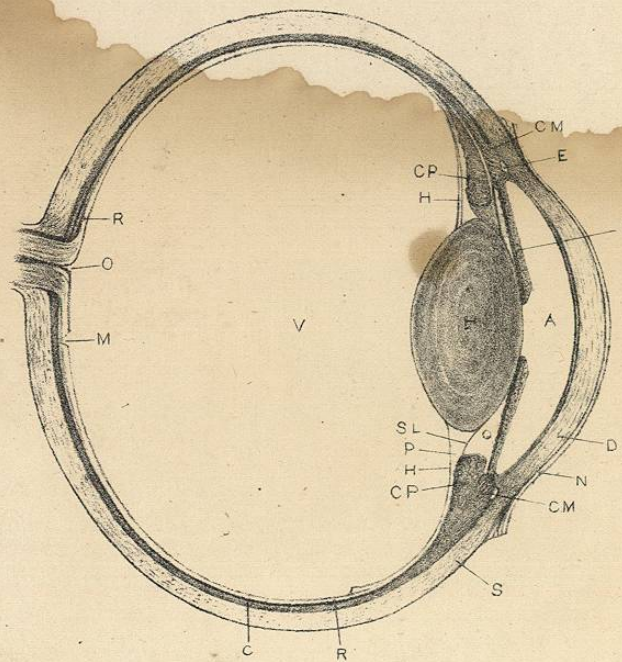


PLATE I.



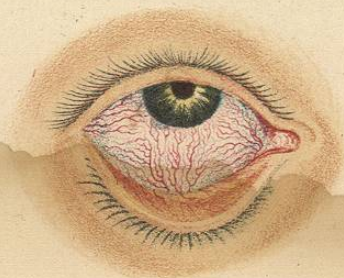
W West & Co. Chromo. lith.

PLATE I.

Diagram of the Human Eye in Section.

- S. Sclerotic; continued in front into
- D. Cornea.
- N. Epithelial layer of cornea.
- C. Choroid.
- I. Iris.
- CP. Ciliary processes.
- CM. ,, muscle.
- E. Circular sinus.
- R. Retina.
- M. Macula lutea.
- O. Optic disc.
- S.L. Suspensory ligament of lens.
- H. Hyaloid.
- P. Canal of Petit.
- V. Vitreous.
- Q. Posterior chamber.
- A. Anterior chamber.
- L. Lens.

PLATE II



1



2

W. West & Co. Chromo lith.

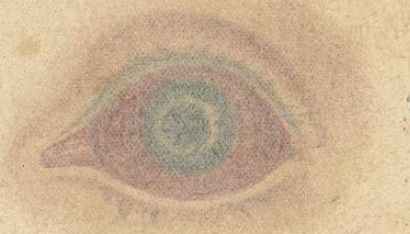
PLATE II.

FIG. 1.—*Acute Conjunctivitis*.—Both the orbital and palpebral portions of the conjunctiva are hyperemic or "blood-shot." The everted lower lid is red and villous, and numerous vessels are seen ramifying over the white of the eye, appearing to terminate at the margin of the cornea. (After Dairymple, Plate VII. Fig. 6.)

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FIG. 2.—*Purulent Conjunctivitis*.—This figure exhibits the intense vascularity and chemosis of the conjunctiva just prior to the second or discharging stage of gonorrhoeal ophthalmia. The cornea is still clear, but sunk in the folds of the conjunctiva. (Dairymple, XI. 4.)

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W. West & Co. Lithographic Lith.

PLATE II.

FIG. 1.—*Simple Conjunctivitis*.—Both the orbital and palpebral portions of the conjunctiva are hyperæmic or “blood-shot.” The everted lower lid is red and villous, and numerous vessels are seen ramifying over the white of the eye, appearing to terminate at the margin of the cornea. (After Dalrymple, Plate VII. fig. 6.)

