

this (latent squint) without experiencing the least discomfort.

I have also neglected all cases of hyperphoria which could not be shown to exceed one degree. I am not prepared to assert that one degree or less of hyperphoria may not in some persons cause more or less discomfort. If so this should be relieved by wearing a correcting prism, and I am under the impression that I have succeeded in relieving a few of these cases in this way.

The objections charged against prisms of two or more degrees do not hold good in prismatic action so feeble as this, and it may be that the mere mental effect of wearing glasses accounts for the apparent benefit, as there must be a strong neurotic element in all cases that experience distress from very slight perturbing influences, otherwise we should meet with an infinitely larger number of people disturbed by wearing improperly centred glasses than is actually the case. This statement must not be construed in such a way as to minimise the importance of wearing properly centred glasses in all cases. It is merely intended to point out the incontrovertible fact that there are vast numbers of persons who can and actually do overcome slight artificial deviations without difficulty.

It is not an uncommon experience that weak prisms, worn for the correction of faulty equilibrium, afford relief for some time and then lose their effect. I have come to regard this as an indication for operative interference in some cases where the proper course to pursue was difficult to determine.

The equilibrium tests were made in distance (6 metres) with prisms, Stevens' phorometer and the compound Maddox rod coloured red. I regard this instrument as not less reliable than the Stevens' phorometer, but have habitually used both.

It was essential to have some standard of fusion