creasing to a conſiderable ſize by burnt alum finely powder­ed, or by touching them occaſionally with lunar cauſtic.

Ulcers on the eye may ariſe from the same cauſes which produce ulcers on other parts of the body, as wounds, burns, &c ; or they may ariſe from a general affection of the conſtitution, as lues or ſcrophula ; but they are more immediately produced by inflammation. In the treatment therefore of ſuch diſeaſes, blood-letting, bliſtering, laxative and cooling applications, as already deſcribed in the caſe of ophthalmia, are to be employed. When the inflammatory ſtate is removed, their management muſt be almoſt the ſame with that for ſimilar affections in other parts of the body. When the diſorder ariſes from an affection of the ſyſtem, the primary diſeaſe muſt be attended to before a cure can be performed. With reſpect to the sores them­ſelves, if acrid matter be diſeharged, we muſt have recourſe to determent ointments and waſhes before a cicatrix can be formed. When theſe have not the deſired effect, and when the ſore becomes ſoft and higher than the reſt of the eye, aſtringent applications are moſt efficacious. If excrescences be preſent, theſe are to be removed by eſcharotics, or by the knife. In ſome rare inſtances excreſcences of a fungous nature are found to be connected with the interior parts of the eye, and become ſo prominent as even to reſt upon the cheek. When ſuch occur, nothing but the re­moval of the eye itſelf can effect a cure.

Sect. V. *Of Dropſical Swellings of the Eye.*

The eye is ſometimes enlarged by an accumulation of the aqueous humour. The ſymptoms are, a ſenſe of fullneſs in the eyeball ; by degrees the motions of the eyelids be­come impeded; viſion gradually becomes more and more im­perfect, till at laſt the patient can only diſtinguish light from darkness. As the diſeaſe increaſes, the ball of the eye becomes greatly enlarged, and at this time the cornea begins to protrude ; when, if a puncture be not made, the eye burſts and empties itſelf. This diſeaſe is apt to be con­founded with ſtaphyloma. But in the dropſical ſwelling the patient is always ſenſible to the effects of light, and the pupil is obſerved to contract, which does not happen in ſtaphyloma. In the early stages of this diſeaſe viſion may be preſerved by puncturing the under edge of the cornea, and allowing the aqueous humour to paſs out by the ante­rior chamber ; or by puncturing the tunica ſclerotica a lit­tle behind the iris, by which the fluid will paſs out by the poſterior chamber. The puncture may be made either with a lancet, pointed knife, or with a very ſmall flat trocar. The eye ought afterwards to be dressed with a compreſs made moiſt with a ſaturnine ſolution, guarding againſt excessive inflammation. When the uſe of the eye is ſomewhat recovered, tone may be reſtored to the parts, and a return of the diſeaſe as much as poſſible prevented, by frequently bathing the eye in aſtringent lotions ; but where the cornea is deſtroyed, the ſight cannot be reſtored : We can then only diminiſh the ſize of the eye, and render it ſomewhat more comfortable to the patient.

Blood may be effuſed into the chambers of the eye from various cauſes, as in putrid diſeaſes, or in conſequence of inflammation, but moſt frequently from a rupture of the blood-veſſels induced by external injury. In whatever way it gets into the eye, it mixes with the aqueous humour, and renders it opaque. It is ſometimes taken up by the abſorbents ; when it is otherwiſe, it ought to be diſcharged by a puncture.

A few inſtances have occurred where the blood has fallen to the under ſide of the eye, and remained there without mixing with the aqueous humour. In ſuch a ſituation it ought to be allowed to remain.

When a puncture is necessary, it is to be made in the ſame manner as in caſes of dropſy of the eye ; only the opening may require to be ſomewhat larger, otherwiſe the blood may not paſs readily out. After the operation, nothing is neceſſary but to apply a compreſs of soft lint, moiſtened with a weak ſaturnine ſolution.

Sect. VI. *Of the Prοtrusion of the Eyeball beyond its Socket.*

The eye may protrude in conſequence of external vio­lence, or from tumors forming behind it, or on account of ſome of the ulcers, excreſcences, or dropſical ſwellings, al­ready mentioned. When the eye is forced out of its ſocket by external violence, if the eyeball be not entirely ſeparated from the neighbouring parts, it ought to be freed from any extraneous matter which may adhere to it, and immediately replaced; and if the optic nerve be not quite divided, the uſe of the eye may be recovered. With a view to prevent or moderate inflammation, every part of the antiphlogiſtic re­gimen ought to be ſtrictly adhered to. If the protrusion is occaſioned by a tumor, the cure muſt depend upon the removal of this ; and if the diſeaſe has advanced so far that the bones are become carious, they muſt likewiſe be ſeparated. But more frequently, inſtead of the bones be­coming carious, they aſſume a gelatinous or rather carti­laginous nature. In ſuch a ſituation an operation could be of little advantage. The beſt method to prevent the bones from being ſo affected is an early performance of the opera­tion.

A few inſtances have happened of the eye being puſhed from its locket by an enlargement of the lachrymal gland. When this occurs, if the enlargement be conſiderable, the ſtructure of the eye will moſt probably be ſo much injured that viſion will be deſtroyed ; but inſtances have occurred of this gland, in the enlarged ſtate, having been removed with­out any injury being done to the eye.

Sect. VII. Of *Cancer of the Eye, and Extirpation of the Eyeball.*

Scirrhus and cancer may ariſe from repeated inflam­mations of the eye, or from ſtaphyloma, or ſome of the other diſeaſes which frequently attack this organ. The ſymptoms are, an enlargement, hardness, and protruſion of the ball, with a red, fungous appearance, ſometimes diſcharging thick, yellow matter, but more frequently a thin acrid ichor. At firſt there is only a ſenſation of heat in the tumor ; but this gradually increasing, changes at laſt into darting pains, which likewiſe ſhoot through to the op­poſite ſide of the head. In this ſituation blood-letting, opiates, and emollient applications, may alleviate the pain. A hemlock poultice applied to the eye, and a waſh of lime­water, with a little opium diſſolved in it, and applied every time the poultice is renewed, gives ſome relief ; but altho' the pain be moderated by theſe means, it does not prevent the diſeaſe from ſpreading, nor can any thing elſe but ex­tirpation produce a radical cure.

After the diſeaſe is diſcovered to be cancerous, the ope­ration ſhould be performed without delay, to prevent the parts in the neighbourhood, as well as the conſtitution at large, from ſuffering. In performing the operation, the pa­tient ſhould be placed in a proper light, and the head ſup­ported by an aſſiſtant. If the eyelids are diſeaſed, they muſt be ſeparated along with the tumor ; but where they are ſound, they ought to be carefully preſerved ; and for this purpoſe they may be kept out of the way by two leva­tors held by aſſiſtants. When the eyeball protrudes conſiderably, the operator may lay hold of it with his fingers; but if this be impracticable, a broad ligature ſhould be in­troduced through the centre of it, that it may be the more