piratory organs. If it does we find diphtheritic conjunctivitis characterized by a hard, whitish infiltration of the lids, causing extreme pain, and rendering, in an advanced state, the lids so stiff that it is impossible to turn them. The intense pain is caused by the pressure of the infiltration upon the nerves. Cold and cleanliness are the only treatment required until the diphtheritic membrane begins to dissolve. In the state of purulent conjunctivitis which follows, the usual remedies may be applied. Only in a few cases does diphtheritic conjunctivitis pass by without a lasting injury to the globe. Abscesses and ulcers of the cornea, which lead either to leucoma or leucoma adherens, or phthisis, are the most frequent results. As another result of diphtheria of the respiratory organs, we find more frequently paresis of accommodation. This pathological condition is sometimes combined with paresis of the sphincter pupillæ, and consequent dilatation of the pupil; in most cases, however, we find no visible sign of the disease. The patient is perfectly unable to accommodate, and consequently unable to read or write. It is not unfrequent to hear of children, (where it is mostly observed) suffering from this pathological condition; and they are sometimes punished by teachers and parents for pretending not to be able to read, because these observers could not detect anything wrong with the eye. This paresis of accommodation disappears, as a rule, in from 4 to 8 weeks, without treatment. Extract of calabar-bean and electricity may help to accelerate the process of recovery. If necessary, the patient may be furnished with a glass enabling him to read at a distance of twelve inches, which at the same time removes the inability of doing near-by-work, and has some influence upon the healing by inducing some exercise of the muscles of accommodation.

During the course of *variola*, and afterwards during convalescence from this disease, a number of external diseases of the eye have been observed, as conjunctivitis, parenchymatous keratitis, ulcer and abscess of the cornea, and variola of the eyelids. While some authors maintain that these diseases of the conjunctiva and cornea are the result of variola pustules, Landsberg tried to prove that in their beginning, they in no way differ from the same diseases happening when there is no variola present. Iritis and cyclitis have been seen to follow an attack of variola, and are then called iritis and cyclitis *post-variolosa*.

Scarlet-fever is sometimes accompanied by amblyopia or even amaurosis. These eye affections are undoubtedly in direct connection with the affection of the kidneys. They occur, as a rule, in the stage of desquamation, are combined with albuminuria, disappear in a few days, and are to be considered as a symptom of uræmia. The ophthalmoscope does not reveal any pathological changes in the background of the eye during these affections.

In *puerperal fever*, as well as in all kinds of pyæmia a destructive purulent choroiditis is not unfrequently met with. This kind of purulent choroiditis has been called metastatic, and is most frequent in pyæmic diseases of the female sexual apparatus. It is generally admitted now that this metastatic choroiditis is caused by embolism of some of the ciliary vessels. My own investigations have not enabled me to ascertain this point. Amblyopia and amaurosis are sometimes also found after *typhus fever*. They are caused by the low state of nutrition of the patient, and the weak action of the heart. I had once occasion to see such a case in consultation. The patient was a child, convalescent from a severe pneumo-typhus. There was convergent squint and perfect amblyopia. I told the parents that under tonic treatment it would all disappear as soon as the patient would become stronger, and, as I had predicted, after several weeks amblyopia and strabismus were totally gone. Purulent choroiditis, probably of metastatic character, is also but rarely met with in cases of typhus fever.

Chronic poisoning with *lead*, *tobacco* and *alcohol* also produce diseases of the eyes. The eye diseases brought about by tobacco and alcohol poisoning, lead the patient generally at once to the oculist, because he cannot recognize any other pathological condition as easily as he becomes aware of his failing sight. Whilst lead-poisoning generally produces inflammation of the optic nerve, with subsequent atrophy of this organ, tobacco and alcohol poisoning produce atrophy without signs of inflammation. These patients are generally color-blind to some degree, and frequently we find defects of the visual field. It seems doubtful if the abuse of either tobacco or alcohol alone can produce all these symptoms; however, such patients are very