

Such cases are in constant jeopardy, and a source of anxiety to both patient and surgeon. The greatest care and watchfulness should be observed in such cases.

It may seem cruel to advise the removal of such an eye at the time of injury, yet it is more likely to be a great kindness. Admitting the loss of one eye to be serious, the loss of both is calamitous. Conservatism here, as in general surgery, is much to be desired, yet may be carried too far. When the wounding substance is small, the outer tunics of the eye cannot be too searchingly scrutinized, with a lens or two lenses and good oblique light to find the scar denoting the point of entrance, and then the deeper structures, the iris and lens, and by aid of the ophthalmoscope the lens vitreous and fundus, if the media be clear. The field of vision should be taken to find if there is a scotoma or blind area. Tension also should be tried to find if it be lessened, and other objective symptoms brought to our aid.

It was not my intention to touch upon the very treacherous ground of sympathetic ophthalmitis, and I must ask your pardon in doing so ever so lightly. But there is one point which, if you will allow me, I shall briefly refer to; that is, the difference between symp. ophthalmitis and symp. irritation, the latter being regarded as a reflex phenomenon probably through the ciliary nerves, and symp. ophthalmitis, though it still retains the name sympathetic, is thought to be really one of infection by the staphylococcus pyogenes albus through the lymphics in the sheath of the optic nerve and the chiasm (following in the wake of inflammation). Symp. irritation, in the second or sympathizing eye, consists in photophobia, lachrimation, pericorneal injection and derangement of accommodation, and must not be regarded as premonitory signs of symp. ophthalmitis, for they may pass off without any organic changes following. The first phenomenon, according to Swanzy, to excite alarm is shrinking pain when the ciliary region of the infecting eye is pressed upon. The first change in the sympathizing eye is a seroplastic irido clyctitis, increased depth in the A. C., followed by a keratopunctata.

I once heard Mr. Lawson say the very first subjective symptom of symp. ophthalmitis to be dazzle, like the heat arising from a hot stove.

We should be ever vigilant to detect the infection of the second eye, especially in children, till two or three months have gone by. But it is very questionable if it is not too late now to hope for much good from enucleation of the infecting eye, though it is the best procedure to adopt if vision be lost in it. But where useful vision remains in the primary eye, we should exercise the greatest caution, as this eye may prove the better one in the end. Other more conservative means have been tried, such as section and resection of the optic nerve, evisceration and other compromises, but it is thought they do not afford the same immunity as enucleation of the entire globe.

QUEEN'S UNIVERSITY AND MEDICAL EXAMINATION.

ADDRESS DELIVERED BY SIR JAMES GRANT, M.D.,
K.C.M.G., AT THE OPENING OF THE MEDICAL
FACULTY, OCTOBER 14TH, 1892.

The present is a new departure in the life history of the Royal College of Physicians and Surgeons, Kingston. It is a move certainly in the right direction, and one which cannot fail to be productive of good to the well-being of the medical department of Queen's, which the medical section has now virtually become. Queen's medical school has been in operation over a quarter of a century, and its graduates are filling positions of trust and responsibility in various portions of the world. One of its first founders was a personal friend of my own, the late Dr. Dickson, who was the first President of the College of Physicians and Surgeons, Ontario. His record was a most honourable one, and in his calling he was a noted surgeon and a well-known contributor to the literature of the profession. The zeal, energy and ability with which he laboured to carry out the work of this medical school is well known, and the record he made as a man of genuine scientific and professional merit is generally acknowledged. From this time actually dates the very commencement of systematic medical education in the Province of Ontario. True, we had good schools of medicine, and excellent medical men, prior to that date, but the Medical Council, in which, as first President, Dr. Dickson took an active part, gave new life and vigour to the