

4. The form of gelatine lamellæ or discs appears to be the most useful one in which to apply agents to the eye for the purpose of securing their fullest mydriatic and cycloplegic action. These undergo a slow, regular and complete absorption when put into the conjunctival sac.

5. The addition of Cocaine to almost all the alkaloids used in ophthalmic practice undoubtedly increases their peculiar effects. (See also the reports of Maklakoff* and the experiments of Lang and Barrett aforementioned.)

6. From the foregoing results and after much experimentation on the subject, I concluded that the most decided cycloplegic effects of Homatropine are obtainable from its employment in the gelatine disc form, associated with Cocaine.

In their most convenient and stable shape these discs cannot be made to hold more than gr. 1/25 of these alkaloids; hence I was necessarily restricted to the use of gr. 1/50 each of Merck's Homatropine and Cocaine.

Since the publication of my original paper I have not lost sight of the purpose I then had in view, viz: the attempt to find some cycloplegic less objectionable than Atropine for the measuring of refractive errors. I happen to be a firm believer in the doctrine that it is necessary to know the absolute refractive condition before one can intelligently prescribe glasses, and I further believe that it is requisite to paralyze the accommodation as the best means of obtaining that information in the majority of patients under, and in some instances over, forty years of age.

For the past year I have been engaged in this line with the gelatine discs aforesaid, with discs containing gr. 1/25 of Homatropine alone, and with various solutions in water of Tropa-cocaine, Homatropine plus Cocaine, Duboisine Sulphate, Atropine Sulphate, Hyoscin Hydrobromate and Hyoscyamin Sulphate.

Without troubling you with details I may say, briefly, that for the determination of the refractive condition and with the idea of making the conditions of the comparative test as constant as possible I chose those patients in whom I could employ a number of agents at proper intervals and whose refractive state would be most likely to afford reliable tests. These were put under the influence of the particular cycloplegic and their refractive state determined by skiascopy. Every case was carefully worked out by my assistant, Dr. T. A. Woodruff, who is an expert skiascopist.

* *Sajou's Annual*. vol. iv., p. 157, 1889.