

became quite quiet, but at the end of one month the left eye became inflamed, and has had similar attacks on and off ever since. The R eye had also during this time suffered, but not nearly so severely.

She consulted a specialist in the spring of 1897. He used my combined form of treatment for seven injections. The eyes were quieter that summer. In the winter, 1897-98, there were, on and off, severe attacks of inflammation. In the summer, 1898, thirty injections of pilocarpine were given. During these injections she had, she said, several attacks of inflammation of the eyes.

With my experience regarding this case, the combined treatment, then tried, failed because it was wrongly given. She continued the use of internal remedies till November, 1898, when she consulted me for the first time. The condition was then as follows:

Left eye: no perception of light, T —, very shallow anterior chamber, and the tissue of the iris infiltrated and covered with a dull whitish exudation, which also involved the pupillary area, so that no details of the tissue of the iris and the pupillary area could be made out—that is, a dull grayish, homogeneous mass covered entirely the iris and pupillary area.

Right V = less than $\frac{2}{300}$, T +, halos at times, pupil contracted and margins held by fine exudation. A dull, white patch of exudation showed in the pupil and reached down behind the iris, apparently unattached to the pupillary margin; at the upper margin the same condition, but the exudation smaller in size.

My combined form of treatment was begun at the end of the first week in November, 1898. Fifteen hypodermic injections of pilocarpine were given.

December 16th, 1898.—R V = $\frac{2}{300}$ and $\frac{2}{100}$; she says the sight is clearer and the halos are less marked; Tn. full.

February 2nd, 1899.—Returned for another series of injections. R V = $\frac{2}{100}$. The injections were begun but discontinued in a few days as a very severe attack of follicular tonsillitis set in. R eye at once became painful and a little injected, T +, and the two patches of dull, whitish exudation before mentioned came out from behind the iris, and passing through the pupil lay in the anterior chamber well down in front of the iris, but still attached at one end behind the iris. This attack, the only one experienced since the beginning of my treatment, lasted but a few hours. With its cessation the lymph patches again went back into their former position and the eye became quiet. This short-lived attack has been the only one up to the present time, that is, August, 1899, and seems in some way to have been connected with the tonsillitis.