

The Private Eye

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London

The eye doctor is guardian of a little cubic inch of tissue which is not as other tissues are; for, beyond its own retinue of eye ailments, the eye is a sounding-board for the travails of the whole persona. This is not the physical or physiological eye that we all know from outside, but the eye that is belaboured by all our private woes. So at times it becomes a whipping-boy for the wrought psyche; at times it is blamed for reflecting a distraught view of the world or for betraying our guilty thoughts; and at times it looks to God and becomes the symbol of our soul.

In the beginning, as we all remember, God made light,* and to primitive man, worship of the sun-god, the giver of the heat and light that sustained his life, was almost universal, (and to judge by our holiday brochures that old reprobate has never been replaced). So godliness was equated with light and evil with darkness, and thus they have remained.

The human eye, as the avenue through which the sun-god's emanations reached us, was soon accepted as the gateway into the soul. This our forbears sensibly located in the pituitary (at the point where the two optic nerves meet), at any rate until Descartes

* The Hebrews had added that God not only made light, but that he *was* light, and his symbol was the eye. In the beginning, said the Japanese, God gave birth to the Sun-goddess while washing out his eyes. In the beginning, said the Egyptians, the proto-god Ptah, though he fathered all man through his mouth, fathered the other gods through his eyes.

decided to move it an inch or so further back into the pineal, which is the third eye of our reptilian forbears and paradoxically also a factory for an excellent LSD-like hallucinogen (pl 1). But where godly light can enter so can satanic darkness, and the eye that at times looked wistfully up to heaven at other times looked libidinally elsewhere. So the eye also became a sort of sexual surrogate, since it was such a convenient organ of projection, or (in Freudian terms) 'displacement', whenever fear, guilt, inertia, impotence, or despair debarred a more physiological outlet.

That is why the seeing of sexual acts or images can become almost as exciting or as guiltful (according to our tastes and inhibitions) as actually participating, quite apart from being generally cheaper and less troublesome. Those who find it exciting tend to become voyeurs and porno-addicts, (or if they are of passive temperament, exhibitionists). On the other hand those of us who are guiltful become scotophiliacs, like the majority of American women who, as Kinsey discovered, prefer to mate in the darkness, or else like the 15 per cent of our healthy-eyed English population who retreat behind darkened glasses, and are presumably seeking to hide their guilt from the all-seeing eye of God or at any rate of their inquisitive neighbours. (pl. 2)

Then there are others who eschew spectacles as being somehow damaging to their

Presidential Address to the Ophthalmic Section of the Royal Society of Medicine in 1978.

This was never published, although the burden of it was presented at the joint Australian and New Zealand Ophthalmological Society meeting in 1975, and extracted in their respective journals, and also in the *British Journal of Hospital Medicine* in February 1980.

Plates 2, 7, 9, 10, 11, 16, 20 were taken from the author's 'The World Through Blunted Sight', in press (Penguin Books Ltd).

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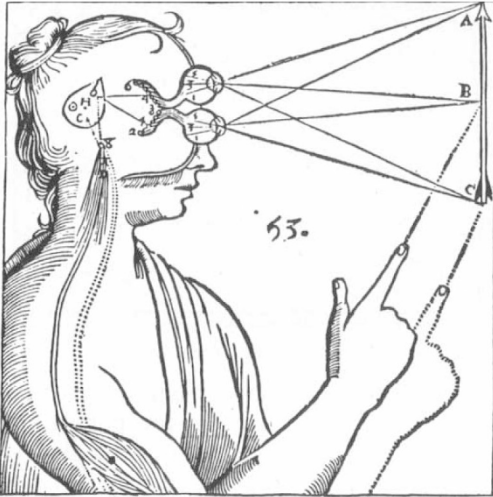


Plate 1. *The soul, seated in the pineal, receiving the visual images, as conceived by Descartes.*



Plate 2. *'Suzannah and the Elders' (Exhibitionist and Voyeurs) by Tintoretto (Kunsthistorisches Museum, Vienna).*

anthropomorphic eyes and and take up Bates exercises – endlessly swinging their eyeballs around, reckoning that the eye, which is aching in despair because it cannot get the image clear, should 'pull itself together' and clarify that blurred image through a little healthy exercise. These more 'positive' neurotics will of course be ready to squeeze any related muscles that are handy, in their attempts to divert or expunge their fears; they turn up in our clinics with spasms of their eyelids, of their convergence, or of their ciliary muscles, or even of their retinal and cerebral arteries, when the bout of migraine at least gives them something else to worry about. Most artists, it could be added, prefer

to paint without glasses or, if they are very ametropic, with a weakened correction. They say the image is somehow more true that way. And schizophrenics, who as part of their emotional withdrawal often have a low acuity, generally refuse to wear their glasses. They say they are calmer without them.¹

