

bution of these vessels serves to guide our diagnosis to the structure primarily affected. In inflammation of the cornea proper we always find a pink zone encircling the inflamed part; here the vessels evidently pass onwards to the diseased structure, while in Iritis, this is plainly not the case, for although the pink zone is present, the red vessels distinctly pass into the eye before they reach the cornea, and so leave a white margin around it—the manner in which this cornea is inserted into the sclerotic coat serves to explain this fact, and points out that the vessels of the cornea proper are uninfluenced by the excitement. When idiopathic inflammation of the membrane of the aqueous humour occurs, this appearance is considerably modified, still we find the zone of pink vessels, and notwithstanding the comparative disappearance of the white margin of Iritis, the blood-vessels do not so distinctly enter the cornea as in inflammation of that structure, but as the diseased part is located directly posterior to it—so its vessels are now intimately connected with the circulatory apparatus of the cornea proper; hence the pink tint has encroached upon the white margin around the cornea. As the Iritis progresses the redness of the sclerotic coat increases, and as the other structures become influenced in the disease, each peculiar circulation participates in the congestion, and may serve to confuse this diagnostic mark, but other symptoms are this present sufficient indications of the true seat of the complaint. A change of colour in the Iris might now be observed; in one case where it was of a light blue tint, it assumed a greenish cast—it always had a thickened muddy appearance and a darker colour, generally approaching to red; a change manifestly dependent upon the increased quantity of red blood sent to the membrane. The pupil now became greatly contracted—the patient complained of pain in the brow, intolerance of light, and more or less obstruction to vision. In the two cases which were evidently of venereal origin, being connected with the papillary eruption, and sore throat; two small yellowish coloured masses, having the appearance of effused lymph, might be seen upon the surface of the iris; these were about the size of split peas, and evidently advanced upon the surface of the Iris; in one of these cases which had been neglected, the substance having all the appearance of matter, fell to the bottom of the anterior chamber, and lay there uninfluenced by the aqueous humour. Almost invariably as the action of the Iris yielded to the influence of the belladonna, the pupil had more or less irregularity; this was caused by the adhesion of the pupillary margin to the capsule of the Iris, and accordingly as the Iritis subsided, these adhesions would be ruptured, and the black trace of the posterior coat of the Iris left attached to the capsule, this was plainly seen upon inspection of the eye; in these instances it was of trifling extent, but I have seen a case, in which the pigment universally adhered to this part, and constituted so complete an