convalescence; in Typhus, similar symptoms; in Cholera, the loss of the serum of the blood causes the lids to shrink and they cannot be closed fully. Thus the exposed cornea often becomes denuded of epithelium. Corté says that as long as the pupillary reaction to light remains in Cholera the prognosis is good, and vice-versa. In Diphtheria, we have a peculiar form of conjunctivitis characterized by the formation of a membrane, partial paralysis of the accommodotion, commencing three weeks after the disease has run its course and lasting from four to eight weeks before disappearing spontaneously, paralysis of the other muscles occasionally. In this paralysis of the ciliary muscle, strange to say, the pupil is unaffected, and it is accordingly argued that there must be a ptomaine which has a peculiar predilection for that branch of the 3rd nerve which governs the action of the ciliary muscle, and that the paralysis is peripheral and not nuclear. In Influenza, there are ocular neuralgias, outbreaks of acute glaucoma, optic neuritis, and atrophy. I have now under my care a case of monocular optic neuritis undoubtedly due to Influenza.

In Whooping Cough have been noticed blindness of both eyes without any ophthalmoscopic appearances, and retinal and subconjunctival hemorrhages; in Mumps we occasionally find enlargement of the lachrymal glands; in Malaria there are ocular symptoms of great variety, but supra-orbital neuralgia is most noted, with occasional paralyses of the muscles, and attacks of blindness without intra-ocular changes. Septicaemia has had credited to it retinal hemorrhages and degenerative spots in the retina; in Pyaemia we may have orbital abscess or focal development in the globe, leading to destruction of the eye. Rheumatism is well known as a causative agent in the minority of the cases of iritis, in most of the inflammations of the sclera and Tenon's capsule, and is half suspected of having something to do with the causation of acute glaucoma.

Sufferers from Ex-Ophthalmic Goitre not infrequently seek advice first from the ophthalmologist on account of the protrusion of the eyeballs, which deformity goes on to complete luxation of the globe. Examination of the eyes in many cases reveals the spasm of Mueller's muscle, which goes by the name of Graefe's symptom, and the decreased sensibility of the cornea,