There are a number of sub-types depending on hyperesophoria and hyperexophoria. While there are apparent exceptions to these rules, as to most rules, and while the bony structure must give to the face its general form, the law is very generally prevalent.

The recognition of these types of expression is useful to the oculist as well as to the artist. Any one of the types may be modified or transformed to another type by modifications of the relative tensions of the muscles which rotate the eyes.

THE TREATMENT OF INCIPIENT CATARACT.

Read in the Section of Ophthalmology, at the Forty-third Annual Meeting of the American Medical Association, held at Detroit, Mich., June, 1892.

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The surgery mania is so prevalent in our profession that the suggestion of other therapeutic agents is not always tolerated; especially is this true of cataract. In fact, the modern therapeutics of cataract is excessively surgical. Noyes admits that cataract has been cured by medicinal agents, but it seems to him so questionable that he has not even formulated a treatment for it. While Edward Meyer "believes that the recorded cases of recovery from cataract by medication may be attributed to error of diagnosis." (Sic.) Such being the teaching of modern authors, it is not probable that many oculists have undertaken a persistent systematic treatment of incipient cataract. No one, I apprehend, will deny my contention that an incipient cataract, while the eye has an acuity of vision equal to the average aphakous eye should be stopped, if possible, even though there should not be any improvement of sight, but it is not necessary to argue this point before an audience of specialists, you all understand it; I shall, therefore, not delay in bringing before you the point at issue, viz., can the progress of incipient cataract be arrested? In answer to this question, I beg to present to you the history of a few cases of incipient cataract taken from the records of my own clinic, viz.:

Case 1.—Mrs. J. R. Richardson, æt. 50, Mansfield, Ohio. February 11, 1886. Incipient cataract, O. D. V.=20-100. O. S. V.=20-100. Treatment, galvanism and tincture of iodine about the eyes three times per week, with iron tonics daily. When discharged after two months treatment examination showed O. D. V.=20-40, O. S. V.=20-40, which continues the same to this date (August 18, 1892).

Case 2.—John Hull, æt. 82; Mansfield, Ohio. June 12, 1886. Incipient cataract, O. D. V.=20-200. O. S. V.=20-100. Treatment galvanism and tincture of iodine about the eyes, three to six times per week, with elix. calisaya, iron and strychnia three times daily. When discharged after five weeks' treatment, he had O. D. V.=20-100, O. S. V.=20-50, which was maintained until about Jan. 1, 1889. He returned for treatment Aug. 31, 1889, with O. D. V.=light perception, O. S. V.=12-100. His former treatment was exactly repeated for six weeks; when discharged he had O. D. V.=not improved, A. S. V.=12-50, which continued as at date of discharge until his death, two and a half years later.

Case 3.—Mrs. E. Chandler, æt. 65; Mansfield, Ohio. Oct. 9, 1888. Incipient cataract O. D. V.=fingers one foot, O. S. V.=20-60. Treatment externally, galvanism and tincture of iodine daily, citrate of iron, quinine, pepsin and bismuth with each meal. When discharged after two months' treatment she had O. D. same, O. S. V.=20-40. Six months later O. D. matured, but to this date O. S. maintains vision 20-40.

Case 4.—Israel Swineford, æt. 70, Pavonia, Ohio. May 4, 1889. Incipient cataract, O. D. V.=10-100, O. S. V.=5-200. Did not take treatment until July 23, 1889, at which time he had A. D. V.=5-100, O. S. V.=2-200. Treatment, elix.

calisaya, iron and strychnine, with each meal, one drachm. With galvanism and tincture of iodine about the eyes three times per week. Dismissed after six weeks' treatment with vision O. D.=13-100, O. S.=2-200. July 4, 1891, no change. I have not seen Mr. Swineford since. (He had the grip a year since, and has now O. D. V.=3-100, O. S. V.=2-200, August, 1892.)

Case 5.—Mrs. John Hull, æt. 80; Mansfield, Ohio. Aug. 31, 1889. Incipient cataract O. D. V.=12-100, O. S.=2-100. Treatment, galvanism and tincture of iodine about the eyes, with iron and quinine tonics with each meal. The applications were made from three to six times per week from Aug. 31 to Oct. 31, by which time O. D. had improved to 12-50, O. S. remaining at 2-100. There has not been any change in the acuity of her vision since.

