

The age of the patient, his good far vision, the confirmed presbyopia, and the asthenopia unrelieved by convex glasses, the periodic dimness, in conjunction with the observing of the colored rings some time previously, pointed to glaucoma; and the ophthalmoscope revealed the real nature of the disease. It was somewhat doubtful whether there was, really, increased tension of the globe. There was, at any rate, an excessive rigidity of the sclerotic, a condition of considerable significance, for a slight increase of the intra-ocular fluids would cause undue pressure upon the optic nerve, &c. The pulsation of the retinal veins may occur in healthy eyes, but the case with which arterial pulsation was induced in this case must be considered abnormal. The combination of two forms of excavation of the nerve, the congenital, and the glaucomatous, is of some interest. The distinction between the two is best seen in the earlier stages of chronic glaucoma. A double displacement of the vessels is produced, one on the whitish band at the edge of the disc, and the other at the margin of the central, physiological or congenital cup. The latter has no special import, but where it is large, it may be confounded with that produced by pressure.

From the statement of the patient, the cupping apparently began only about a year or more previously, had it not been detected, the case would have been regarded as a protracted *premonitory stage*. The inception of the disease was most probably coincident with the conjunctivitis. The hyperæmia and irritation of the globe, caused by the state of the lids, would tend to light up a glaucoma where there was any predisposition to it. Any further irritation of the eye from excessive use or exposure would now probably induce an inflammatory attack, and result in marked impairment of sight. The cupping of the nerve may, however, gradually increase, and the sight finally become greatly impaired or lost—the eye assuming the absolute glaucomatous condition—without the supervention of any noticeable intercurrent inflammation. An iridectomy would now permanently arrest the disease, preserve the present degree of vision, and relieve the symptoms of fatigue on using the eye (asthenopia.) The patient was a waif, and did not place himself under treatment.

GENERAL REMARKS.—It is not our purpose to enter into an