

The treatment of this disease is not satisfactory, as it rarely results in perfect recovery. Prior to 1857 (when Von Graefe discovered iridectomy), it was looked upon and justly so, as one of the most destructive diseases of the eye. Iridectomy lessens the tension, relieves the pain, and if done early will prevent injury to the optic nerve and save the sight. Delay is more than dangerous. Von Graefe says that after the third day the restitution is sometimes very imperfect. In glaucoma fulminans, a few hours' delay may result in complete blindness. This operation may be done in all forms and in all stages, excepting in simple glaucoma, when vision is gone and in the hæmorrhagic variety. Iridectomy gives the best results in acute and sub-acute cases. It does not always succeed in improving vision; sometimes it is worse after the operation, but it may be in a measure due to the large and irregular pupil and the astigmatism which may result. Sometimes the operation produces an attack in the other eye, but fortunately such cases are rare. I will not take up your time with a description of the operation, but pass on to the consideration of sclerotomy. This operation has some advantages over iridectomy, yet it will I think never supplant it. Sclerotomy is better suited for cases of simple glaucoma, especially when we wish to avoid the unpleasant dazzling effect of the broad new pupil, in cases where it is desirable to avoid disfiguring the eye, and in absolute glaucoma when we are operating for the relief of pain. It should not be attempted in cases where eserine will not produce well-marked myosis. Vaher reports six cases of progressive glaucoma unaffected by eserine or iridectomy, in five of which the pain and tension were relieved by posterior sclerotomy. Motais, as a last resort, has made a sub-conjunctival fistula in the posterior division of the eye, lessened the tension and so avoided enucleation. In many cases of simple glaucoma, paracentesis will be followed by good results, tension lessened, pain relieved and vision restored. Simi reduced the tension to normal by repeated punctures of the sclerotic, and completed the cure by an iridectomy. Eserine is a very valuable drug in this disease. It lessens the tension in many cases, relieves the pain and sometimes cures the attack. Knapp speaks of it in the highest terms. He says he has cured cases of glaucoma by instillations of eserine. He also

says when it produces incomplete myosis and fails to overcome the tension, that iridectomy should be done at once. It is used with very great benefit when we want to postpone an iridectomy, and often a judicious employment of this drug will render the operation unnecessary. Armaignac says he has reduced the tension permanently to the normal in acute glaucoma, by alternate instillations of eserine and cocaine. Quinine is spoken of as a remedy calculated to ward off an attack. Dr. Adamük reports a case in the practice of Iwanoff, where the premonitory symptoms were kept in abeyance for three years, by small doses of quinine daily. Mittendorf recommends it in large doses in the premonitory stage; he also speaks well of bromide of potassium. It is necessary for persons threatened or afflicted with this disease to look after their general health, avoid all excitement and violent exercise or anything that might have a tendency to increase the amount of blood in the eye. Keep the digestive tract in good condition, also the excretory organs active, go to bed early, keep the brain quiet, give the eyes complete rest, correct any error of refraction that may be present, avoid all medicines that have a tendency to dilate the pupil, and on no account suffer atropia to be put into the eye. This drug has been known to produce an attack of glaucoma. Stimulants should be avoided, and if taken at all only in small quantities. Any specific disease that might be present should be attended to, and when operating, the most careful attention should be paid to antiseptic precautions.

SOME CAUSES OF HEADACHE.*

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No more familiar symptom is brought to the notice of the physician than that of headache, and when presenting the chronic form, none is more difficult to remove. Many of the sufferers from cephalalgia are told that it is "constitutional," and with this comforting assurance are condemned to life-long suffering. The researches of Day, Hughlings-Jackson, Tweedy and Anstie in England, of Erb in Germany and of Stevens in Ame-

* Read before the Ontario Medical Association, June, '89.