

A peculiar and singularly interesting symptom is not infrequently noticed in general paralysis of the insane, viz. :—a reflex rigidity of the pupil, described by Argyll-Robertson, and called by his name. The symptom consists in the gradual loss of the pupillary reaction to the light stimulus, and subsequently also to that of convergence and accommodation. Paralyzes of the ocular muscles are also very common in Paretics.

In insanity, there are, as is well recognized, all kinds of visual hallucinations ; in neurasthenia, we frequently find concentric contraction of the visual fields ; and in epilepsy there are various color anomalies, which may constitute the "Aura." Of the connection between errors of refraction and epilepsy I shall presently speak.

Of the accidents which may occur to the brain, none is so productive of mischief in the eyes as fracture of the base of the skull, which so frequently involves the optic foramen. From pressure of bone or blood we often get complete blindness. Atrophy of the optic nerve is also one of the results.

(2) Affections of the eyes occurring in diseases of the *Spinal Cord*. Of these diseases tabes is undoubtedly the most important, and in this affection the eye symptoms are of great value. Primary gray atrophy of the optic nerve and the Argyll-Robertson pupil are the chief symptoms, although many other eye complications have been observed and described. Atrophy of the optic nerve may be the first sign of the disease ; it is almost always pre-ataxic, and it is a curious fact that its progress during the early stages of the disease has often a beneficial effect upon the pathological process in the cord, it being not uncommon to find blind tabetic patients who never become ataxic. The Argyll-Robertson pupil may be found in general paralysis, as has already been noted, but it never occurs in peripheral neuritis—a disease sometimes mistaken for tabes.

In various forms of myelitis, hereditary ataxia (Friederich's disease), ascending paralysis, caries of the spine and tumors of the cord there are ocular symptoms, but they are not sufficiently typical to be of diagnostic value.

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Let us now consider the ocular lesions and symptoms in diseases of the urinary and reproductive systems, and first of all