

veins, and perhaps the emptying of the arteries. "The increased pressure produces the changes of the circulation, and the latter causes the obscurations. The truth of this assertion is also proved by the fact that these attacks of dimness are generally brought on by anything that causes congestion of the blood-vessels of the eye—for instance, a full meal, great excitement, long continued stooping, violent exercise, &c."—(*J. Soelberg Wells.*)

(7.) *The appearance of a halo or rainbow round a candle.*—In the premonitory stage, this is a very constant symptom. Upon looking at a lighted candle, the patient sees coloured rings, forming a halo round the flame.

(8.) *Intermittent pains in and around the eye.*—("Ciliary Neurosis.") We find generally, pain more or less acute in the forehead, temples, and passing down the side of the nose. These pains accompany the intermittent dulness of sight.

(9.) *Slight contraction of the field of vision.*—During these periodic attacks, objects upon which the eye may be fixed, are sometimes observed to be surrounded by a shadowy haze. The particular object to which the eye is directed is distinct, but surrounding objects may appear ill-defined, and in some directions quite indistinct.\*

A simple method of examining the extent of the field of vision is described by Soelberg Wells; as follows. "The patient being placed straight before us, at a distance of from 15 to 18 inches, is directed to look with the eye under examination (closing the other with his hand) into one of our eyes, his right eye being fixed upon our right, and *vice versa*. In this way, any movement of the eye may be at once detected and checked. Whilst he still keeps his eye steadily fixed upon ours, we next move one of our hands in different directions through the whole extent of the field of vision (upwards, downwards, and laterally,) and ascertain how far from the optic axis it is still visible; we then approach the hand nearer to the optic axis, and examine up to how far from it he is able to count fingers in different directions. We may thus readily discover whether the field of vision is of normal extent, or whether it is defective or obliterated in certain directions."

SECOND STAGE.—("Glaucoma Evolutum.") The second stage of acute glaucoma is sometimes ushered in without any premonitory symptoms. Usually, however, the affected eye has been subject to repeated attacks of the premonitory symptoms for a period of several months or even

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\* Called eccentric obscurations. When the eye is so directed that a line drawn from the object through the centre of the pupil would strike the macula lutea it is called *central fixation*; should it strike elsewhere, it is *excentral fixation*.