

AN
INAUGURAL DISSERTATION

ON

Amaurosis

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Amaurosis

The imperfection or loss of sight which results from affection of the nervous apparatus belonging to the eye, whether that affection be seated in the Retina, optic nerve, or Sensorium; whether it be idiopathic or Sympathetic whether it consists in vascular congestion, inflammation, organic change, or simply in functional disturbance is called Amaurosis. The word from its Grecian origin means dim or darkend sight; It is a general term embracing affections of the nervous visual apparatus in all their forms & degrees. Some authors define it to be a diminution or complete loss of sight without any perceptible alteration in the organization of the eye; Thus as Cataracta Nigra because the pupil retains its natural blackness. Since Amaurosis may arise from affections of the Sensorium, Optic Nerve, or Retina, we can easily understand from

Their intimate connection how it happens that it
 Sometimes appears in both eyes at once; yet it
 is often confined to one; or the one being diseased
 the other may after a longer or shorter interval
 take on the same affection. It may be divided into
 idiopathic. Symptomatic and Sympathetic, the
 first of which may be induced by causes acting
 immediately on the nervous apparatus such as
 excessive exertion of the organ; secondly it may
 be a symptom of affection of the sensorium,
 or thirdly it may be sympathy between the
 nervous structure of the eye and some other
 previously affected organ, as from irritation of
 the stomach, or of the 5th pair of nerves. Since
 Amaurosis is a disease affecting the sensorium—
 optic nerve, or retina, we will first consider the
 disease arising from affections of the brain,
 In the first place temporary or permanent blindness
 may result from compression or concussion of that

organ which may be so compressed either from some external or internal injury as to bring about pressure of the cranium (in the first instance as from a blow or fall on the substance of the brain and so extend itself as to involve the optic Nerve and Retina inducing some sort of inflammation or paralysis of the optic Nerve; superinducing total impairment of, or obstructed vision. The causes operating upon the nervous apparatus externally as from blows or injuries in whatever-manner received. We call extrinsic causes.

Those operating from within the cranial cavity as from original disease are designated as intrinsic causes. Both eyes may be affected in Amaurosis. one alone oftener^{ly} from extrinsic causes; both being affected more generally from diseases arising ^{by} internal for instance when one only is affected it is generally brought about by severe injury inflicted on the side of the head opposite to that on which the injured eye is situated and how necessary is it for us to

Understand the minute arrangement of the nerve fibers of the brain, for without such a knowledge we shall be utterly unable to give a rational explanation of the phenomenon, Then in order to understand that the eye opposite to the injury is affected we will endeavor to explain it in this wise. The optic nerves springing from the corpora quadrigemina & Geniculata pass forwards and inwards from both sides of the brain converging so as to meet at the processus olivaris of the sphenoid bone. forming the commissure of the optic nerve. thence the fibers diverge from the commissure in proportion to their convergence and pass through the foramen opticum into the ball of the eye and there spread themselves out over the vitreous humor constituting what is called the Retina; but let it be understood that the fibers of each nerve cross each other at the chiasm at least some of the fibers of each nerve pass over to the eye opposite to the side from which the nerve sprung.

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The same is true in relation to the arrangement of the fibers of the whole encephalon for the fibers of one hemisphere of the brain decussate the fibers of the opposite side constituting the Corpus Callosum. Understanding the distribution of the nerve fibers of the brain and optic nerves we can very easily — comprehend why it is that a blow on one side of the head may affect the opposite, nose or legs in proportion to the injury received. Cerebral congestion may be said to be one of the most common sources of Amaurosis. For if from any cause there has accumulated within the cranium a superabundance of blood as from some external or even internal injury we can very readily imagine how easy it would be for ^{an} impairment of vision to be superinduced taking into consideration the conformity of the cranial cavity together with the delicate structure which constitutes the substance of the brain. When the blood from any cause becomes congested in the cranium the latter acts as a barrier

