

cases of this condition. He finds "the science and practice of ophthalmology have as yet discovered no better means for dealing with detachment of the retina than the old methods which have been advised and carried out for so many years, viz., rest on the back in bed, atropine, a bandage, and the internal administration of some drug which may induce absorption of the sub-retinal fluid.

The continued use of pilocarpine, either hypodermatically or by the mouth, may cause great prostration even in cases in which it is apparently well borne; and the desired effect may sometimes be produced by small doses of bicarbonate of sodium and iodide of potassium largely diluted with water."

In recent cases subconjunctival puncture of the sclera may do good, but the improvement is generally transient. Division of fixed membranous opacities in the vitreous causes but little reaction, and may do positive good, as it reduces the danger of extension of the detachment. Vascular opacities should not be disturbed. Division of the detached retina may be done in a quiet eye, and causes little or no reaction.

THE RELATION OF ERRORS OF REFRACTION TO EPILEPSY.

H. WORK DODD (*Brain*, part lxiv.) gives a tabulated report of 100 consecutive cases of epilepsy in which the state of the refraction was determined. And of 75 who were considered to need lenses, 52 carried out the treatment by wearing them. Of these, 13 had no recurrence of fits during periods varying from four months to one year, 3 remained unchanged, and 36 were improved. He notes that in only 23 cases was there any family history of fits, and that in 65 there was frontal headache of marked severity. The most notable error of refraction was astigmatism, which was present (over 0.25 D.) in 42 cases, as against 16 per cent. in normal eyes.

He concludes: Errors of refraction may excite epilepsy. The correction of the errors of refraction will, in combination with other treatment, in many cases cure or relieve the epileptic condition. In some cases, when the refraction error has been corrected the epilepsy will continue, generally in a modified form, in consequence of other irritation, even though the error of refraction may have been the exciting cause of the fits in the first instance. In every case of epilepsy, in addition to general treatment and the investigation of other organs, the eyes should be carefully examined under a mydriatic, with a view to correcting by proper spectacles any error of refraction that may exist.

GOUTY RETINITIS, CHORIO-RETINITIS, AND NEURO-RETINITIS.

C. S. BULL (*Transactions of the American Ophthalmological Society*, vol. vi. part iii.) reports cases with autopsies, and from his own observations and a survey of the literature of the subject, concludes:

In these diseases the changes in the fundus are always bilateral, though rarely symmetrical, in the two eyes. The degeneration in the walls of the blood-vessels and in the retina cause marked impairment of central vision, but little or no impairment of peripheral vision, and never end in blindness. The loss of central vision is always progressive up to a certain point, unless the cause