cated waters or by rubbing in ointments. We have to remember that a disease is not absolutely proved to be local or superficial because it disappears under purely local applications, or constitutional because it disappears under purely internal treatment. In the one case, we may have absorption of the drug into the tissues and blood, so acting internally; and in the other, the drug may reach the skin from within through the circulation, and then produce its effect.

I do not propose to enumerate the enormous number of medicines that have been used internally or externally for psoriasis. I shall allude to but very few and more particularly to those which I have myself found useful in combating the disease, and to the methods of their application which I employ. If I were asked whether external applications or internal medicines were most efficacious, I should reply undoubtedly the former. In my experience the eruption of psoriasis always disappears under tarry applications adequately used, and still more rapidly and certainly under chrysarobin, whether other medicines be given internally or not.

From what I have already stated, however, it will be gathered that I do believe that internal medication is often very useful in a great number of cases—that is, where there is the least suspicion of the uric acid diathesis, indigestion, debility, etc. In point of fact, I always employ vigorous external treatment, while at the same time giving whatever internal medicine that may be indicated.

I may here state that I do not believe that there is any one drug administered internally which can rightly be regarded as a specific for psoriasis. I am quite aware that this is a very heterodox opinion, and I always advise students, when going up for examination, not to say anything to this effect to the examiner, for they would run great risk of being "ploughed" if they did not state that arsenic was the specific for psoriasis.

In 1893 I ventured to express my doubts as to the efficacy of arsenic in this disease; I had seen so many cases which had been under its influence for years without the slightest benefit, and I had also seen a great many which had been cured without its use. I then wrote: "I cannot help thinking that, with regard to psoriasis, this arsenic 'tradition,' like the tradition of a great many other drugs for other complaints, will sooner or later become obsolete." My subsequent experience has strengthened this opinion. It must, however, be admitted that a great many experienced physicians—and even dermatologists—still put faith in arsenic for psoriasis; but I think I am right in believing that an increasing number of those who have most to do with the disease agree with me in this matter. I do not deny that arsenic may occasionally appear to benefit a patient—for example, as a nerve tonic in cases which have a neurotic complication, or that, when greatly pushed almost to the toxic effects, the eruption may sometimes temporarily disappear. A similar result is not infrequently observed during the existence of some intercurrent disease. I have more than once seen the skin get clear in a psoriasis case during an attack of gastritis, severe influenza, and other acute diseases. Anything, in fact, which profoundly alters the general nutrition of the system will at the same time affect the skin and its efflorescence, and the latter may vanish for the time. Under these circumstances, however, it very soon returns, in my experience, when the superimposed illness is over.

Another substance which with less doubt influences the nutrition of the skin, and sometimes has a beneficial effect on psoriasis, is thyroid gland. When Dr. Byrom Bramwell published his important observations on this subject, and reported his successful results in three cases, I at once made trial of the new remedy, and within six months had 65 cases under it. Only in a few of them did I note marked improvement; in considerably more than half the cases the results were either negative or the eruption actually increased while the thyroid was being administered. I very rarely order it now, and only in cases which "hang fire" and are under close observation as in-patients at the hospital.

In my experience, magnesium sulphate, with a little iron and some bitter tonic, is often useful in regulating the bowels, promoting excretion, and improving the general nutrition, and in every case in which there is the least suspicion of an excess of uric acid in the

system I give salicylates, salicin, and alkalies. Dr. Radcliffe Crocker some years ago published some good results in psoriasis from the exhibition of salicylates and salicin in large doses. I find them useful, especially under the circumstances mentioned.

As regards external remedies: my usual plan is to order a thorough soaking for at least ten minutes in a weak tar bath every day, to be followed by a copious inunction with some tarry ointment. I do not think it matters much what tarry substance one uses. I find creolin from gas tar convenient and as good as any. I generally order 3j to 6 gals. of water in the bath, and my favourite ointment, especially for indurated patches on the extensor surfaces, contains:

R Creolini 3j to 3ij.
Acidi salicyl. gr. x.
Hydrarg. ammon. gr. x
Lanolini.
Vasellini ad 3j.

