d almost that we the thing impresfar, seen xt letter and Ger-

22, 1895.
le largest
is about
of a unint is atlology, as
n to the

ysiologic way for ar media, extrinsic tant matsor, Prof. new ophlijders 49 sand outly—daily is a very ceilings built so ination is red ways len gives Iere, too. rs. H. J. operators neal inci-

derneath

one so as

to avoid the sclera, that no bleeding will take place into the anterior chamber and so render the subsequent steps of the operation uncertain and difficult. This is, as you know, the chief objection to the conjunctival flaps. Its chief advantage is that such a wound heals in a few hours and binds the edges of the cornea closely together. When he does an iridectomy, as part of cataract removal, he favors the preliminary operation and performs it some six weeks before. When there is increased intra-ocular tension, a sluggish pupil, posterior synechiæ or an unripe lens he would advise it. At the time of the operation a 4 per cent. solution of pilocarpin is instilled, instead of eserin which is often very painful and irritating. After dressing the eye, subsequent to any operation where the eyeball has been opened, a thin oval aluminum shield (about 4 x 3 inches) is placed over the ocular region and this is kept in place by adhesive straps. The patient is now carried to bed on a litter made of poles and side-pieces run through folds made in the under operating sheet. He is allowed to sit up the next day, when the lids are also opened for examination.

I was courteously allowed to examine a large number of cataract cases operated upon at various dates, and was greatly pleased with their appearance and the absence of complications. The Dutch people are notoriously clean and live in well-ventilated houses. I was consequently not surprised to learn that they are pretty free of diseases of the lids and conjunctiva. Dr. Snellen informed me that in Utrecht, with a population of 100,000, he sees barely 6 or 7 cases of trachoma yearly. On the other hand, among members of the large Jewish colony in Amsterdam (most of whom work in factories and live in dirty, ill-ventilated tenements) granular lids has been endemic for over a century, and has apparently resisted all attempts to eradicate it.

Professor Snellen is at present engaged in perfecting the ophthalmometer and believes that the University optician (office in the Physiologic Institute) has succeeded in grinding the prisms and other lenses connected with the instrument with a precision not attained by Parisians or other workers. He also showed me a new scheme for testing the color vision of railway employes. This consists, essentially