of sympathetic inflammation. The blind left eye was removed and the sympathizing eye at first improved a good deal under treatment with sulphadiazine. But this improvement did not last; "the inflammation assumed a most violent form with remissions and exacerbations, and in the latter atophanyl was used with beneficial effects on the inflammation and pain." It was given 13 times. The man had a complete examination, infected teeth and tonsils were removed and the nasal sinuses explored. During treatment a well dilated pupil was maintained by the free use of atropine or scopolamine "and immediately combating a contracting pupil by the 'coup-sur-coup' method." This may be described as the alternate instillation of 4 per cent. atropine with 4 per cent. cocaine five minutes apart until four doses of each have been given, the puncta being carefully occluded by finger pressure after each instillation.

The man was discharged from hospital in July, 1942, the eye nearly white, with a few small old synechiae. The slit-lamp showed old deposits on the back of the cornea and dilated iris vessels were much decreased, the fundus was normal, and vision with correction normal. Tuberculin injections were continued by Dr. Laishley for several months, the eye remaining free from inflammation. A recent letter from the patient gave a good report.

There seems to be some danger of damage to the liver in giving atophanyl; the exact dosage of each injection does not appear to be stated.

R. R. J.

THE CULT OF THE EYE AND THE QUEST FOR REALITY

BY

BASIL GRAVES and SIDNEY SMITH

A MEETING of the Royal Eye Hospital Clinical Society was held on Friday, December 17, 1943, at 4.30 p.m.

The Chairman, Mr. Holmes-Smith, said that as doctors they should not confine their studies to man enlightened and scientific; but as anthropologists should study witchcraft and the superstitions of man. They were fortunate to have at this meeting two authorities, Mr. Basil Graves and Dr. Sidney Smith (Keeper of the Egyptian and Assyrian Antiquities of the British Museum). He would call on them to speak in that order.

Mr. Basil Graves: Going far back in history, pre-eminence has been given to the subject of the eye. This is understandable. People in conversing observe each other's eyes as indicators of thought and emotion. The eye is the only transparent part of the body surface, and comparison of the Light of the 
World" with the Darkness of the "Nether World" enters profoundly into the basic concepts of many religions.

The generally accepted ancient view was that the eye throws out rays in the direction of the object it is desired to examine. Belief in the power of exerting an evil influence or fascination (fascino: I bewitch) on anyone by a look is one of the oldest and most widespread of human beliefs. There are references to the "evil eye" in Assyrian texts of the 7th century B.C., and the belief possibly existed before 2500 B.C. The English word for squint, *viz.*, "a cast," implies the same as the modern Italian "*jetare,*" "to cast or throw." Among the Neapolitans anyone having a reputation as the possessor of the "evil eye," a "*jetatore,*" is much feared: he need not necessarily have a squint, *e.g.*, the late Kaiser Wilhelm was believed to have the "evil eye." In particular have the prosperous tended to fear the "evil eye," which has been considered to spring from envy, admiration and praise, "envy" being derived from *invidere*, "to look maliciously upon."

The widespread use of amulets can be traced mainly to the belief that they protect their wearers from the power of the "evil eye." The demand for amulets has always led the medicine man to supply them and to prove that he alone, through the Mana incorporated in him, is capable of prescribing the genuine article. Some of the uses to which spectacles are put nowadays may be amuletic.

The element of magic enters strongly into successful ophthalmic practice. He proposed to discuss briefly just one or two aspects of this vast subject. The significance of the influence of sounds and words goes back to the very origin of man. Primitive man, unable to distinguish clearly between words and things, fancies that a real or substantial bond unites a name and the person or thing it denotes. The abstention from the use of certain words, lest they be overheard or understood by supernatural spirits whom the speaker fears, is very common in many countries. The desire to propitiate the malevolent spirits, on the one hand, or to circumvent them on the other, leads to the use of substituted terms—complimentary and easily understood ones in order to propitiate, and enigmatic ones in order to circumvent. This perhaps explains why the Greeks called the Furies *Eumenides*, the "gracious 'ones'" and the dread Black Sea *euexinos*, "friendly."

In matters of treatment the doctor not infrequently finds himself harrassed by the requests of his inquiring patients to explain particular treatments, and the commoner the name of the remedy the greater may be the difficulty. In the treatment of chronic rheumatism by hypodermic injections of gold, both parties to the serious discussion may (when the fee has been paid) feel that
they are on a give-and-take plane of secularized and mutual understanding; but the difficulties can be profound upon entering the seemingly familiar territory of "tonics" taken "religiously" to build up "general resistance."

As adjudged by the twenty-one years between the two wars, one of our chief social illnesses in the present stage of western civilization is anxiety. Mass restlessness is rife. Hence words that in another period might have passed unnoticed fill us with fear. Even such words as "astigmatism," "conjunctivitis," "pink-eye" may induce fear. The word "glaucoma" has come to have a sombre significance. Its mere cadence, like that of such words as "abracadabra," "belladonna," "Philadelphia," predisposes it to cryptic associations.

The effects of word-magic are, nevertheless, so prevalent throughout our society that they can be regarded as normal. Illustrations of its widespread nature can be drawn from the realm of theology. One of the directions in which enlightenment is urgently needed concerns the use, misuse, and meaning of every-day words, and their power for good or ill over the inquietude of the human mind.

He then dealt with the subject of what is popularly known as "explanation." Every day the doctor is cornered by questions from his patients which he cannot answer satisfactorily, yet if he would be what is professionally called "successful" in practice he dare not say, "I do not know."

