cataract from diabetes, the opacity in the lens may be due to exudates thrown out between the fibres, and not to actual destruction of the lenticular tissues. This form of cataract is a rare exception to the rule, and if the disease that gives rise to it progresses (as it commonly does), the crystalline fibres themselves are eventually destroyed, and their place taken by opaque material, as in the senile or other common forms of cataract. Bearing in mind these facts one can readily understand how absurd is the "absorption" or any other "cure" of genuine cataract. Neither manipulatian of the eyeball nor local applications, however mild or severe, will avail to restore the destroyed lens fibres. One might as well expect to "absorb" an organic lesion of the cardiac valves by rubbing liniment over Apparent improvement or cure of cataract by the left breast. these methods are mostly due (1) to the imagination of the patient, (2) to the fact that the dulled vision arose partly or altogether from a curable eye disease not situated in the lens (some corneal affection for example), or (3) to the absorption of a diabetic deposit in the lens substance which underwent a partial or total absorption coincident with improvement in the systemic condition. In all these cases the improvement might occur with or without treatment. It must be remembered, also, that improvement in the vision of cataractous eyes sometimes takes place for a time if the local health of the occular apparatus is improved by rest and soothing applications, or if the pupil be kept dilated by atropia or other mydriatics. there are such lenticular opacities as "stationary" cataracts; the disease progresses to a certain extent and then, without any particular reason, remains in statu quo for many years. Doubtless the "absorption cure" has often received credit for this form of "improvement."

Malignant Glaucoma.

W. H. Searles (The American Journal of Ophthalmology) reports three cases under this heading. He remarks that he has seen no case of this form of glaucoma reported as successfully treated, but that he has seen several instances of total blindness from it. There is no prodromal period. In the first case the patient had been asleep for an hour on the floor, where the wind blew over his face and head. He was awakened by a sharp pain in the right eye. He was brought to the office, and in less than an hour the eye was stony hard, totally blind, pupil widely dilated, and he was suffering intensely. Paracentesis was done at once. He was put to bed, made to sweat by jaborandi and stimulants; hot water applied every fifteen mnutes, for five minutes at a time, and two per cent atropine in a four per cent solution of cocaine used after the hot water for eight or