

Developer for Bromide Dry Plates. Iron oxalate.

Two solutions are requisite :

- (a) Water. 1 liter.
Protosulphate of iron. 300 grams.
Tartaric acid. 6 grams.
(b) Water. 1 liter.
Oxalate of potash. 300 grams.

For use, pour one part (a) into three parts (b).

Pyra.—One-solution Developer.

- Boiling water. 1 liter.
Sulphite of soda. 500 grams.
Carbonate of soda. 250 grams.
Pyro. 60 grams.

This solution is to be kept in well-corked bottles. For use, dilute with six parts water.

Pyra.—Two solution Developer.

- (a) Boiling water. 65 cc.m.
Citric acid. 1 gram.
Sulphite of soda. 15 grams.
Pyrogallie acid. 8 grams.
(b) Boiling water. 65 grams.
Carbonate of soda. 32 grams.
Sulphite of soda. 8 grams.

For use, (a) one part, (b) one part, water forty parts.

Hydrochinone Developer.—

- (a) Boiling water. 1 liter.
Sulphite of soda. 250 grams.
Hydrochinone. 30 grams.
(b) Boiling water. 1 liter.
Carbonate of soda. 250 grams.

For use, take (a) one part, (b) two parts.

Metol Developer.—

- (a) Water. 1 liter.
Sulphite of soda. 100 grams.
Metol. 10 grams.
(b) Water. 1 liter.
Carbonate of soda. 100 grams.

For use, (a) three parts, (b) one part

—*American Journal of Photography.***PASTE FOR PHOTOGRAPHS.**

- Gum arabic. 1 ounce.
Starch. 1 ounce.
Water. 3 ounces.
Sugar. 1/2 ounce.

Allow the gum arabic to macerate in the water until it is dissolved, and, after adding the starch and sugar, apply heat, until gelatination has been effected.

- Dextrin. 1 1/2 ounces.
Alum. 1/2 ounce.
Sugar. 1/2 ounce.
Water. 4 ounces.
Carbolic. 15 drops.

Dissolve the ingredients in the water.

- Gelatin. 1 1/2 ounces.
Chloral hydrate. 2 1/2 ounces.
Solution sodium carbonate (10%) q.s.
Water. 4 ounces.

The gelatin should be placed in a suitable vessel containing the water, the whole allowed to stand twenty-four hours, and heated on water baths until the gelatin has become liquid. Now add the chloral, heat twenty minutes, and neutralize with the sodium carbonate solution.

—*National Druggist.*

The first pharmacopoeia was written by Valerius Cordus about 1544 A.D.

Optical Department

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Correspondents should note that for an intelligent answer to be given to their inquiries, it is necessary in every case to give the following information relative to their patient : (1) Sex, (2) age, (3) occupation, (4) near point of distinct vision for small type with each eye alone, (5) how their eyes trouble them, i.e., their asthenopic symptoms, (6) vision of each eye at twenty feet alone without glasses, (7) best vision obtainable with glasses, naming correction.

Example.—J. S., male ; age 18 ; book-keeper ; can read small type to within five inches of each eye ; complains of much headache through the day and evening ; eyes feel sore and water a good deal, look red and inflamed, etc., etc.

R.E.V. $\frac{20}{20}$ with + 1.50 $\frac{20}{20}$
L.E.V. $\frac{20}{20}$ with + 1.50 $\frac{20}{20}$

The above example is taken to illustrate about how we desire inquiries to be made.

H. E. W., Guelph : What is the trouble and what the remedy in a young man aged 20, bookkeeper, never previously had any trouble with his eyes, but for past few weeks cannot see the figures on his books and cannot see ordinary newspaper print : on trial at Guelleno test type he can read R.E.V. $\frac{20}{20}$ and a plus glass blurs, L.E.V. $\frac{20}{20}$ and a plus glass blurs?

Answer.—Our correspondent has given a pleasing history of his patient so that a full reply can be given. The fact of a vision of $\frac{20}{20}$ being present in each eye, which is blurred by a weak convex glass, shows that the case is emmetropic, and that his inability to read small type or see figures as previously, indicates something wrong with the accommodation, and "this something" is without doubt paralysis of the ciliary muscle, acting upon the accommodation the same as atropine solution. Paralysis of the accommodation only affects near vision, leaving the distant vision unaffected, i.e., in an emmetropic. If the case were one of hyperopia, then paralysis of the accommodation would also affect distant V. as well as near V. The cause of paralysis of accommodation is nearly always due to some recent illness, and upon closer inquiry this patient will be found to have had some illness recently—possibly only a mild sore throat—but sore throat even of a mild type is often due to diphtheria, whose germ, as well as some other diseases, has a selective action upon the ciliary muscle, often producing complete paralysis. If no recent sickness can be discovered to account for the paralysis,

then it is probably due to some mydriatic gaining entrance to the eye, either by accident or design. The remedy, of course, is medicinal, and the case should be referred to an oculist for proper treatment, iron and strychnine being usually employed with electricity and gymnastic effort.

If this patient were fifty-five years of age he would present much the same symptoms as above, being a presbyope. A presbyope's inability to read near by is not from paralysis of accommodation, but from actual loss of accommodation, which cannot be restored. In both cases the static refraction of the eye remains unaffected, the dynamic refraction only being involved, in the paralytic case by some poison ; in the presbyopic case by the ravages of age.

J.W.D., Hamilton : I have a customer, young lady ; stenographer ; aged twenty-two ; who complains much of tired eyes and headache, especially after any prolonged use of the eyes for her work. What puzzles me is that she can see $\frac{20}{20}$ with her naked eye, also with a +1.25 glass and also with a -1.00 glass. What would you advise?

Answer.—Give her the strongest convex glass with which she can see as well or better at twenty feet than she did with her naked eye. These glasses will relieve her asthenopia which comes from hyperopia as shown by her ability to see through a convex glass as well as her naked eye at twenty feet. The fact of her also seeing $\frac{20}{20}$ through a concave glass matters nothing for by the concave glasses you artificially increase her hyperopia, which she overcomes by using more accommodation.

A class of pharmacy students, nine in number, have just completed a course at the Optical Institute of Canada, and are enthusiastic at the course presented, being delighted with the method of instruction and fascinated with the subject of optics. They strongly urge all pharmacists who wish to be "up to date" to lose no time in securing this desirable and profitable information. A group photo of this class is placed on another page.

Successful photographs of the interior of the eye have been taken in two seconds, and by their aid the progress of disease may be accurately remarked.

CARBOIC ACID CAPSULES.—According to Salzmann, in the *Pharm. Centr.*, these are prepared in the following manner : 95 grammes of official crystalline carbolic acid are melted in the water-bath, and five grammes stearine soap added. After the solution of the latter, pour out and stir with the pestle until a doughy crystalline mass results. From this pastilles can be easily made, which soon set, and have the advantage of being handled without irritating the hands.