of infection, and this holds true as much in eye lesions as in general constitutional disturbances. A close attention is demanded to general hygiene, fresh air and cleanliness, both local and general, proper dieting, etc.

The second portion of my address I desire to devote to a *consideration of the functional light perception of the eye, and* to the diagnostic value of it. This is a symptom which is, as a rule, but scantily described in the text-books, yet it is, nevertheless, one of much importance in the differential diagnosis of certain eye diseases.

What is of much importance, is that the said eye diseases are generally of constitutional origin, or secondary to serious trouble elsewhere. Many a time I have wondered if it were not possible to discover some symptom which would be of value as a hint of intra-ocular eye trouble, in cases in which, from some reason or other an ophthalmoscopic examination cannot be made. To examine the eye thoroughly with the ophthalmoscope demands continued practice, and very few general practitioners are able to do this; hence it is under these conditions that a symptom roughly pointing to fundus trouble of the eye may be of use. As an example of the value of this, I may mention one case out of many which have come under my observation. The patient was referred to me by the family practitioner in order to have the refraction tested, the symptoms calling for this being headache and diminution of the visual acuteness. On proceeding to examine the patient I found that there was marked nephritic retinitis. This ocular condition is, as you know, associated with chronic varieties of nephritis, in which the general symptoms are occasionally not very pronounced; hence, failing an ophthalmoscopic examination of the eye, the mistake might be considered possible. It is just in such cases as this that an examination of the light perception, even roughly made, would serve as an indication to the physician of a retinal change being the cause of the eye symptoms, and would call his attention to the desirability of a thorough physical examination.

In examining the light sense there are two points which call for consideration, the first being the minimum amount of illumination which will give rise to the sensation of light; and, secondly, the smallest difference between two degrees of illumination which it is possible for the patient to perceive. The simplest method of testing the minimum light perception is to diminish the illumination of our card of test types, until it just begins to affect our own visual acuity (taking for