

Optical Department.

In charge of W. E. HAMIL, M.D., Principal of the Canadian College of Optics.

Correspondents should note that for an intelligent answer to be given to their inquiries it is necessary in every case to give the following information relative to their patient: (1) Sex, (2) age, (3) occupation, (4) near point of distinct vision for small type with each eye alone, (5) how their eyes trouble them, *i.e.*, their asthenopic symptoms, (6) vision of each eye at twenty feet alone without glasses, (7) best vision obtainable with glasses naming correction.

Example.—J.S., male, age, 18; book-keeper; can read small type to within five inches of each eye; complains of much headache through the day and evening; eyes feel sore and water a good deal, look red and inflamed, etc., etc.

R.E.V. $\frac{20}{20}$ with + 1.50 = $\frac{20}{20}$
L.E.V. $\frac{20}{20}$ with + 1.50 = $\frac{20}{20}$

The above example is taken to illustrate about how we desire inquiries to be made.

W. A. Y. Young man 26 years of age always had good sight for all distances came to me complaining that he could no longer see well enough to continue his profession as bookkeeper. Upon examination I found R. V. = $\frac{20}{20}$. L. V. = $\frac{20}{20}$ which a plus glass blurred. I tried the muscles and found his eyes orthophoric. I then tried his accommodation and discovered that he could not see ordinary print at all at 13 inches and I had to give him +3.00 glass before he could read Jaeger No. 1. These glasses he now is using satisfactorily for near work. Will you please explain how it is that a man of this age could not see small print and yet could see $\frac{20}{20}$.

Answer.—Every few months I get a case submitted to me similar to the above and the answer thereto has been given once or twice previously in these columns—but the importance of such cases warrants further elaboration even if repetition is indulged in. The case is one of emmetropia as proved by the fact of a V. of $\frac{20}{20}$ which a plus glass blurs. Any emmetrope at 26 years of age should be able to read small print at from five to sixteen inches. The inability so to do proves that the accommodation is at fault. The acc. was previously normal as proved by his ability to do all eye work comfortably. The only thing at this age then that can account for his lost near vision

is paralysis of the acc. The question at once arises what caused the paralysis? If the possibility of atropine or other cyclophlegic gaining entrance to the eyes be eliminated we must look for the paralysis being due to some disease. After severe attacks of la grippe and especially after diphtheria and some other diseases—paralysis of the acc. is very liable to ensue—and if any enquirer will closely question his customer he will find some one of these things to be the cause. It is not necessary that the diphtheria should have been a severe attack.

I have seen more paralyses of Acc. after light attacks, so mild, indeed, that the diphtheria has been mistaken for sore throat. The remedy, of course, is to restore the tone of the ciliary muscle by tonics, chalybeates, electricity, strychnia, cold baths, massage, etc., and at the same time afford near vision with convex glasses to enable the victim to carry on his usual avocation. The glasses, however, should be an undercorrection, so as to coax or force the ciliary to aid as quickly and as much as possible in the work, and the glasses should be changed to weaker ones week to week, as the ciliary is found to be improving, until finally the glasses are dispensed with *in toto*. The importance of always ascertaining the p.p. in any case of refraction is not sufficiently recognized by opticians. This factor alone determines the amount of workable Acc. in any given case, and glasses for near work must be selected accordingly. It is all very well to know how much Acc. should be available and present at any given age in an emmetrope, or in an ametrope made emmetropic, but every case is or may be a law unto itself, and if more or less Acc. is present than what the books say ought to be present, it is evident that the correction for near vision will demand weaker or stronger convex glasses, as the case may be. To my mind the recognition of this central truth is the key note in fitting that easiest and yet most puzzling of all cases, *viz.*, presbyopia.

T.A.C.—Would you advise me, in buying a stock of optical goods, to purchase different sizes of eye frames and glasses?

ANSWER.—No!—emphatically no!—ninety-five per cent. of all your customers will need a No. 1 eye spectacle frame or

eye glass, and when you want a larger of smaller eye order it simply by prescription. The effort now being made to load up opticians with different sized frames is only a tactic of the wholesalers to sell more goods. I carry as large a stock of frames and lenses as any optician needs and I have nothing but No. 1 frames and No. 1 lenses—so that any glass will fit any frame. It is seldom that I need any other size. I also think it unwise to carry 14k stock either in solid gold or filled goods. If your customer wants anything better than a good 10k you can order it singly and by prescription. You will have no complaints from your customers if you furnish them with 10k frames made by the American Optical Company, the Canadian agent of which is the Dominion Optical Company, 63 Yonge street, Toronto.

The Canadian College of Optics will hold its first class after the holidays, commencing on Jan. 15, 1901. Intending students should secure their seats in advance as the number in each class is limited so that individual attention can be given to any who may require it. Practical and actual fitting of customers is a special feature of the Canadian College of Optics so that students may be ready to do the work when they return home. Students may remain in the doctor's office as long as they desire.

Culbreth's Materia Medica and Pharmacology.

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