To the exit of the blood which by pressing upon the nervous mass brings about loss of sensibility or the power of either receiving or transmitting impressions, and by contiguous sympathy the optic nerve and retina become involved and take on the same disease as that of the brain. Likewise inflammation occurring from any cause first invading the meninges of the brain may spread itself from side to side and then extending itself to the substance of the brain and superinduce loss of vision. But as inflammation is a destructive process it produces such a lesion of the parts as to cause the death of the patient in a very short time and by that means prevent the loss of sight from becoming manifest in the way which characterizes the imperfect vision of Amaurosis. However some of the consequences of inflammation such as an effusion of serum, coagulable lymph or pus, may so invade the nervous structure as

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To Superinduce partial or Total paralysis of the whole body by obtunding the sensibility of the Encephalon. and as a matter of course paralysis of the optic nerve follows; It will be necessary perhaps To Speak of some of The intrinsic causes of The disease under consideration, Hydrocephalus or an accumulation of serum in the ventricles of The brain may superinduce Amaurosis by an over-distension of The ventricles especially of The Third ventricle pressing upon The optic commissure and thereby induce partial or Total blindness. Hydrocephalus may be either internal or external, that is the fluid effused may be in The ventricles or in The arachnoid membrane. and this disease may exist in The brain either in an acute or chronic form; The state of The Retina in The former varies according to The stage of The affection, during The period of excitement there is an increased sensibility to light; Strong lights are avoided, The eyes being opened only in The dusk of

of evening; if the lids are separated the cornea turns
 up behind the upper. When effusion occurs dullness
 succeeds to the increased sensibility, the natural direction
 and harmony of the optic axes are lost, the patient squints
 and looks downwards, the pupils are dilated or exhibit
 oscillatory movements without being sensible to light;
 in the Spasmodic or paralytic stage when convulsions come
 on succeeded by palsy the sight is lost, the pupil
 highly dilated sometimes contracted but motionless.
 There is generally squinting with fixed direction of the hoop
 downwards. Sometimes loss of sight is an early symptom
 of hydrocephalus. we hope that this digression in the
 way of giving some of the symptoms of Anacrosis
 will not be out of order in as much as it is very necessary
 to point them out in connection with the causes
 of disease. The brain is liable to be encroached upon
 by Tumors of all kinds and they may originate either
 on the internal surface of the cranium or within the
 substance of the brain itself, such as exostoses, tubercular

deposits &c. and these may press upon the brain in
 such a manner as to preclude vision entirely. Those
 intrinsic causes of blindness are a great deal more
 obscure and less understood than those of the extrinsic
 character, for instance a patient may be laboring
 under obstructed vision from a Tumor either hard or
 soft pressing on the brain and he may even complain
 of fulness, great pain, and refer them to a particular
 part of the cranium, yet we have no means of
 ascertaining the precise cause of the affection unless
 the patient be laboring under some constitutional
 disease, to which the Tumors are referable. Whereas on
 the other hand Amaurosis arising from extrinsic causes
 which acting from without the cranium are quite
 palpable and easy to be understood. As we have spoken
 some what at length upon Amaurosis consequent upon
 affections of the brain though we do not pretend to
 have done it justice by any means; for a disease
 involving so much obscurity as the one in question

requires a much longer Time and a much closer discussion
 than can be bestowed upon it here; We now propose
 to say something of the optic Nerve. which is liable
 to be affected from intrinsic or extrinsic causes—
 Superinducing Amaurosis. however in speaking of
 the diseases to which the optic nerve is liable
 we do not intend to isolate it from its connections
 with the brain and Retina, for they are so intimately
 connected in their structure that it would be almost
 impossible for one to be diseased without involving
 more or less the others especially the retina. Fractures
 of the Skull at the anterior part of its basis may
 cause pressure on one or both optic nerves, or may
 otherwise injure them. They may be variously affected
 by diseases of the bone or of its membranous covering
 in the same situation. Such diseases may have a
 venereal origin which may be indicated by the
 simultaneous existence of other symptoms—
 referable to the same cause; for example; if the

