

treatment early administered. How important, therefore, it is to discover the cause before organic changes take place. As the name (toxic amblyopia) implies, it is simply a progressive loss of sight due to some substance being absorbed into the system, which toxic element or poison has a selective action upon the optic nerve or its cerebral origin.

There is a long list of substances which possess this property, some acting purely in a temporary functional disturbance of sight, while others produce a permanent organic change which, if continued sufficiently long, may terminate in almost total blindness. Cases are on record from competent observers where amblyopia was produced in idiosyncratic cases from chocolate, quinine, iodoform, alcohol, and some others, with such clearness that of cause and effect there could be no doubt. Perhaps with the exception of alcohol all the above show themselves in the suddenness of the appearance of the diminution or loss of sight, and its rapid restoration a few days later either partially or wholly, hence the history of every case should be fully analyzed, especially in regard to probable causes. But my personal experience for the past three years has been that every case of toxic amblyopia, which came under observation, has been due to tobacco, either alone or in conjunction with alcohol, in one form or other, so that we would not be far astray if we called all cases of toxic amblyopia, tobacco amblyopia; and further, each case had been using tobacco for a number of years, so that the ages of the victims ranged from 35 to 50, with one or two exceptions, and all were the male sex, and both eyes were affected at the same time; the first general complaint being that their sight was hazy or misty, with inability to read as formerly, each of these symptoms gradually becoming worse and worse. It is just at this stage a tobacco amblyope, not suspecting the cause of his trouble as he probably has been using the weed for years, will go to his family physician for advice or to the optician for spectacles, and fortunate the patient who consults the one or the other who recognizes the cause of the trouble, and firmly insists on immediate abstinence from tobacco, or refers the case to an oculist. If nothing more were done than to secure a positive "swearing off," the main feature of restoration and best line of treatment is secured. There is no choice of the patient in this matter, it is either "stop tobacco" entirely or the results are sure to be from bad to worse.

If in addition to the symptoms pointed out in a tobacco user, he also has central color blindness for red and green, *i.e.*, inability to distinguish between the two, the diagnosis is complete as far as possible, without a further use of the ophthalmoscope and perimeter,