exhaustive discussion of glaucoma, but rather to make some general remarks of a practical nature on the text furnished by the foregoing cases. The formidable nature of the acute variety of the disease, and the insidious but ultimately destructive character of its chronic forms, in conjunction with its amenability to timely and appropriate treatment, render its early diagnosis, in many cases at least, a matter of considerable moment. Happily, although the ophthalmoscope is an important, and, in numerous instances, an almost indispensable appliance in making a satisfactory diagnosis, there are certain symptoms not difficult of detection, that enable one, without its aid, to form a pretty correct judgment.

The acute and chronic forms of inflammatory glaucoma are preceded, in the great majority of cases, by what is termed the *premonitory stage;* and a brief reference may be made to the main symptoms of this condition. 1st. Increased tension of the eye-ball. The degree of tension often affords a clue to the condition of the eye. It is ascertained by placing the forefinger of each hand upon the closed eyelid, above the cornea, and gently practising palpation on the globe. A set of symbols has been introduced by Bowman, of London, by which we express nine degrees of tension: Tn being tension normal; the + sign indicating increased, and the — sign diminished tension. Increased tension is characteristic of glaucoma, and whenever an eye is found abnormally hard, it should be watched, and the patient instructed not to neglect it if other symptoms present themselves. 2nd. The rapid increase of any pre-existing presbyopia. This is due to a want of innervation of the ciliary muscle from pressure upon its nerves, by which the accommodative power is very markedly impaired. The fact that a patient has been compelled to increase the strength of his reading-glasses frequently within a short period, should lead us to examine the eyes critically. 3rd. Dilatation and sluggishness of the pupil, especially the latter—due to pressure upon the ciliary nerves. 4th. Periodic dimness of sight, due to temporary cloudiness of the aqueous and vitreous humours, and defective intra-ocular circulation. 5th. The appearance of a halo or rainbow round a candle or lamp-flame—a common and significant symptom. 6th. Ciliary neuralgia—flooting circum-orbital pains. 7th. Venous