encephalitis. It must be mentioned, however, that all of these diseases are met with frequently enough without causing any eye-trouble at all. With regard to the diagnosis the conditions of the eyes may be of great value, and they are sometimes such as to allow even of a more direct localization of the brain disease than any other symptom. I speak here especially of cases showing a defect in the visual field, and especially of hemiopia. There are two kinds of hemiopia (an affection in which one half of the visual field is wanting), *medial* hemiopia, where the two lateral halves of the visual field are dark, and the patient's right eye sees only what lies to the left from the point of fixation, and the left eye only what lies to the right from the same point—and *homonymous* hemiopia, where the two right or the two left halves of the visual field are wanting. These conditions can only be well explained if we assume a semi-decussation of the nerve fibres in the chiasm, which of late has been undoubtedly proven. The more frequent kind: *homonymous* hemiopia, is caused, as *post mortems* have taught us, by a pathological condition in one optic nerve tract between its origin and the chiasm.

Another eye disease connected with diseases of the brain, is paralysis of one or more nerves which go to the eyes, *i. e*, the oculomotor, trochlear, abducens, and facialis nerves. Their origin is located at the floor of the fourth ventricle, and where we find such paralysis as a result of some brain disease, we may locate the latter in the same region. Diseases which impair the functions of the fifth pair produce two special eye-diseases: herpes of the cornea and neuro-paralytic ulcerations of the same membrane.

The spinal medulla has also some influence upon the condition of the eyes. How this comes to pass is as yet unexplained. The fact, however, is now well established, that *tabes dorsalis* (and sometimes wounds of the spinal medulla), produce myosis (contraction of the pupils) and atrophy of the optic nerve.

Not to trespass too much on your valuable time. I was obliged to treat this subject very superficially. It was, however, not my intention to give you here an elaborate lecture on a subject which is large enough to fill books with. I only intended to give you a hurried glance over it, in order to accomplish what I promised in the beginning of this paper, namely, to show you that the oculist (as well as any other specialist) if he means to master his specialty, requires a full knowledge of general medicine, and on the other hand to show you how desirable it is for the general practitioner not to have too limited a knowledge of a branch of medicine which will so frequently aid him in the diagnosis of doubtful cases, and if the proper authorities here, as is the case in other countries, would take the necessary steps to force the student to acquire this knowledge, they would do him a great favor and humanity a greater one.

ADDRESS DELIVERED BEFORE THE WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.*

BY DR. TYE, THAMESVILLE, PRESIDENT.

Gentlemen,—At the meeting of the Association in Detroit the question was asked, "Who will prepare papers for the next meeting of the Association?" A gentleman suggested that the President should read an address. To this proposal I thoughtlessly agreed. I can assure you, more than once I have regretted my promise. I have attempted to fulfil my promise, to establish a precedent to bind my successor to enjoy a similar opportunity. Previous to the passage of the present medical Act and its amendments, the state of the profession in Ontario was not entirely satisfactory. Its members were, however, equal to the occasion, and the means adopted for improvement were both radical and vigorous. The thorough preliminary examination, the almost complete independence of the teaching from the examining bodies, are the fundamental principles upon which our present system rests; a common door is thus open to all, so that all who can meet the conditions and wish to do so, may enter upon equal terms with every other person. The result is, the profession in Canada takes high standing both at home and abroad. Our matriculation examinations are accepted at the various medical colleges of Great Britain, and graduates readily pass examinations for memberships in the Royal Colleges. Canadian practitioners are highly estimated by our neighbors, and they are not ashamed to express a desire for medical organization equal to our own. The legislative enactments

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