So most of these eye-aches we endlessly encounter are just soul-aches or sex-aches, even though the patients prefer the label of 'eyestrain', as if the eye itself had yearnings to furnish a clear image and heaved on its own involuntary muscles in frustration. And this myth of the poor eye being somehow 'strained' is perpetuated by the commercial interests always waiting in our wings, which counsel the constant use (and frequent changes) of irrelevant spectacles. Indeed such spectacles of negligible power may well be gratefully accepted as a protective shield for the sensitive or guiltful soul that lies behind them. Or perhaps, since in all age-groups over puberty women spectacle-wearers well outnumber men, Inman was justified in maintaining that glasses serve as symbolic replacements of the hymen for those who mourn the virginity they have lost.² And it could be for a similar sort of reason that over a third of those who have recently become blind prefer to wear spectacles which they admit are useless.³

Enough perhaps about all those eye-aches and phobias. The basis of most neuroses is simply anxiety, with a fear of blindness often in the background (and maybe the menace of a glaucomatous grandmother just off-stage). It need not of course have any sexual content, and you may think that to labour this association is rather old-hat; but less than a century ago our Society's Vice-President, Henry Power,⁴ in his prestigious Bowman Lecture, declared that nearly all eye disorders – cataract, trachoma, retinal haemorrhage, amblyopia, and neuoretinitis (although this, he claimed, occurred only 'in young ladies') – stemmed from inadequately bridled sex.

Power was only one of many fevered voices; and this dark obsession with sex does keep popping-up through all the verbal camouflage in the early volumes of the Transactions of the Ophthalmological

Societies of the United Kingdom. A few years earlier, Professor Cohn had published a ten page diatribe in the *American Archives*,⁵ in which he declared that trachomatous infiltration was simply due, as he discreetly put it, to 'excessive onanism', casting perhaps an embarrassed glance at the trachoma epidemics that were camp-followers both of the Mahomedan invaders and of the Crusading armies. And, from Dublin,⁶ Fitzgerald had described how, after treating a young girl's hyperaemic optic disc by the artificial leech and then by potassium iodide, he 'had little doubt that she had been practising masturbation', so passed her to a gynaecologist who 'applied a powerful caustic to the vagina'. He congratulated himself on his diagnosis, since the patient said she could read for much longer afterwards: the poor girl clearly didn't want that done again.

Henry Power, in his Bowman Lecture, did admit the fundamental difficulty that, in the case of girls, you 'could not possibly ask any questions on the subject at all', and with young lads 'if vicious, they would probably lie' or 'if pure-minded (and let us hope there are many such in England)' they might have ideas put into their heads. His recommended treatment, of 'tying the arms outside the bedclothes', was at least softened by suggesting that 'in cold weather a jersey may be worn', perhaps as consolation just in case he had got his diagnosis wrong. Myopia was about the only eye disorder which Power did not attribute to sex; since he had balked at imputing carnal thoughts to all those shortsighted children (Freud of course soon afterwards corrected that illusion). This bizarre theme gradually faded in the West after 1908, when Runge⁷ even extended the list of masturbation-induced eye disorders to include *muscae volitantes*, rendering all suspect; but it could be added that one further addition to this catalogue was made in 1970 when Frederick Ridley,⁸ noting that conical cornea was commoner in the right eyes of right-handed young men, attributed the cone to rubbing of the surrogate eye. However the general theory is still current in some East European and Asian countries. In China,⁷ for instance, it was only in 1973 that the risk of damaging the eyes by imperfect sexual



Plate 3. *The basilisk, as conceived by Leonardo.*

husbandry was dropped from the official health handouts (the need for population control then overriding puritan ideology); and should these arcane and damaging diagnoses now seem happily obsolete, we must remember that Witch-hunts are endemic, and the recent flood of child sex-abuse diagnosis was often based on evidence as negligible as that of Power, Fitzgerald and all their forerunners. Throughout history, only Pliny the Elder had the nerve to express the happy and contrary view that sex was actually beneficial for diseases of the eye.