The spiritual "God" of our mediaeval forebears has been replaced by a determinist "Science." But the passage of time has not resulted in the doctor becoming a substitute for the priest. The mediaeval priest, as a member of a profession that supplanted the aid of an unseen Deity had an easier task than the modern doctor, whose manipulation of man-made power drives him, when competing for a popular reputation, into those avenues of magic and presupposition which the priest, in his attitude of supplication, can so much more easily eschew.

Our ideas of the cause of a specific event inevitably keep altering as knowledge grows. We are most of us always reaching for the carrot which is for ever receding from before our nose in our eternal quest for certitude which leads to more knowledge being integrated in the service of mankind.

Doctors are mixed: they retain a spirit of tentative inquiry and, if they would just make a living, pursue the life of positivistic scientists in a laboratory; or they may turn their back upon scientific (and sometimes many other) ideals and build up popular practices largely by becoming adept in the art of "explanation" on the basis of popular misinterpretations of science.

When it comes to so personal a matter as our bodily health, most
of us are little different from those men of old who explained the
eclipse of the moon, which they feared, by attributing it to the
fact that the seven spirits had attacked the moon-god and dimmed
his light. Not only are the seven spirits and the moon-god not
in the least obscure so long as they fit into the pattern of tradi-
tional thought, but they are even of much more importance to
us than the very moon itself.

While science of the Victorian era is rapidly proving to be an
inadequate basis of reality for us, as yet we have found nothing
to replace its interpretation of reality. Perhaps we are destined
not to do so until the undue prestige of science has to some extent
departed.

Our position is thus comparable to that of our forebears in the
16th century, which, like our own, was a period of transition,
during which the way was paved towards more stable times. Some
of these troubles of the 17th century dissolved by a process of
"evanescence," and this indeed may very possibly happen with
regard to many of the rather similar troubles which vex us to-day.
It might well be that we could derive some help in this direction
by turning to a study of the mediaeval scholastic viewpoint in the
hope that we might ultimately arrive at a synthesis between it
and certain aspects of science. Science owes a great debt to
scholasticism, which it has ill repaid in supplanting it. When
such a synthesis is achieved possibly mankind will for a further
spell enter upon a new phase of mental quietude in respect of the
phenomena of "causation" such as cannot be attained by us
during our own period of transition.

Dr. Sidney Smith said he supposed he was there because
doctors and Egyptologists were both interested in magic. He
thought the main difficulties mentioned arose because doctors and
their patients used the same words with different word associa-
tions. That was a difficulty met with in most discussions about
medicine, religion, and politics. The doctor would not avoid acting
as would a magician. The names describing diseases would always,
to laymen, betoken knowledge and power. He instanced ancient
Babylonian magicians diagnosing diseases as the "hands" of the
gods. Such a man would make his list complete by including
the "hand" of an unknown as well as all the known gods. The
description itself involves a suggestion of ritual treatment based
on theory. This inseparable suggestion of the cause, in the name
given to the case, is an inevitable accident of language. He
thought that patients probably fell into three groups. The first
group was that of the really intelligent—a rare group. They must
be treated on the same intellectual level as the doctor. They
demand a plain exposition. The second group had a different
type of brain—it wanted an approximation in ordinary non-technical English to the doctor’s jargon. A term like a “blind boil on the eye” meant more to this group than a hordeolum; a suggestion conveying truth is more important than exact terminology. The third and largest group had no brains to bother about—all that was needed to satisfy them was some fashionable disease, and a good long name not easily explained would meet the case. Scientific views of medicine and the universe might change; doctors would not go far wrong if they remembered that man would always remain man.

Mr. Savin said he had spent a most instructive afternoon, for his part he would suggest that demonology and witchcraft would be a more useful study for the medical student than many of the present items in the medical curriculum; it would at least help the student to enter into the mind of his patient. He was interested in the association of the evil eye with squint. Some years ago he was asked by an old lady from Sidecup to operate on her squint. She did not like the local people spitting or crossing their fingers when they saw her; but she thought the climax was reached when a mother asked her for a spell to ward off the bronchitis from her baby. He had once operated on a West African for ptosis, which had prevented the patient from carrying on the family business of high priest of a leopard society. Such a priest like the general physician had to be a man of handsome presence and appearance.

Dr. Robertson considered doctors ought to be careful how they employed the word “cataract” with its associations of terror. He thought he would cheerfully have studied demonology before qualifying if he had had Mr.: Basil Graves and Dr. Sidney Smith to instruct him.

Miss Orr-Ewing deprecated the pseudo-scientific articles on medical topics read by so many patients. Was all the propaganda about venereal disease entirely well-advised? By all means let us relax taboos on the discussion of venereal disease and disseminate information about its prevention and cure. Propaganda based on fear might only bring more neurosis to this tormented generation. Mankind were by no means intellectually equal, whatever they might be in the sight of the law.

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BOOK NOTICES


This is a book which, though difficult to review, is easy and pleasant to read. Its moral might be given by quoting a sentence near the end which runs “... vital processes are not the simple, self-existent actualities they appear to be, but rather, a mean between constantly opposed interacting factors whose poise is ever sustained with a delicacy that is above interpretation.” The interplay of opposed interacting factors is admirably demonstrated in “Rational Medicine” and although the title might lead the reader to think that he will have, when he has read it, a clear-cut idea as to how the art of Medicine should be organised and practised, he will find that such is far from being the case. He will have in his mind contradictory statements, criticisms and justifications, but no clear,