

6 D., and L. E. 7 diopters, a visual acuity of 20/100, each eye, with correcting lenses. With the exception of pain he had the typical symptoms of glaucoma, a shallowed anterior chamber, widened and sluggish pupils, cupping of the discs, etc. The tension of the right was + 1, of the left + 2. I instructed his niece how to carry out massage, but it was not done so systematically and thoroughly as I wished. By earnest and thorough instructions I secured more effective exercise of massage until, by October, the tension was normal in the right and but doubtfully plus in the left. I wish particularly to note that at this time only R. E. - Sph. 4.50 D. and L. E. - 5.50 D. were required to give the man a visual acuity of 20/70, while at the first visit lenses 1.5 D. stronger were required to give 20/100. Both the patient and niece recognize that the globes soften under massage, and if it is not done at least once a day the tension is likely to rise. For three years the eyes have thus been kept normal, the vision remains 20/70, and the cataracts show no increase.

Incidentally, this latter fact would seem to prove a suggestion I made four years ago, that, as cataract is a denutritional process, and as massage increases nutrition, massage may prove a prophylactic measure in incipient cataract.

CASE 4359.—A woman of sixty-six consulted me June 4th, 1896, giving a history of glaucoma during the last four years. The left eye had been operated upon nine months previously, but the operation had proved a failure in every sense of the term. The iris had been torn from about one-half of its attachment creating a large artificial pupil on the temporal side. The disc of this eye was deeply cupped, the vision reduced to counting of fingers. The tension was + 2. I was finally compelled by the confusion of the images to exclude this mutilated left eye from participating in vision by means of a ground glass. Its high tension was by massage almost immediately reduced to normal, with a tendency to rise when the massage is too long intermitted. The woman visits me about once a month; the eye has permanently remained painless, quiet, and with a normal or slightly elevated tension. At her first visit the right eye was over tense, + 1, and massage was also ordered, as also a lens correcting the ametropia + S. 1.50 + C. 0.50 ax. 140 = 20/20. At her last visit the ametropic correction was + S. 2.25 + C. 0.50 ax. 180, of course with a proper presbyopic addition. The vision remains perfect and the tension permanently and perfectly normal. She keeps up the massage every day with conscientious and intelligent accuracy.

CASE 5298.—A woman of fifty-seven consulted me June 14th, 1898, who had been treated for glaucoma for two and a half years by another oculist. Sclerotomy had been performed in the right eye fourteen months previously. The vision was R. E. 20/40, L. E. 20/20?, with the incorrect glasses she was wearing. The field was narrowed in the right eye to an extramacular vision of from 10° to 20°. The disc was typically cupped. I at once insti-