

*inum as well.* Once you have the age you know where the near point ought to be in the great majority of emmetropes. In such, a given age means almost invariably a certain amount of accommodation, and hence a near point is to be expected approximately at a certain distance. This precaution alone will not let a case of paralysis of accommodation slip by you. To determine the latter, if the case is not emmetropic, he should be made so by means of his distant correction before the near point is taken.

9. *It is generally unwise to order cylinders or compound glasses from one test alone.* Many mistakes in astigmatism could be avoided by verifying or correcting the first test by one or two subsequent tests. There is safety in multiplicity of tests.

10. *It is a grave error to test when inflammation of the eyes is present.* The result of such an examination is purely speculative and not likely to prove correct. Beside there are many inflammations of the eye which are contagious and the infected trial frame may carry the contagion.

11. *It is a mistake to test a customer who is in a hurry.* Better by far try and make a date that will give you ample time to do yourself justice and satisfy your patron. Should you give glasses in a hurry and they prove unsatisfactory it is always a question whether your customer will make allowances for the rush, although it may be his own fault. The great unwashed do not consider the science involved in fitting a simple pair of glasses.

12. *It is a mistake to ever fit children without a mydriatic.* I have said so much on this subject in previous articles that my position is well known. Just think of a child wearing minus 2.00 glasses when he required plus 3.00 and yet this very case came under my observation, and he was fitted by an optician of some pretensions, too. I have frequently had children show no manifest hyperopia by the usual subjective tests when, after using atropine they showed 2, 3, or even 4 dioptries of hyperopia. Children who come to me are almost invariably atropinized.

13. *It is a mistake for an optician to undertake the correction or treatment of a strabismic child under any circumstances whatever.* So grave a result may ensue from a wrong method that the whole responsibility should be thrown upon the oculist in these cases. Much has to be done beside simply giving glasses and

only an oculist should pilot the parents what to do.

14. *Opticians should not fail to ascertain if any heterophoria is present.*—Not necessarily to do anything for it but to keep a record of their cases, and in case the glasses given for their error of refraction prove unsatisfactory to have data to explain the same. I am opposed to opticians using prisms either to correct heterophoria or for rhythmic exercises for the muscles. These heterophoric belong to the province of the oculist and at the present time, when there is such diversity of opinion as to what is the best thing to do in muscular trouble, it is best that opticians should at least wait until the question is definitely settled.

15. *In asthenopia if glasses fail to relieve it is not only a mistake but simple impertinence for an optician to question his customer as to his or her health or habits in order to discover the cause of the asthenopia.*—The greatest mistake in our opinion was placed first. The next greatest, we believe, is this last one. It is the right and province of the optician to relieve asthenopia by glasses if he can, but he has no right or license to enquire into the cause if it be not glasses the customer needs. Even should the optician have the knowledge or ability to ascertain the cause (outside of the need of lenses), he has no right to prescribe any line of treatment or offer gratuitous advice in any manner whatever.

When an optician has the indecency to make himself a self-constituted physician and pry into the habits or health of his customer he might just as well ask his patron (now a patient) if it be a lady—How old the baby is? And if she is nursing it herself or employing a wet nurse? If she is constipated, and, if so, how often the bowels move? and then order a diet and some favorite pill. When opticians usurp the rights of physicians they are not only making themselves ridiculous but are inviting opposition and trouble not only for themselves but for all opticians from a profession which so far has not even seen fit to take the first step in opposition or bother themselves what opticians are doing.

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Every amateur as well as professional photographer would do well to take one or more magazines devoted to this art. And for the convenience of our readers we give the names of some of the leading publications together with the publisher's address.

The Photogram, The Photogram, Ltd., 6 Farringdon Ave., London, Eng., 5 shillings per annum.

The Practical Photographer, Percy, Lund, Humphries, & Co., Ltd., Amen Corner, London E.C., England, \$2.00 per annum.

Photography, 3 St. Bride St., Ludgate Circus, London E.C., Eng., (weekly) \$2.00.

Australian Photo. Journal, 66 King st., Sydney, New South Wales, 5s. 6d.

American Amateur Photographer, The Outing Co., Ltd., 239 Fifth Ave., New York, \$2.00.

The Photo American, 22 East 17th St., New York, \$1.00.

American Journal Photography, 1019 Market St., Philadelphia, Pa., \$1.00.

The Camera and Dark Room, 36 Cortland St., New York, \$1.00.

The Camera, F. V. Chambers, 15 South 5th St., Philadelphia, Pa., 50 cents.