

brane, where it covers the lids or is reflected over the sclerotic coat, while the corneal portion did not appear perceptibly to participate in that condition. This redness evidently depended upon the entrance and circulation of the red corpuscles of the blood in the minute vessels of the membrane, in which previously only a transparent or colourless globule had circulated. This change is so obvious to the senses, that it constitutes one of the most favourable positions in which the various results of inflammatory action may be presented to the observation of the student. This redness was of a bright scarlet colour, the vessels large and evidently superficial with regard to the sclerotic coat, moveable upon it, and when not very intense and that coat was implicated in the complaint, its minute pink vessels might be seen shining through the conjunctiva, presenting a very marked contrast. This redness of the conjunctival membrane was, in the first commencement of the complaint, irregular in intensity, shewing that some fasciuli of its vessels were more filled or congested than others; but as the disease proceeded, the redness became general throughout the membrane, but this was always more marked at the circumference, and diminished as the vessels proceeded toward the cornea. In one case, small spots of extravasated blood were observed effused into the areolar tissue, in others more or less effusion of a thin serous fluid was seen distending the structure of the membrane, and giving it a thickened appearance.

The pain for the most part was of a smarting character, not very severe, and generally confined to the inflamed structure. In two cases however, which seemed to be connected with influenza, the pain was more extended, implicating the head and throat, shewing a participation of the complaint in the mucous membrane of the frontal sinus, the fauces, and trachea. There was not much intolerance of light, save in the two cases above mentioned.

A sensation of dryness, stiffness, and as it were the presence of a foreign body between the lids, was always complained of, especially at the onset of the disease; but after a time the lachrymal secretion became more profuse, when some of these symptoms ceased. The secretion of mucus was at first thin, but afterwards became more thick and glutinous, and in the most severe cases assumed the character of pus.

In the two cases mentioned above, as being connected with influenza, there was catarrhal fever, frequent chills, heat of skin, disordered stomach, and foul tongue; but these symptoms I apprehend were more dependent upon the influence of the epidemic than upon the ophthalmic complaints.

The treatment consisted, in the first place, in the employment of general and topical blood-letting, according to the intensity of the inflammatory action and tone of the constitution; active purgatives, such as *radomel* and *jalap*, followed by *salts* and *tartarized*