

rather tends to affect the colour of the latter, and the apparent brilliancy of the image which we see, than to give us a definite perception of the form and colour of the objects from which it is reflected. The less strongly developed the superficial pigment is, the less absorption and dispersion will take place.

"In various diseased conditions, the layer of the hexagonal cells becomes destroyed or atrophied, and in this case we may see the choroidal vessels very well, with their interstices filled with dark pigment; but this may sometimes be observed in the case of persons with well-developed interstitial pigment and little development of pigment in the superficial layer; such cases, however, are rare. Again, both superficial and deep-seated pigment may be destroyed by disease, and then we see the choroidal vessels against the white ground of the sclerotic; but something similar may be seen in the eye of an albino, or a person of very fair complexion. Finally, the choroid may be atrophied in its whole thickness at particular parts, as in *staphyloma posterius*, and we then see nothing but the white sclerotic; but this may be simulated by white patches, the result of inflammatory exudation, fatty deposits in the retina, &c.

"In all such cases, we must pay particular regard to the complexion of the patient, and the history of his case. The seat of the abnormal appearance may often be detected by observing whether the retinal vessels pass in front of or behind the white patches observed; and we may generally distinguish the results of atrophy, or destruction of pigment, from those of original conformation, by the irregularity of the distribution of pigment in the former case, and from those due to exudations, &c., by their not being so sharply defined in general.

"Masses of dark pigmentary matter are sometimes observed on the fundus oculi. They may or may not be of pathological importance; and a sickle-shaped deposition of this kind is common at the margin of the papilla optica.

"The transparency of the retina may be impaired, and its reflecting power increased in consequence of inflammatory disease. The effect of this is to give a hazy indistinct appearance to the fundus oculi. The observer must be on his guard against confounding this with an indistinctness due to improper focal adjustment of his own eye, or to turbidity of the media, or with the faint greyish colour which the fundus presents occasionally in very dark subjects—a phenomenon which appears to me to be explicable upon principles referred to in Part I. When the retina is separated from the choroid by serous exudation, some parts may appear bluish grey, or white, and others almost black, according as the light regularly reflected from their surfaces enters the eye of the observer.