of the different branches of each irritation. Stenon has men-
tioned cases which were cured by the introduction of secre-
tions from the lachrymal glands into the conjunctivae, and
the different branches of the fifth nerve sensitive points
can be excited at will by the use of the conjunctival sac.
These spots, which are situated on the upper lid, should
be heated or shocked, or the tear glands in the margin of
the eye with a heated instrument, or even under the eye
with an osmotic solution of chloride of copper or with hot
baths, and the accompanying fluid, when present, should be
removed. In cases in which vision is incompletely indicated
it may be found that the spasms are increased by its use.

The Wecker recommends its use as a creative agent, be-
cause it produces the tendency to either increase or
reduce. Erosions of refraction must be corrected under
illuminating conditions, and toning errors should be carefully
remitted. In cases due to irritation of some branch of the
fifth nerve, careful search must be made for pressure
points, which are often the first to appear.

Hypersensitiveness to light, which is always present in
primary, in subjects, by a reaction, and in cases of psychoneurosis,
and its duration varies greatly. Dr. Charles Langlois
cites a case of monocortical Hypersensitiveness, caused by trauma,
which lasted four months, while the immediate effects of the traumata lasted but twenty-
four hours. Since these points are readily exposed to stimulus and
pressure by Erisser to be true, like myxomatosis, a weakening
of the motor cortical innervation of the muscle.

Amounts of the papillary skin may be noticed as an
accompanying symptom, as shown by Gilman de la Tourette.
In manic and nervous children. Blackbeard.

The habit chosen (Witl Mitchell), which commences in
very small areas and gradually increases, although it occasionally
goes on to middle life. When it com-
mon, it is the usual one, but when it is
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In this document, there is a table (Table VII) that seems to be related to the effects of blindness on the incidence of other conditions. The table is not fully visible, but it appears to be discussing the relationship between blindness and other health issues. The text is discussing the prevalence of certain conditions in individuals with blindness and how these conditions might be related to the onset of blindness itself. The document also mentions the importance of understanding these relationships for developing effective interventions and healthcare policies.

However, the specific details of the table and the full context are not provided in the image.
REFERENCE HANDBOOK OF THE MEDICAL SCIENCES.

Blisters.

against it are of the utmost importance, and they are to be found in a connection with the systemic condition required to develop blisters. Blisters may be primary or secondary.

Blisters are not uncommon in the course of disease, and it is, therefore, important to recognize them. The diagnosis of blisters is not always easy, for they may be seen in any of the mucous membranes, including the conjunctiva, and the eye may appear normal. The possibility of a blisters developing in the eye should be considered in any case of conjunctivitis. If the eye is not properly treated, a blisters may result, and if it is not properly treated, a blisters may result.

Blisters may result from the following causes: (1) Acute conjunctivitis. This condition is characterized by the formation of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(2) Chronic conjunctivitis. This condition is characterized by the presence of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(3) Neurotrophic conjunctivitis. This condition is characterized by the presence of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(4) Allergic conjunctivitis. This condition is characterized by the presence of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(5) Congenital blisters. This condition is characterized by the presence of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(6) Blistering due to foreign bodies. This condition is characterized by the presence of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

Blistering due to foreign bodies is a common cause of conjunctivitis. The foreign body may be a small piece of dust, a piece of fluff, a piece of lint, or a piece of hair. The foreign body may be present for a short time and may disappear without leaving any trace. If it is present for a longer time, it may become large and may persist for several days, but it usually disappears in a few weeks.

The blisters due to foreign bodies may be of the following types: (1) Small blisters. These blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(2) Large blisters. These blisters are large, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

(3) Blistering due to foreign bodies in the eye. This condition is characterized by the presence of blisters in the conjunctiva, usually at the inner canthus. The blisters are small, clear, and may be seen in any portion of the conjunctiva, but most commonly in the nasi conjunctivae. They may be present for a short time and may disappear without leaving any trace. If they are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.

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It is important to recognize the presence of blisters in the conjunctiva, as they may give rise to serious complications. If the blisters are not properly treated, they may become large and may persist for several days, but they usually disappear in a few weeks. If the blisters are present for a longer time, they may become large and may persist for several days, but they usually disappear in a few weeks.