OPHTHALMOLOGY

UNDER THE CHARGE OF
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Optic Nerve Atrophy in Chiasmal Lesions.—WALKER and CUSHING (*Arch. Ophth.*, xlv, 407), from their studies in this condition, conclude that, despite the so-called atrophic pallor of the disks with visual field defects from lesions in the chiasmal regions, the histological examination of the nerves fails to show the expected degree of fiber degeneration unless the process has been of long duration. The atrophy in the tracts considerably antedates that in the nerves, where the fibers may be preserved by their retinal ganglion cells for several years after complete functional blindness has occurred. Their cases serve to illustrate the fact that in the presence of chiasmal pressure of known long duration associated with sharply cut hemianopsias, even when the ophthalmoscope shows the pallor of presumed optic atrophy, there may be no corresponding sharp delimitation of the areas of atrophy in the cross-sections of the nerves. This at first sight would appear to be an inconsistency, but their more accurate perimetric findings with graded disks show that, after all, the boundaries of the seeing areas are less sharply cut than had previously been supposed, and perhaps correspond after all with the diffuse picture in the nerves.

Hemeralopia (Night-blindness) in Soldiers.—WEEKERS (*Arch. d. Ophth.*, March-April, 1916, p. 73) calls attention to this condition as a novel phenomenon of war. He finds that it is frequent among soldiers—as high as 10 per cent. of those sent for ocular complaints. The cases are specially numerous during the long nights of winter. Errors of refraction are frequent. Many had been affected with the same condition as a congenital anomaly before the outbreak of the war. The malady is provoked by several factors, although of unequal importance. First of all is to be noted the unphysiological mode of life in the trenches which is nocturnal, fatigue, nervous upsets, anxiety, overexertion. Eye-strain from errors of refraction is also an important factor. Finally, the unvarying diet, preserved foods, dazzling from bright lights, etc., are also involved. The treatment should be directed to the cause. One of the most efficacious means is careful correction of all refractive errors especially astigmatism: smoked glasses during the day form a valuable adjuvant. Varied diet and as much rest as possible should be prescribed. The prognosis is favorable.

A Suggestion as to the Cause of Myopia.—WOOD (*Ophthalmoscope*, 1916, xiv, 302) suggests that the marked difference between the ciliary muscles of the myope and hypermetrope may be the cause of the myopic