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FIG. 2.—*Purulent Conjunctivitis*.—This figure exhibits the intense vascularity and chemosis of the conjunctiva just prior to the second or discharging stage of gonorrhœal ophthalmia. The cornea is still clear, but sunk in the folds of the conjunctiva. (Dalrymple, X. 4.)

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PLATE III.



1



2

W West & Co. Chromo lith.

PLATE III.

FIG. 1.—*Pustular Conjunctivitis*.—On the conjunctiva, to the outer side of the cornea, is seen one of the so-called "pustules" or phlyctenulæ, and a leash of red vessels is seen feeding it. Another appears just over the margin of the cornea, which is bluish and opaque, from having been the site of former pustules. (Dalrymple, XIII. 3.)

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FIG. 2.—*Plastic Iritis*.—This figure represents the early stage of inflammation of the iris. A pink zone of sclerotic injection is seen surrounding the cornea, which is itself clear and unaffected. The iris is dull, and the margin of the pupil somewhat different in colour from the rest, and slightly irregular. The conjunctival hyperæmia is trifling. (Dalrymple, XVIII. 1.)

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PLATE IV.

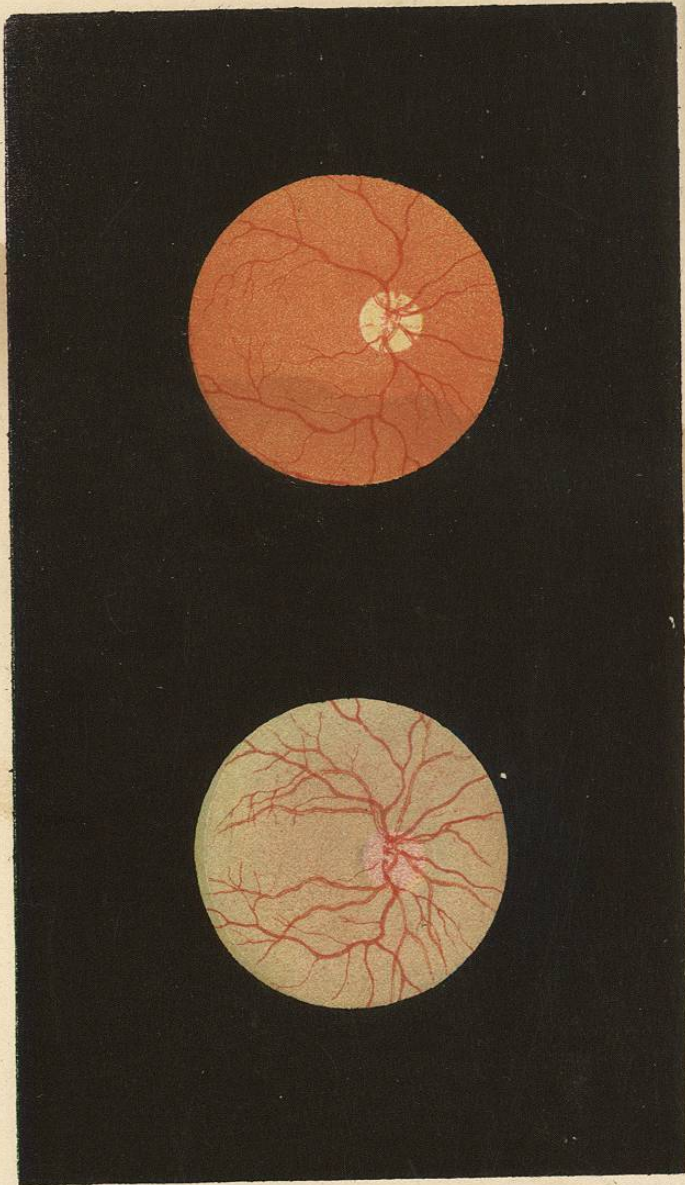


PLATE IV.

