23rd.—Came to clinic alone. December 26th.—Reads large print with left eye. January 2nd, 1902.—Reads large type readily with left eye; with right cannot make out the letters, but sees large objects. Has been taking the potassium iodide up to ʒ iss daily, with protiodide. The mucous membrane of the nose is well healed; no ulcerations, no fetor. He continues the alkaline, antiseptic wash and vaseline. April 14th.—Returns from a visit to the country. Looks very well. Eyes same as on January 2nd. He dropped his medicine soon after January 2nd on account of cost, and has taken none since. Has kept up the nasal treatment only. June 5th.—Condition of eyes and nose the same as at last visit. At the onset of the treatment Dr. Wilson found some atrophy of the discs, but no other intra ocular lesion, with marked diminution of the field of vision and power of central vision. These conditions remain the same. The right disc exhibits no material difference from the left. There was at no time any involvement of other cranial nerves beyond what the headache in the right temporal region might indicate.

### Causes of Blindness in Kentucky, as Seen in the Kentucky Institution for the Education of the Blind.

W. O. Bailey (*The American Practitioner and News*) has a study of the Causes of Blindness in Kentucky, as seen in the Kentucky Institution for the Education of the Blind. In all 228 cases were examined, of which 189 were white and 39 colored.

We find that purulent ophthalmia is responsible for a greater number of these cases than any other one disease; sixty cases, made up of fifty-three white and seven colored, or 26.3 per cent. of the total, are directly referable to this disease as a cause of blindness, and about 90 per cent. of these were due to a purulent conjunctivitis known as ophthalmia neonatorum contracted during parturition, and which we all know can almost invariably be prevented if treated by the Credé method of instilling a solution of nitrate of silver into the eyes immediately after birth. We found in these cases either atrophy of the eyeball or large corneal opacities, some accompanied by anterior synechia or staphyloma.

Trachoma or granular lids and its sequelæ come next in frequency with thirty-three cases, all white, or 14.5 per cent. of the total number examined. The local conditions found were corneal opacities with pannus, or atrophy of the eyeball following perforation of the corneal ulceration caused by the trachoma. Some showed the inturning of the lids, or trichiasis, due to contraction or shrinkage of the scar tissue on the under surface of the lids. Please notice that all of these cases were