Nor must we forget the myth of the evil eye which reaches from eastern India to western Peru, from prehistory – with the damaging eye-power of Siva and the Medusa, of the Cockatrice and the Basilisk*, up to present-day Sicily, and which reckoned that the bewitching eye, when powered by menstrual blood coursing through its veins, could destroy the fertility of any male at whom it cast its gaze. (pl. 3)

However we have wandered rather far from the mundane neurotics with their interminable eye-strains. The fortunate oculist

* The cockatrice, a vaguely reptilian cock, had been incubated by a toad from the egg of an elderly cock. The Basilisk was a sort of hooded cobra with a roving yellow spot between the eyes, which emitted a laser-like beam (like Siva's third eye). One Asian city was protected by an all-destroying Basilisk fixed to its walls; but on Aristotle's advice, Alexander the Great (like Perseus with the Medusa) approached it backwards, using his shield as a mirror, so that it was consumed by its own venomous stare, and the city was captured. This recalls the handsome youth named Eutylus, who (like Narcissus) was so fascinated by his reflection in a pool, that he burnt himself up. Polyphemus, the Cyclops, did not dare to look in the sea lest he burnt up his only eye.

can blithely reassure them that their eyes are fine, and propel them out through the door, back to their long-suffering General Practitioners and even more long-suffering relatives.

But often the psychopathy bites deeper; the distraught mind crosses the Rubicon of reason, insight is abandoned, and we pass on into the unreal twilight world of hysteria, where the patients persuade themselves that they cannot see, or start seeing things that are not there. And from there it is but a short step to turning their fantasy into fact, and ensuring that they cannot see by obliterating their own eyeballs.

The hysteric is one who escapes from a disagreeable situation by subconsciously creating a disability that has no physical basis, and the simplest escape from a difficult environment is literally to blot it all out. Being a negative response this appeals particularly to the more passive sex, and the word *hysteron* is just Greek for the womb, which was described by Plato as 'a wild beast, totally devoid of human reason, which roams about the body, exciting, here and there, the most inordinate desire', and was assumed to produce hysteria by breaking loose from its pelvic moorings and rattling about within the thoracic cage.

In sophisticated communities the full-blooded displays of hysteria that Plato doubtless encountered are getting much rarer, although simple hysterical blindness is common enough in more primitive societies. Nowadays the hysteric simply presents with an amblyopia, which stops her having to work but does not curtail her social life or stop her eating. I can call to mind three such patients, one battling with her Electra-complex, one whose prettier, brighter sister had just arrived at the school, and one whose uncle had suddenly gone blind. These amblyopes can be very hard to unmask (a rotating drum with graded stripes is about the only direct way).

In adults hysterical amblyopia seems to show itself more often with the classical sign of spiral fields, usually diminishing as the test progresses (of the two whom I can recall, both were awaiting compensation after car-crashes); but here hysteria shades off into



Plate 4. *Conjunctivitis Artefacta. Granuloma provoked by fingernail scratching, of which patient denied knowledge (case of Barrie Jones).*

malingering, and while in the army we saw the inevitable mixed bag of false-attributers (pains blamed on any old birthmark or long-standing squint), counterfeiters (mepacrine tablets inserted to redden the lower fornix), and so on. Plate 4 is actually the fornix, not of a soldier cheating with his tablets, but of a shy, frustrated girl of 20, who turned up at Moorfields after her employer had given her a modest 'cuddle', which she assumed was an attempted rape; and then she started scratching her eyeball with her finger-nail as one way out of the dilemma.

I can only remember one soldier who blandly announced that he could not see, when the battalion was ordered into the line. Malingering was in fact rare in sophisticated units (like the New Zealanders I was with), but it was common enough (for instance) in the Indian Army, where Somerville-Large counted 375 soldiers who put jequirity seeds (their equivalent of mepacrine) to redden the conjunctiva,⁹ and he described how 'night blindness' had become an epidemic in India (to avoid night patrols) until General Auchinleck arrived; he simply issued the order 'There will be no night blindness', and they all recovered. Hysterical night blindness did in fact reach epidemic proportions with the crusaders, who unhappily had no Auchinleck to exorcise it. And in the American army at the end of the last War, Yasuna listed 20 soldiers whose reading came to a sluggish halt half-way down the Snellen chart,¹⁰ not because of the dangers of battle that they faced, but because they were due

for their discharge, and were daunted at the prospect of the rough competitive world awaiting them, in the so-called 'civil' life outside the security of their barracks.

There are indeed plenty of other hysterical manifestations, like bloody tears (on which some saints capitalised). I recently saw a serious young stockbroker who apologetically explained that he could not stop plucking his eyebrows – just like the Trobriand Islanders who constantly eat up each other's eyelashes and eyebrows in love-play.¹¹ I did not have the nerve to tell him about Freud's displacement theory, and to suggest that it might help if he got his girl-friend to do it for him. But as we move deeper towards the world of the psychotic this ocular projection by the distraught psyche tends to be more flamboyant and at times more lurid.

