characteristic symptoms are œdema and elongation of the upper eyelid, with copious purulent discharge from the conjunctival surface. The sub-conjunctival tissue is intensely infiltrated, and the conjunctiva raised into a hard ring around the cornea, giving rise to the condition called *chemosis*. This form of ophthalmia is very contagious; but fortunately, in Canada it is as rare as it is destructive. Catarrhal conjunctivitis occupies a position between these extremes, and is the form of ophthalmia to which I wish now to specially direct your attention. At the Toronto Eye and Ear Infirmary, about four per cent. of the eye cases are registered as cases of catarrhal conjunctivitis; but this percentage does not accurately represent the relative frequency with which these cases occur in Western Canada, as patients with acute inflammation of the conjunctiva are seldom sent to be treated as hospital patients. Catarrhal conjunctivitis is characterized by congestion and an œdematous condition of the ocular conjunctiva, with muco-purulent discharge. There is little infiltration of the sub-conjunctival tissue, and the conjunctiva, though raised and deeply colored, remains soft and movable. The upper eyelid does not become elongated nor the integument œdematous, and the inflammation of the cornea is very rarely suppurative. It is contagious in the acute stage only, and then by direct contact of the discharge with the conjunctival surface. Usually in six or eight days after the affection begins in one eye, the other becomes affected, unless special precautions are taken to prevent the discharge passing from one eye to the other. I find the disease more prevalent among farm labourers and shanty men, where very frequently one wash-basin, with one towel, is made to do duty for a number of persons. So far as these cases have come under my observation from the Province of Ontario, and the neighbouring States of New York and Michigan, I find that, not unlike the exanthematous diseases, they run a regular course, which is usually from two to four weeks of acute inflammation; then the œdema and vascularity of the ocular conjunctiva subside, and the patients affirm and believe that their eyes are perfectly cured; but upon everting the eyelids, the palpebral conjunctiva will be found to be velvety and the papillæ already