I sometimes add soft soap 3ij to 3iij to this and occasionally sulph. precip. pur. gr. xv.

It need hardly be said that the proportion of the ingredients must be varied, diminished, or increased or some of them left out, in accordance with the special circumstances of the case, the idiosyncrasies of the patient, the parts affected, etc. Most cases yield to this treatment in a few weeks if copiously and thoroughly applied, but when progress is slow, I add chrysarobin gr. x to xx to the above ointment, that is, in in-patients or where the case can be adequately watched. In out-patients and in private practice I frequently rub in obstinate patches with a stiff brush chrysarobin in benzine, the parts treated to be afterwards painted over with flexible collodion. I prefer this application to the usual chrysarobin in traumatism. For psoriasis of the scalp my routine ointment, for a few weeks, is:

R Hydrarg. ammoniati 3j.
Saponis mollis
Vasellini, 3j.

with the addition sometimes of resorcin or some tarry oil.

Many cases do well at places like Harrogate, Aix, etc., and some even at Bath and Buxton, but, of course, ordering to watering-places is out of the question for hospital patients.

[The question of the differential diagnosis of psoriasis from certain cases of squamous syphilides, eczema seborrhoicum, pityriasis rubra, pityriasis rosea, lichen planus, lupus erythematosus, etc., which might be superficially mistaken for psoriasis, was then discussed.]

Remarks

ON

EYE ACCIDENTS AND COMPENSATION.

AN ANALYSIS OF A SERIES OF 170 CASES.

BY SIMEON SNELL, F.R.C.S. EDIN.,

OPHTHALMIC SURGEON, ROYAL INFIRMARY, SHEFFIELD; PROFESSOR OF OPHTHALMOLOGY, THE UNIVERSITY, SHEFFIELD.

At different times I have been requested to report on a large number of eye accidents, and especially since the Workmen's Compensation Act came into force. A consideration of such cases will show many points of interest and importance. In this article I propose to analyse about 170 consecutive cases. They are claims, saving a few, in connexion with the Compensation Act, the exceptions being cases in which a lump sum was sought to be obtained from a Friendly Society or accident insurance company. A few (5) were instances referred to me for report on soldiers seeking pensions after the South African war. It is impossible, as well as unnecessary, to discuss the cases in detail; it will suffice to mention some of them particularly and to give a general statement respecting the others.

As to the ages of the applicants there were 8 under 20 years, 44 between 20 and 30, the same number between 30 and 40, 31 between 40 and 50, 27 between 50 and 60, whilst those older than 60 were 2 aged 62, 3 aged 65, 2 aged 67, 1 aged 69, 1 aged 71, and 1 aged 73.

Nearly half of the claimants had been employed in the various occupations connected with the iron and steel industries, the total being 82. Forty-one were colliers, whilst the others represented many different trades.

TABLE I.—*List of the Occupations.*

Sheet roller ... 2	Boiler maker ... 2	Puncher ... 1
Collier ... 41	Stonemason ... 1	Carriage pro-
Steel melter... 6	Breaking up ... 1	prietor ... 1
Striker ... 2	ship ... 1	Gas tester ... 1
Pearl cutter... 1	Forger ... 1	Labourer (hot
Cutler ... 1	Wire drawer... 3	metal) ... 2
Silversmith ... 1	Quarryman ... 2	Cold steel ... 1
(tram acci-	Wire turner... 1	drawer ... 1
dent) ... 1	Puddler ... 1	Stoker ... 2
Railway fire-	Miner on bank 1	Gardener ... 1
man ... 3	Army ... 5	Pony driver in
Joiner ... 4	Fireman (not ... 1	mine ... 1
Railway ganger 1	railway) ... 1	Machine ... 2
Show assistant 1	Machine knife ... 1	driller ... 2
Moulder ... 1	maker ... 1	Agricultural
Tramper ... 1	Wagon builder 1	labourer ... 1
Planer ... 1	Machine joiner 2	Engineer ... 2
Leverman ... 1	Bicycle ... 1	Platelayer ... 1
Pattern maker 1	polisher ... 1	Moulder ... 4
Gas maker ... 1	Blacksmith... 4	Tube sweeper 1
Spring smith 1	Furnaceman... 6	Fitter or ... 1
Turner ... 10	Shearer ... 1	fettler ... 18
Farmer (gun) 1	Mechanic ... 1	Not classified 1
Crankmaker ... 1	Labourer ... 7	
labourer ... 1	Filesmith ... 1	