Hallucinations and illusions readily transform the drab reality with which we can no longer contend, and are therefore a tempting outlet for the hysteric. But the changes in our seen world as we retreat into psychosis can be nicely exemplified by those artists who went over the edge (p1. 5).

Young schizophrenics, in particular, may feel a compulsion to elaborate, and fill the page with a panoply of arabesques and neologisms, like Louis Wain whose gentle cats became transformed into kaleidoscopic monsters, until (it was declared) the manic phase had blown over (pl. 6 and 7). But for the schizoids who withdraw, there is little creative release; and, as the whole perceptual world becomes impoverished, the strokes tend to become tinier and tinier until their contact with reality is only enough to yield a few dots on the paper (Pl. 8). Occasionally this shrinkage of the point of contact means that their whole world is shrinking, just as in Alice's Wonderland. One schizophrenic patient described how his sudden self-shrinkings could only be stemmed by grasping hold of objects that would relate his dimensions to the outside world. Again the depression of these painters often shows itself by a curtailment of their colours, leaving little beyond yellow and black, contained by a horizon that is hard and empty or a zigzag of black mountains. This recalls the pictures Van Gogh painted during his last summer, when he kept

on portraying 'immense expanses of wheat beneath troubled skies'. It was after he had completed the last one (Pl. 9) – a storm-tossed cornfield out of which an ominous flight of crows was rising – that he shot himself, clumsily but fatally, telling his would-be succourers not to try to save his life as 'the sadness will last forever'. It did.

Hallucinations and illusions are not of course confined to the psychotic. We all hallucinate a bit, particularly if the visual screen

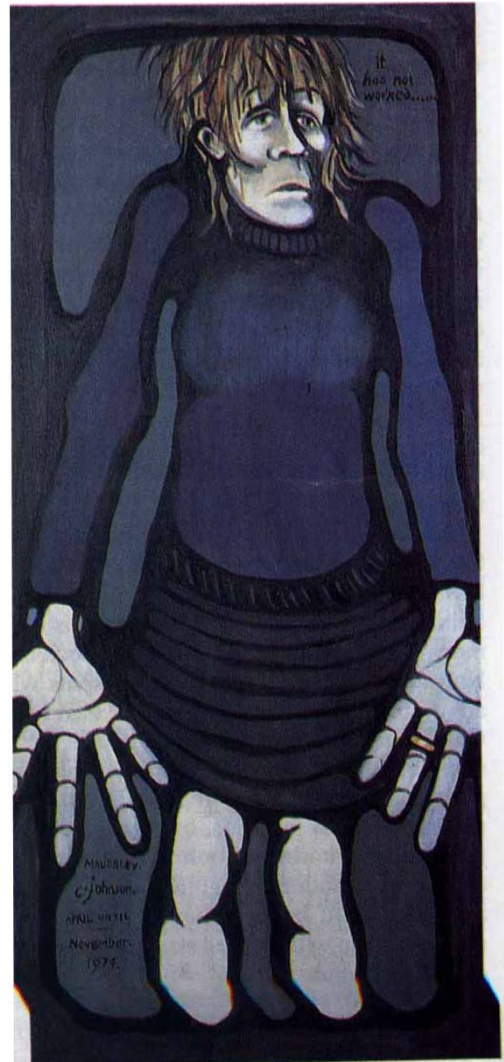


Plate 5. 'It has not worked' by Charlotte Johnson, (while she was a patient suffering from obsessions in Bethlem Hospital).



Plate 6. *Cat Paintings by Louis Wain, (Courtesy of Bethlem Museum).*



Plate 7. *'London's Overthrow' by Jonathan Martin, when predicting the overthrow of Bethlem Hospital – where he was confined after attempting to burn down York Minster (Courtesy of Bethlem Museum).*

is empty and our imagination heightened. We experience them vividly as children and when our eyes are closed, we enjoy them as dreams along with our rapid eye movements and erections in those inter-deep-sleep phases, and they are particularly striking when the visual screen is partially blanked

out as in the homonymous hemianopia from a posterior cerebral thrombosis. In such organic brain lesions we are always 'blind to our blindness', and vaguely fill in the empty half-field with an apparent continuation of the half that is seen. But to the troubled mind such hallucinations may be much more vivid;

as in the case of the lawyer, recalled by Savin,¹² whose hemianopic field was invaded by a malevolent little woman (the image of the mistress he had once abandoned), who grimaced and guffawed at him night and day for the rest of his life. In a manner of speaking she indeed had the last laugh.

