

more moist. She now continued to improve under the daily continuance of the treatment (Sundays excepted when no injections were administered) until on the 15th day she claimed to have read the letters "Open on Sunday, &c.," upon the door post of a Drug Store in McGill street. These letters are about one inch in size, and are white, painted upon a black ground. She could also spell signs at the distance of sixty or eighty, feet letters about one foot in size. Encouraged by this degree of improvement, I went on using the hypodermic injections, but, on the principle that if a little would do good, more would do better, I doubled the dose, and for a few times injected a drachm of the solution containing 1-85th of a grain. This seemed to produce a greater dullness of sight, and I again returned to the small doses, resolved to wait for a gradual improvement rather than to hurry matters. Her sight now continued to improve until, on the 25th day, she expressed herself much delighted at being able to make out with greater clearness the signs of the shops as she came along the street. She had also for the first time on the day previous recognized the green shutters upon her neighbor's window, and could tell whether they were open or shut. She could also distinguish household articles as chairs, books, etc.

I now tested the correctness of her statements by asking her to spell words which I had at hand, printed in large type, such as newspaper headings, advertisements, etc., and by which I observed that type of about $\frac{1}{4}$ inch in size could be read with ease. She could readily make out No. 20 of Jæger's test types, and could spell No. 19 of the same set, and type of the same size and description. I may here premise that when I adopted this mode of treatment I did so without the expectation of being able to do more than ameliorate her pitiable condition by improving her general health, and possibly to some extent, her vision in the right eye. This I hoped to do by restoring tone to the optic nerve and retina; and relieving her debilitated condition, upon which, I deemed it quite within the range of possibility, her defective vision might, in some considerable degree depend.

However, the expectation of being able to accomplish anything of much consequence in the improvement of her condition was, at first, so slight, that for some time I took no detailed notes of the case, and have been obliged, thus far, to quote largely from memory.

The favorable results already attained on the twenty-fifth day of treatment encouraged me to hope

for a continued improvement and possible permanent restoration of sight in the right eye, and before going on with the treatment I resolved to make out the true nature of the case, by an ophthalmoscopic examination. My first attempt was, at first, somewhat negative. I could settle the nature of the difficulty with the left eye, which I distinguished as lenticular opacity, most dense at the centre. The right eye appeared to contain a smoky or misty cloud, or opacity, which seemed to be very deeply seated, it might be in the vitreous humour, or the hyaloid membrane, I could not decide which. I could not make out the retinal vessels; or, as it appeared, get a clear view of the retina at all. The pupil was very undilatable; in fact, its smallness has always been characteristic. Wishing to make out a satisfactory diagnosis, I requested Dr. Hingston, who had been her former attendant, and who might be presumed to be well acquainted with the history of the case, to join me in using the ophthalmoscope. The pupil would not dilate much under a four grain solution of atropine, but became distorted into an irregular ragged shape, showing strong adhesions of the iris. The opacity in the left eye we concluded to be capsulolenticular cataract, but the character and situation of the opacity in the right eye was not determined, Dr. H. supposing it to be situated in the hyaloid membrane. It effectually obstructed the view of the retina. On this occasion, previous to using the atropine, she could read type of a quarter of an inch in size. I resumed the treatment, and continued the injections until the sixth week, once a day for the last few days. Her sight continued slowly but steadily to improve. The weather now became inclement, and she ceased to pay her regular visits to my office, but continued the use of her quinine and iron daily. It is now over two months since the hypodermic injections were discontinued; during which time, however, she has continued the use of the tonic. Her general health has greatly improved, her menses, which were suppressed, have returned; and she boasts of a vigorous appetite.

Before proceeding with the use of the hypodermic injections, which I intend to continue for a few weeks to give her all the benefit possible from their use, I again tested her powers of vision on Friday, December 6th, with and without the aid of lenses, and also by artificial light. Her judgment of colours I found to be perfect, and she was able to read No. 15 of Jæger's test types, and to make out No. 14 of the same; while with the assistance of a pair of nine inch focus periscopic lenses,* she could make out without hesitation No. 12 of the same set of type.