case in Germany and France—should have some knowledge of ophthalmology—far more than our Canadian schools enable their students to gather; and far more than the average Canadian student cares to acquire, (I speak from my own experience as a lecturer), since the high Court of medical knowledge of Ontario (the Medical Council) has not yet advanced so far as to put some knowledge of ophthalmology (to say nothing of otology) on the list of requirements exacted from *every* one desiring a license for medical practice.

RELATION BETWEEN ACUTE AND CHRONIC INFECTIOUS DISEASES AND DISEASES OF THE EYE.

Among the infectious diseases, the one which most frequently attacks the eye is syphilis. It causes *secondary* pathological conditions in nearly all the membranes of the eye; in one certain case (Mauz) even the primary ulcer was found upon the eyelids. The part of the eye which is most liable to syphilitic disease, is the uveal tract, especially the iris. Statistics have shown that among all the cases of *iritis*, from 50 to 60 per cent. are syphilitic. There is no symptom which at once would show that we have to deal with syphilitic iritis, unless there exist at the same time other evidences of the constitutional disease. However, there are some symptoms which, although found in non-syphilitic iritis, are most common in the syphilitic form. Syphilitic iritis mostly attacks both eyes; photophobia, lachrymation and pain are, as a rule, not very pronounced in the beginning, and the disease is more of a quiet chronic than of a vehement acute character. It often does not involve the entire iris, but is more or less localized. This localization in most pronounced in cases of *iritis gummosa*. Gummy tumors in the iris are, of course, an unmistakable evidence of general syphilis; they are, however, comparatively rare, and are seen only in about 3 per cent. of the cases. Gummy tumors have been found also in other parts of the eye. However, only those lying upon, or near the external surface of the globe may be recognized with certainty during life. The existence of isolated gummy tumors in the ciliary body and choroid has been proven only by post mortem examinations. Next to iritis in frequency is syphilitic *choroiditis*. Like iritis without gummy tumors, this affection has no special pathognomonic symptom. It is more frequently a diffuse exudative choroiditis than a disseminate one, and involves generally the retina to such an extent that the pigment epithelium cells can easily grow into the latter, and we find then in later stages, a kind of pigmentary retinitis which very closely resembles the genuine pigmentary retinitis. Syphilitic choroiditis is one of the later symptoms of syphilis, while iritis is one of the earlier ones; moreover, it is mostly found in individuals of mature age. Since this kind of choroiditis nearly always involves the retina, it is often called choroido-retinitis. There is, however, also a genuine syphilitic *retinitis*. Its diagnosis as a symptom of syphilis is nevertheless just as uncertain as that of the former diseases. The same applies to the *optic neuritis* developed on a syphilitic basis. Syphilitic neuritis has that peculiarity, however, that it more readily yeilds to treatment than any other form of optic neuritis, and the patient may often regain normal sight, whereas in non-syphilitic optic neuritis this result could never be obtained. In these cases of optic neuritis we find sometimes also symptoms of brain syphilis. The latter, however, are more frequent in cases of simple *amblyopia*, without any abnormal ophthalmoscopic appearance. Paralysis of the external ocular muscles, and consequent diplopia, is more frequently observed than amblyopia, without visible alterations of the background. These symptoms are often the very latest in the course of acquired syphilis, and the paralysis of the muscles very often appears only when the disease has been perfectly latent for a good many years. There is one syphilitic eye-disease which is most frequently the result of hereditary syphilis, *i. e.*, diffuse parenchymatous, or as it is often wrongly called, interstitial keratitis. Hutchinson, who was the first to call the attention of the profession to this fact, maintains that all the cases of diffuse parenchymatous keratitis in children bear symptoms of hereditary syphilis, especially the unformed teeth; this, however, is not the general experience. With regard to the treatment I will only mention that it must, of course, be chiefly constitutional, supported by such local remedies as the case may require. No other infectious disease causes as frequent disease of the eye as syphilis: however, some of them do so, often enough to be mentioned here.

Diphtheria very seldom attacks the eye when it is manifest upon the mucous membrane of the res-