a suitable apparatus; the eye to be tested should be placed in the center and its fellow be covered.

One might infer that this could be accepted for measuring the adduction, tho not for the other excursions, because accommodation and convergence are then stimulated. But we all have a perimeter and our main object in view is to establish a standard. On the other hand, it is rather difficult to obtain the required diagrams at six meter distance; I am sure that the faults of such a method would be little as compared to the ones of the prism test.

The prism test for heterophoria is ideal, and nobody considers the system of recording the phoria wrong, for we know that five degrees for distance or near means that it takes a five prism to bring the images in line, altho the actual phoria is only about two and one-half degrees, the angle of deviation being half the angle of refraction; the method is simply standardized and it is satisfactory.

Whatever method is adopted, let us stop trying to determine muscle functions which bear no relation to the normal. There is a marked difference between abduction and divergence; in normal binocular vision, the pupillary distance does not increase from that of the state of rest, nor does the pupillary line change as brought out by placing a prism base up or down.

SUBJECTIVE OCULAR EXPERIENCES.

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Some forty years ago, on a cold winter night, while bridling my horse in a dark stable, my spectacles were knocked off and lost. My drive home was ten miles, and the following day my eyes became painful and for some days I suffered with a sharp conjunctivitis. To ease my discomfort several doses of deodorized tinctur of opium were taken, with the result that I lay

for hours with a constant panorama of the most delightful kaleidoscopic colors passing before my closed eyes. This experience gave me a suggestion of the seductive dangers of the opium habit which influenced my whole professional life, with the result that no habitue has ever been able to charge me with responsibility for his misfortune.

In the summer of 1919, as a result of a cold morning ride with insufficient protection, I had a severe colon bacillus cystitis and ascending pyelitis, with a white blood count of 24,000, freedom from pain, but a weariness that was more distressing than pain. Vision was very dim but my friend, Dr. Charles Nelson Spratt, could find no objective indications of involvement of either retina or optic nerve. For two weeks or more, my waking hours were largely spent in the contemplation of the most wonderful visions of kaleidoscopic colors, geometric forms and one particular image which impressed me as being the person of Genghis Khan. This image included that of a magnificent charger, clad in armor, the feet stamping, the jaws clamping the bits and the eyes flashing.

A few days since on waking in the morning after a good night's rest, following a rather rich supper, I turned quickly from my left side to the right, and on opening my eyes found the windows and objects in the room rapidly passing to the left. This was partly relieved by turning back to the left and closing the eyes. A soap enema, a late breakfast of coffee and toast, and the trouble disappeared.

As I was writing this, an old friend, himself for some years an opium habitue, made such by the unwise administration of hypodermics by a physician for hemoptysis, and with a large experience in the treatment of habitues, came in and told me that the kaleidoscopic images and the beautiful dreams of De Quincy are never experienced except with the small and early doses.