

occur, ought to be differentiated from metastatic conjunctivitis, and classed by themselves.

In all cases of so-called iritis the pathological process is by no means limited to the iris, but extends at least to the adjacent division of the uveal tract.

The writer recommends discarding the words *iritis*, and substituting the terms *mild* or *severe irido-cyclitis*, the better to express the character and extent of the changes known to be present in these cases.

There are no figures to show what part the gonococcus plays in the production of the inflammations of the uveal tract, viewed collectively; but, taking the statistics for *iritis* as an index, it would seem that the percentage of cases, attributable to this organism, varies as the result of differences in the social and hygienic condition of the places in which the statistics are collected.

While the gonococcus apparently seeks the vascular coat of the eye as its seat of predilection, the exact relative frequency with which the various structures of the globe are visited by gonorrhoeal metastases remains to be determined. Likewise, no definite idea can, at the present time, be formed of the usual extent, duration, and severity of the inflammations of the uveal tract, or of numerous special features of these conditions. Writers, generally, have been too loose in their nomenclature, and too many reports are lacking in details and exact descriptions essential to a determination of these points.

Arranged according to types, one finds that all the common forms of uveal inflammation have been attributed to systemic gonorrhoea, though the statements of Fournier in regard to the frequency of serous cyclitis (*aquo-capsulitis*) are not borne out by a study of the literature.

Generally speaking, the uveal affections show a tendency to be double-sided in the first as compared with the second and later attacks, and to relapse, and to recur with fresh gonorrhoeas. They precede, or follow, or break out simultaneously with other manifestations, or form the sole expression of the systemic infection. They have no special features, except that swellings of any kind in the iris tissue are never observed. Gelatinous exudations are more an indication of the severity of the inflammations than of their origin. An associated metastatic conjunctivitis is suggestive. The purulent forms, which often show no sharp line of demarkation from the plastic, are marked by an extraordinary tendency to recovery.

Metastatic gonorrhoeal inflammations of the optic nerve and retina commonly take the form of a diffuse, and scarcely measurable neuro-retinitis, associated, at times, with considerable retinal oedema. Byers