

was quite normal and the case progressed favourably until March 6th, when symptoms of septicæmia appeared. On March 7th, besides local treatment, her physician prescribed a mixture containing $3\frac{1}{2}$ grains of quinine sulphate and 5½ m. of Arom. Sulph. Acid to the dose, 4-6 times daily. This mixture did not seem to agree with the patient, as on several occasions she vomited after having taken it, so, on March 9th it was stopped, and powders, each containing 10 grs. of quinine sulphate, with 15 grs. of bismuth subnit. and 3 grs. of soda bi-carb. were substituted. These powders were to be taken three times a day in divided doses. On March 12th the patient was in a muttering delirium. On the 14th she was still delirious, and it is worthy of note that a prominent feature of the delirium was the occurrence of visual hallucinations,—she saw “street-cars upside down on the ceiling.” On the following morning it was discovered that she was absolutely blind, with widely-dilated pupils which did not react to light. Her hearing was impaired also, and she at different times spoke of the noise in her ears. Her physician states that she could always be roused when spoken to in a rather loud voice, and that her apparent deafness was due in part at least, to her mental condition. At the time when the blindness came on, the patient had taken between 150 and 180 grains of quinine during a period of eight days. The total quantity prescribed was $202\frac{1}{2}$ grs. but of this many doses had not been given, owing to the condition of the patient and the indifferent care given her by those of her household.

About this time, March 15th, the bodily temperature began to maintain a lower level, and on the succeeding days the amount of quinine was lessened. The patient gradually passed from a state of muttering delirium into a condition of dullness and apathy, and was in this latter condition when admitted to the Western Hospital, under Dr. Perrigo, on March 24th. Her pelvic condition was diagnosed as salpingitis and she was given, in addition to local treatment, 2 grs. of bisulphate of quinine t.i.d. which latter was only stopped when I suggested that her blindness was probably due to quinine intoxication. On March 25th I made a careful examination of her eyes with the following result:

It is to be noted that while this examination was made ten days after the onset of the blindness, it is likely the appearance of the fundi did not differ much from the initial condition since quinine had been given continuously, and the experience of Nettleship, Demichieri, Stathakoupolos and others proves that even small doses of the alkaloid will cause a return of the symptoms in those who have suffered from quinine blindness. The condition was the same in the two eyes,—pupil widely dilated and reacts but slightly to light. Tension normal.