

unless we use the "pin hole" test, a simple means of distinguishing between amblyopia and ametropia, a method every optician who attempts refraction should be familiar with, and thus in some measure recognize where he (the optician) should step out and the physician or oculist step in.

In conclusion, let me report one of the recent cases which came under observation. Male, farmer, aged 54, family history entirely negative, smoked approximately two ten-cent plugs of tobacco every week for years. Loss of vision commenced three years ago, and gradually became worse, frequently had medicine from his family physician without benefit, and could obtain no glasses to assist vision after many and repeated trials. At the time of my examination he could barely read 1-60, and for many months was unable by any method to read a newspaper. The history and objective examination left no doubt whatever of the cause of his almost blind condition, and yet no one had ever previously even suggested to him that tobacco was at the bottom of it all. There is little hope here of much restoration of sight, and sad reflection of what it might have been.

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THE MICROSCOPE IN SURGERY.—Senn, in a recent work on tumors, says that there is no doubt in his mind that the advantages of the microscope as an aid in the diagnosis of tumors have been greatly overestimated. This is a very important statement, and he cites the case of the late Emperor Frederick of Germany as an example. Enthusiastic microscopists did at one time feel as if the character of all tumors could be at once settled by the use of the microscope, but experience has shown that the microscopic appearance of the tumor, its site, character of growth, etc., must all enter in to make a complete diagnosis, and when a piece of tumor is sent to a microscopist for examination, it should not be sent as a puzzle, but a history of the case with all other points should be submitted, and as large a piece of the tumor sent in as is possible. It is extremely difficult to make a diagnosis from scrapings of tissue, and when the surgeon sends the pathologist a piece of tissue for examination, he does not take that step in order to see how much the pathologist knows or what the microscope alone will reveal, but he wishes the pathologist's aid in making a diagnosis, and the two should work in harmony. The microscope usually decides when the naked eye appearances throw a doubt on the character of the tumor.—*Maryland Medical Journal*.