FIG. 1.—*Fundus of the Healthy Eye (European).*—The general colour is orange-red, while the optic disc is yellowish-white. The central artery and vein of the retina are seen emerging from the disc and ramifying over the fundus. The arteries present a double contour; the veins are larger and more distinct.

FIG. 2.—*Fundus of the Healthy Eye (Native of India).*—The colour of the fundus is a brownish-grey, and the optic disc of a pale rose tint. In other respects it resembles that of the European.

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PLATE IV.

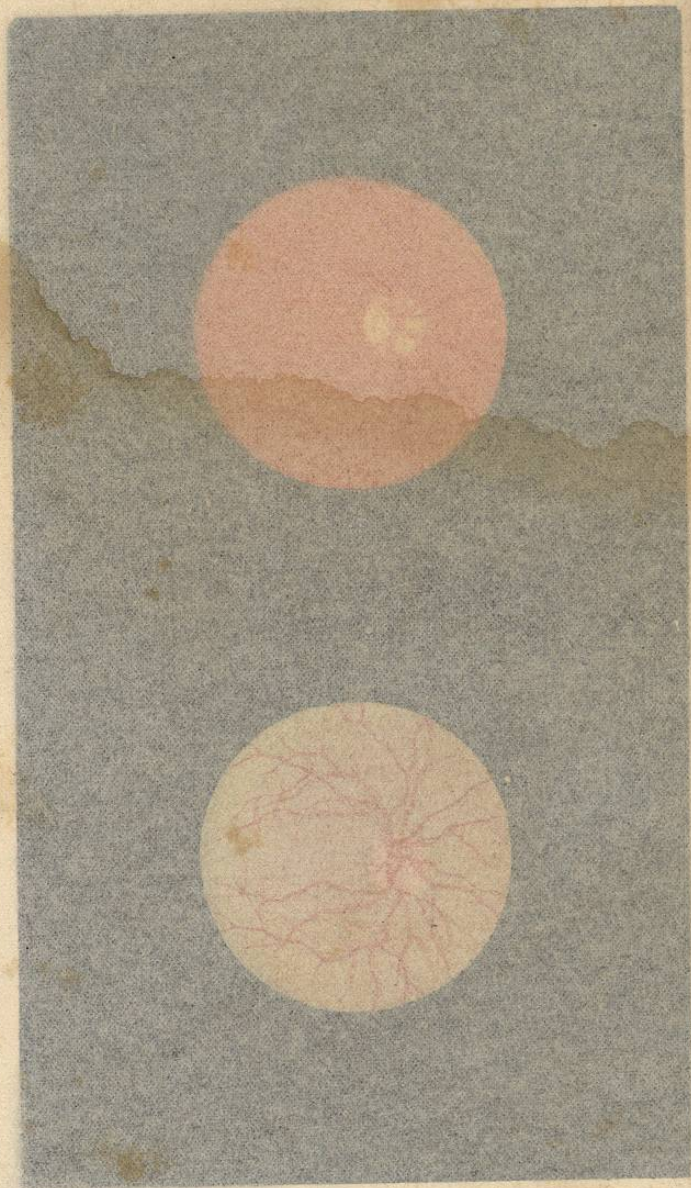


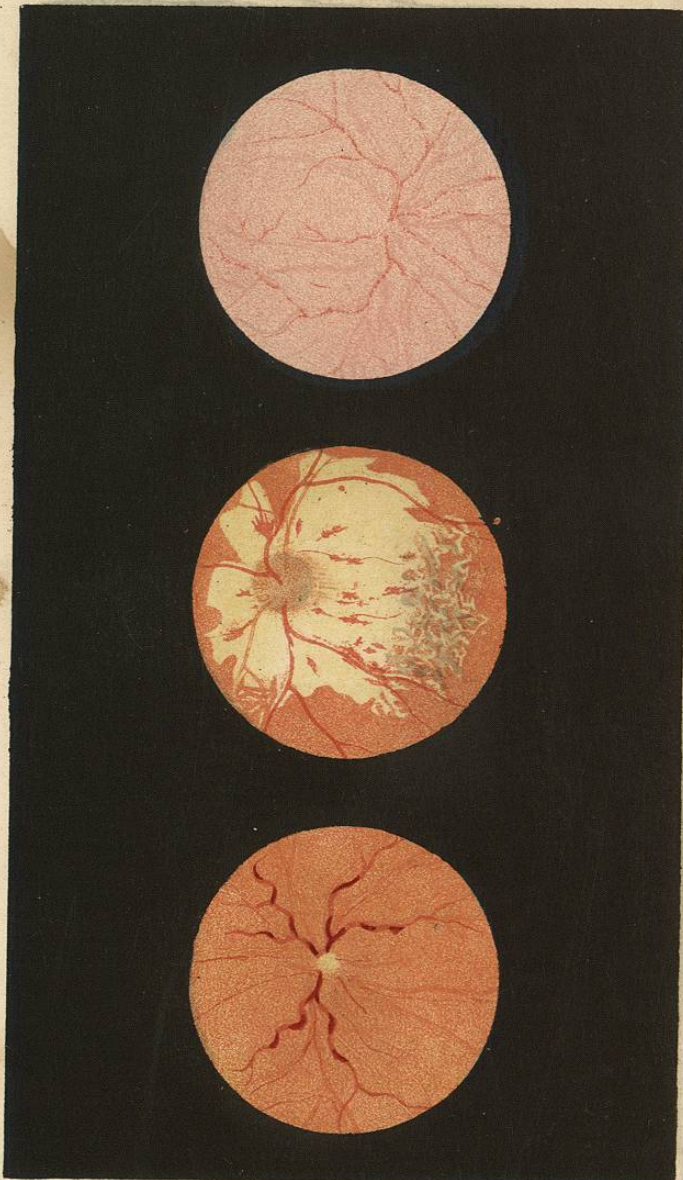
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PLATE V.



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PLATE V.

Figures 1-3. (From a dissection in Native).—
The white part, which has replaced the natural grey
of the retina, is the result of a congestion. The
arteries are all contracted, from the action
of the poison.

p. 396.

Figures 4-5. (From a dissection in Native).—
The white part, which has replaced the natural grey
of the retina, is the result of a congestion. The
arteries are all contracted, from the action
of the poison.

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Figures 6-7. (From a dissection in Native).—
The white part, which has replaced the natural grey
of the retina, is the result of a congestion. The
arteries are all contracted, from the action
of the poison.

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PLATE V.

FIG. 1.—*Hyperæmia of the Retina* (malarial, in Native).—The pink tint, which has replaced the natural grey of the healthy fundus, indicates congestion. The vessels are foggy and indistinct, from the œdematous condition of parts.

