

which this is done must necessarily be the correct one, is an entirely wrong conception.

It is the knowledge of this fact which often calls into action all the skill of an oculist; for he must find out which of all the things an eye will do with a glass or glasses, is the correct one, and also if that glass which seems to be most suitable can, from its nature, be a sufficient cause for the disturbance complained of.

In hyperopia with astigmatism, a variation from the normal standard being present, which as a rule causes nerve-centre explosions, may not in any way give rise to these explosions, is an exception which proves the rule.

In this form, *i.e.*, in hyperopic astigmatism, we have to deal with great irritability of the eye due in greatest measure to the spasm of the ciliary muscle and secondary to irritation of the retina, and hence may sometimes even simulate myopia.

In myopic astigmatism we have chiefly to deal with retinal irritation, and in the second place with spasm.

As to the mydriatics used, two are the favorites, *viz.*, atropine and homatropin. Sometimes others are used, but not frequently.

Several years ago homatropin was highly lauded. As the dilatation of the pupil and the paresis of the ciliary muscle quickly passed away, compared with atropine, it was hailed with relief. However, this quality of evanescence is its weakness and the cause of its non-use or limited use by a great many, if not a majority, of oculists at the present time.

That the great and marked spasm of the eye-muscles, especially the ciliary, cannot be overcome by a few hours' instillation of homatropin is now an acknowledged fact, and hence, I feel, when used in such cases it only renders the confusion worse and makes accurate correction an impossibility almost.

Atropin, however, is much more powerful. If in any case of hyperopic astigmatism I am unable to get a satisfactory result without a mydriatic, I always use atropine; for I consider that with homatropin any effect will be too superficial and short-lived to be of any benefit.

I shall narrate an exaggerated case to show you what I mean. A man, aged thirty years, came to me with a history of severe headaches for ten years or so. During this time he had given him, by oculists, twenty-five to thirty prescriptions for glasses. I examined and found he had simple hyperopic astigmatism of a small amount. I could easily make him read 6-6 or 20-20 with a + .50 cyl, but I could not