

almost like a new apprenticeship; some, owing to their temperament and perseverance, overcome the difficulties in a very short time, while others require considerably longer, and a few, owing to nervousness and faults of character, never attain proficiency under the new conditions. The difficulties must obviously always remain greater if a man has to work among machinery, or on scaffolding, or underground, or where the light is insufficient. From the employer's point of view the man with one eye does undoubtedly run more risk of injury than the one with two, and consequently, in estimating the wage-earning ability of the one-eyed man, this prejudice on the part of the master ought always to be taken into account. Provided the workman possesses two good eyes, the accidental loss of one in no way impairs the visual acuity, and only slightly restricts the visual field. The diminution of working capacity, therefore, depends almost wholly on the loss of binocular vision.

Würdemann says that one year is a sufficiently liberal allowance of time to give to anyone for the adaptation of monocular vision to the demands of his work, and states that "approximately a one-eyed person has lost thirty per cent. of his earning ability for the first year after the accident, and twenty per cent. afterwards for the higher class of trades, and for the lower class the proportion would be twenty-seven per cent. for the first year and eighteen per

cent. thereafter." If blindness of one eye develop gradually the workman has time to adapt himself to the changes incident to the loss of binocular vision, and if he has lost an eye in early childhood he grows up to be practically unconscious of his defect; but it is a very different matter when the loss of sight on one side occurs suddenly in adult, or more especially in advanced life, and naturally these are the cases which most frequently give rise to claims for compensation.

A question occasionally arises as to the relative value of one eye over the other. Statistics prove that the left eye is the one more frequently injured, and workmen themselves attach more importance to the right eye, probably, as Evans has suggested, because most of them are right-handed. A carter, however, would form an exception, because when his cart is loaded he always leads his horse on the near side, and naturally turns to the left when he hears vehicles approaching from behind, hence the loss of the left eye is a more serious matter for him than the loss of the right would be.

Paresis or paralysis of an ocular muscle causes double-vision, and occasionally arises from accident. As long as the diplopia persists the patient is unfit for work; and if he tries to adjust matters by covering up one eye he puts himself in exactly the same position as if he were a one-eyed man.

(To be continued.)

SPECIAL ARTICLE.

EOSINOPHILE CORPUSCLES IN CEREBROSPINAL MENINGITIS.

THE net result of a large number of blood counts made in cases of epidemic cerebrospinal meningitis by Dr. William Dow in Glasgow* brings out two main facts about the leucocytes in this disease; first, that there is nearly always an absolute increase in the total leucocyte count, a polymorphonuclear leucocytosis, which serves to distinguish it from at least one of the other diseases—typhoid fever—for which it may be mistaken; and, secondly, that an entire absence of coarsely granular eosinophile corpuscles from the differential leucocyte count is a point of very bad prognosis.

The number of observations made was considerable. Without entering into any great detail we may give the author's own general inferences. An analysis of his observations leads him to conclude: (1) That cases of epidemic cerebrospinal meningitis are always accompanied by a leucocytosis, whether the attack is acute, abortive, mild, or chronic. (2) That the character of the leucocytosis is practically the same in all instances, both adults and children, and is the result mainly of an increase in the number of the polymorphonuclear cells. (3) That nevertheless a lymphocytosis may very occasionally be observed in infants and young children. (4) That there is a relative decrease of the large mononuclear elements alike in fatal and non-fatal cases, though

less marked in the chronic type. (5) That in the first three groups there is sometimes an absolute decrease of the large mononuclear elements and occasionally total absence of these cells. In the chronic group absolute decrease, like relative decrease, is little marked. (6) That eosinophile corpuscles in acute fatal cases are always absent, although present in varying degree in all the other groups.

The highest individual count was 66,800 leucocytes per cub. mm. in an acute case. In two abortive cases the leucocytosis was observed after the condition was improving. Moreover, the number of white cells in general varies markedly from day to day and without relation to the course of the disease, nor can any clear connection be established between the leucocytosis and the character of the temperature.

It may be remarked that myelocytes were never observed in any of the films examined. Blood platelets were always present, sometimes in large numbers. No marked difference was noted in the frequency of occurrence of these elements in the fatal and non-fatal cases respectively.

As regards diagnosis, it may be again noted that the leucocytosis is only of value in excluding typhoid fever. From the point of view of prognosis, the absence of eosinophile corpuscles in the acute stage of the disease may be considered of grave significance, but it does not necessarily mean that a fatal issue will immediately ensue.

* "An investigation into the Leucocytosis of Epidemic Cerebro-spinal Meningitis." *The Lancet*, 1909, I., 829.