

rubbing the eyes seemed to clear up the vision. *Santon.*^{2x}, three doses per day for two weeks removed the trouble. (W. R. McLaren, M. I., v. 10, p. 337.)

Blurring of Sight. In various forms of trouble, I have been led to give *Nux vom.* for a *blurring of sight caused by overheating*, and nearly every time with benefit. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 62.)

Amblyopia. Amblyopia, if caused by age is removed by *Baryt. carb.* (T. S. Hoyne, U. S. M. and S. J., v. 8, p. 323.)

Amblyopia resulting from the use of Tobacco. A man, æt. 25, complained of seeing double whenever he used the smallest amount of tobacco; ten minutes after smoking a part of a cigar or after chewing a little tobacco began to see double, and experienced a kind of dimness and confusion of sight as if black dots filled the visual field. On abstaining from tobacco for awhile he improved, and the vision became single and clear. The tobacco condition was always *aggravated*, in a very marked degree, by any kind of stimulant.

I found on examining the patient, vision in each eye $\frac{20}{100}$. Insufficiency of the internal recti, so that behind a screen there is a divergance of one and a half lines. Double vision for distant objects; monocular vision for near objects, cannot converge both eyes on the object. Optic disc pale, partly atrophied, eye otherwise normal. (T. F. Allen, Trans. N. Y. S., 1872, p. 196.)

Bellad.^{3m}. Diplopia. Sees a second dim representation of the object on each side of it; from the candle proceed rays of the same color as the flame and outside the rays there is a variegated halo, the inner circle being green, the middle red and the outer white; when walking he also sees a round black ball hovering, a little larger than a pea. All this he sees before his left eye. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

Hypermetropia. M. C., æt. 33, engaged in fine drawing, complains that after short use, his eyes pained him, sight became blurred and forced him to rest. After rubbing them a little and stopping for a time, they would work all right for a while, then commence to ache again. Could read No. 1 Snellen type without glasses at four inches, and also at twelve, showing a good range of accommodation. Through a convex glass, No. 30, he could now read No. 1 at fourteen inches as well as at four. Here then was a case of manifest hypermetropia of 1-30 in which a convex glass improved his vision, both for near and distant objects. There

could be no doubt as to the cause of the trouble, and the *constant* use of the prescribed glasses, entirely freed him from the difficulty. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 473.)

Asthenopia. When the exciting cause of Asthenopia is some refractive anomaly, *Santon.*^{2x} trit., night and morning will oftentimes produce a favorable result. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 470.)

Retino-choroiditis. Report of a case successfully treated with *Arg. nitr.*^{6x}, four doses daily. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 352.)

Ears.

A New Aural Speculum. This is a combination of the Hassenstein and Siegel speculums. The cylinder is made of glass blackened on the inside except over the mirror where light is admitted. Placed in the ear it will enable us to exhaust the air by means of the tube, and the view being strongly illuminated and enlarged, we have at our command the most ample opportunity for observing the position, color, condition and mobility of the tympanic membrane. (T. P. Wilson, M. A., p. 35.)

Syringing the Ears. Draw up the auricle with the left hand, putting the whole meatus in a straight line, and keeping the syringe nozzle in close contact with the meatal roof. (Quoted by R. J. McClatchey, H. M., July, 1873, p. 566.)

Vegetable Fungi in the auditory canal, by Drs. Arcularius and Houghton. (N. A. J. H., v. 21, p. 403.)

Retro-aural Abscess. Miss M., æt. 9, a year ago had measles. Since then has had a running from the ear, more or less profuse, until within three days, when it almost stopped, and the region of the mastoid process, began to swell, get red and sore. The swelling pushes the ear forward almost at right angles, and is of a bluish-red color, and fluctuates. The skin is hot, the tongue furred, the pulse accelerated, and the pupils are dilated. The treatment consists of a free incision from below upward in a line with the concha, about three-quarters of an inch posterior to it.

This was made, and the pus evacuated. An otoscopic examination revealed a swollen drum-head, with a depression in the posterior lower quadrant corresponding to the perforation through which the previous discharge had come. The next day the watch

(normal distance twenty feet) was heard at thirty-six inches. The incision closed in two days, and the discharge did not appear again from the canal. The patient was put upon *Calc. carb.*,^{2c} and treated with the eustachian catheter every other day for a month, when the hearing distance was normal, the chronic thickening of the lining membrane of the middle ear having been reduced, and the continuity of the drum-head restored. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 63.)

Itching the length of the eustachian tube: *Nux vom.* (S. R. Rittenhouse, Proc. H. M. S., Penna., 1873.)

