

in Dublin, Brussels and elsewhere. I mean the influence which one eye, if diseased or the seat of certain destructive processes, happens to exert or to bear on an opposite and otherwise sound eye. You perceive what an important question this may become in practice, where the use of the eye of a patient is gone, and the other eye becomes doubly valuable. Yet this good eye, it now appears, is only to be preserved by removing the peccant organ root and branch. so jealous is the system, if I might so say, of everything wrong—so curious the sympathy existing between one eye and its fellow of the opposite side. The usual explanation which is offered of this sympathy of one eye with the other, with which I agree, is the following: the fibres of each optic nerve, respectively, come partly from the opposite side of the brain; you know the optic commissure rests upon the olivary process of the sphenoid bone, and in its interior the innermost fibres cross each other on entering the orbit; the nerve obtains a firm sheath also from the dura mater, which is continuous with the sclerotic coat of the eye; this sheath is formed by the splitting of the dura mater, the one surrounding the optic nerve—the other continuous with the periosteum of the orbit. So you see how completely entangled, so to speak, one eye appears in the anatomical nerves and other relations of the opposite one. I believe this decussation of the fibres is quite sufficient to explain this sympathy of one eye with its fellow, for, as to this sympathy being a reality, I can now recollect many cases in the last fifty years where it undoubtedly existed.

I have repeatedly observed, especially in children who have lost one eye in early life, that there is a proneness of the other eye to become diseased, and completely disorganised in after life, and one might not be so astonished at this, if we merely consider it the result of one general constitutional cause such as syphilis for instance; but there is something more than this, and I think that this decussation of the nervous filaments explains it; and here I would advise you when you come to practise for yourselves, to warn patients who have thus lost a single eye, to be careful of the second eye. I think they are not at all alive to the danger of overworking a single eye; they do not conceive what the loss of a diseased eye when they were infants has to do with the excellent eye they may happen to have now that they have grown up and forgot all about it; or, on the other hand, I see patients now and again, who are on the point of being stone blind, but they say they got no warning to be careful of one eye, which perhaps for years has been their single means of communication by vision with the external world, their single means of subsistence in fact.