OPHTHALMOLOGY AND OTOLOGY.

IN CHARGE OF G. STERLING RYERSON, J. T. DUNCAN AND J. O. ORR.

Treatment of Incipient Cataract.

W. R. Pyle (*Philadelphia Med. Jour.*) quotes the experiments of Kalish, who, in 1891, after discarding all drugs, evolved a form of treatment which he has followed to the present time. Kalish insists upon strict bodily and ocular hygiene, careful and repeated refraction, a special form of manipulation to the eye, and the installation of a mixture of equal parts of glycerine and a 1 per cent. solution of boracic acid in rose water. For this treatment, Kalish claims successful results in 69 out of 118 cases. There is little doubt that, with the maintenance of good health, careful and repeated refraction, and the proper use of the eyes, the chances of cataract maturing are greatly lessened.

Sudden Changes in Refraction in Diabetes.

Sourdille (*La Clinque Ophthalmologique*), reports the case of a man suffering from diabetes, suddenly had failure of vision. On examination two dioptries of hyperopia were found—correction of this brought the vision to full acuity. The diabetes was successfully treated in so far as the amount of urine execreted was concerned, and the hyperopia disappeared. The author feels that the least improbable theory in regard to these refractive changes is an abstraction of fluids from the vitreous chamber, the fluid being replaced by blood which is overloaded with sugar.

Spontaneous Disappearance of Senile Cataract.

W. R. Pyle (*Philadelphia Med. Jour.*) says that ordinarily, after once losing its transparency, the cataractous lens remains opaque—in other words, it is very rare for a cataract to disappear without operation. A number of cases have, however, been reported, and a careful digest of the literature in regard to the subject allows the following classification:

1. Cases in which there was absorption after spontaneous rupture of the anterior or posterior capsule.
2. Cases in which there was spontaneous dislocation of the cataractous lens.
3. Cases in which there was intracapsular resorption of the opaque cortex and sinking of the nucleus below the axis of vision, after degenerative changes in Morganian cataract, without rupture of the capsule or dislocation of the lens.
4. Cases in which there was complete spontaneous resorption