In 66 instances the right eye was the one injured, and in 77 the left; in 7 both, whilst in 16 the eye was only alleged to be indirectly implicated.

In 31 cases the injured eye had been enucleated previous to the date of examination; 12 were right, and 19 left eyes. The ages were as follow: Two were under 20 years, 7 between 20 and 30, 8 between 30 and 40, 7 between 40 and 50, and 5 between 50 and 60.

In 12, the eye was struck by a piece of metal; in 8, a foreign body had become located in the interior of the eye; in 2, the eye was damaged by being hit by the pick point; in 7, the injury was from molten metal; in 2, the eyeball was ruptured, 1 by direct force of the blow, and in the other by being gored by a bull. Nineteen were workers in steel and iron, and 3 were colliers.

TABLE II.—*Occupations in Cases of Enucleation.*

Turner ... 1	Moulder ... 1	Bricklayer's
Blacksmith... 1	Cutler ... 1	labourer ... 1
Engineer ... 1	Wireworker... 1	Employed at
Chipper ... 1	Cranemaker's ... 1	shot works 1
Fitter ... 2	labourer ... 1	Stonemason ... 1
Striker ... 1	Farmer (gun- ... 1	Shipbreaker ... 1
Boilermaker... 1	shot) ... 1	Pearl cutter... 1
Steel melter... 3	Colliery con- ... 2	Quarryman ... 2
Mechanic ... 1	tractor ... 1	Not classified 1
Furnaceman... 2	Collier ... 3	

In as many as 58 cases the situation of the injury was the cornea, the larger majority being in colliers. A piece of coal, or even a splinter from the pick, hits the eye, abrasion or ulceration ensues, and a nebula or leucoma is the result. It is important in these cases to bear in mind the situation of the opacity; a small nebula in front of the pupil and in the direct line of sight may occasion serious interference with vision, whereas a much larger one situated more peripherally will be of considerably less consequence. Corneal abrasions, especially in miners, are, too, very prone to become hypopyon ulcers. The cornea and lens were injured in 9 instances, the sclerotic in 22, the conjunctiva in 11; a foreign body was embedded in the retina in 1 case, and there were 8 others in which a fragment of metal was located in the globe. In 11 the evidence of accident was meagre or it was doubtful.

Palsy of the ocular muscles was met with in only 2 instances, and in each it was the external rectus which was affected. In one, a railway fireman (41),* aged 48, had his head crushed when coupling a carriage to the engine. He was seen nine months after the accident, and my opinion was that he was unable to continue his employment. The other was a man, a show assistant (70), aged 67, to a large engineering firm. As a result of a tram accident his head had been hit by a fall. The palsy and consequent diplopia in this instance was disappearing when I saw him five months after the accident. Vision in each eye was $\frac{6}{6}$, and it was anticipated that he would in a short time be able to resume his occupation.

There were 3 instances in which the injuries were caused by explosions, the agent being in 2 cases dynamite, and in the third gas. All three workmen were very severely burnt, both eyes being affected in each case. Briefly they are:

A youth (26), aged 16, employed in shot-making factory, was injured by explosion of some detonators. The left eye was shrunken and had no light perception. It was enucleated. The right cornea and conjunctiva showed slight evidence of injury, and one hand was severely damaged.

