PAIGE, BULLER MILLS,

more probable that the left external rectus had not fully recovered from the effects of the injury.

By facial illumination there is seen to be a considerable opacity at the posterior surface of the lens very like that of an ordinary posterior polar cataract, with this difference: the opacity is obviously, for the most part, situated in the lens substance, and does not, like the so-called posterior cataract, present a concave anterior surface.

The opacity has a circular outline, but is not sharply defined, and beyond the principal opacity there are some nebulous cortical opacities extending further toward the posterior periphery. The vitreous humor contains a few floating particles so fine that they are seen with difficulty even with the aid of a + 6 D., ocular behind o. mirror. The optic nerve is very pale and its margins slightly blurred, but this may be partly due to the defective transparency of the lens. There is nothing else indicative of an optic neuritis, past or present.

In addition to the pallor of the nerve, there is a considerable diminution in the calibre of the retinal bloodvessels, with loss of the fine vessels on the papilla to about the same extent as may be observed in an ordinary case of moderately advanced simple Several of the larger vessels, both veins atrophy. and arteries, have whitish borders for some distance in the retina. Other than these there are no visible changes in the fundus oculi until we come to the extreme periphery, at and somewhat below the horizontal meridian. Here there is a broad patch of irregular choroidal pigmentation composed of illdefined masses of dark pigment, but not so black as the pigmented deposits commonly seen in choroid-The anterior boundaries of the pigmented area itis. extend beyond the ophthalmoscopic area, but about

8