

Of the deeper changes in the retina, choroid, optic nerve and motor nerves I will not now treat; otherwise, with what I have to say of other diseases, my lecture would be spun out far beyond the stipulated or expected time.

Passing to the next most frequent disease, I think rheumatism claims our attention. Rheumatic conjunctivitis is a well-marked variety, characterized by a pale redness, with a watery state of the eye; pain sometimes severe, and peculiar, in being worse at night just after retiring. Any marked astringent in treatment does harm; constitutional treatment has mainly to be depended on for a cure. Rheumatism also causes frequently a severely painful iritis, with a great tendency to relapse. This iritis generally occurs during the prime of life, and never, as far as I know, in an *acute* attack of rheumatism. Another frequent complication of rheumatism is scleritis, generally occurring just outside the corneal border in patches.

Again, cases of acute rheumatism of the ocular muscles have been reported, with symptoms of high temperature and pain in muscles of eye, and swelling of conjunctiva over them.

In connection with rheumatism, we may refer to gonorrhœal rheumatism, which has associated with it a, happily rare, but very severe, iritis. It generally occurs in both eyes, but not always simultaneously, and may recur with a fresh attack of gonorrhœa or of the affection of the joints. Gonorrhœal conjunctivitis is, as we all know, due to direct infection, not to any vascular mediation. Allied to this group is the gouty dyscrasia. Here we also have a form of iritis similar to the rheumatic, and some authors assert there is also a marked tendency to glaucoma.

The children of gouty parents are sometimes afflicted with a peculiar sneaking form of irido-cyclitis, there being little, if any, inflammatory phenomena, the patient merely complaining of dim vision, when on close examination we find the posterior surface of the cornea dotted over with minute precipitates of lymph which have been thrown off by the iris and ciliary processes.

The iris is sluggish and does not dilate well under atropine, showing sometimes synechia, the tension is markedly increased, but is distinguished from the increased tension of true glaucoma