

drain should be changed frequently. In kerato-conus, however, it may remain in position for several days. This treatment, which Pflueger states is free from inconvenience, has been most successful in kerato-conus and glaucoma.

FATIGUE OF THE RETINA OR OF THE OCCIPITAL LOBE.

GROENOUW (Breslau) has made a series of observations to test the correctness of Schiele's conclusions, that when, by long-continued perimetric examination of one sector of the visual field, the eye becomes so fatigued that the outer limits of the sector become progressively narrower, examination of the eye hitherto covered will show a decided contraction of the sector homonymous to that fatigued; and that this indicates a fatigue of the occipital lobe rather than of the retina.

Groenouw, however, finds (*Archives of Ophthalmology*, vol. xxiii., No. 3) that the fatigue curves do not run with the regularity that Schiele claims, but cross one another in manifold ways; that fatigue of one sector of a visual field is almost always accompanied by changes in the outer borders of the other sectors of the field of the same eye; that in the second eye sectors homonymous to those fatigued often did not show analogous changes, while sectors not at all homonymous to the fatigued sectors did give evidence of having been influenced. Hence he finds the evidence wanting that so-called fatigue of the retina is really fatigue of the cortex of the occipital lobe.

A NEW ACTIVE METHOD OF TREATMENT OF ACUTE GRANULAR CONJUNCTIVITIS.

WICHERKIEWICZ (Posen) employs and recommends (*Internationale klinische Rundschau*, viii. Jahrgang, No. 33) the following plan of treatment for this disorder: Both lids are so strongly everted that the retrolarsal folds affected by the inflammatory process are fully exposed. The surface is then thoroughly cleansed by a vigorous continuous stream of 3 per cent. solution of boric acid from the undine. In very sensitive or timid persons a 5 per cent. solution of cocaine may be employed.

The surface of the conjunctival sac having been freed from secretion, an ointment of sublimate (1 to 500, or 1 to 1000) is applied with a brush or probe, and the eye is covered with a dressing soaked in a solution of tannin (10 in glycerin (100 parts). This is covered with an impervious layer and the whole dressing sustained with a flannel bandage.

When both eyes are affected one may be treated thus one day, the other the next. The treatment is not painful for the patient, nor need it be very protracted.

INFLUENCE OF THE CORRECTION OF AMETROPIA ON THE INCREASE OF MYOPIA.

RISLEY (Philadelphia) reports (*Archives of Ophthalmology*, vol. xxiii., No. 3) the results of an extended statistical study of this subject. From his own case-books and the prescription-books of two large optical companies he obtained the formulas for correcting glasses of about two hundred thousand eyes that had been treated and fitted with glasses in a period of twenty years,

during which time the careful correction of ametropia had come to be generally practised in Philadelphia. These were grouped, according to the time at which the eyes had been presented for treatment and correction, into five periods. Thus grouped they show a steadily progressive decline in the number of myopic eyes from 28.43 per cent. in the first period to 16.78 per cent. in the last. He shows also that this decline is chiefly in the higher grades of myopia; while in the lowest grade, 1 D. or less, there has been a slight increase. The study separately of the statistics in the private case-books, and of those from the opticians' books shows practically the same thing in both. The results of this study, Risley believes, confirm the view he has advocated, that myopia was largely due to the strain of close work in eyes presenting other forms of ametropia, especially astigmatism.

BACTERIAL ORIGIN OF DESCMETITIS.

H. SNELLEN (Utrecht), having performed sclerotomy for the increased intra-ocular tension which accompanies this disease, one of the characteristic dots of opacity which are situated on the posterior surface of the cornea came out, and he examined it microscopically. He reports (*Ophthalmic Review*, vol. xiii., No. 154) that it consisted of microbes, very short bacilli that grew, but very slowly, in agar-agar. Later the other eye of this patient becoming affected, a dot obtained from it showed the same microbic composition. From another patient in a later stage of the disease a third dot was obtained. It was found to consist of cells, as described in the books, but between them were microbes similar to those seen in the first case, but which he did not succeed in cultivating. Whether all cases of descemetitis are due to the same cause, or whether in some cases the dots are a real deposit after inflammation of the deeper parts of the eyeball, further investigations must decide.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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NEUROPATHIC EXULCERATION OF TONSIL, PALATE, AND UVULA.

DR. BENJAMIN F. WESTBROOK, of Brooklyn, reports (*N. Y. Med. Journ.*, 1894, No. 833) a unique case of multiple neuritis following intense mental application and excessive toil in a scientist and inventor, fifty-one years of age. Multiple diffuse neuritis had existed for about a year. Among other manifestations, there was the most intense neuralgia of the left side of the face, including the ear, nose, and tongue, with hyperæsthesia so pronounced that the most delicate touch gave agonizing pain. Finally, difficulty was experienced in swallowing, and commencing ulceration of the left tonsil was noted. The pain and the dysphagia increased from day to day until at the