disease depend upon Syphilis and The nerve be pressed upon by some Syphilitic protrusion, there will have been some other symptoms appearing in other portions of The System prior to, or at the very time at which The nerve is invaded, which are referable to The same cause, and knowing these facts we may be able at once to remedy the affection by measures calculated to eradicate The disease constitutionally. But there are other tumors than those of Syphilitic origin which are apt to encroach upon The optic Nerve, whose origin we know not and whose invasions are so obscure, that for their removal we are compelled to adopt such rational principles of treatment as may be suggested. Amaurosis may be caused by injury of The optic nerve in penetrating wounds of The orbit; or in fractures with displacement of The orbital parietes; it is sometimes brought on by gouty and Rheumatic Diathesis causing a chalky deposit in or about The region of The optic nerve— A German author Von-Amor has delineated The following

morbid changes in the optic nerve arising from these diseases viz, thickening of the neurolemma, effusion of fibrin between it and the substance of the nerve, echymosis in the situation of the arteria centralis and induration of the medullary texture. As we do not intend to discuss regularly the pathological lesions of the visual apparatus superinduced by amaurosis. we deem it to be nothing amiss to insert a few as we have done above, however little they may contribute to its full elucidation. Amaurosis arising from disease of the optic nerve is developed slowly, commonly in one eye only, seldom in both at once; a black cloud appears before the eye and becomes gradually thicker while the patient experiences an annoying distortion of objects without the smallest uneasy sensation in the eye or head; He only feels a slight sensation of pressure in the back of the orbit as if the globe were pushed out of the socket, of which however there is no appearance. In the very beginning of the affection the pupil is—

considerably dilated and the pupillary margin of the perfectly motionless Iris is angular at various points so that the pupil often presents an irregular pentagon or hexagon. we now take up the affections of the retina upon which the disease chiefly depends. The Retina may be affected originally & exclusively or secondarily and in conjunction with other parts of the Globe. Under the name of amaurosis cases of the first description are generally understood, and in order to prevent confusion it would be well to confine the Term to them. In the affections which either originally or subsequently involve the nervous, together with other structures, such as general inflammation of the globe, inflammation of the internal tunics; whether idiopathic, Syphilitic or arthritic; in glaucoma, Atrophy and dropsy of the eye; in fungus hæmatodes cancer & melanosis; blindness is ultimately produced: and in as much as the retina is disorganized they may be said at last to be amaurotic. Though the

diseases are properly named from other more prominent characters. Amaurosis from affections of the retina may be superinduced by the same causes which bring it about from affections of the brain. ~~in whatever manner~~, viz., congestion, inflammation, external or internal violence, whether from blow or falls, from encroachment of tumors either of arthritic or syphilitic origin, from local or constitutional disease, we might very safely remark here, that ^{anaemia} although it is very rarely the case, plays a very important part in the production of amaurosis for in anaemia there is great diminution in the solid constituents of the blood, consequent upon this there must be a loss of tone in the structure of the retina, a flaccidity of its vessels, and of course under such a state of things a want of sensibility and cognizance on the part of the retina to respond to the impressions made upon it, Hence there exists in some instances considerable confusion of vision. We make these remarks concerning anaemia notwithstanding some authors discard the idea of

amaurosis ever occurring as a consequence of it; and this
 may be termed the asthenic variety of amaurosis. And
 when the disease occurs in that opposite state of the
 system which constitutes plethora it may be termed
 the sthenic variety. The retina may be so much injured
 in the operation for couching or depressing a hard lens
 on the retina as to partially or completely destroy its
 structure and in that manner cause complete loss of vision.
 but that misfortune would only be brought about by
 an unskillful manipulator; for it has been ascertained
 that small punctures or slight pressure from the
 lens have no bad effects upon the retina unless carried
 to too great an extent. Having as we believe sufficiently
 enlarged upon the causes of the disease under consideration,
 we will now attempt to portray some of the most prominent
 symptoms. the leading of which are the variously altered
 state of the function. we find sight impaired in all
 possible ways, various imaginary objects & colors appear
 before the eyes. In different instances there are all

