

prescribes an astringent imagines that he has done all that is necessary in prescribing an eye wash that he has known to do good service in the treatment of inflammation of the eyes in many other cases, and the unfortunate patient is debarred from the use of *atropine*, the one essential remedy for the successful treatment of his disease. Inflammation of the iris is characterized by symptoms so obvious that I cannot understand how anyone who has ever seen a typical case can ever make a mistake in the diagnosis of this disease as ordinarily met with. The change in the color of the iris, its dull, lustreless appearance, the contracted pupil responding imperfectly, or not at all, to the stimulus of light, the effusion of lymph at the margin of the pupil or in the iris, the dim vision, the peri-corneal character of the injection and the attendant pain, together with the absence of symptoms indicative of inflammation of the cornea or conjunctiva form an assemblage of symptoms that ought to put an error in diagnosis out of the question; and, besides all this, the use of a single drop of atropine will, in the majority of cases, display an irregularity of the pupil that the dullest observer could not possibly overlook. In the name of humanity, I would ask everyone who ever expects to treat disease of the eye to become familiar with the symptoms of iritis. For one badly managed attack of this disease may, and often does, ruin the prospects of a life, whereas if discovered early, and treated efficiently, absolute and perfect recovery is almost a certainty.

There is one common affection of the eye known under the general term *Asthenopia*, which constantly misleads the unwary. *Asthenopia*, in its widest sense, means a functional disturbance which renders the act of vision difficult and uncomfortable. It is usually mistaken for disease of the optic nerve or retina and often leads to the most alarming prognosis. The subject is too extensive for anything like an exhaustive discussion, but I may say that the majority of such cases depend on some error of refraction, on some muscular anomaly, or some fault in the general health, or in excessive use of the eyes. In most of these cases the great point is that the vision when carefully tested shows no actual impairment, and an apparent diminution of vision will often be found to depend on the existence of