

number of cases of ametropia, the production of absolute emmetropia is abhorred by certain eyes and gratefully received by others. "The ciliary strain necessary for the correction of 1 D. to 3 D. hypermetropia is more kindly borne by the nervous system in many cases of exophoria, than would be the pseudo-exophoria which the correcting lenses would engender. Thus there is a reason for making no corrections at all, or only a partial correction of hypermetropia, in certain exophoric cases.

"Who has not seen one of many hypermetropes wearing comfortably concave lenses who could not bear the use of convex lenses? Such cases have always been exophoric. At first—probably from one to several hours—a mydriatic, in hypermetropic eyes, will increase the esophoria, will lessen an exophoria or convert it into orthophoria or even into an esophoria. All tests for lateral heterophoria are wholly unreliable within the first few hours after eyes have been brought under the influence of a mydriatic. Esophoria depending on hypermetropia solely is wholly relieved by advancing years, as well as by glasses that fully correct the focal error. It is also relieved after the first few hours by the use of a mydriatic, and this relief continues with the continued use of the drug.

"*Deductions.* Give a full correction of hypermetropia when associated with esophoria. (2) Give no correction or only a partial correction of hypermetropia when associated with exophoria. (3) Give a full correction of myopia when associated with exophoria, and when there is orthophoria. (4) Give only a partial correction or none at all of myopia, when associated with esophoria. (5) A full correction of hypermetropia cures a pseudo-esophoria in esophoric cases, and creates a pseudo-exophoria in exophoric cases. (6) A full correction of myopia cures a pseudo-exophoria in exophoric eyes and creates a pseudo-esophoria in esophoric eyes. (7) In hypermetropia associated with internal strabismus, fully correcting lenses aided by mydriatics remove all pseudo-esophoria and thus make it possible for the guiding sensation to resume control of the converging centers in such a way as to restrain the true esophoria, and thus cure the strabismus. (8) In myopia associated with exotropia, fully correcting lenses with myotics, will remove pseudo-exophoria and thus make it possible for the guiding sensation to restrain the true exophoria and thereby cure an external squint. (9) Any test for lateral heterophoria within the first few hours after beginning a mydriatic is wholly unreliable, even with lenses on."