

consequences. The author, therefore, is of the opinion that one should never prescribe adrenalin to out-patients who are liable to glaucoma, but that it is often of great service to patients who can be kept under constant observation.

W. H. L.

The Premature Appearance of the Photo-Motor Reflex During Fetal Development. MAGITOT, in *Ann. d'Oculistique*, March, 1909.

Magitot gives the results of his investigations after having examined fifty prematurely-born infants. The light reflex was faintly present at the end of the fifth month of gestation, was more marked during the sixth month, and by the middle of the eighth month became as active as it is at full term. The author considers that the appearance of the reaction during the fifth month is in agreement with the known development of the visual cells, origin of the nuclei of the third nerves, and partial maturity of the sphincter pupillæ of that period.

W. H. L.

Cyclodialysis. WALTER L. PYLE, of Philadelphia. *American Journal of Surgery*.

The object of the operation is to reduce intraocular pressure by the establishment of an artificial communication between the anterior chamber and the suprachoroidal space. The technique, briefly, is to make an incision with a keratome into and through the sclera at a point 5mm. from the limbus; insert an ordinary iris spatula between the choroid and sclera, push it forward into the anterior chamber, and by means of gentle side movements of the spatula, to separate the ciliary body from the sclera.

He says the operation should be gravely considered in primary glaucoma, when high tension, absence of anterior chamber and widely dilated pupil militate against the performance of iridectomy as dangerous, and in fact almost impossible. It is indicated in glaucoma when one eye has already been destroyed by glaucoma malignum, or when it is undesirable to confine the patient to bed, because of extreme nervousness, persistent coughing, great prostration, or old age. He states that cyclodialysis has proved of advantage in certain cases of secondary glaucoma, viz.:

1. Cases of anterior synechiae, when iridectomy did not reduce the tension.
2. Cases of glaucoma following the extraction of cataract, provided, of course, that the edges of the coloboma are in proper place.

3. When the lens has been dislocated into the vitreous, as in these cases the inevitable escape of vitreous during the performance of an iridectomy is a positive danger.

W. H. L.