Kinds and degrees of defective perception in respect to
 form, color, and proportion of objects, and their relation
 to each other, augmented and diminished sensibility
 to light, impediments to vision most diversified in
 degree and kind. In the beginning of the affection—
 patients complain of the sight being weak or dim
Muscae Supervenit; real objects are seen but imperfectly
 they appear more or less obscured by cloud or haziness,
 the letters of a book run into each other and become
 confused. The eye is soon tired and waters or becomes
 bloodshot if exertion is continued. Sometimes near objects
 are not clearly recognized, while those more distant
 are seen perfectly. This incipient stage in which
 vision is partially impaired is called *Amblyopia*,
 or weakness of sight, though it is sometimes found
 as a permanent condition. In some instances the sensibility
 of the retina to light is so much increased that the
 patient avoids all places of strong light and seeks
 comparative darkness, this intolerance of light is called *Photophobia*

Under such circumstances the patient sometimes discerns for a few moments even the smallest objects in an extremely weak light; while at other times he cannot distinguish even larger things in the same light, this state of things which is *oxyopia* or *acuteness* of sight deserves particular attention; The sensibility of the retina may become so considerable that the presence of light cannot be borne at least it causes severe pain in the eye & brow with discharge of Tears and confusion of all objects, the patient remains in a darkened chamber and therefore may be said to be laboring under *Nyctalopia* or *day blindness*; more commonly the retina is in an opposite state. Its increasing insensibility and the consequent necessity of a powerful impression to produce any effect, lead the patient to seek clear and bright lights, and in attempting to read places his back before the window, that the light may fall upon the book. When the *amblyopia* with increased sensibility proceeds a little farther a shining glare appears before the eye, with tremulous rainbow colors

Surrounding and confusing objects. A light cloud may
 pass before the eye, or luminous and fiery points.
 Glashes or streaks may appear; these often continue
 when the sensibility of the retina has been completely
 extinguished, and lead the patient to indulge in hopes
 that his vision may be restored. This condition is termed
 Photopsia. One of the most frequent symptoms is
 broken or interrupted vision; the eye misses parts of
 objects, letters or words are lost in reading and the
 patient moves the whole head to search them out.
 Sometimes the upper or lower half, sometimes the right
 or left half is not seen, and this may be termed hemiopia.
 Sometimes a small part only of the retina retains its
 sensibility, and such things only are seen as are placed
 in a particular direction with respect to the eye.
 Objects having to be raised higher or lower placed to
 the right or left side as the case may be. Things
 sometimes appear deformed, sometimes as if enveloped
 in a mist or cloud which may be light, dark, or

changeable. This cloud becomes thicker & more extensive until the perception of objects is destroyed; A very common symptom of incipient amaurosis is the appearance of floating or moving objects before the eye. Dark, grey, or semitransparent threads, spots, streaks, insects, rings, chains, globules, indeed minute substances of every description seem to float before the eye, moving rapidly upwards and then falling, more conspicuous and more troublesome in impeding vision in a clear light. These floating objects are called *Muscae volitantes*. There is occasionally seen by the patient a single black speck floating before his vision, this is termed *Scotoma*. It is not uncommon for the patient to see before the eye a black disk which increases in size as the affection proceeds, becoming larger & larger until at last it covers the whole field of vision, As the moving bodies increase in number they become more completely opaque, and unite so as to form a net or thick veil, more or less completely enveloping whatever the patient looks at.

