

eyes is much affected by that of the general health. Derivatives acting on the skin and kidneys, hot stimulating foot-baths at night, &c., often also prove very beneficial.

If the eye is very irritable, if the external tunics of the eyeball are injected, if the optic disc appears reddened and hyperæmic, and if the patient experiences pain in and around the eye, together with a feeling of weight and heaviness in the eyeball, as if he can hardly keep his eyelids open, we must insist upon a complete rest of the eyes, and complete cessation for some length of time from all working at near objects. We must be extremely stringent in the enforcement of such directions, as the patients are too apt to resume work as soon as their eyes feel a little better, and then at once call up again all the symptoms of irritation and congestion, which may cause a rapid increase of the myopia and of any existing sclerotic-choroiditis posterior. Such cases are also much benefited by the use of stimulating lotions to the closed eye and its vicinity, by the eye-douche, and by the application of artificial leeches.

The best and cheapest form of eye-douche is the one commonly used abroad. This consists of a piece of india-rubber tubing about $4\frac{1}{2}$ feet in length carrying a rose at one end, and at the other

a curved piece of metallic pipe, which is to be suspended in a jug of water placed on a high shelf. The fine jet of water thrown up through the rose will be about 12 or 15 inches in height, and the force with which it plays upon the eye may be regulated by approximating or removing this from the rose. This form of eye-douche is to be preferred to that which is applied by means of a cup to the eye itself, as the jet is in this case far too powerful and often increases, instead of allaying, the irritation. It is to be employed night and morning, or oftener, if the eyes feel hot, for two or three minutes at a time. The eyelids are to be closed and the stream is to play gently upon them. The water should not be too cold.

But of all remedies, I have found the most benefit from the application of the artificial leech (Heurteloup's) to the temples. I have often been able to relieve the irritation of the eye, and the peculiar feeling of heaviness and aching in the eyeball by its use, when leeches and other forms of treatment had proved of no avail. In order to act upon the intra-ocular circulation, it is necessary that the depletion should be rapid; for we find depletion by leeches to be perfectly useless in chronic inflammations of the inner tunics of the eye, whereas the effect of the artificial leech is very considerable. The instrument should be applied to

the temple, and a tolerably deep incision made, so that the blood may flow freely and rapidly, without the necessity of any excessive "suction." One or two cylinders full (about one or two ounces) are to be abstracted, according to the requirements of the case. The screw should not be turned too quickly, as this often produces excessive pain. With a little practice the operation may be gently, yet effectually performed without any suffering. Hot fomentations should be applied afterwards, so that there may be free after-bleeding. As the abstraction of blood near the eye always causes considerable increase in the flow of blood to that part and its vicinity, the depletion should always be made late in the afternoon, so that the patient may retire to rest directly afterwards, and he should be kept in a darkened room till the next afternoon. At first, he will see a little dimly, but after 30—36 hours the beneficial effect of the bleeding will generally be very marked. But when the disease is very considerable in extent, and when there is any fear of detachment of the retina, its use is often dangerous, for the sudden relief of the intra-ocular circulation is followed by a severe reaction and temporary hyperæmia of the vessels of the choroid and retina, and hence an effusion of blood may take place and produce detachment of the retina.

CHAPTER V.

MUSCULAR ASTHENOPIA.

FOR the purpose of illustrating the symptoms presented by this affection, let us suppose that a short-sighted person (whose myopia = $\frac{1}{7}$) applies to us with the complaint, that after he has been reading without glasses for a short time, the letters become confused and blurred, and appear to run into each other, and that one line overlaps the other. These symptoms are caused by the weakness of the internal recti muscles, which are not sufficiently strong to maintain the requisite degree of convergence of the optic axes for 6". This unsteadiness of fixation gives rise to more or less marked diplopia, and hence the lines of type look confused and double. At the same time, the patient experiences pain in and around the eyes, which, if he persists in reading, become red and watery, so that he is forced to lay the book aside. After resting for a short time, the reading may be resumed, to be, however, again interrupted by the same train of symptoms. These symptoms of muscular asthenopia, indeed, last longer after the