

rubbing the eyes seemed to clear up the vision. *Santon.*<sup>2x</sup>, three doses per day for two weeks removed the trouble. (W. R. McLaren, M. I., v. 10, p. 337.)

**Blurring of Sight.** In various forms of trouble, I have been led to give *Nux vom.* for a *blurring of sight caused by overheating*, and nearly every time with benefit. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 62.)

**Amblyopia.** Amblyopia, if caused by age is removed by *Baryt. carb.* (T. S. Hoyne, U. S. M. and S. J., v. 8, p. 323.)

**Amblyopia resulting from the use of Tobacco.** A man, æt. 25, complained of seeing double whenever he used the smallest amount of tobacco; ten minutes after smoking a part of a cigar or after chewing a little tobacco began to see double, and experienced a kind of dimness and confusion of sight as if black dots filled the visual field. On abstaining from tobacco for awhile he improved, and the vision became single and clear. The tobacco condition was always *aggravated*, in a very marked degree, by any kind of stimulant.

I found on examining the patient, vision in each eye  $\frac{20}{100}$ . Insufficiency of the internal recti, so that behind a screen there is a divergance of one and a half lines. Double vision for distant objects; monocular vision for near objects, cannot converge both eyes on the object. Optic disc pale, partly atrophied, eye otherwise normal. (T. F. Allen, Trans. N. Y. S., 1872, p. 196.)

*Bellad.*<sup>3m</sup>. Diplopia. Sees a second dim representation of the object on each side of it; from the candle proceed rays of the same color as the flame and outside the rays there is a variegated halo, the inner circle being green, the middle red and the outer white; when walking he also sees a round black ball hovering, a little larger than a pea. All this he sees before his left eye. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

**Hypermetropia.** M. C., æt. 33, engaged in fine drawing, complains that after short use, his eyes pained him, sight became blurred and forced him to rest. After rubbing them a little and stopping for a time, they would work all right for a while, then commence to ache again. Could read No. 1 Snellen type without glasses at four inches, and also at twelve, showing a good range of accommodation. Through a convex glass, No. 30, he could now read No. 1 at fourteen inches as well as at four. Here then was a case of manifest hypermetropia of 1-30 in which a convex glass improved his vision, both for near and distant objects. There

could be no doubt as to the cause of the trouble, and the *constant* use of the prescribed glasses, entirely freed him from the difficulty. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 473.)

**Asthenopia.** When the exciting cause of Asthenopia is some refractive anomaly, *Santon.*<sup>2x</sup> trit., night and morning will oftentimes produce a favorable result. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 470.)

**Retino-choroiditis.** Report of a case successfully treated with *Arg. nitr.*<sup>6x</sup>, four doses daily. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 352.)

## Ears.

**A New Aural Speculum.** This is a combination of the Hassenstein and Siegel speculums. The cylinder is made of glass blackened on the inside except over the mirror where light is admitted. Placed in the ear it will enable us to exhaust the air by means of the tube, and the view being strongly illuminated and enlarged, we have at our command the most ample opportunity for observing the position, color, condition and mobility of the tympanic membrane. (T. P. Wilson, M. A., p. 35.)

**Syringing the Ears.** Draw up the auricle with the left hand, putting the whole meatus in a straight line, and keeping the syringe nozzle in close contact with the meatal roof. (Quoted by R. J. McClatchey, H. M., July, 1873, p. 566.)

**Vegetable Fungi in the auditory canal,** by Drs. Arcularius and Houghton. (N. A. J. H., v. 21, p. 403.)

**Retro-aural Abscess.** Miss M., æt. 9, a year ago had measles. Since then has had a running from the ear, more or less profuse, until within three days, when it almost stopped, and the region of the mastoid process, began to swell, get red and sore. The swelling pushes the ear forward almost at right angles, and is of a bluish-red color, and fluctuates. The skin is hot, the tongue furred, the pulse accelerated, and the pupils are dilated. The treatment consists of a free incision from below upward in a line with the concha, about three-quarters of an inch posterior to it.

This was made, and the pus evacuated. An otoscopic examination revealed a swollen drum-head, with a depression in the posterior lower quadrant corresponding to the perforation through which the previous discharge had come. The next day the watch