Notes on the Ear. Otitis sometimes simulates cerebral disease. Only a watch, stethoscope, tuning fork, otoscope, reflector, ear-syringe, ear-speculum, or an improved drum inflator are needed in ear treatment. We divide the ear into three divisions: the external, including the auricle and meatus; the middle, including the drum, drum-head, mastoid cells, eustachian tube; the internal, including the labyrinth. Polypi sometimes form in the meatus and are removed by strangulation or medication. An accumulation of cerumen when impacted on the membrana tympani, causes pressure, and this pressure may cause vomiting, vertigo, and obstinate deafness. If the tuning fork is applied to the vertex the sound is heard louder on the deaf side. Inflate the tympanum by Valsalva or Politzer method. The Valsalva method consists in closing mouth and nostrils, forcibly exhaling during empty deglutition. Politzer's inflation bag forces air through the eustachian during empty deglutition. Where there is much impacted cerumen, inflation causes pain but produces no crackling sound. Soften the cerumen with glycerine and inject tepid water.

Occlusion of the eustachian tube may result from a cold, scrofula, measles, scarlatina, etc., and it is diagnosed by: deafness to external sounds; tuning fork applied to vertex is heard more distinctly on the deaf side; tinnitus aurium and various noises in the ear; pulsation; fulness and sensation of weight in ears and in both sides of the head; sudden changes in the power of hearing; undue membrana tympanal concavity. Acute aural catarrh occludes the eustachian tube, but after the inflammation disappears the tube opens. Do not inflate the ear during the inflammation. When this tube is impervious the drum-head collapses, forced inwards by the pressure of the external air. Politzer's inflation apparatus forces air into the drum. Deafness thus resulting is cured by inflation. Hearing better in a noise shows disease of the drum-head.

In health the membrana tympani is externally *concave* except a small convexity called the *umbo* at the centre of the concavity. The cone of light is caused by the reflection of the umbo, and its position varies with the movements of the drum-head. The healthy color of the membrana is neutral gray; in infancy it is a darker gray; in old age it is whiter, lustreless, less translucent. In meningitis it is at first glistening, then one observes the developed bloodvessels extending down the malleus handle. Troublesome noises in the ear are caused by over-tension or laxity of the drum-head. Pulsation in the ear results from arterial distention. When the tympanic membrane has been perforated or destroyed, an artificial one can be made of cotton oiled with glycerine, introduced into the meatus, changing it every few days. For acute aural catarrh use steaming, or fill the meatus with hot water, leaving it five or ten minutes. (H. V. Miller, H. M., Nov., 1873, p. 145.)

Otorrhœa. Discharge constant, watery, curdy and ichorous; deaf in right diseased ear; no pain, unless she takes cold; after scarlet fever. Cured in two months. *Silic.*^{6m}, every ten days. (C. M. Chamberlain, N. E. M. G., Nov., 1873, p. 497.)

Capsicum in Suppurative Otitis. Membrana tympani perforated, and the cavity of the tympanum filled with thick, yellow pus; mastoid cells (by their relation) filled with the same, and in some cases mastoid process swollen. Itching deep in the ear; pain just under the ear opposite the angle of the inferior maxillary. The pain seems to differ from that of *Mercur.*, in that it does not extend down the jaw, but rather is deep-seated (three cases cited). (H. C. Houghton, N. Y. J. H., April, 1873, p. 61.)

Chronic Otorrhœa with High Febrile Conditon. A girl, æt. 16, had an offensive discharge from the right ear, with deafness on that side. Discharge had existed three years. Had been subject to epistaxis and eruptions about the nose and face; skin hot and dry, but she always complained of feeling cold; pulse 120. *Elaps* 6th and 12th, one drop twice a day, for eight weeks, restored her to health in every respect. (A. C. Clifton, B. J. H., 1873, p. 655.)

Indications for Remedies in Suppuration of Middle Ear. Discharge *mucopurulent*: *Calc. carb.*, *Phosphor.*, *Pulsat.*, *Amm. mur.* *Borax*, *Carb. an.*, *Lycop.*, *Nitr. ac.*, *Natr. mur.*

Of yellowish-colored mucus: *Mercur.*, *Lycop.*, *Kali bichr.*

Of greenish-yellow liquid: *Elaps cor.*, *Kali carb.*

Of greenish-colored mucus. *Mercur.*, *Lycop.*

Of bloody mucus: *Merc. jod.*, *Pulsat.*, *Silic.*, *Cic. vir.*

Of serum, thin and watery: *Arsen.*, *Elaps*, *Sepia*, *Chamom.*

Discharge ichorous: *Arsen.*, *Amm. carb.*, *Sepia.*

Discharge offensive: *Arsen.*, *Kreosot.*, *Cist. can.*, *Carb. veg.*, *Aurum*, *Sepia*, *Hepar s. c.*, *Bovist.*, *Zincum*, *Thuya.*

Thuya specially indicated where the discharge smells like putrid meat.

