

objects. This occurred chiefly at night, and made her very nervous, restless and sleepless. Upon close inquiry she tells me that while being led along the streets of the city she would sometimes fancy she could see the feet and legs, up to the knees, of persons passing by. She could not see anything at other times, and under other circumstances. She states that at one time since the failure of sight in the second eye, she consulted Dr. R. P. Howard, who examined her eyes and told her that, in the event of the right eye becoming totally blind, he would advise an operation upon the left. The very mention of an operation, to which by the way she had great aversion, she says so frightened her that she never returned to him, although shortly after the right eye did become quite blind. This is as much of the past history of the case as I have been able to gather. I will proceed to detail the case since it came under my care.

About the middle of last August she came to me, or rather was led to me by a child. I observed on her entering the door that she was quite blind, being entirely dependant upon the child for guidance, and keeping one hand extended to avoid striking anything that might be in her way. Her object in seeking medical advice was threefold: to obtain some improvement in her general health—which was much below par—to restore her appetite, which she states had entirely left her; and also in the hope of getting some remedy which would, to use her own expression, “do her some good, even if ever so little.” She was pale and anemic and complained of general weakness and loss of appetite. Her menses had not appeared for eight months, and there were other evidences of nervous prostration, such as a sense of faintness, shortness of breath, forgetfulness, langour, etc. A cursory examination of her eyes by the unaided vision, showed the presence of an opacity in the left eye, the true nature of which I could not well determine, but which I attributed to cataract; although it did not present the usual color and appearance to the naked eye, but was darker, duller, and apparently irregular, and appeared to be deficient on the inner edge, towards the inner canthus of the eye.

The right eye did not contain any opacity observable to the naked eye, but wore a peculiar vacant staring expression, and a somewhat hazy appearance. Both eyes seemed to be shrunken in their sockets and unusually dry.

The patient complained of this, and an absence of tears, dating from the time when severe pain was first felt in the eyeballs. There was also a very considerable degree of tension in both eyes, especially

the left. The right eye presented the usual appearances of amaurosis, which I was then disposed to consider the true nature of the case, depending, perhaps, upon debility of the optic nerve and retina, or atrophic changes of a degenerative nature in these tissues.

A casual glance at the countenance showed the eyebrows very strongly knit, the “corrugator supercillii” very much contracted, and the head thrown forward in an eager manner, when endeavouring to find an object before her, and when groping her way. I should have observed that there was some degree of photophobia complained of. There was also a slight roughness noticeable in the left cornea.

Treatment.—For the improvement of her general health I prescribed quinae sulphates gr. i. with tinct. ferri mur. m. x. ter. in. die., and, as she expressed a strong desire to have something done for the amelioration, at least, of her then helpless condition of blindness, I proposed a trial of frequent hypodermic injections of strychnia in solution. The strength of this, to avoid unpleasant effects, I made much below that mentioned by Soelberg Wells (namely 1-40 to 1-20 of a grain). My solution contained $\frac{3}{4}$ of a grain of strychnia in eight ounces of water, of which I injected half a drachm, or 1-170th part of a grain, underneath the skin covering the Triceps Femoris Muscle, and repeated it every morning and evening. The susceptibility of the patient may be imagined when I state that the hypodermic injection of this small dose was followed in about ten minutes by uncontrollable twitchings and jerking of muscles of the fingers and slight contractions of those of the left hand; winking of the eyelids of the same side. These soon passed away, and never appeared again. She now continued to visit me morning and evening, and I injected each time into the arm half a drachm of the solution of strychnia before mentioned, each containing 1-170th of a grain of strychnia. From these injections she felt no inconvenience not even the slight twitchings before mentioned as having followed the first administration. On each occasion I selected a new site for the introduction of the needle, and by observing this precaution, and changing the arm frequently, no great local tenderness or inconvenience was experienced. During the first three days no perceptible change was noticed, but on the fifth day she claimed to be able to distinguish houses as she passed along the streets, and upon the sixth day she said she could read on her way to my office, a large sign in Wellington street, bearing the name of Logan, and to be able to see the passers by. The eyes were now much brighter (having lost their dull, listless stare) and were