

sharp. Perhaps, here is an explanation of click and feeling imparted to the instrument before operation. The instrument used in this case was a common steel sound, having at the hand end a socket, into which is tightly fixed a peg and a disc of wood; the latter six inches in diameter and one-tenth of an inch in thickness. The disc acts as a magnifier to all sounds heard, and is an useful addition to the instrument where it is desirable that a number of surgeons shall be satisfied of the presence of a stone.—*British Medical Journal*.

THE CURE OF SHORT SIGHTEDNESS, OR INTRA-OCULAR MYOTOMY.

The *British Medical Journal* in its issue of Jan. 11, contains the following as the results of Mr. Vose Solomon's surgical treatment of "*Myopia*" at the Birmingham and Midland Eye Institution. He sums up the results of his experience in the following aphorismic manner:—

1. Intraocular myotomy is a safe and expeditious method of relieving myopia. This relief is not temporary.

2. In many cases it obviates the necessity for wearing spectacles.

3. It has never injuriously affected the range of accommodation.

4. It tends to render the myopic eye more healthy by improving the nutrition of the choroid, retina, and vitreous humour.

5. It sometimes arrests a rapidly increasing myopia, and cures the accompanying choroido-retinal irritation.

6. It must tend to prevent the increase of staphyloma sclero-posticum, by regulating the internal ocular circulation and lessening the convergence of the optic lines, and the straining efforts at accommodation which are said by Dr. Donders to be associated with the convergence.

7. The presence of a large staphyloma posticum does not neutralize the effect of the operation, nor does always that of opacities of the cornea.

8. The degree of myopia does not in all cases bear a close relation to the lateral diameter of the staphyloma, as judged by an ophthalmoscopic examination.

9. The earliest appearance of staphyloma posticum consists in an apparent flattening and scolloping of one side, generally the outer, of the optic nerve entrance.

10. At the present stage of the inquiry, Mr. — is unable to assert that the operation is curative of staphyloma posticum. But, he considers, it follows from 4, 5, and 6, that it renders that disease less dangerous to vision.

Professor Jacob, the Dublin Nestor of Eye Surgery and Proprietor and Editor of the *Dublin Medical Press*, after in a few preliminary remarks ridiculing the foregoing, thus gives the result of his own far more extensive and enlightened experience. The determined opposition to all forms and shapes of ophthalmological quackery which Dr. Jacob has ever exhibited with his truthfulness invests his remarks with a peculiar energy.

Now here is the rejoinder to all this—

1. This so-called "intraocular myotomy" is *not* a safe and expeditious method of relieving myopia.

2. In no case does it obviate the necessity of wearing spectacles.

3. It has probably in all cases injuriously affected the range of accommodation.

4. It does *not* tend to render the myopic eye more healthy by improving its nutrition, for this plain reason that there is no defect of nutrition at all.

5. It never arrests a rapidly increasing myopia or cures an accompanying choroido-retinal irritation.

7, 8, 9, 10. *Staphyloma posticum* is a subterfuge, anything to the contrary notwithstanding in Berlin, Brussels, or Utrecht. If the "General Practitioners"