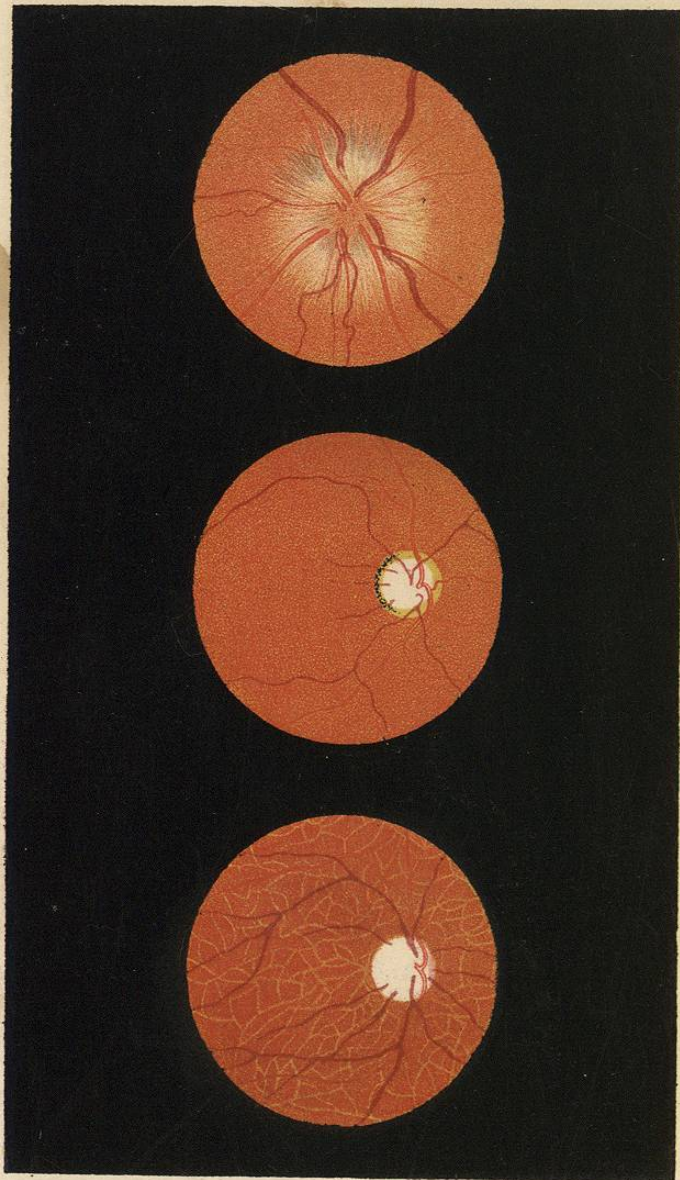
p. 396.

FIG. 2.—*Neuro-Retinitis in Bright's Disease*.—The white glistening patches are the product of fatty degeneration. The optic disc is ill-defined from serous effusion, and numerous small, radiating, brush-like extravasations of blood are seen scattered about. (After Liebreich.)

p. 413.

FIG. 3.—*Inflammation of the Retina*.—The optic disc is in great part of the same scarlet colour as the rest of the fundus: the whole appears hazy and œdematous. The central artery is of normal size, but the vein greatly enlarged and remarkably tortuous. (After Jaeger.)

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1

2

3

PLATE VI.

FIG. 1.—*Optic Neuritis*.—The *macula* is uniformly scarlet, and the optic disc and branches of the retinal vessels surrounded and veiled by an edematous haze. The vein is deeply congested and tortuous. (After Liebreich.)

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FIG. 2.—*Consecutive Atrophy of the Papilla*.—The result of optic neuritis. The disc is whitish and flat, and presents an irregular margin, with black pigmentary deposits. The vessels are small and contracted. (Altered from Galezowski, Fig. 6.)

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FIG. 3.—*Primary Atrophy of the Papilla*.—The optic disc displays the pearly-white, circular, and flat appearance which is characteristic of the disease. The retinal vessels are of normal size and appearance. (After Galezowski, Fig. 5.)

p. 457



PLATE VI.

FIG. 1.—*Optic Neuritis*.—The fundus is uniformly scarlet, and the optic disc and entrance of the retinal vessels surrounded and veiled by an œdematous haze. The vein is deeply congested and tortuous. (After Liebreich.)

p. 450.

FIG. 2.—*Consecutive Atrophy of the Papilla*.—The result of optic neuritis. The disc is whitish and flat, and presents an irregular margin, with black pigmentary deposits. The vessels are small and contracted. (Altered from Galezowski, Fig. 6.)

p. 452.

FIG. 3.—*Primary Atrophy of the Papilla*.—The optic disc displays the pearly-white, circular, and flat appearance which is characteristic of the disease. The retinal vessels are of normal size and appearance. (After Galezowski, Fig. 5.)

p. 457.

