

distinguished from that of cataract. 1st, By the positive diminution in the area or field of vision so characteristic of such cases of glaucoma, and never met with in uncomplicated cataract. 2nd, By the absence of any distinct opacity in the crystalline lens, such as may easily be seen by focal illumination, or by the direct illumination of the pupil and lens by means of the ophthalmoscopic mirror. 3rd, By the somewhat wide and inactive pupil of glaucoma, the condition of the pupil being normal in uncomplicated cataract.

Although it must be admitted that a positive diagnosis of a purely chronic case of glaucoma cannot always be made without the aid of the ophthalmoscope, it fortunately happens that any one skilled in the use of this instrument cannot fail, by its aid, to clear up any doubts that may exist in a given case, *and I therefore cannot too strongly insist that, in any case of gradual and progressive failure of vision, not due to any visible or obvious cause, an efficient ophthalmoscopic examination should be made with as little delay as possible.*

I have spoken of glaucoma at greater length than I should have done, but for the fact already stated that it is so rarely recognized in its early stages, and because, of all diseases to which the eye is liable, this one most urgently calls for an early diagnosis, for prompt and decisive treatment.

To many members of this Association it may seem incredible that a disease so common as iritis, and so marked in its character, should ever escape recognition; and yet that it does so escape far too frequently is abundantly proven by the multitudes living to-day with more or less complete posterior-synechia and damaged vision, the result of neglected or badly managed iritis.

So far as I can judge from my own observations, this affection is usually mistaken for conjunctivitis and improperly treated with astringents, such as sulphate of zinc or nitrate of silver, for these two remedies deservedly hold a high rank in the treatment of conjunctival inflammations, and are therefore almost always resorted to when inflammation of the conjunctiva is suspected. Just here I feel in duty bound to emphasize the fact that the use even of weak astringent solutions never fails to intensify inflammation of the iris; but the worst of it is that the physician who