ing the cones of the retina apart or by its contraction crowding them together. Another point in the diagnosis of these cases is that the perception of colors is changed, the appreciation of blue being first lost, and this is in marked contradistinction to the failure of vision due to true nerve lesions, in which green is the first color to disappear. I may mention here, as an interesting contrast to these conditions that in cases of hysterical amblyopia you will frequently find the vision is improved under diminished illumination. As to the diminution of the power of appreciation between various degrees of illumination, this condition is most marked in cases of optic atrophy, and would be of value thus to you in the differential diagnosis between lesions purely affecting the retina and those of the optic nerve. I will not dilate here upon the visual field and its indications, but I think I have said enough to draw your attention to a simple differential diagnostic symptom which cannot but be of use to you.

2. We must not be in a hurry to consider all cases of headache and diminished vision as due to a refractive error.

3. In neurasthenic individuals there is a marked susceptibility to any peripheral irritation, so that a very slight error of refraction may give rise to marked symptoms, such as pain and headaches, etc., while in the case of calm, phlegmatic individuals a comparatively high error may cause little or no trouble. The same holds true, of course, in the well-known category of ocular muscular insufficiencies, for given a slight error in any case there is a more determined and continuous effort to overcome it, with the production of a corresponding fatigue, whilst in high degrees of the same trouble there being an utter inability to overcome it, the patient makes no attempt to do so, and accordingly escapes the trials of asthenopia. I feel obliged in this connection to speak rather strongly against the custom of allowing opticians to correct refractive errors. If there be any astigmatism present, which is likely in the majority of cases, the proper correction of it is virtually impossible without the use of mydratics. Again, especially in cases of myopia of high degree, there are not infrequently marked retinal changes, which, unless properly looked after, tend to become worse and end in partial blindness. Many cases occur in which an apparent error of refraction is simply an indication of severe fundal and constitutional trouble, and one I may mention, which, having seen but the other day, is comparatively fresh in my memory and is of interest for two reasons. This lady had been wearing lenses prescribed for