

in fact, of the nature of true tubercular matter, and instead of being absorbed, as the matter is in syphilitic iritis, it increases in bulk, and either bursts as an abscess externally, or sometimes, but very rarely, into the aqueous humour. This I consider to be the most characteristic and unequivocal proof of the scrofulous nature of the disease, and so much so, that I consider all the other changes in structure above enumerated to be but corroborative evidence of its specific nature, taken in connection with constitutional symptoms. The tubercular deposition here alluded to generally takes place towards the circumference of the iris near its junction with the ciliary ligament, and consequently under the margin of the cornea. It is at first a small yellow irregular mass with red vessels passing over it, as in the deposits in syphilitic iritis, but it gradually enlarges and extends under the margin of the cornea beneath the sclerotic, which gives way before it, and allows a prominent yellow mass to project beneath the conjunctiva. This continues to enlarge, and assumes the appearance of an abscess; and in some cases becomes so prominent and irregular in form, is so enveloped in large and tortuous vessels, and presents so peculiar an appearance from the dark choroid coat, appearing through the thinned sclerotic around it, that it has sometimes been supposed to be of malignant character, so much does it resemble fungus hæmatodes. Attention to the history of the case, independent of obvious difference in appearance and structure will, however, generally prevent any such mistake from being made. This state of disease has not escaped the observation either of Dr. Mackenzie or Mr. Lawrence, although they both direct attention to it more with a view to prevent its being confounded with fungus hæmatodes than to treat of it as a consequence of scrofulous inflammation of the eyeball. Dr. Mackenzie, in alluding to "Non-malignant Tumours of the Eyeball," observes that "he thinks it extremely probable that scrofulous tubercles, exactly similar to those frequently met with imbedded in the cerebrum of children dying hydrocephalic, form upon or within the eye; for instance, in the substance of the sclerotic, iris, or choroid: and that such tumours lying deep in the eyeball will, with much difficulty, be distinguished from fungus hæmatodes;" and again, that "he had seen several cases of albuminous or scrofulous tumours originating from the sclerotic, sometimes single, sometimes in clusters, soft in some cases, and firm in others, but with little or no vascularity; the subjects of such affections being always cachectic children, and the affected eyes having generally suffered from internal scrofulous ophthalmia before the appearance of the tumours." Several of the patients, he states, died of chronic disease of the lungs. He also gives the following examples:—"A young lady about twelve had a scrofulous tubercle attached to the upper part of the sclerotic; the eye had suffered much from scrofulous internal inflammation; the tubercle was of a yellow colour; it slowly enlarged to the size of an almond, and seemed in a state of suppuration, but did not actually suppurate. The general health was much impaired, and the patient died soon after." In another girl, a cluster of scrofulous tubercles presented on the lower half of the sclerotic close to the cornea. The vision of the eye being dim, the cornea hazy, and the pupil dragged towards the side of the eye on which the tumours were situated. In another, a girl, aged nineteen, "the eye had been considerably inflamed for about five weeks, with considerable pain in it, as well as in the circumorbital region. The conjunctiva and sclerotic were injected with blood, the cornea slightly nublous, the iris somewhat changed in colour, vision very imperfect, and the motions of the pupil sluggish. At the bottom of the anterior chamber there was a yellowish mass, having much the appearance of pus, with reddish streaks, as if from blood vessels passing over its surface. This yellowish substance gradually increased in size, and assumed the appearance of a scrofulous tubercle,

It caused an elongation of the cornea downward, so that the cornea had an oval shape. The tumour diminished considerably, and the inflammatory symptoms subsided, under the internal use of mercury, quina, and belladonna. The patient was now seized with insomnia, spectral illusions, delirium, and loss of motion of the right arm, and died, but the body was not examined." Mr. Lawrence, under the head of "Diseases in which fungoid or other growths, not of malignant character, take place from the anterior part of the Eye," relates the following cases:—"A child, six years old, came to the London Ophthalmic Infirmary, with serious external inflammation of the eye, attended with so much swelling of the palpebræ that the exact state of the globe could not be ascertained. Subsequently on obtaining a view of the eye, vivid external redness, with a dull state of the cornea, was observed, and the iris was found pushed forward, and the pupil partially opaque. A tumour gradually arose behind the edge of the cornea; it was of a yellowish colour, and acquired the size of a horse-bean. Subsequently two or three other projections took place of smaller size arranged with the first in a regular series, at a short distance from the margin of the cornea. The inflammation continued severe, although leeches and aperients had been frequently used. When several weeks had elapsed, the inflammation abated, the pain became less, and the protuberances round the cornea diminished in size. At last the latter completely shrunk, the eye became atrophic, and the child recovered without any other ill consequences."

This was, I think, a case of true scrofulous inflammation of the eye, and the tumour "which arose behind the edge of the cornea, of a yellowish colour;" and which "acquired the size of a horse-bean," was, I believe, composed of tubercular matter. In Mr. Tyrrell's work on Diseases of the Eye, (p. 310.-vol. i.) the following cases is recorded as an illustration of his observations on "Inflammation of the Aqueous Membrane, with Deposition of Fibrine." It is evidently another example of the same species of disease. The patient was a "female of stout make though feeble power, having light complexion and blue iris," and had been treated for rheumatism by depletion, low diet, mercury, and colchicum. There existed "a large patch of a dull purple colour at the nasal side of the cornea, and this resulted from numerous vessels of the sclerotic, which were filled with dark blood; and over these a few of the conjunctival vessels also, distended with coloured blood, could be distinguished." This was the circumscribed or insulated sclerotic vascularity which I have alluded to as taking place more frequently in scrofulous inflammation. "The globe was tender to the touch. She had a dull aching pain in it, and also on the cheek and forehead, and these pains became much aggravated at night." This was treated by tonics and nutritious diet, but the patient having caught cold, "the anterior chamber became slightly cloudy, from a low morbid action attacking the entire aqueous membrane; and besides the slight general thickening of this tunic, its surface became spotted by small tubercles of fibrine. The majority of these tubercles formed in connection with the corneal part of the membrane; and a few appeared on the iritic portion; one tubercle in particular on this part of the aqueous capsule acquired a size equal to a partridge shot." After three months' treatment by tonics, generous diet, and mercury in small quantity, the disease was removed.

In my own practice, I have so often met with cases similar to those here quoted in persons of scrofulous constitution, and even suffering from glandular disease of that character, that I think there can be no doubt as to the nature of the malady. In one, an unmarried lady of about twenty years of age, the whole eyeball became filled with a firm yellowish mass presenting all the appearance of scrofulous tubercle, and suppurating at several points; so that I could pass a probe in different directions, nearly from one side to the