

use of the ophthalmoscope to the extent of seeing "through a glass darkly," the diagnosis of "disease of the optic nerve or retina" will be made, with equally disastrous results for the patient, who will be persuaded to undertake a long course of constitutional treatment, instead of submitting to a timely operation.

Let us now see how easily these errors may be avoided. In the first place, if glaucoma is sufficiently acute to produce pain resembling that of neuralgia, the pain will be accompanied with a considerable impairment of vision, this impairment often being very great; and before the pain becomes severe, there will usually have been observed, on one or more occasions, the phenomenon known as "halos"—that is, a misty circle of colored light around the lamp or candle flame at night. Temporary attacks of dimness of vision, with "halos," will often have been noticed for weeks or months before anything like an acute outbreak of the disease occurs, and they are *characteristic* of what is known as subacute glaucoma throughout its entire course.

To mistake a case of acute glaucoma for a bilious attack might justly be designated "one of the unpardonable sins." If sufficiently severe to induce nausea and vomiting, the patient will be almost blind of one eye at least, and the physician must be blind of both not to notice its condition—that is, the dusky redness of the affected eyeball, its stony hardness, the steamy cornea, shallow anterior chamber, wide, immovable pupil, and the excruciating pain not only in the eye, but about the brow, down the side of the nose, in the back of the head, and sometimes even extending to the neck and arm.

There is no such thing as general inflammation of the eye presenting the symptoms just enumerated; and as for iritis, we do not find a wide pupil and shallow anterior chamber in this disease, nor the typical steamy cornea of acute glaucoma. On the contrary, the pupil is abnormally contracted in iritis, and, if carefully observed, will be found more or less irregular from the presence of adhesions of the iris to the lens capsule; moreover, the loss of vision is less rapid and less pronounced in iritis than in acute glaucoma.

Defective vision from subacute or chronic glaucoma is easily