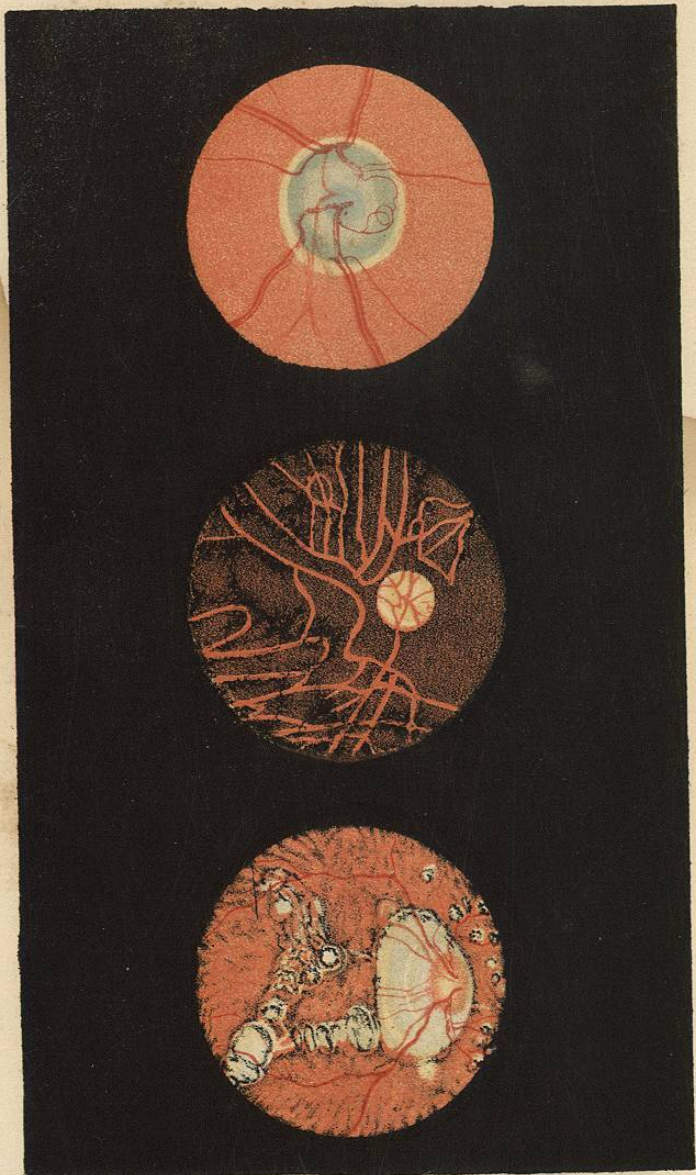


FIG. 1.—*Glaucomatous Excavation of the Optic Disc.*—The cup extends up to the edge of the disc. The disc is surrounded by a light ring, due to reflection of light from the anterior lamina of the scleral ring. The dilated vessels, when they arrive at the margin of the disc, are seen to make an abrupt curve as they descend into the cup.

pp. 371, 372.

FIG. 2.—*Retinitis Pigmentosa or Pigmentary Atrophy of the Retina and Choroid.*—The dingy mottling of the fundus arises from the irregular pigmentation of the choroid; where the pigment is scanty or absent, the choroidal vessels are exposed. The retina is atrophied, and towards the circumference are seen the black, spider-like pigment-masses which characterize the affection. The disc is whitish and the vessels are normal.

pp. 416, 417.

FIG. 3.—*Partial Atrophy of the Retina and Choroid, after Retino-Choroiditis. Large Posterior Staphyloma.*—The optic nerve entrance is slightly reddened, and seen in an oblique projection, that is, as an oval disc, on account of the staphylomatous distension of the posterior scleral one. The staphyloma is shaped like a shell, tendinous in appearance, of a bluish colour, and graded almost like a miniature terrace. The border contains a great deal of pigment. Above and below, touching the staphyloma, there is a small roundish, pale-red mass of granulation. To the outer side of the scleral staphyloma are two groups connected to each other, of small and variable sized roundish masses, and strongly marked in structure, through which the choroidal vessels, and which appear mostly disconnected by bits of black pigment. On the inner side of the masses are numerous scattered small roundish spots, surrounded by pigment, as well as some larger ones of a yellow colour. The optic nerve is very beaded in appearance.

pp. 420.