A quarryman (34), aged 26, owing to explosion of shot, lost both eyes.

A gas tester (65), aged 24, had both eyes injured by an explosion of gas, the left so seriously that enucleation was advised. R.V. with + 1.5 D = $\frac{6}{6}$.

In the following 5 cases the injury was occasioned by a pick point. Four of these were colliers. In the first case (25), a collier, aged 31, when examined twelve months after the accident, no evidence of injury could be found, and V. = $\frac{6}{6}$. In another (85), a collier, aged 28, five months after the accident the eye was practically normal. In one case (100) the eye was enucleated, and in another (31) it was completely lost but was not removed. The fifth case (121) occurred in a navvy, and here also removal of the eye was required.

There was only one instance, a cutler (115), aged 51, of sympathetic ophthalmitis. The right eye had been injured by a fragment of steel nine years before. There had been recurring attacks of ophthalmitis, the exciting eye not having been enucleated. In spite of its removal complete blindness followed.

The following case is of unusual interest, and was referred to me by a county court judge, acting as arbitrator:

A man, aged 53, a tool grinder (129), when engaged at his work in July, 1903, was struck in the left eyeball by pieces of grindstone which flew off from the stone. He continued to work for some days. Subsequently he lost the sight of this eye and also of the right, becoming totally blind in October of that year. It was given in evidence "that the total loss of sight was not occasioned, or contributed to by, the accident, but was caused solely by disease of the optic nerves, causing paralysis of the nerves of the eye." I found optic atrophy in each eye. The man was suffering from "tabes," and in short, my report was that I found no evidence that the alleged injuries had contributed to the loss of sight, and that such was sufficiently accounted for apart from the alleged accident.

The youngest in my list was a boy (134), aged 14, a pony-driver in a pit.

A fall of dirt from the roof had hit the left eye. The optic disc was atrophied, and there was pigmentation at the macula and between it and the papilla. V = perception of light. He had only recently commenced work in the mine, and it was not deemed advisable for him to continue it.

In five instances the injury was occasioned while the man was not in pursuit of his occupation.

A pearl cutter (8), aged 30, was gored by a bull and lost his right eye.

A silversmith (21), aged 41, was injured by glass in a tram accident. There was a small wound at the periphery of the cornea, but it did not cause much interference with sight.

A shearer (51), aged 36. The left eye was practically lost as a result of lime entering the eye.

A show assistant (70), aged 67, alleged injury to head in tram accident. The eyes were not affected, but there was diplopia owing to injury to the left external rectus.

A fitter (119), aged 41, was hit on the head by some sheet lead falling on it.

Here it may be mentioned that objection is sometimes taken to a man wearing glasses. The following is an instance:

A fitter (14), aged 59, was sent to me by a Trades Union for an opinion as to his need for glasses at his work. Vision in each eye, with + 1 D, was $\frac{6}{6}$, but as he required his presbyopia correcting for the efficient performance of his employment the Union held that he was unfit for his work as a fitter and gave him the grant he claimed.

The following instance requires separate mention:

A collier (12), aged 41. He had suffered a severe accident in the pit sixteen months previously. His head was crushed between a corve and the timber propping the roof. His ears were torn, and there was a large scalp wound; there was bleeding from the ears and nose. He was rendered unconscious, and no doubt suffered from fracture of the skull. I found optic atrophy in each eye. In the right there was only perception of light, and in the left he could see little more than fingers.

The following case is the only one among the series in which the deeper structures of the orbit were involved as a result of the injury:

A man (107) was engaged underground at a colliery with haulage machinery, and was inserting a rope into a groove prepared for it, when the splicing needle he was using for this purpose (a dirty one) slipped and bounced upwards, penetrating the right eyelid. Acute cellulitis of the orbit followed, the

* The figures in brackets refer to numbers in my record book.

eye becoming very prominent, and the cornea ulcerated. Vision was reduced to light perception, but the appearance of the eye was good. He was unable to obtain another post in consequence of the accident. He succeeded in getting one, but when it was found that he only had one seeing eye, and that a glass was required for it, the employers declined him, and cancelled the engagement.

