

perception of color remaining intact in only three. Berry says he has looked out for the symptoms of tobacco amblyopia in women for the last five or six years, and has only met with them in three cases. These three women smoked to excess, but did not drink. Forster cites 20 cases, in a paper on the injurious action of tobacco on vision, each one of the patients being a strong smoker, and only able to see very large type. In 11 of these cases marked improvement was observed when the use of tobacco was given up. I will not detain you by quoting the language in the text-books on diseases of the eye at my command, by authors who express their full belief in tobacco amblyopia and amaurosis, simply stating they are English, Scotch, American, German and French, and among the best authorities. The authors are, McKenzie, Wolfe, Gowers, Wells, Nettleship, Noyes, Williamson, Stellwag, Schweigger, Grunfeld, Mittendorf, Mayer, and De Wecker. The only two authors I have who dissent from the general view are Carter and Lawson, English. Carter quotes a letter from Dr. Dickson, of Constantinople, to the effect that the consumption of tobacco in that city averages 3 lbs. weight per head per month, but that amaurosis is a rare affection there. He quotes also Dr. Hubsch, oculist in Constantinople, who writes, "I have never attributed amaurosis to the abuse of tobacco." Carter adds, "I have obtained the same kind of negative evidence from Egypt and India, and in the face of it I do not attach much importance to the fact that several patients who have suffered from nerve atrophy, have been great smokers. If a patient who consults me on account of nerve atrophy is a smoker, I always advise him to lay aside tobacco. This would be dictated by the duty of leaving nothing undone, and would not represent any personal belief in the necessity of the prohibition." I cannot comprehend why Mr. Carter thinks it his duty to give advice in which he does not believe, unless he thinks the belief of others a stronger reason for his duty than his personal belief, in which case he must hold his own opinion very feebly. Mr. Lawson, one of the surgeons of Moorfield Eye Hospital, thus writes: "I do not remember ever having seen a case in which the loss of sight could be fairly attributed to tobacco only. There was also in addition to the immoderate smoking some other excess, such as intemperance, or undue mental strain with loss of rest."

In looking over my notes of 1824 eye patients who have consulted me since 1877, I find 46 who had partial to total loss of sight accompanied by conditions of the eye similar to those noticed in tobacco amblyopia, viz., either no ophthalmoscopic or otherwise detectable change of the eye, or else hyperæmia, pallor, or atrophy of the optic papilla. These 46 cases may be thus classified: male 33, females 13 (46). Cases referred to smoking alone, 13; tobacco and alcohol, 9; alcohol alone, 0; other causes, 24. Tobacco and alcohol, males 9, females, 0; tobacco, males 13, females 0; other causes, males 10, females 14. Cases in which there was hyperæmia, pallor, or atrophy of the disc: tobacco, 12 male; alcohol and tobacco, 9 male; other causes, 7 male, 11 female. In regard to these figures I would remark that although no case of pure alcoholic amblyopia appears, it is because every one of the drinkers who consulted me was an excessive smoker, a rule, perhaps, with few exceptions, yet I believe amblyopia potatorum is an entity, as is very generally held in Paris. I must admit not having questioned females as to smoking and drinking, as they are so free from such male virtues. Again, in all the cases but one of tobacco or tobacco and alcohol, I noticed changes in the optic disc, as the patients did not consult me in an early stage, when ophthalmoscopic changes are not noticeable. I will briefly refer to four patients who did not take alcohol and had tobacco amblyopia:

J. T., æt. 44, consulted me in Feb. 83, complaining that his sight had been defective for eight months, and he was unable to see more than half a word at a time with either eye, seeing the half on nasal side. Vision is one-half in left and one-third in right eye; outer half of each optic papilla pale. Patient has smoked six pipefuls daily for 15 years past. Advised to take strychnia and stop tobacco. Patient returned in two months, said he had followed advice and sight was all right.

H. O., æt. 21, Dec. 28, '83, said both eyes had gradually failed during the past 15 months, and now he can barely distinguish light. There is advanced atrophy of both optic discs. No symptoms of brain or spinal disease, no history of syphilis, health good. Has for four years past smoked 6-7 pipefuls daily, and chewed one-fifth lb. of tobacco weekly. *Treatment*—Strychnia, hypodermically, m iv. ter die. (grs. iv., ad 3 i.