

record is kept for future reference. The number of the last line read, plus any letters read in the next line, is marked down. Oculists write it in the form of a fraction, 20 or the distance in feet from the card is always the numerator, and the number of the line is always the denominator, *e.g.* if the line marked 20 is read at 20 feet, the record for that eye would be vision $\frac{20}{20}$ or normal; if the line marked 40 is read it would be $\frac{20}{40}$ and if three letters in next line $\frac{20}{40} + 3$. Now paralyze the accommodation with a *vi. gr.* solution of homatropine; the same quantity of cocaine may be added. This is preferable to the sulphate of atropia, as the effects pass off in 24 to 48 hours; the latter lasting ten or twelve days. The effects of the mydriatic should be explained or the patient will become alarmed. One or two drops of the solution instilled in each eye every ten minutes for an hour will answer very well, or once an hour for a day before the examination is considered preferable. Each eye is now to be separately tested as before, and, better, with a different card. If the patient read the 20 line before and now reads it again with each eye, vision is normal, and no cause for eye strain exists from any error of refraction. If the 20 line was not read before, but the same line is again read with the accommodation paralyzed, the case is myopic or short-sighted, and it is not probable that eye-strain exists if both eyes read the same line, though for convenience spectacles may be required.

But now with the accommodation paralyzed if the same line cannot be read as before, but only the larger ones, there is either hypermetropia or astigmatism, or both, and a diagnosis of an existing cause of eye-strain can be made with certainty. When the cause has been removed by a proper pair of spectacles, it will become apparent whether the headaches or other symptoms have been due to that or not, and the patient can be treated more rationally.

As to how much the defect should be, before deciding whether spectacles are required, I will quote from one of the papers already referred to.

With reference to this Dr. Gould says:—This entirely depends on two things, the nature and occupation of the patient.

1. "If the patient be one of civilization's hot-house plants, a neurotic, sensitive, nimble-witted girl, the smallest defect is sufficient to play havoc with such a bundle of quivering nerves. If in

such a case there is the slightest falling off of distant acuity under the mydriatic, if the same line of test type cannot be read just as easily, pack her off quick!

Between such a case, and the rugged out-of-door-living farmer there are a 1000 degrees to tax the best judgment of the best oculist as to what to do."

Lastly, patients under 40 years of age should never have spectacles prescribed for them by the druggist, jeweller, nor the optician, though it is frequently done, sometimes with the consent of the doctor.

To briefly summarize:—

(1) Errors of refraction often give rise to many symptoms that may effect the comfort and health of the patient, though not apparently referable to the eye.

(2) Hypermetropia, or far-sight, which is the most frequent cause of eye-strain, is often present, though vision is quite good.

(3) Patients, especially women, who suffer from recurring attacks of headache, neuralgia, dizziness or other symptoms that may be reflex, and children who have a dislike for their books, should have their eyes tested, no matter how acute the vision may be.

(4) Every general practitioner can easily ascertain with certainty, whether any error of refraction is present which may be the cause of reflex symptoms.

(5) Patients should be sent to the oculist, and not allowed to go to the druggist, jeweller, nor optician.

Note.—The mydriatic is not necessary in patients 50 or over, as a rule.

Selected Articles.

OBSERVATIONS ON THE NATURE OF CANCER.

The late Mr. Marshal proposed to devote the following pages to the elucidation and amplification of certain statements and views which could only be but briefly expounded in an extempore lecture of one hour's duration. In the present posthumous lecture he has, furthermore, dealt briefly with several questions relating to cancer which were altogether passed by in that lecture.

1. *Definitions and nomenclature.*—The confu-