

posterior layer of the cornea with toxæmic states in which the serous or synovial membranes are affected.

From the foregoing short glance at the interdependence of embryologically similar tissues in morbid conditions, you can judge of the great importance of this factor in the correct appreciation, diagnosis, prognosis and treatment of the various diseases.

Epiblastic origin.	Mesoblastic origin.
	Fibro-vascular tissues.
Brain.	Muscles and cutis.
Retina and optic nerve.	Genito-urinary apparatus.
Lens.	Cornea, sclera, iris.
External integument.	Choroid, vitreous.
Epidermis.	Capsule of lens.
Corneal epithelium.	Muscles.
Cuticle.	
Organ of special sense of sight.	Supporting and nutritive system of eye.

Another general factor in connection with eye lesions, as with extraocular diseases, is this: that at certain ages the patients are more liable to certain forms of disease—*e.g.*, phlyctenulæ between the 4th and 16th years, interstitial keratitis between the 7th and 20th years, and, I believe, keratitis punctata between the 17th and 30th years. In connection with this time factor, I may mention as of importance the effect of the onset of menstruation. It is at this period that affections of the eye may declare themselves, characterised by the peculiar dyscrasia of the patient, especially syphilis and rheumatism. It happens not infrequently that the ocular lesion of hereditary syphilis may not have manifested itself before puberty, and when it now appears it is generally very disastrous and malignant.

After the preceding brief glance at some general points of relation between the eye lesions and other organic and constitutional diseases, I will now particularize. We will consider:

Firstly, *The eye symptom as a concomitant or secondary one to lesions outside of the eye.*

Secondly, *The eye symptom as primary.*