

suffering from the various annoyances due to faulty muscular equilibrium, in carefully selected cases are not only harmless, but in a very large percentage of such cases they are followed by satisfactory results in as large a percentage as are obtained, according to most statistics, in the operations for removal of cataract.

It will be observed that whilst there were many cases of refractive error among the 110 cases, there were also a great many with little or no refractive error, and in no case was an operation performed in the presence of a refractive error in which relief was not first sought by its correction. I cannot agree with those who contend that the correction of errors of refraction will always correct associated muscular faults. If this be true, how can we account for the many cases of muscular faults in which refraction is emmetropic ?

It is undoubtedly true that some of the lower grades of muscular faults may be benefited by wearing suitable prismatic glasses, but the usefulness of these is exceedingly limited, and those who depend upon them are doomed to frequent disappointment.

I have not had sufficient experience in the correction of muscular faults in persons suffering from epilepsy and chorea to say that they cannot derive benefit from ocular therapeutics or operations to secure equilibrium, but so far as my experience goes I am inclined to believe that little or no relief is to be expected from such treatment, at least *quoad* the functional nervous disorder, but I would not hesitate to recommend the scrupulous correction of refractive errors in such persons, or of any considerable muscular fault, if present, just as I would recommend the removal of every discoverable source of nerve irritation or cause of ill-health whatever it might be.

A searching analysis of the 110 cases I have tabulated