Case 6.—Mrs. Jacob Schall, æt. 65, Mansfield, Ohio. Oct. 17, 1889. Incipient cataract O. D. V.=20-40, O. S. V.=20-40. Treatment, galvanism and tincture of iodine, with elix. calisaya, iron and strychnine. Dismissed Nov. 25 with O. D. V.=20-30, O. S. V.=20-30. No change in the amount of vision to this date.

Case 7.—Mrs. F. E. Cope, æt. 70. Mansfield, Ohio. Nov. 25, 1889. Incipient cataract and retinitis albuminurica, with general dropsy. O. D. V.=20-100, O. S.=15-100. Treatment, tincture Ferri chlor. and quinine, and later galvanism and tincture iodine over eye lids. Dismissed Jan. 14, 1890, with visual acuity O. D.=20-50, O. S.=20-70. Albumen and dropsy had entirely disappeared. No increase of vision to this date.

Case 8.—Mrs. Henderson Richey, æt. 75, Mansfield, Ohio. Dec. 26, 1889. Incipient cataract O. D.=4-200, O. S. V.=20-100. Treatment, galvanism and tinct. of iodine over eyelids, with elix. calisaya, iron and strychn., daily. Dismissed Feb. 25, 1890, with vision O. D.=6-200, O. S. 20-50.

July 1, 1890, O. D. fingers at one foot, O. S.=20-40. July 1, 1891, I extracted R.=cataract at her demand against my judgment, O. S. being so good. Sept. 15, 1891 O. D. V.=20-30 O. S. V.=20-40. Corrected, but unable to wear cataract glass on account of the confusion it caused as usual. O. S. cataract has not made any advance since.

Case 9.—Catharine Orwiler, æt. 68, New Washington, O. April 19, 1890. Incipient cataract, O. D. V.=20-50. O. S. V.=10-100. Treatment, galvanism and tinct. iodine over eyelids daily, and citrate of iron and quinine. Discharged June 21, 1890. Vision O. D.=20-30, O. S.=20-100. I have not seen this woman since, but I am informed that her sight is still about as good as when discharged.

Case 10.—Mrs. Susan Law, æt. 80, Mansfield, O. May 2, 1890. Incipient cataract, O. D. V.=10-100, O. S. V.=1-200. Treatment, elix. calisaya, iron and strychn., with the usual application of galvanism and tinct. iodine. Discharged May 24, 1890, with vision O. D. 20-100, O. S. not improved.

July 9, 1891, O. D. V.=20-100. O. S. cataract mature V=perception of light.

Case 11.—Mrs. S. B. Markel, æt. 50, Ashland, O., Nov. 18, 1890. O. D. posterior capsular cataract with fluid vitreous, vision=light perception. O. S. incipient lenticular cataract, vision=20-70. Treatment daily for five weeks with the galvanism and tincture of iodine and iron tonics. Vision at discharge and to this date O. D. not improved, O. S. 20-40.

Case 12.—John Bergderfer, æt. 67, Catawba Island, O., Dec. 15, 1890. O. D. hypermature cataract with fluid vitreous and perception of light. O. S. V.=20-100. Incipient cataract following six months after a stroke on the eye. Treatment citrate of iron and quinine with pepsin and bismuth, and the usual application daily of galvanism and tincture of iodine. Discharged after five weeks treatment with vision O. S. 20-100. No relapse to this date.

During the past year I have treated four other cases of incipient cataract in the same way, with about the same results, but they are not described in detail because of the recent date of their treatment. My experience convinces me that in nearly every case of incipient cataract we can save to our patients for a few years at least, their existing amount of vision, which in many cases may be even more serviceable than that of an aphakous eye.

CAMPBOR.—Dr. Karl Rosaer, in *Zeitschrift f. Therapie*, recommends liquid paraffine as a solvent for camphor for subcutaneous injection; on warming, a clear solution is obtained which will keep a long time.