterilizers, forceps, eye drops, all the different instruments. Size 16 inches by 8 inches.
In an ordinary Case of Cataract Extraction

1. The patient is seen with the general health being inquiries into, the condition of the condition of the condition of the condition of the condition of the face is seen to have been good, perfect the
2. Condition of the face is inquiries into so as to see that there is no other case of the patient's face. In the left eye case is instructed how to prepare the room, to have boiling water, towels ready. If possible the operation is done in anheated room. The patient to have the operation done upon a chair or table. The bed to be prepared and warmed. It is kept before the operation the patient takes a dose of operative medicine on the morning of the operation. The face washed as to be thoroughly washed with plenty of soap and warm water

After arriving at the house, with my bag which contains all the eye instruments and also the eye drop glasses, with cocaine, which was boiled at home in the morning. I immediately instil cocaine into the patient's (both) eyes. While this is taking effect, I open my Sterilizer, I remove the tray, which I place beside me. I then fill it with Sterilizer with hot water and cocaine, which was boiled at home in the morning. I then instil fresh cocaine into the eye, x, cleanse the patient's face, with a moist ball of spirit. This is then cleaned. The eyelids and eyebrows are washed after with the lid. On which is also allowed into the eye. I then
laid the tray, with the instruments, out of the Sterilizer. I
place it on the table beside me, and am now ready to
operate with a feeling of confidence that nothing of a
softly nature remains. Since commencing this method
of operating, I have never had a soft case, and
not one soft case has gone wrong, owing to any
accidental after the operation the instruments are
again boiled. Then dried with a Sterilizer for linen
rashkin, put away.

Opposite page 148, is a photograph of the hollow bandage,
which although only 15 inches by 8 inches, yet holds
a complete armamentarium for operating work, namely:
Complete set of all metal instruments. Sterilizer, complete
with spirit lamp - two spirit burners. three canteen
with deep bottles, 4 ounces each. is came. At the
Hardee bottle of the spirit - bottle with glycerine.
Small tin of Boric Acid - with cork. lint. Sterile bandage.
Also a few flannel roller bandages; everything necessary
for immediate operation is here. So that having learnt
the case is always well prepared.

On the opposite page are a couple of photographs of
operation instruments I had made a few years
ago by hand of Holland, as I felt dissatisfied with
the soft patient to say anything. I am pleased with
the movement of the joint while looking at incision in
Cataract Extraction. The first is a traction holder,
consisting of deep, hollow incisions to a depth 500. The
holds get spring into conjunctiva. And conjunctival
tissue, an inch side of upper portion of the cornea. It affords
Any scar is held, during the procedure, by two sides traction, while adding the lubricant. It is also useful to prevent downward rotation of the globe, while performing indirect view. The force being made into the conjunctiva at the level of the upper third of the cornea, pulling either the upper or lower conjunctival tissues, it lasts no pressure on the globe, but may turn in a less patent present lacrimation of the lens or less of helminth and is known as a fixation hook. The lower photograph shows nearly a double fixation forcep. It will explain itself to fix it to a card for the purpose of photographing it.

Before using the instrument made, I measured accurately the opening of conjunctival recesses of all eyes, so that the instrument used suit for any subject.

The detailed list of extracapsular extraction will show the wonderful value of Cocaine, as an anaesthetic.

It may be said to have revolutionised ophthalmic hook.

In extracapsular extraction, nearly all the cases had induction performed. I must say I much prefer a small induction upwards, as making the extracapsular easier to induction, with less traction of the iris tissue.

Preference for it consequently less risk of iris. but again if iris

Small induction should come with less risk of closure of the pupil.

I cannot record a small, upward induction as any better. the upper lid covers the slight jog of the pupil, even in close inspection looks perfectly round. I have never heard the whisper of complaint from patients or their friends with regard
to any damage to the appearance. I have operated on all colours of iris, blue, brown, etc, and have not noticed amputate patients. On the other hand, I have seen occasions, due to the most skillful operation, without any irrigation where there were numerical advantages with an irregular pupil. Showing that contact has followed. The iris was attached to the intraocular deposits, or remains of the lens capsule shrivelled up behind. I have also been increasing tension in such cases. I cannot understand the cry of irritation. The removal of the lens itself is a transitory. To the eye requiring its removal is a disease, that is an abnormal eye, and must undergo some operation later. I have no time for its recovery. If there is less risk of injury, less risk of loss of vision, (you of course the capsule of the lens through the pupil, will require some pressure than through an iridectomy), less risk of often increase of tension, owing to straggling of the iris, I hold that not only is a small iridectomy justifiable, but also, in my opinion, the best treatment.

The following operations were performed:

1. Iridectomy of the hyphema:
   - Acute clear: 5 cases.
   - Malign: 7 cases.
   - Flat: 12 cases.
   - Fibrous: 5 cases.
   - Endophtalmoc. 53 cases.
   - Symplepharon: 7 cases.
   - Tense: 5 cases.
   - Epilanchies: 1 case.

Total 94.
1. Diseases of the Lacrimal Apparatus.
   - Sinus of the Lacrimal gland: 1 case.
   - Diseases of the tear passages: 267 cases.
   - Stricture of duct: 51 cases.
   - Total: 319.

2. Diseases of the Conjunctiva.
   - Opyropyia: 1 case.
   - Jets of conjunctiva: 12 cases.
   - Reumt ulcer of conjunctiva: 3 cases.
   - Necrosis of conjunctiva: 1 case.
   - Total: 17.

3. Diseases of the Cornea.
   - Foreign bodies in: 231 cases.
   - Sarcoid of conjunctiva: 9 cases.
   - Total: 234.

   - Iridectomy: 164 cases.
   - Tubercular iritis: 1 case.
   - Tumors of iris: 3 cases.
   - Foreign bodies in iris: 2 cases.
   - Total: 168.

5. Diseases of the Lens.
   - Dislocated lens: 2 cases.
   - Catarract: 14 cases.
   - Congenital: 23 cases.
   - Total: 166.

   - Acute: 10 cases.
   - Chronic: 9 cases.
   - Total: 19 cases.
8. Wounds of the eye. & Foreign bodies in the eye.
   Foreign body in the iris. 2 cases.
   " " lens. 1 case.
   " " vitreous 1 case.

   In other respects were 7 eye lesions. In these cases:
   Wounds of the globe. 67 cases.
   Total 71

9. Syphilitic Ophthalmia
   2 incisions.
   Total 2

10. Intracocular tumours
    Glaucoma of retina. 4 cases.
    Sarcoma of choroid. 9 cases.
    Other tumours. 10 cases. Total 23.

11. Diseases of Heart
    Cellulitis. Incision 1 case.
    Pericarditis 1 case.
    Suppurative pericarditis. 1 case.
    Pericarditis serosi. 2 cases.
    Total 5

12. Affecttion of Muscles
    Congenital strabismus. 53 cases.
    Total 53

Grand total. 1,179.

"The End"