Another case is of interest as showing that in some instances, at all events, it is impossible to arrive at a positive conclusion as to the ultimate result as far as sight is concerned, and of a man's capacity for his employment.

A joiner (62), aged 28, was injured in the left eye by a piece of steel which penetrated the sclerotic beyond the outer ciliary region, and became lodged in the vitreous chamber, from which it was extracted by the electro-magnet. The vitreous was filled with hæmorrhage, which for more than twelve months showed little or no evidence of undergoing absorption. In the meantime he had received a moderate sum for compensation after another opinion had been obtained. Two years after the accident the vitreous had become perfectly clear and vision was excellent.

Five cases were referred to me by army officials for report to the War Office. All were in connexion with the South African war, and the claimants asserted that their defective sight had been the result of injuries received on active service. In only one was injury alleged in actual fighting, two resulted from blows from a knot in a rope, one had his eyes filled with sand whilst in a sandstorm, and in the other the defect was accounted for by constitutional causes. In none of the cases was I able to recommend the granting of a pension.

The age of the employé is a matter for consideration. The younger men will adapt themselves to the altered circumstances and to the want of the proper estimation of distance and size of objects which follows the loss of an eye more rapidly than the older workers.

Of importance, too, is the condition of the remaining eye in deciding the capacity of a man for his occupation. The following cases may be referred to in this connexion:

A boiler-maker (15), aged 45, had the right eye destroyed as a result of injury by a piece of steel. The left, with correcting glass, only had $V = \frac{1}{8}$.

A pearl-cutter (8), aged 30, had the right eye gored by a bull and destroyed. The left eye had $V = \frac{1}{8}$.

Another instance occurred in a man (9), aged 41, working on a planing machine. The left eye was lost by injury by a piece of steel. The right, with + 2 D., had $V = \frac{1}{8}$.

A chipper (94), aged 46, was injured by a piece of steel. The left eye was rendered practically useless ($V =$ fingers, poorly) by large corneal opacity with adherent iris. The right eye had only with + 5 D., $V = \frac{1}{8}$.

Also a striker (16), aged 25. The left was enucleated after injury by a chipping. The right unaided had $V = \frac{1}{8}$ only.

A shearer (51), aged 36. The left cornea became opaque after injury from lime. $V =$ fingers at the most. Right $V = \frac{1}{8}$ unaided.

A collier (54), aged 44. Right eye lost after being struck by a piece of coal. Left eye was injured in childhood. $V = \frac{1}{8}$.

The loss of one eye, whilst it lessens a man's wage-earning ability, does not necessarily mean that he is incapacitated from following his employment. Each case must be judged on its own particular merits. In all or most occupations, however, one-eyed men are to be found pursuing their avocation like their two-eyed fellow workmen. Thus Nieden¹ states that

In an examination of 85,000 colliers at Bochum he found 310 one-eyed persons who could follow this trade as well as the others. As a result of this examination the management of the mines in that district does not now regard the one-eyed condition as an obstacle for the mining trade, and one-eyed persons are accepted as miners, and those who lose an eye whilst working are allowed to continue.

Notwithstanding this there is a disinclination among employers to accept one-eyed men, and the men fear there may be a tendency to get rid of them when opportunity occurs. In this connexion the following case is of interest.

A young man (137), aged 20, who had worked for some years as a pattern maker, desired admission to his trade union, and as he only possessed one eye, the other having been blind from infancy, but quiescent, the society, before admitting him to its benefits, required a satisfactory certificate. I found the remaining eye a good one in all ways, with $V = \frac{1}{8}$, and in my opinion he was entitled to the certificate he needed.

In certain employments faulty eyesight is liable to be a danger to a man's fellow-workmen as well as to himself. Among these may be named those dealing with molten metal, the steel melter and moulder. The total loss of

one eye may, in most instances, be strong presumptive evidence of a man's incapacity to again follow such an employment; but even in these cases each must be carefully investigated and a decision only arrived at after full inquiry.

