

once before had the opportunity of seeing so marked an example of the late stages in axial neuritis. The patient was a man presented a few years ago at a meeting of the New England Ophthalmological Society in Boston.

D. A. SHIRRES, M.D. We are indebted to Dr. Byers for bringing this interesting case before us. We have had recently in the hospital three cases of tobacco amblyopia, but in none of these did we find visible changes in the optic nerve or the macular area, nothing of an atrophic condition of choked disc or neuritis. In this case of Dr. Byers, in the left eye one sees the triangular area very clear and it even can be seen by one who is not accustomed to the ophthalmoscope. I would like to ask what the prognosis is, and to ask if Dr. Byers has ever done anything in testing electrically for degeneration of the optic nerve.

DR. WILSON. I would like to ask Dr. Byers if in his experience of this kind of case the kind of tobacco has anything to do with the cause of the amblyopia. Two cases of my own and three of a friend of mine occurred after the use of Canadian tobacco, and the impression given to me was that the Canadian tobacco was more especially liable to cause this condition than the ordinary Virginian or the English-cured tobaccos.

W. GORDON M. BYERS, M.D. I am familiar with the reaction of degeneration in connection with the optic nerve, but it is, in any case, not applicable in axial neuritis, because a large number of the fibres are not implicated. In reply to Dr. Wilson, I do not think the kind of tobacco is so important as the quantity and the conditions under which it is taken.

IMPROVEMENT IN PROGRESSIVE MUSCULAR ATROPHY.

D. A. SHIRRES, M.D., and N. VINER, M.D.

DR. WILSON. It occurred to me in reporting a case of that kind that it would be very interesting to know the strength of the current and the polarity used. In my practice I am inclined to believe that a weak current for a longer time is very much to be preferred to a strong current applied for a short time. I am of the opinion that a strong current does harm, and perhaps it is here that some physicians have a want of faith in this treatment.

D. A. SHIRRES, M.D. Dr. Wilson has brought up a point with which I thoroughly agree. In this treatment we used the negative pole over the motor point on the muscle. As Dr. Viner just mentioned, there were no electrical changes of degeneration either with the faradic or galvanic battery, hence we used the negative pole and used about 14 milliamperes and he got his treatment twice a week, and probably if he had got it four times a week he would have been better to-day.