And this net appears dark in a clear place, or against
 a white ground. While in the dark it is shining and whitish
 or of a yellowish color. Double vision which is a common
 circumstance, in incipient amaurosis is owing proba-^{bly}
 to the axes of the eye not corresponding. The movements
 of the two eyes coincide in certain directions so that the
 double sight is only partial, and moreover when either
 eye is closed vision with the other is single. The very
 rare occurrence of double vision in one eye only, must
 according to best authors be referred to the retina -
 Sometimes we have shortsightedness & farsightedness
 yet the latter is most common. Although the various
 kinds of imperfect vision which we have enumerated
 and described are designated by appropriate names they
 are not distinct diseases, but are to be assigned to a
 common cause, viz, disease or disorder of the retina, the
 pathological condition of which, especially in the early &
 active stage of disease, and the particular circumstances
 in the affection which give rise to each of these modifications

we are unable as yet to explain; It remains still as many others of the arcana of medicine, enveloped in a cloud of mist. To be brought to light in no other manner but by removing the amaurotic spot from the vision of our science, which is even now making gigantic strides towards perfection. In the commencement of the affection patients seem to discern objects better when they are placed at their sides, than when placed directly in the visual axis. This is owing very probably to the commencement of the disease in the central portion of the retina and gradually passing out to the margin of the expansion which explains the gradual diminution of vision which as a general thing characterizes the disease; yet so far as the origin & progress of the disease are concerned, they are very various. It may be produced suddenly and reach its full development in a few hours, sometimes blindness is produced in a few days, weeks, or months, while in other instances years elapse before vision is altogether lost. The pupil & the Iris of Amaurotic patients exhibit various changes; Some

of which are so conspicuous as to attract even the notice of careless observers. The former is dilated often considerably even in the strongest light, sometimes it is equally contracted and that permanently. The pupil as we have before stated is often oval and angular at different points of its circumference, it also deviates from its normal situation in the Iris; being more frequently displaced upwards and inwards. In many cases the clear blackness which characterizes the normal state of the opening is lost, and the pupil has instead a dull smoky or cloudy discoloration of greenish grayish or leaden cast, sometimes it is of a yellowish green much like that of glaucoma. A motionless state of the Iris together with dilated pupil is a general state of things, but by no means does it universally obtain in Amaurosis. In as much as the mobility of the Iris depends upon the susceptibility of the retina to the influence of light, we may therefore very safely conclude that the pupil is dilatatable & contractible until the Amaurosis is complete. We may have some doubt as to whether the

patient has amaurosis or not from the fact that the
 Iris of the affected eye moves in harmony with the other
 after its independent action is destroyed, hence we should
 cause the patient to shut the sound eye or each alternately
 that we may distinguish the difference. Cases of Amaurosis
 differ very materially as regards the accompanying pain
 whether in the eye or head. Sometimes the disease is developed
 slowly without pain; Sometimes there is an uneasy feeling
 in the eye and neighboring parts; a sensation of fulness
 and an unusual weight in the globe: Frequently the
 disease is accompanied by headache, often intense; giddiness
 dizziness, pain in the eye-brow or side of the head occasionally
 severe; Fulness and pain in the head aggravated by motion
 or employment of the organ, The states of the digestive
 organs & circulation are various, the former may or may
 not be affected, yet sometimes it is greatly deranged
~~which~~ ^{which} Together with other circumstances contributes to the
 origin and continuance of the disease, The latter sometimes
 accelerated or it may be weak and feeble, hence the appropriate

Terms of Sthenic & asthenic Amaurosis. We must now say
 something in regard to the diagnosis; The most certain
 means of distinguishing Amaurosis from Cataracts
 by the catoptric test; which consists simply in dilating
 the pupil of the affected eye with belladonna rubbed
 on the surface of the lids, or made into solution and
 applied immediately to the eye, dilatation will general-
 ly come on in an hour or two: after which the patient
 must be conducted to a dark room, when a candle
 should be lighted and held immediately in front of
 the eye of the patient, and if the case be Amaurosis
 there will be seen three images of the candle, the first
 caused by reflection of the cornea, the second by reflection
 from the anterior surface of the crystalline lens which
 images are in the upright position. A third caused by
 reflection from the posterior surface of the lens; it being
 in an inverted position, but if the disease be cataract
 on the contrary there will be seen only the two upright
 images or perhaps only one; and besides there can generally