A steel melter (142), aged 32, had the left eye destroyed in consequence of a splash of hot metal. It was subsequently enucleated. In the right eye, $V = \frac{1}{8}$. It was ascertained that he worked on a raised platform and in circumstances specially requiring quick sight. The foreman and others with whom he had worked regarded him as unfit for such an occupation. His inability was recognized, and he received compensation accordingly.

Colliers finding discomfort from nystagmus are apt to assign the distress due to the disorder to the result of accident. Inquiry, however, usually demonstrates that the symptoms of nystagmus actually existed prior to the date of the alleged accident.

Men getting on in life—50 years and upwards—and who are finding their capacity for many kinds of work failing, are very apt to allege that slight injuries have rendered them permanently unfit to follow their employment. Youths and young men, too, who can readily change their occupation, are more apt to assert their incapacity than those of 25 to 40, who have learnt their trade and feel that they can only earn a living in another way with difficulty.

Exaggeration of the effects of injury was present in many instances, but real malingering only in a few. The following cases are of interest:

A collier (13), aged 43, alleged that the left eye had been injured at the inner corner under the eyelid by a piece of wire, making the eye bleed and occasioning a swelling so that he could not open the eye for a few days. When sent to me, twelve months later, I found no evidence of this injury, but he asserted that he had no light perception with this eye and only admitted $V = \frac{1}{8}$ with the other eye. In consequence of the alleged accident he sought to recover a grant of £100 from a Friendly Society as permanently unfitted to follow his employment. I refused to grant a certificate. Six months later, in consequence of an agitation among the man's fellow-workmen, he was again sent to me. In the meantime he had obtained a certificate from an ophthalmic surgeon at some distance stating his incapacity for his work. At the time he came to me the left eye was asserted to be as before, there being no light perception and the sight of the right had become still further reduced to $\frac{1}{8}$. The history of the accident was most obscure and he was unable to bring me a witness of it. Detection in this case was unusually difficult; ultimately, however, it was complete and the sequel is not without interest. The agitation among his fellow-workmen continued and the society felt themselves unable to resist it and therefore took him to another city for an opinion. A certificate of his permanent incapacity for his work was given, the money was paid to him, and he was in a very short time back at his old employment.

A collier (22), aged 56, alleged two accidents, both to the left eye. The first was in 1893, when the left eye was struck by a piece of bind, the second being at the end of 1898, when the eye was hit by a piece of coal. When examined, six months later, there was no reason for believing that the eye had been made worse by the second injury, and there was no evidence of the first. It was held that he was fit to return to his work. The claim collapsed immediately after my examination.

A platelayer (10), aged 31, asserted that he was struck over the left eye by a steel bar. It was ascertained that there had been injury to the same eye ten or twelve years previously, when it was struck by a piece of steel. The lens had undergone absorption, and there was opaque capsule. The eye was divergent and vision was at the most light perception. In the right eye $V = \frac{1}{8}$. He had evidently pursued his occupation in spite of the loss of this eye for several years, and the certificate for obtaining a grant of £100 from a Friendly Society was refused.

In another case, in which the alleged original injury had not been serious, I had reason to believe that the recurring conjunctivitis was due to the use of an irritant, most probably turpentine. It is not easy to be sure always of the precise irritant employed for such a purpose. Two recent cases, not among this series, have shown it to be tobacco dust in one, and, in the other, the redness of the eyelids and streaming of the eyes was admittedly occasioned by the application of a menthol cone to the eyelids.

In two cases no effects of the accident could be found.

A collier (25), aged 31, alleged having had a blow on the right eye from a pick. When examined a year later there were no marks of any injury and vision in the right = $\frac{1}{8}$, unaided, and in the left, $\frac{1}{8}$, unaided.