As Bernard Shaw said through St Joan,

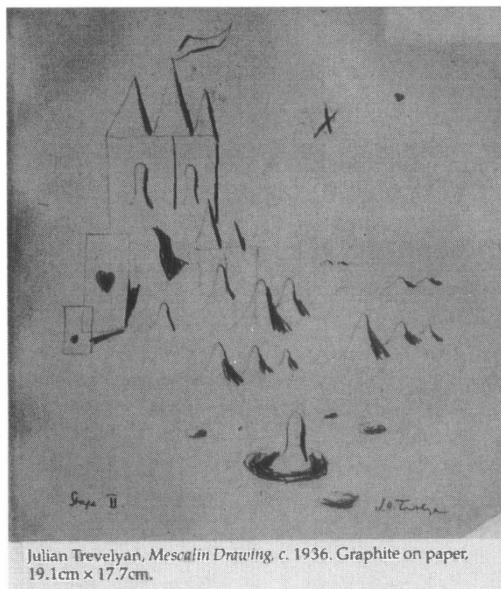


Plate 8. Drawing by Julian Trevelyan in the schizoid state induced by Mescaline (Courtesy of Bethlem Museum).

'The street is full of normally sane people who have hallucinations of all sorts, which they believe to be the normal equipment of all human beings'. We accept these all right, and it is only when we expect other people to see them too that we have crossed the frontier into psychosis. Those of us who are natural visualisers and think in visual sequences have private shapes for the simplest sequences, such as for alphabets and numbers (which we use when we multiply in our head) (Pl. 10), even if we do not see music in

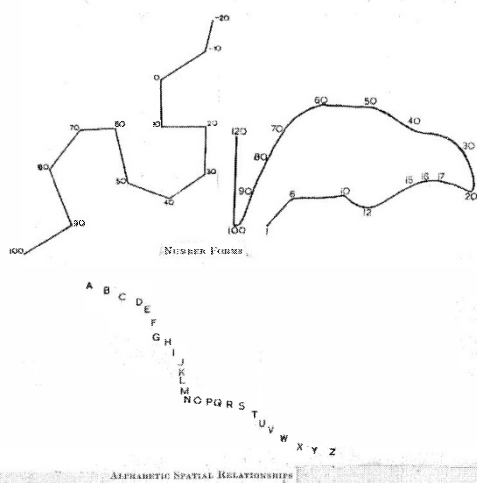


Plate 10. Number forms and Alphabetic forms. Characteristic visualised patterns (P Doyne).



Plate 9. 'Crows over the Wheat-field', last painting by Vincent van Gogh (Stedelijk Museum, Amsterdam).

colours (as many do, the sounds being illumined with 'labyrinthine light') or extend our synaesthesias widely into other senses (as the blind constantly do).

These synaesthesias, the spilling over of our perceptions onto other, quite unrelated, percepts, are rather fascinating. It was Thomas Woolhouse, the engaging young groom whom William of Orange patronised and appointed as his Royal Oculist, who first described them three centuries ago; and they are far commoner than we think, because we are shy of telling people about our private hallucinations, which may well make our audience doubt our sanity, and which, anyway, are rather hard to put into words.

But there are many artists like Kandinsky, who had an orchestral connotation to each of the colours he used, or indeed composers who did the reverse, like Scriabin, with his 'keyboard of light' from a 'Colour Organ', Bliss, with his 'Colour Symphony', and so on. So often the only way we can remember names and objects is by some such colour or sound 'tag', even involving touch and smell – like that patient Luria described,¹³ who made his money by demonstrating his prodigious memory, and who explained that he could easily recall a fence he had passed on his walk, 'because it has such a salty taste, and feels so rough . . . it has such a sharp, piercing sound'. But to save cluttering-up the scene, we usually suppress our awareness of these labels, and they come to light only when the cerebral machine is damaged – like that patient of McDonald Critchley's with olfactory lobe epilepsy, who said that the attack 'reminded her of green thunder', or the philosopher Locke's blind friend who explained that 'scarlet signified the sound of a trumpet!'