be seen an opacity behind the pupil in cataract. Amaurosis
 also may be confounded with glaucoma though in the latter
 disease other textures are often involved besides the retina,
 there is also deep seated green discoloration of the pupil, and
 an altered color of the Iris; but when in the commencement
 of the affection there is a sluggish, motionless state of the
 Iris with dilated pupil, the distinction is still more easy.
 Fortunately, it is more important in reference to the prognosis
 of the two diseases than in the treatment; for what is
 applicable to one affection may answer in the other, though
 the chance of benefit is much less in glaucoma than in
 Amaurosis. The prognosis of the disease under consideration
 turns principally on two points viz. the degree in which
 vision is impaired, and the length of time the disease has
 existed. We think favorably of Amaurosis when the disease
 is evidently caused by active congestion in the head.
 Our prognosis is doubtful in the earliest cases if the
 insensibility of the nervous structure be complete. It is
 equally so, in imperfect Amaurosis of long standing. The prognosis

is bad, when the disease is preceded or accompanied with severe pain in the brow or head, not relieved by treatment or if relieved quietly returning. The same observation applies to cases attended with epileptic symptoms, - paralytic affections or great change in the pupil, under such circumstances we may reasonably suspect the existence of organic changes in the retina, optic nerve, Orbit, Skull, or Brain. When only one eye is affected we may very naturally expect an occurrence of the same disease in the other, knowing this fact we must institute such active treatment as to prevent it. And now to the treatment of this much-to-be dreaded affection Amaurosis and we are sorry indeed, that this affection on account of its obscurity is so little understood as sometimes to baffle all attempts to afford relief. And what heart is it that would not shrink at the idea of having in spite of all medical aid to become blind and having to grope his way in utter darkness while he sojourns on earth; horrid thought! I cannot forget the sentiment

of the Poet; who says that:-

Some praise the eyes they love to see,
 As rivaling the western Star;
 But eyes, I know, well worth to me,
 A thousand firmaments afar.

But let us not forget the treatment of this most formidable disease. Of course this must be regulated upon general principles; and we must not forget the causes upon which impairment or total loss of vision depends and always endeavor by such means as are in our power to remove them. In as much as most Authors believe that the disease depends chiefly upon congestion or inflammation of the visual apparatus, either acute or chronic, we must employ antiphlogistic treatment, following it up with a decision and steadiness commensurate with the importance of the affected organ. Under this head we must include general & local bloodletting, more particularly the latter as by cupping from the back of the neck or temples, - The application of leeches, The evacuation of the bowels.

by purgatives and a restricted diet; keeping the organ in
 a state of repose more or less according to the nature
 of the case. As an antiphlogistic remedy especially in
 this disease, bloodletting either locally or generally stands
 at the head of the list. Mercury we believe to be next in
 order, both as a purgative and in its constitutional effects.
 Counterirritation is also a valuable auxiliary in the treat-
 ment of Amaurosis. As to the employment of the above
 remedies in any given case of vascular excitement
 we do not intend to lay down any definite rules; we
 only wish to be understood as treating Amaurosis in a
 general manner; and that these remedies are to be employed
 according to the nature and demands of the affection, as
 a general thing however general bloodletting will not be
 required oftener than once or twice in the course of the
 disease; local abstraction of blood if pain and fulness
 about the eye or head still persists, either by leeches to the
 temples or cupping on the back of the neck. As to counterirritation
 we believe that a succession of blisters will accomplish

This object better than any other remedy of the kind; -
 keeping up a discharge from them by the application
 of savine cerate. These blisters should be employed at
 intervals of six or seven days. As to the employment
 of mercury an excellent adjuvant in the treatment
 of this form of Amaurosis. It should not be employed a
 few times only and then relinquished, but should be
 persevered in. Mercury is applicable in the acute as
 well as the chronic stage of Amaurosis, In the former
 case it may be necessary to induce Ptyalism, for which
 purpose it should be administered in small & frequent
 doses such as one half to one grain every two hours
 combined or not with opium, But when in the acute
 form ptyalism is not to be desired, from 3 to 5 grs -
 calomel may be administered every night or every
 second night on going to bed; followed the next morning
 with some mild aperient, such as castor oil rhubarb
 or Magnesia in some pleasant vehicle. In the chronic
 stage of Amaurosis ~~attended~~ attended with general and -

