

five, by Markuse in one case, and by von Graefe in three cases. The clinical picture is a characteristic one and has been well recognized for years. Early in the course of the disease, generally between the first and third weeks, there suddenly appears a hypopyon iritis with exudation in the pupillary area. This condition very quickly assumes the well-known picture of pseudo-glioma. Often the characteristic yellowish appearance in the pupillary area is the first symptom pointing to any ocular complication.

While the condition has been well recognized clinically a bacteriological examination has been made in only a very few cases. Uhthoff upon three occasions tried to obtain the micro-organism by aspirating the vitreous, but with negative results. Axenfeld aspirated the anterior chamber and found microscopically Gram negative diplococci. Cultivation was, however, unsuccessful. From an eye examined at post mortem Axenfeld later cultivated the meningococcus. Hanke and Tertsch have lately reported an interesting case. A seven months old child was referred to the eye clinic from the children's hospital with the diagnosis of inflammation of the lungs. The mother stated that eight days after the beginning of the illness she had noticed "an opacity of the right eye and the pupil had disappeared." At the first visit to the clinic a metastatic ophthalmia was diagnosed. (Irido-choroiditis chronica with pupillary and vitreous exudation). In the lower quadrant near the equator was noticed a bulging. When the child was brought back again eight days later a thick yellowish discharge was seen coming from the former prominent part. Markuse has also reported spontaneous perforation of the globe by a suppurative process caused by the meningococcus.

We had last year at the Montreal General Hospital a case of metastatic ophthalmia occurring in a case of epidemic cerebro-spinal meningitis. The case was as follows:—Child W. J. A., aged seven years, was seized June 9, 1907, with vomiting of blood-stained fluid. A few hours later he complained of pain at the back of his neck and frontal headache. He was admitted to the hospital at noon of the same day and became unconscious a short time after admission. When admitted he had in each eye bright subconjunctival hemorrhages and during the next day there developed a hypopyon in the right eye. The patient died June 11th. The diagnosis was epidemic cerebro-spinal meningitis. At the post mortem the right cornea was seared with a hot surface. With a sterile hypodermic syringe the pus was withdrawn from the anterior chamber and was planted on haemoglobin agar by carefully spreading the material over the surface of the medium. After 24 hours at 37 C. the growth was so thick that isolated colonies could not develop. The