We are, of course, sitting serenely on a minefield of turbulent sensations of all forms, the awareness of which we suppress. Intrepid minds can explore them, artistic minds can capitalise on them; and damaged cerebrums cannot always secure the hatches – and in they flood. This may happen in the anoxia that goes with a slow death from strangulation or drowning, where traditionally the whole of one's past life flits hallucinatorily by; or less traumatically, as in the recent

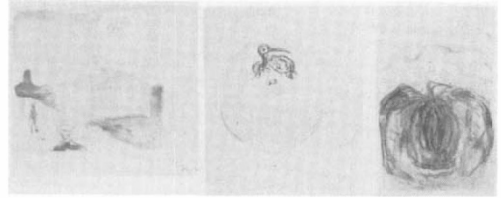


Plate 11. *Successive drawings and paintings by E Munch, incorporating his bird-shaped vitreous 'haemorrhage' (Munch-Museet, Oslo).*

account of a nice old lady,¹⁴ who would only come into hospital if the adjacent bed was left empty for a large St Bernard dog, which she said was in attendance, and who was so embarrassed when a large dose of cortisone cleared both her polymyalgia arteritica and the St Bernard dog away.

Unlike hallucinations, illusions are the specific misinterpretations of things that are seen. These may be the shadows of an ordinary vitreous opacity which the disturbed mind exaggerates, as did the introverted artist Munch with his little bird-shaped vitreous 'haemorrhage', until it became so large that it dominated the entire field and intruded into all his pictures (pl. 11); or they may derive from the bright spots we often see darting about against a light background, attributed to corpuscles in the retinal vessels, but which Joan of Arc was said to have recognised as angels; (perhaps they had a vasomotor origin, as menstrual molimina, since she saw them every month, and her custodians reported that she had no normal flow). But illusions are classically provoked by drugs – the spots on the alcoholic's counterpane that turn into pink rats as delirium tremens sets in, or the segmentation of colours into blotches separated by leaden lines, resembling church windows or a Rouault painting (Pl. 12), that is described in the second stage of ether abreaction;¹⁵ or as in those patients on propranolol, quoted by Fleminger,¹⁶ who variously saw the alarm-clock turning into an owl, the dressing-gown into an interloper, and the pillow into a nexus of spiders; or most of all like the distortions, replications, and colour awareness that are the reward (or penalty) of an overdose of LSD.

We should not be too dismissive about the



Plate 12. *'The Old King' by G. Rouault, strongly segmented patterns resembling church windows or the illusions induced by ether abreaction, (Carnegie Institute, Pittsburgh).*



Plate 13. *Successive drawings by L. Matefy under influence of LSD (from 'Triangle', Sandoz J. Med. Sci.).*

rapture and the insight that LSD can offer. Gin famously provided the quickest route out of Manchester, and we read that Siberians, stuck in an even worse environment, so prize the way of escape that is provided by the spotted fungus that they conserve it by drinking up the urine of their fellows who have been lucky enough to have found one and eaten it. They then recycle this again and again through the tribe (just like the bizarre

self-nourishing economy practised by a recent Prime Minister of India).

As Blake said 'The road of excess leads to the palace of wisdom'. And we must not think too harshly of our medical colleague committed to gaol, because she believed that LSD led the way to truth and ecstasy. Truths certainly, for LSD simply strips away the dulling effect of one's associations that succeed in making our visual images compatible with what we expect to see. Thus we see again those heightened colours and brilliant shadow-colours, and all the stroboscopic and three-dimensional effects, which we have not been able to enjoy since the shades of prison house began to close upon us as growing children (Pl. 13). The trouble is that it is hard to arrest the display at the right moment, before the stage when our associations are so whittled away that we become isolated, lost, and frightened in a schizophrenic turmoil.

After the hysterics who pretend they cannot see, and the hallucinators who give themselves a private vision to replace what they have got, we now pass on to the real psychotics who not only 'will not see' but see to it that they 'cannot see', by expunging the very organs that led them to sinful sex rather than to God. They take too literally those stern strictures quoted by St Matthew, 'If thine eye offend thee, pluck it out, and cast it from thee' for 'Whosoever looketh on a woman to lust after her, hath committed adultery already with her in his heart'.

There are many recorded instances of this, the final solution: for example, the young Baltimore negro who smilingly handed his eyes to his nurse as she came on her ward round.¹⁷ She had passed through the ward a few minutes before, and in the interval he had painlessly and almost bloodlessly hooked them both out with his thumbnails. He then explained that he was a member of a group that did not need eyes 'since one does not require them to see spirits and the truth'; and he asked to leave the hospital so that he could have a chance 'to persuade others to join his happy sightless gang'. In that momentary manoeuvre he had neatly removed all the muscles and included an extraordinary length of optic nerve. Another of these auto-enucleators only had time to

