

mologist is sufficient to teach us that it is sometimes difficult to persuade the middle aged hyperope or myope to accept a total correction of his refractive error, a difficulty not frequently encountered in dealing with younger patients. *The habit of years* is not to be overcome in a day, whether one deals with the ciliary muscle or with other organs. Doubtless, also, the new and unaccustomed innervation-impulses required to regulate the changed relations between accommodation and convergence growing out of a full correction, are generated with about as much cerebral effort as are modifications in the contour of the lens controlled by those undeveloped ciliary fibres, whose contraction we may suppose to be necessary for effective vision. In practice, however, the eyes and the nervous system, other circumstances being favorable, shortly adapt themselves to the improved state of things in the great majority of cases.

*Anisometropia.* Even where with glasses vision is normal in either eye, the patient may not obtain binocular vision for near or distant work, because he has acquired the habit of using one eye to the exclusion of the other, and may promptly refuse a full or indeed any correction that makes more distinct the dulled image of the second eye. There are no problems in ophthalmology that requires more patience, more experience, and better judgment for their successful solution than those presented by the refractive anomalies of anisometropes and far too little is said about them in works on refraction. This is not the place to discuss any of them except to say that, *ceteris paribus*, as good results are obtainable by fully correcting the error in both eyes, as by any other single method of procedure. Where relief is not obtained by this method or where annoying symptoms are engendered by it we must not hastily jump to the conclusion that the refraction of one eye only should receive attention, or that a partial correction should be given on one or on both sides. It may easily happen that the trouble is traceable to parts of the visual apparatus not concerned in direct vision. This should be remedied, if possible, so that both eyes may receive the benefits that accrue to the emmetropic state.

*Diseases of the fundus.* The question in refraction sometimes is *not* what percentage of the total error we shall neutralize but whether we shall order any glasses at all. There are cases in which the condition of the coats of the eyes is such—even where the patient has centrally a full acuity of vision in both eyes—that one cannot conscientiously be a party to any considerable use of them by ordering