hyperæmia. When organic changes ensue, as cupping of the nerve, &c., with permanently impaired vision, the prementary stage ceases, and confirmed glaucoma (G. evolutum) is present.

The prodromata may be so mild as to escape the nationt's attention; and they may be so marked, as to simulate incipient iritis or acute conjunctivitis. In simple iritis, &c., however, the tension of the eye remains normal. The premonitory symptoms recur at longer or shorter intervals, the eye returning to an apparently healthy state; but, sooner or later, an attack of acute glaucoma is developed, and perhaps repeated, or the eye lapses into the chronic inflammatory condition; and ultimately passes into glaucoma absolutum, the features of which are well exhibited in Case 1. The condition of the nervo, as seen in Fig. 2, lends an explanation of the ophthalmescopical appearances. The cup occupies the whole area of the optic disc. The dilated retinal veins, on reaching its edge, become enlarged and darker, and, with a more or less abrupt or beak-shaped curve, dip into the cup, on the bottom of which they appear smaller and illdefined. Frequently, as was seen in Case 3, the vessels seem dislocated at the border of the excavation, the trunks on the disc being displaced laterally even to the extent of their own width. The reflection from the connective tissue ring through the thinned and atrophied choroid, occasions the whitish ring, more or less broad, encircling the optic disc, in glaucoma. The cupping, &c., must be regarded as the physical effect of the increased tension, the degree and duration of which regulate the depth of the excavation. In the normal eye, the retinal vessels pass over the margin of the optic disc without any bending, as may be judged from Fig. 1.

The symptoms of acute glaucoma are fairly exemplified in Case 2. The suddenness of the attack and of the ensuing blindness, the dilated pupil, insensitive cornea and increased tension, would establish a diagnosis apart from the consideration that the other over had been already lost.

The main distinction between the acute and chronic issammatory forms is, that in the latter, as a raie, the eye becomes lest without the supervention of any acute attacks, as shown in Case 3.

The course, symptoms and final result of simple glaucoma