Purulent discharges, with eczema or enlarged glands: *Mercur.*, *Hepar s. c.*, *Calc. carb.*, *Sulphur*, *Lycop.*

When produced by over-doses of mercury: *Hepar s. c.*, *Aurum*, *Nitr. ac.*, *Asaf.*, *Sulphur*, *Silic.*

When produced by over-doses of sulphur: *Pulsat.*, *Mercur.*

In threatened caries: *Silic.*, *Sulphur*, *Aurum*, *Natr. mur.*

As sequelæ of other diseases: *Carb. veg.*, *Pulsat.*

After measles especially: *Colchic.* (J. G. Gilchrist, M. I., v. 10, p. 649.)

Diseases of the Inner Ear. They may be divided into three classes: first, Menière's disease; second, affections of the labyrinth; and third, nervous affections.

First. *Menière's disease* is called after Menière, who described it first in 1861. It is an apoplectiform affection of the labyrinth. Suddenly, without any apparent cause, the patient is taken with vertigo, whizzing in the ears, nausea, vomiting and (at times) fainting; in some cases it is attended with manège-motion. Vertigo and humming in the ears continue, and there is either total loss or great diminution of hearing either in one or both ears. A repetition of these attacks causes at last total deafness. Post-mortem examination showed lesions in the semi-circular canals and in one case in the cochlea.

Second. *Affections of the labyrinth* have often the appearance of meningitis, or are combined with meningitis especially in children; are found also as complications of exanthematic fevers, of typhus and puerperal fevers. In such cases the disease of the labyrinth does not manifest any special symptoms by which it might be recognized. The prognosis is very unfavorable; therapeutics ineffectual.

Third. *Nervous affections.* Impaired hearing, in consequence of injury to the labyrinth and diseased states of the nervus acousticus may be caused by exostoses arising in the vestibule, or by pathological changes of the membranes, such as hyperæmia, hypertrophy, atrophy, abnormal pigmentation of the lamina spinalis cochleæ, cal-

careous deposits, increase or diminution of the otoliths, amyloid degeneration of the nervus acousticus sarcoma. The diagnosis is only a sure one in case of total deafness, and if, upon the application of a galvanic current, there follow contractions of the muscles, but no auditory sensation; there is also no conduction through the skull-bones, while in affections of the tympanum such conduction is even increased. (Med. Rdsch.; J. Pr., 1873, p. 215.)

Cannot bear ordinary conversation since she had scarlet fever; otorrhœa; one tympanum thickened, the other congested. Flashes and heat on vertex. *Sulphur*^{81m}. *Itching of ears*, liquid wax. *Hepar*^{55m} one dose, cured. (M. M. Walker, Proc. H. M. S., Penna., 1873.)

Hard of hearing after scarlet fever; removed excess of ear wax, found one tympanum congested, the other cicatrized. *Sulphur*^{6m}, then 81^m; itching of ears, green discharge, *Merc. viv.*^{6m}, no better, *Sulphur*^{81m}. Itching worse than ever. *Hepar*^{55m}, cured. (M. M. Walker, Proc. H. M. S., Penna., 1873.)

Nose.

Coryza. Therapeutics of. *Camphor.* is an old and valuable remedy for coryza. Fluent coryza with chilliness is the best indication. The 1st cent. trit., one grain hourly, will do all that can be expected; but there are persons who are promptly relieved by the 200th. These are generally thin, sallow, nervous, sensitive people, with cold hands and feet.

Acon. will sometimes arrest it if resorted to on appearance of the first symptoms.

Arsen. is the best remedy for a watery, acrid, excoriating discharge, with thirst, burning sensations about the nose, eyes, and throat, and sense of prostration. The 200th is my favorite form, except in the case of some old persons, in whom I have found the 3d cent. trit. more efficacious.

*Euphras.*³ and *All. cep.*³ like *Arsen.*, are good remedies for a burning acrid discharge. They both have more lachrymation than *Arsent*, and that of *Euphras.* is far more acrid and smarting than that of *Allium*. The latter has a peculiarly violent laryngeal cough as an accompaniment.

*Kali hydr.*³ has the same nasal and lachrymal discharges, with more swelling and redness of the nose, and œdema of the eyelids.