Local fulness our treatment must be active. It is better
 in such cases perhaps to induce ptyalism. Yet in ~~some~~
 cases of the chronic kind especially when there is —
 neither general or local plethora our best mode of treat-
 ment would be the local abstraction of blood, Counterirritation
 with blisters, or setons, mild preparations of mercury such
 as the Hg. cum creta, or blue pill given every other night
 and followed the next morning with an aperient. When
 the means which we have recommended fail, we may not
 reasonably expect any very great benefit from other
 sources. We must enjoin such modes of living as will
 be most conducive to the improvement of health —
 residence in pure air frequent exercise in the open air
 a plain, mild, but nutritious diet, and repose of the
 affected organ, form a combination of measures —
 best calculated to invigorate the system generally
 and thus to arrest local disease. The treatment we
 have described must be graduated according to the
 violence of the disease, constitution, age, and numerous

Other circumstances. No one mode of treatment is proper in all cases. It must not be supposed that all Amaurotic patients require bloodletting & salivation. Amaurosis often comes on slowly and insidiously, in persons of enfeebled constitution, in such cases it would be blindness in us to resort to general bloodletting or salivation, it would be adding fuel to fire, in such cases we should employ such means as would tend to invigorate the system; nutritious diet moderate exercise in open air an occasional purgative of the milder mercurials, perhaps the local abstraction of blood with counterirritation form our best means of relief. When speaking of the causes of Amaurosis we mentioned a great many injuries and constitutional diseases which might give rise to it, viz those arising from either an extrinsic or intrinsic source, and also of Amaurosis arising Idiopathically, Symptomatically and Sympathetically. we will just here take occasion to say that Amaurosis Superinduced by any of the above

named causes must be treated upon general principles removing all known sources of irritation adopting such remedies as will be applicable in any constitutional disease when we have reason to believe them to be a source of the disorder; combatting all congestion or inflammation whether local or general with such anti-phlogistic remedies as we have mentioned, taking care not to administer calomel to any great extent in serofulous or enfeebled conditions of the system, but on the other hand in the latter cases after mild anti-phlogistic means and clearing the alimentary canal, it may be necessary to administer Tonics, such as Sarsaparilla quinine Calumba; and perhaps in some serofulous and consumptive individuals the administration of Iodide of Potash & Cod-liver Oil would not be out of place. There is one more remedy whose virtues in the treatment of Amaurosis are not to be despised. As this remedy when administered either externally or internally has been found to be a great Stimulant of the nervous System

It has been used in Amaurosis. The remedy alluded to viz Strychnia is best adapted perhaps to those cases in which there is little vascular excitement, but on the other hand are atonic condition of the retina without lesion of its structure. When from any cause such as the confinement of the eyes to very small objects, or working in rooms—imperfectly supplied with light, the sensibility of the retina seems to be in a great measure lost, there can be no better remedy to stimulate the retina to action than the use of Strychnia, combined with such other remedies as the nature of the case may demand. The best mode of administering this article is in solution applied directly to the eye, for which purpose ʒiij. Strychnia should be dissolved in ℥i of acetic acid, to which is added ʒi of distilled water; two or three drops of this colyrium should be dropped upon the affected eye 3 or 4 times a day, until slight twitching of the muscles is experienced, after which it should be withdrawn, and again repeated after the subsidence

of such manifestations. but if intense headache
 supervene upon its use it should be discontinued
 entirely. This remedy is particularly applicable in
 those cases of Amaurosis where there is perpetual
 dilatation of the pupil, for this agent has almost
 as decided an effect in producing contraction as
 belladonna has in causing dilatation of the pupil.

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