A collier (122), aged 54, alleged that the right eye was hit by a piece of stone. On examination 18 months afterwards there was very little evidence of any injury. The patient was myopic (−5 D.) in both eyes, and in the left there was incipient cataract. He also suffered from nystagmus.

A man aged 30 (17), whose work was the cleaning of tubes of locomotive engines, alleged that 12 months before he was sent to me, whilst at his work, something from the fire-box entered the left eye, and as a result both eyes had become defective, and he considered he was unfit for his employment. I found he was myopic in each eye (R., - 7 D., L., - 8 D.), and though he only admitted to $\frac{1}{2}$ I had reason to think vision was better. He claimed £100 from a Friendly Society. I was unable to certify that the accident had at all affected his capacity for work.

A joiner (124), aged 51, had fallen from a roof, and alleged that his sight thereby had become affected, and prevented his following his employment. Each eye was found to be normal, $\frac{1}{2}$ unaided.

A fitter (119), aged 41, asserted that in consequence of sheet lead falling on his head vision had become deteriorated, and that he was unable to follow his employment. Vision in each eye was ascertained to be $\frac{1}{2}$, and with +1 D., $\frac{1}{2}$. He was held to be as fit for his work as before the accident.

A platelayer on the railway (68), aged 60, injured his right knee towards the end of 1899. At the end of the same year he was an inmate of a hospital. Whilst there the left eye became affected. There was evidence, when I examined him in the autumn of 1902, of there having been ulceration of the cornea, which was nebulous, causing vision to be very imperfect. The right eye had been lost by a blasting accident many years previously. His contention was that the corneal condition had been occasioned by the accident to his knee some months before.

A railway fireman (48), aged about 30, stated that when examining an engine from underneath some hot oil or other liquid had fallen into the right eye. As a result he had been unfitted for his employment. The accident was in the early part of 1901, and my examination was made nine months later. I was not able to satisfy myself that there was evidence of injury, but I found that vision in the same eye, with correction (+ 3 D.) = $\frac{1}{2}$, and in the left (+ 3 D.) = $\frac{1}{2}$.

A medical man is not called on to assess pecuniary damages, but he is nevertheless often able to render material assistance in the settlement of a case. Care and accuracy in examination are most essential. Let it be seen that your desire is to arrive at a full knowledge of all facts relating to the case, and be careful to avoid even any appearance of partisanship in the matter. Reports should be in direct, simple language, and without ambiguity.

The number of cases in which I was called to support my report in court were very few, the total being 6, or about 3 per cent. In my experience a careful and thorough examination has, with few exceptions, led to a speedy settlement of the claim. In each instance in which I was called to give evidence the result was in accordance with the report I had previously given. The following cases may be cited:

A pick sharpener at a colliery (50), aged 56, alleged that when pulling a hot pick out of the fire something flew from the fire and struck the right eye. He was absent from his work for seventeen weeks. Then he returned to it for three weeks, but again desisted, as he could not stand the heat of the fire. He was sent to me eleven months after the accident, but I was unable to find any evidence of the alleged injury; but, curiously, I recognized him as an old patient, who, several years before, had been under my care in consequence of an injury to the same eye by a piece of metal striking it. There was at that time a wound of the cornea and prolapse of iris; the prolapse I had excised, and had removed a foreign body with the magnet. I had no reason to suppose the eye was any worse than it had been for several years.

A carpenter (123), aged 57, employed by a colliery company, asserted that when putting up tubing in the pitshaft to prevent the inrush of water, the wooden wedge flew out, striking the left eye, and at the same time some dirty grease and water had entered the eye. As a result of this injury it was alleged that he had become unfitted for his employment. He was first sent to me for examination fifteen months after the accident. At the inner side of the cornea was a linear scar, towards which the iris was drawn; a little capsule occupied the pupil, the lens had become absorbed, but the details of the fundus could not be made out. It was held that these appearances pointed to an accident anterior to the date given, and inquiry disclosed a history of an injury to the eye in early childhood, the details of which it was impossible to ascertain. A year later, or twenty-five months after the date of the alleged injury by the wooden wedge, the case went before an arbitrator, when it was admitted that the eye had in childhood been injured by a fork running into it.

