ably distinctly. And the great danger is, that after reading for a short time with spectacles, the patient, on getting somewhat fatigued will, instead of laying the book aside, approach it nearer to the eye, in order to gain greater retinal images, and thus strain and tax his power of accommodation too much. If we, for instance, give a patient whose far point lies at 8 inches, a pair of spectacles which enable him to read at 12 inches, he will if not very careful, after a short time almost insensibly bring the book nearer to his eyes, and thus have to make use of a greater amount of accommodation. If he does this frequently, he will soon increase his myopia. The greater the range of accommodation the less harm will spectacles do, and vice versû. Spectacles may also be used for near objects in these cases of myopia in which asthenopia (depending upon insufficiency of the internal recti muscles) shows itself as soon as the patient has read or worked at near objects for a short time. Whilst those forms of myopia may be furnished with spectacles for near objects, it is very dangerous to permit their use in patients whose range of accommodation is very limited, and who, moreover, suffer, perhaps from such an amount of amblyopia (generally depending upon selerotico-choroiditis posterior) that they cannot read No. 4 or 5 Jager even with the most accurately chosen glasses. Such patients will bring the object very close to the eye, in order to obtain large retinal images, the accommodation will be greatly strained, the intra-ocular tension be increased, and great mischief will be sure to ensue. If there is much amblyopia, spectacles should not be permitted at all for near objects."*

In cases where the myopia is extreme, there usually co-exists posterior staphyloma of the sclerotic. Von Græfe says it is present in all cases of myopia where the "far" point is less than five inches; the myopia being less than $\frac{1}{5}$. Out of sixty cases of myopia examined by J. Z. Laurence, forty-four had posterior staphyloma.

The presence of this disease can be easily diagnosed with the ophthalmoscope. (See Hulke or Zander on the ophthalmoscope.)

Posterior staphyloma is a serious complication in myopia, as the senability of the retina becomes more or less impaired in the position of the bulging of the selerotic, and in some cases the retina becomes detached from the choroid. It is the existence of this disease that prevents improvement in cases of myopia, as the eye becomes flattened with advancing age.

¹Mr. J. Z. Laurence, of London, recommends that deeply concave lenses be ^{thiled}, in order to obviate their "dazzling" effect.—(Med. Times and Gazette, ⁰ct. ²2nd, 1864.)