

report as to condition. There has been no return of the trouble. The use of coffee has not been resumed.

A more definite proof of the fact that coffee may be responsible for visual disturbance was found in the history of the following case, in which a relapse occurred as a direct result of the resumption of the use of coffee: This patient, a lady, aged 41, had noticed impaired vision for several months, but became much worse during the later weeks. Patient reported that for two or three years she had been accustomed to drinking large quantities of strong coffee, which she took at varying intervals during the day from the coffee pot, which was constantly kept filled and on the stove. She said she depended upon coffee to sustain her.

On examination both eyes were found fairly normal in appearance, with the exception that the pupil reacted a little slowly to light and accommodation. Vision 20.70 each eye, and not improved with lenses. Media clear. Fundus of each eye presented a slight pallor of the temporal half of the disc, and haziness of the edges, but otherwise normal.

The patient was directed to abstain from the use of coffee, and pirocarpine sweats and strychnine were prescribed. Under the treatment the vision steadily improved and the fields of vision widened until on August 13th, when the patient was discharged, the conditions were essentially normal.

The patient was not seen again until July 9th, 1904, when she returned complaining that her vision had within two or three weeks become affected, much as it was at the time of the first consultation over one year before. She reluctantly admitted that for two months she had been drinking coffee again.

The patient was again forbidden to use coffee and placed on the same treatment; but improvement was much slower than on the first occasion.

These two cases led the author of the paper to experiment upon himself, and he succeeded in inducing a mild coffee amblyopia which, however, soon disappeared when he ceased taking the coffee.

The Use of Quinine for Corneal Ulcers.

Mr. Arnold Lawson (*Journal of Ophthalmology*) read a paper on the treatment of corneal ulcers by quinine. He said that up to the present time the use of quinine in ophthalmology had been restricted to a very limited class of conjunctival and corneal affections, but his observations, which had extended over four years, showed that it was a very powerful curative agent in a large variety of corneal ulcers not amenable to ordinary routine treatment, to which much more drastic measures were commonly applied. The sulphate of quinine, dissolved