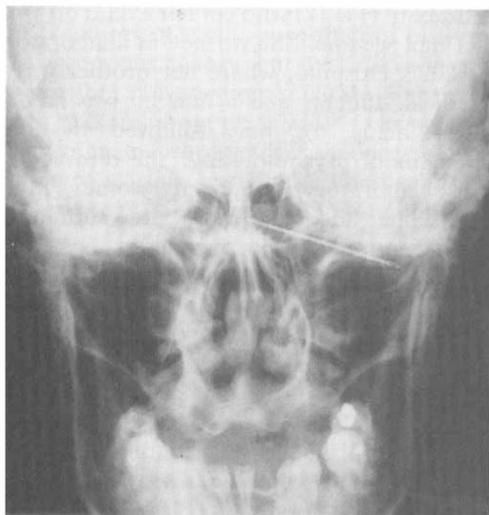


Plate 14. *Jacqueline, whose radiograph showed needle traversing orbit and impacted on nasal septum (case of D Common, Western Ophthalmic Hospital).*

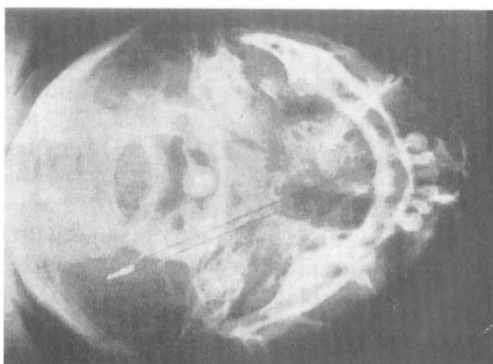
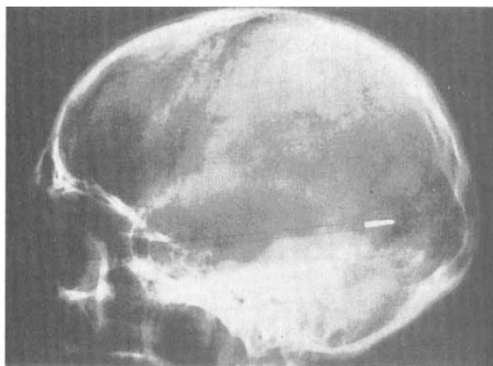


Plate 15. *Radiograph showing biro traversing base of brain from fornx to cerebral peduncles (case of D Bowen, Cardiff Royal Infirmary).*

scoop out one eye,¹⁸ but he had pulled so much of his optic nerve away that he had even taken a bit off the chiasma, and was left with a temporal field defect in the remaining one. There was also the young American who, in a post-baptismal trance, scooped out both of his mother's eyes and got away with 49 mm of optic nerve.¹⁹ We can reflect on the battle most surgeons often have to get out a mere half inch of the optic nerve, with all our smart and expensive instruments.

Self-enucleation ('Oedipism'), by a digital tour-de-force, is far from rare (over a score in the records); but more commonly the patients just take an impulsive stab at the eye with anything sharp that is handy, and this is often deflected along the tough scleral coat; then they conveniently forget what happened. Jacqueline, for instance (Pl. 14), left her sewing needle impacted on the nasal septum; and Bowen's²⁰ middle-aged shop-keeper, left his biro jammed into the cerebral peduncles (Pl. 15). He had presented with a little leg spasticity, and a straight skull x-ray disclosed a biro spanning his skull; its blunt end was discovered in his lateral fornix, whence it was whisked away with a Spencer-Wells, leaving little legacy of damage. Jean (Pl. 16) turned up in my Westminster clinic after a sight-tester had noted her irregular pupils; evidently a needle had passed through the left cornea and lens, and ripped the retina; then we found that the fellow-eye too had a tiny corneal scar and absent lens, presumably the legacy of a previous jab with her heroin needle, which had happily not

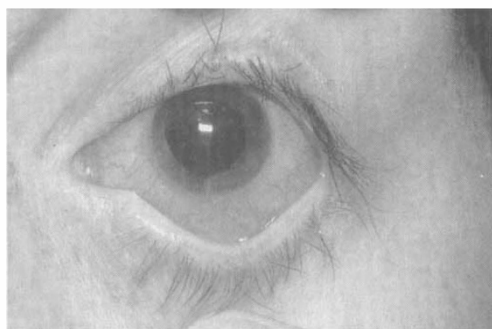


Plate 16. *Jean, whose globe was traversed by needle, which had torn off retina, (Eye Dept, Westminster Hospital).*

reached her right retina. So we were left wondering whether we ought to provide her with the aphakic spectacles which would have allowed her to weigh-in with her needle again, or to let her wander off, groping through her own twilight world, simply protected by her inability to focus.

