

such as conjunctival hyperemia, although patients have sometimes alluded to the fact that there was some irritation or discomfort following long-continued or too rough manipulations. I alternate the alternate palpation with two fingers with shorter rolling or rubbing movements (effleurage) carrying the lid so far as easily movable with and beneath the finger around the equatorial regions of the globe.

I suppose that by means of these kinds of massage the venous and lymph stasis is broken up and the fluids of the eye put in better circulation and outflow. It is also doubtless true that there is a direct benefit to the retinal and optic-nerve tissues, not only by relieving them of all kinds of pressure, but in subjecting the lamed and partially paralyzed fibres to variations of pressure, etc.

I would not, of course, be understood as advocating the disuse of iridectomy in certain cases, nor of the other measures that empirically have been demonstrated of service. The disease is such a terrible one, and we are often so helpless before it, even iridectomy often proving ineffectual, that every means of promise should be eagerly seized upon. But hundreds of cases of glaucoma occur in places where the skilled specialist cannot be called upon, and in such instances, as well as in those in which the patients refuse operation, I believe massage may be of great service, and especially if seen early. It is a therapeutic measure that at least is always literally at hand, either for patient or the general physician. In many cases it may prevent enucleation, as it did in one of those I have reported. As an immediate prophylactic measure in acute and subacute attacks it is invaluable. But I am just as sure that the fundamental cause of the disease in a large majority of, if not in all cases, is long-continued pre-existing eye-strain, spurred beyond resistance by presbyopia. Hence the primal prophylactic as well as the therapeutic measure is relief of eye-strain, not by antediluvian or optician methods of refraction, but by skill and exactness that are at least one one-hundredth as accurate as that men use to calculate eclipses, or test a chemic reaction.

TUBERCULOSIS AND INSURANCE.*

BY JOHN HUNTER, M.D., TORONTO.

Few questions are more perplexing to the medical director of an insurance company than the presence, to a limited extent, of tuberculosis in the family history of healthy applicants, and certainly nothing can seem more unfair to the latter, or be more exasperating to the physicians who make the examinations and recommend these risks, than their rejection.

Of course, there can be no two opinions about its being the first

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