Another case in which my evidence was required was the following:

A collier (139), aged 53, early in 1903 received injury to the left eye by its being hit by a piece of coal. The following month this eye was removed. A year later it was alleged that the right eye had become affected. He had not resumed his employment since the accident, and it was asserted that he was unfit to do work of even a light character and above ground. Fifteen

months later I found a small nebula on the cornea, not, however, covering the pupil, V. = $\frac{1}{2}$. The case was heard before an arbitrator, when it was ascertained that in 1904 he had been under treatment for ulceration of the cornea with hypopyon; this, it was held, had no connexion with the accident which had necessitated the removal of the left eye.

It not infrequently happens that, in addition to the half-wages paid to claimants under the Compensation Act, men are in receipt of sick pay from Friendly Societies which makes up, in some instances, a sum more than equal to that obtained during the most lucrative period of their work. As such instances are the following:

A. C. M., whose wages were 35s. 2d., received total relief pay of 37s. 7d. per week.

J. F. earned 35s. and got in relief pay 37s. 6d.

W. R. earned 29s. 2d. and had relief pay of 35s. 7d.

E. T. earned 28s. 4d. and got 33s. 8d.

J. A. H. earned 24s. 6d. and had relief pay of 30s. 3d.

A further point is that lump sums may be received from various different sources besides the amount awarded under the Compensation Act. As an instance is the following:

A striker (16), aged 25. The left eye was lost and subsequently enucleated, owing to injury by a chipping. The remaining eye only had $\frac{1}{2}$, unaided, or, with best correction, $\frac{1}{2}$. In addition to his compensation award he received amounts from three different Friendly Societies on account of his inability to follow his former employment, £100 each from two, £50 from the other. The total sum received from these latter sources being £250.

REFERENCE.

¹ Magnus and Wurdemann, *Visual Economics*, p. 86.

A Lecture

ON

IMPORTANT SYMPTOMS IN DISEASES OF THE EYE.

DELIVERED IN THE POST-GRADUATE COURSE AT THE OPHTHALMIC INSTITUTION, GLASGOW ROYAL INFIRMARY.

BY A. MAITLAND RAMSAY, M.D., F.F.P.S.G.,

SURGEON TO THE INSTITUTION.

A SYMPTOM has been defined as "one of the departures from normal function or form indicative of disease." In a narrow sense symptoms are distinguished from physical signs, the former (subjective) including all abnormal feelings on the part of the patient, and the latter (objective) being limited to what is evident to the senses of the observer. Certain symptoms are, therefore, concurrent with certain diseases, or with certain stages of any one disease, and accurate observation and interpretation of both symptoms and physical signs are essential alike in diagnosis, prognosis, and treatment. It is by searching for, and by reading aright, all symptoms and signs, and especially those that are pathognomonic, that the sagacious physician is able to discover the hidden ailment of which they are the outward manifestation, and to gain the most reliable information as to its nature.

In practice it is a wise rule to give careful attention to the patient's own account of his illness. The older physicians attached greater importance to this than we do, for, at the present time, diagnosis is in a large measure carried on by the observation of the purely objective features of a disease, while the subjective symptoms are perhaps too often passed lightly over. This is in great part due to the instruments of precision and to the accuracy of the processes which are now employed in clinical work. The value of these is indeed enormous, because they enable the practitioner to make accurate observations quite apart from the patient's sensations, and even to discover important facts of which the patient is altogether ignorant. The latter may, in his description of what he feels, consciously or unconsciously exaggerate the importance of certain symptoms and so mislead the physician who accepts what he is told without testing, by careful physical examination, the truth of the statements made to him.

The use of the ophthalmoscope, for example, may reveal intense optic neuritis in a case where there has never been the slightest complaint of defective sight, and the knowledge thus obtained prevents a doctor from falling into