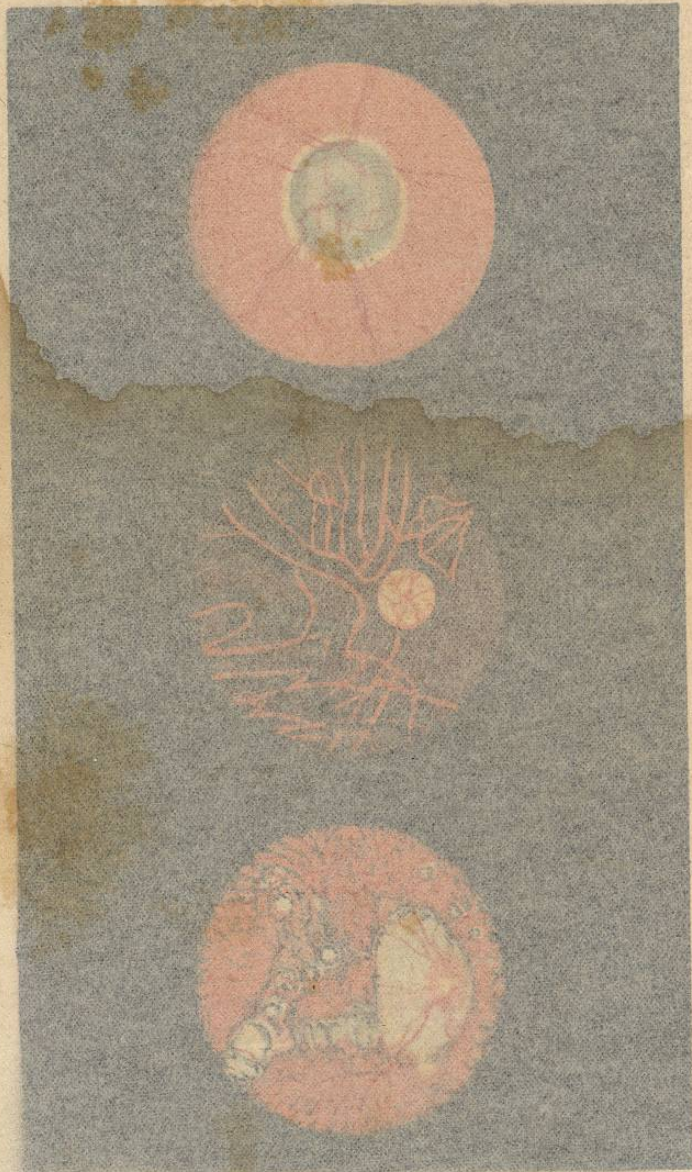


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pp. 371, 372.

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pp. 416, 419.

FIG. 3.—*Partial Atrophy of the Retina and Choroid, after Retino-Choroiditis. Large Posterior Staphyloma.*—The optic nerve entrance is slightly reddened, and seen in an oblique projection, that is, as an oval disc, on account of the staphylomatous distension of the posterior scleral one. The staphyloma is shaped like a shell, tendinous in appearance, of a bluish colour, and graded almost like a miniature terrace. The border contains a great deal of pigment. Above and below, touching the staphyloma, there is a small roundish, pale-red mass of exudation. To the outer side of the scleral staphyloma are two groups, connected to each other, of ancient inflammatory centres, roundish in shape, and already advanced in atrophy, through which the sclerotica glimmers, and which appear mostly surrounded by a ridge of dark pigment. On the inner half of the fundus are numerous scattered small atrophying spots, surrounded by pigment, as well as some recent ones of a yellow colour. The whole fundus has a tessellated appearance. (After Stellwag von Carion.)

p. 335.