

Bisect horizontally, guide the knife tangentially to the eyeball from downward and outward to downward and inward. Make the bisection as quickly as possible in a straight direction through the eyeball avoiding the junction at the spot of the counter puncture, and draw back the knife in the same way it was introduced. Turn the blade a little at the spot of the puncture, so that the retinal and eventually the preretinal fluid can escape. The operation can be repeated twenty times or oftener unless interference has been followed by any unfavorable result. Haudages should be applied to both eyes for the first twenty-four hours and then only upon the operated one for four or five days. Atropine should be employed during the entire treatment and the patient kept in bed for a week after each operation. The injection method is reserved for cases otherwise hopeless.

Myopia and Light Sense.—LANDOLT (*Klin. Monatsbl. f. Augenheilk.*, October, 1909, p. 369) concludes that the light sense is not influenced in myopia even of high degree unless decided chorioretinal changes are present, and even the latter do not always diminish that function; neither does astigmatism have any effect, and light sense and visual acuity are independent of each other. Age, however, appears to diminish the faculty in myopes as well as in emmetropes and hyperopes.

Report upon 103 Cases of Magnet Extractions.—HAUSMANN (*Klin. Monatsbl. f. Augenheilk.*, 1910, xlvii, 86) reports that of 103 magnet extractions from the ophthalmic clinic of the University of Halle, the vision ranged from $\frac{2}{5}$ to $\frac{1}{15}$ in 37 cases; from $\frac{1}{2}$ to $\frac{1}{10}$ in 11 cases; and less than $\frac{1}{10}$ in the same number; in 15 cases the form of the eyeball was maintained, though the vision was lost; in 7 there was phthisis bulbi, and in 22 enucleation or evisceration had to be performed.

Etiology of Subacute and Tardy Infection Following Operations.—(Ophthalmic Section of XVIth International Congress of Medicine, Budapest, *La Clin. Ophthal.*, November 10, 1909, p. 567). Following a lengthy discussion upon the infectious complications which sometimes follow iridectomy, extraction of cataract, discission, sclerotomy, and other operations upon the cornea, iris, uveal tract, or vitreous body, MONAX comes to the following conclusions: The tardy appearance of an iridociliary infection of subacute development can be provoked by a late development of pyogenic microbes, which have been introduced at the time of the operation. Although bacteriological examinations are still liable to be misinterpreted and while the explanation of the majority of such cases of iridocyclitis is purely hypothetical, the reporter is inclined to believe that they are in general due to the development of little known saprophytes and still undescribed spores which have their seat upon the surface of the conjunctiva of certain individuals. These germs offer to the usual methods of disinfection of the conjunctival cul-de-sac greater resistance than the ordinary pyogenic microbes. At the same session Angelucci considered postoperative inflammations caused by auto-infection. Senile and arthritic albuminuria occasion no interference with the cicatrization of wounds; grave forms of Bright's disease, however, frequently give rise to iritis. Neither does diabetes, save in its graver forms, interfere with the healing process. Gout

introduces no complications except when there is also disturbance of the intestinal tract. Postoperative iritis frequently appears in connection with dental suppuration, constipation or intestinal infection, and occasionally also in vesical catarrhs. Influenza may provoke endogenous suppuration in an eye recently operated upon, and so may furunculosis and abscesses, no matter where situated.

Nervous Asthenopia from Electric Light; Use of Yellow Glasses.—DE WAELE (*Archiv. d'Ophthal.*, September, 1909, p. 566) publishes six instances in young persons in whom asthenopia was produced by working under arc lights. While the electric light may be no richer in ultra-violet rays than solar light, the former is more dangerous because the eye is more directly exposed. Electric lights should be provided with glass globes (yellow is the best), or at least so placed or screened that the eyes shall be protected from the direct rays. When this can not be done yellow glasses should be worn.

Trachoma in the Abruzzi, Italy.—GIUSEPPE'S (XIth International Congress of Ophthalmology, *Rec. d'Ophthal.*, August, 1909, p. 255) statistics show what ravages trachoma causes in that country; in a population of 147,000, more than 2000 cases of trachoma are known. The disease is especially common in the valleys, the mountains being almost exempt. In many communities the malady has been imported by Italian emigrants returning from Brazil.

Subcutaneous Injections of Alcohol in Pterygiae and Spastic Entropion.—FUMAGALLI (*Annali di Oftal.*, 1909, xxviii, fasc. 3, p. 162), at the Clinic of Turin, makes the injections superficially in the neighborhood of the stylomastoid foramen under the skin, in the region of the supra-orbital nerve and of its palpebral filaments and in the distribution of the orbital filaments of the facial so as to affect the orbicularis. Thirty parts of absolute alcohol and 60 of sterilized water is the injection employed without an anesthetic. A syringe of Pravaz is used for the supra-orbital region, and in inveterate cases of essential blepharospasm a similar quantity is employed for the infra-orbital region. A single injection under the skin of the lid, in the centre and parallel to the free border, suffices in spasmodic entropion (children and the aged). Several injections may be made daily or at longer intervals until cure or considerable amelioration is obtained.

Helmholtz's Theory of Accommodation.—ROCHE (*Rec. d'Ophthal.*, October, 1909, p. 325) observed a case of complete bilateral ectopia of the lens. The aphakic portion of the pupil was hyperopic 10 D.; the portion opposite the lens was myopic 13 D. This case and others like it furnish a conclusive argument in favor of Helmholtz's view that during accommodation the zonula is relaxed, against the opinion of Tscherning that the act of accommodation is brought about by tension of that membrane. The fact that increase of the refraction is not always observed in luxation of the lens may be due to the circumstance that the fibers of the zonula are not completely torn through—there is subluxation, a comparatively small number of fibers being sufficient to maintain the shape of the lens.