Just to ring the changes, there was

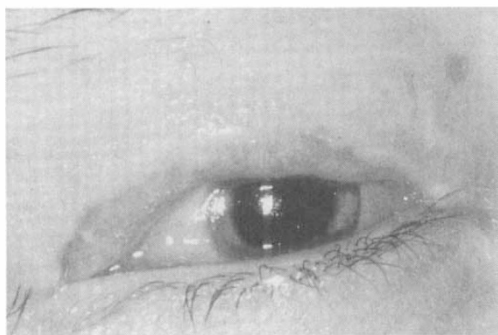


Plate 17. Elizabeth, after excising her upper lip with scissors (case of J R Hudson, Guys Hospital).



Plate 18. St Lucy (Museo Prov. di Valencia).

Elizabeth (Pl. 17) who cut her eyelid off with her nail scissors. She worked in a laboratory at Guys Hospital, where her brother was a medical student, and a new lid was laboriously made for her, followed by long draughts of psychotherapy. She returned to her laboratory, injected some more novocaine, and reappeared after cutting off the other upper lid, to 'even up'.

Nearly all of these macabre self-blinders have had an overpowering sex problem such as fear of syphilis, remorse after rape, and sex with the wrong sort of partner. But not always. One young Frenchman simply proffered one of his eyeballs saying 'it just fell out while I was playing cards', although a tell-tale drop of blood was then discovered on his fingernail.

It is of course an easy escape to dismiss these bizarre self-mutilators with a sigh at the quirks of human waywardness, because it is almost too painful to peer into the 'black pit' of others; our own black pits are often too embarrassingly close for comfort. So many people are just further out-to-sea than we thought and 'not waving but drowning'.

The patron saint of ophthalmology is St Lucy (Pl. 18), a pious Sicilian girl who looked on a man lustfully, and in proper remorse plucked out the eyes that had offended to give them to God; and He, in His permissive wisdom, then gave her two more, so that she then had two good ones as well as the two squashy ones. Some others had the same idea of becoming a saint and having two spare eyes – St Medana in Ireland who threw her eyeballs at her startled lover's feet, and St Triduana (Pl. 19), a simple Scottish girl, who presented her eyes impaled on a thorn to her embarrassed suitor; but both missed out on the replacements. Others indeed were luckier, St Odilia of Alsatia, who had been born blind, simply earned, as a rather generous baptismal present, two extra eyes; these were rather large for her sockets, and she had to carry them around like a handbag. The patron saint of the blind is in fact none of these – since they all opted for seeing again, but St Cecilia, also born blind, who simply took up music; and as a result became the patron saint of musicians as well.

I am afraid you will be thinking that I have

wandered rather far from my theme. But we are creatures of myth more than of history. We accept our history, but we believe in our myths; they must be kept separate. For those myth-makers of old were wiser than we are. They knew that the eyes were seducers, leading on to worldly gratifications and eclipsing the inner eye, which was the fount of all true



Plate 19. *St Triduana. (Statuette in church near Falkirk).*

* Plutarch, echoing the Oedipus theme, had it that Philip of Macedon lost his eye in battle because that eye had gazed through a keyhole at his wife Olympias, having an Orphic ecstasy with serpents, one of which was in the act of fathering Alexander the Great.

knowledge and understanding. Wotan (Pl. 20), in order to become the wisest God, had to sacrifice an eye and take-on his appalling wife Fricka (the sex-eye bond over gain); and Horus (Pl. 23) had to sacrifice his eye so that it could be restored by Thoth the God of Wisdom. Oedipus* (Pl. 22) had to expunge his eyes because they had beguiled him into incest, and Tiresias was blinded because he had watched Minerva bathing naked. Both became the wisest of soothsayers.

Milton too, after the rougher passages of his middle years were over, his 'light was spent' and serenity had returned, reckoned



Plate 20. *Wotan, who sacrificed his left eye (portrayed by Whitehill, in 'The Valkyrie').*



Plate 21. *Siva, whose third eye was normally kept closed, as it would burn up anything it saw. (11th century gilded bronze, in Angkor Museum).*



Plate 23. *The Sign of Horus; Invoked whenever we write prescriptions.*



Plate 22. *Oedipus, blinding himself with a needle, and Jocasta's suicide (from a 15th century book in Bibl. Marciana, Venice).*

that his blindness had illuminated his thoughts. And, as we know, sitting in that little house alongside the old Westminster Hospital, he dictated in snatches the whole of his 'Paradise Lost', in all its polysyllabic splendour, from a world of total darkness.

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