

ten times; then a hypodermic of morphia to put him to sleep. Atropine-cocaine was tested from start to finish, fluid extract of jaborandi, twenty drops at bed-time, followed by morphia if necessary, with quinine during the day. He perfectly recovered his vision in ten days. The other cases reported had essentially the same treatment, but in neither of them was paracentesis employed. Both of them recovered, and in one of them two years has elapsed without any return of the disease. According to every authority, the use of atropine is plainly forbidden in such cases. That glaucoma occurs incidentally with the exhibition of atropine is most true, but it is due to a different cause than the one recognized, namely, obstruction by thickening of the iris base. The glaucoma charged to the use of atropine can always be cured by the further exhibition of atropine. Atropine now comes to the front in a new role. It is to become our chief weapon in treating its inflammatory side. Atropine is anti-inflammatory always, because it contracts blood vessels and reduces secretions, and, of course, swelling and tension as well, therefore it is anti-glaucomatous. Atropine removes for the time being one side of the iritic angle, in maximum dilatation, as completely as the best iridectomy, and better still, does it throughout the entire circle. At the finish it leaves no mutilations behind. The author concludes: "Atropine-cocaine reduces volume, blood supply, secretion, intra-ocular tension, soothes pain, improves nutrition and secures complete rest, and hence, is the logical answer to every glaucomatous process. In every glaucoma there is always sluggish absorption, and we logically turn to jaborandi to meet this defect."