development of real scrofula, that its indentification with that disease need not cause surprise, and the practitioner, in adjusting his treatment, may with safety resort to the same measures in the one case that he employs in the other.

Whatever difference of opinion may exist with respect to the state of constitution entitled in strictness to the denomination of scrofulous, it is important to determine what are the peculiar symptoms and effects observed in inflammation of the eye caused or modified by that disease. With this view the practitioner should observe whether or not any one part of the organ is more engaged than another: whether the inflammatory action is intense and acute, or slow and languid; and whether the changes in organization are slight and of ordinary character, or considerable and unusual. I am of opinion that in persons either of scrofulous habit or of feeble frame, the parts most frequently engaged, and which suffer most, are those situated most anteriorly; such as the cornea, membrane of the aqueous humour and iris. In other words, I believe that true circumscribed corneitis, and inflammation of the lining membrane of the chambers of the aqueous humour, causing adhesions of the margin of the pupil to the capsule of the crystiline lens, are more frequently caused or modified by this state of the system. The retina, it is true, is not unfrequently attacked by slow, destructive, and insidious inflammation under similar circumstances; but general and severe inflammation involving the entire organ is oftener of a simple idopathic or of a rheumatic or syphilitic character. Any form of inflammation of the eye may be modified by a scrofulous diathesis, but these insulated affections appear to be more frequently so influenced than others. The sclerotic also appear to give way more frequently from protracted inflammation, and to permit the choroid to project in the form of black prominent tumours in persons of scrofulous constitution or debilitated system. It remains, however, to be determined whether true scrofulous inflammation presents any peculiarity of appearance or change which will enable the practitioner to pronounce a confident opinion as to the nature of the disease.

The remarkable increase in red vascularity of the sclerotic which accompanies all other inflammations of the eyeball, is present in the scrofulous form also. In the more transient and languid attacks which appear confined in a great degree to the membrane lining the chambers of the aqueous humour, and which disappear after causing adhesions of the margin of the pupil to the capsule of the crystalline lens, this vascularity is very slight, often indeed scarcely to be perceived; but in more severe attacks, and where the iris, or the cornea, or both, are engaged, the characteristic sclerotic vascularity is displayed as conspicuously as in any other species. The redness, however, is in general somewhat different from that observed in simple uncomplicated inflammation of the eyeball occurring in a healthy subject. The colour has less of the florid arterial tint and more of the purple shade, derived from venous turgescence; and it is also more uniform and diffused than confined to distinct vessels converging to the circumference, as in syphilitic iritis and other varieties. It sometimes also, especially where the cornea is particularly engaged, commences in a patch or circumscribed spot at one side, which is followed by a similar one at the opposite, and ultimately by general redness of the entire membrane. This is, I think, a remarkable character of the disease, and therefore when such insulated inflammatory vascularity is observed at the commencement, the practitioner has reason to expect a form of disease less likely to yield to usual plans of treatment.

The cornea in scrofulous inflammation of the eye is, I think, more frequently engaged in the disease than in other forms or varieties. Insulated inflammation of the cornea, the true *corneitis* of writers on diseases of the eye, appears to take place always in persons exhibiting marks of scrofulous constitution, or at least of such languor or debility of the frame as is equivalent to such a state; but as I propose hereafter to consider this form of disease in detail, I will not dwell on it here. What I have now to observe respecting the state of the cornea in true scrofulous inflammation of the eyeball is, as I have said, its being more implicated than in simple idiopathic, syphilitic, or even rheumatic inflammation. It is not the gray margin described as frequently found bounding the circumference in inflammation of the eye in advanced life, and considered to be characteristic of the rheumatic or gouty species, that is to be observed in scrofulous inflammation, but a general haziness or milky hue, and a remarkable roughness or loss of polish on the surface of the conjunctival layer, or a slight loss of transparency, having more of a yellowish tint, as if some very slight effusion had taken place in the structure of the part. Very deep-seated small white opacities, generally in or near the centre, are sometimes to be seen. The consequences of these attacks often prove that the disease has extended to the cornea, that part of the organ often losing its correct curvature in protracted and unmanageable cases, or becoming prominent or conical in common with the anterior portion of the sclerotic, or separately. It also, in cases of long duration, is pervaded by vessels carrying red blood, and becomes permanently opaque.

In scrofulous inflammation of the eye, or in simple idiopathic or other inflammation modified by a scrofulous diathesis, or by an inactive or languid state of the functions of circulation and nutrition, the membrane lining the chambers of the aqueous humour is as much affected as in the most acute attacks in healthy and robust subjects. This is displayed by a muddy or hazy appearance of the cornea, caused by opacity of this membrane, where it covers or lines its posterior surface, as well as by the adhesions which form between the margin of the pupil and the capsule of the crystalline lens. This diffused muddy or hazy appearance which so frequently presents itself in syphilitic, and sometimes in simple idiopathic inflammation, does not perhaps occur so frequently in the scrofulous form, but it sometimes does occur and is easily recognized. When the cornea is much engaged, an opacity sometimes exists on its posterior surface, in the shape of a small distinct white circumscribed spot; but this may be in the elastic layer of this part, or in its proper structure. The mottled opacity which remains in the shape of delicate specks on the back of the cornea after the inflammation subsides, and which I have particularly noticed in describing the symptoms of idiopathic and syphilitic inflammation, often remains after scrofulous inflammation also. Adhesions of the margin of the pupil to the capsule of the crystalline lens take place very generally in scrofulous inflammation, as well as in inflammation modified by a feeble or languid state of the system; and sometimes in consequence of very slight and transient attacks. I am often surprised to see the strong and extensive adhesions which are found in the eyes of females of feeble constitution at an early period of life, who, when questioned on the subject, declare that they never had any pain or redness of the eye, notwithstanding this unequivocal proof of inflammation having occurred, and notwithstanding the defect of vision which accompanies this state of parts. I do not think I have seen hypopyum, or effusion of purulent matter into the aqueous humour, in scrofulous inflammation; the nature of the disease does not, however, render such an occurrence improbable.

The iris in this, as in all other forms of inflammation of the eyeball, is particularly affected, and the changes in colour, as well as the contraction and adhesions of the pupil, are as conspicuous as in the species already fully described. It is, however, I believe, in scrofulous inflammation alone that deposits resembling those which take place in syphilitic iritis, commonly assumed to be coagulable lymph, take place; but in scrofulous inflammation the deposition, when it occurs, is not of the same nature as in the syphilitic disease. It is,