

make the eye decide upon an angle. It would give them, varying 50 deg. between the extremes. This showed great ciliary spasm and retinal irritation. I used a four-grain solution of atropine, putting a few drops into each eye thrice daily, and kept it up uninterruptedly for four months before I could get the eyes to take a cylinder without variation of angle.

Finally each eye did, and then I ceased the atropine. My result was satisfactory, as he informed me one year later. No longer did he suffer from blinding headaches, as had been his lot for ten years. I also gave prisms to exercise the external ocular muscles.

Here my good results were due to the soothing effect of the atropine upon the ciliary muscle and retina by preventing any work being done by the eyes, and this action aided by the iodide and bromide of potassium internally.

When these structures became quite quiet, then the retina could recognize accurately the proper position of the axis, and hence could finally name it correctly every time.

In myopic astigmatism the same treatment has to be pursued, but not so often. Here, however, the pain and uneasiness are at the back of the eye and are due to long-standing irritation of the retina, a form of inflammation not visible to the ophthalmoscope, not gauged by it.

Now, another cause of trouble arising from the eyes is that the external ocular muscles do not act normally. The normal action is called orthophoria, and the abnormal heterophoria.

There is an undoubted substratum of truth in connection with this, but not nearly as much as has been stated. It is indeed putting the cart before the horse, when you see these muscle enthusiasts cutting and readjusting muscles, and at the same time giving to the errors of refraction a very perfunctory test, and hence oftentimes a wrong correction, that is, the glasses ordered and worn are incorrect.

Accurate correction is always a *sine qua non*, of prime importance in these cases, and operation upon the muscles of secondary importance. However, a reversal is wrong and non-scientific treatment. This, however, is too often done.

No eye can, as a rule, be properly corrected at one sitting, and it is this procedure of one sitting which so often eventuates in the ordering of wrong glasses and hence non-relief.

If the medical profession but once accepted two facts, one that so very many improper functional activities of various organs of the body often give rise to nerve-storms, simulating