of given amounts of exercise upon the temperature, it is clearly of great assistance to have a knowledge of the effect of such exercise upon the temperature of the normal person.

REFERENCES.

- ¹ *Guy's Hosp. Rep.*, vol. lvii, and *Journ. of Physiol.*, vol. xxiii.
² *Journ. of Physiol.*, vol. xxxvi.

THE PRESCRIPTION OF GLASSES.*

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PATIENTS who seek the aid of a refractionist may be divided into two groups: (1) Those whose vision is not sufficiently acute for the requirements of their daily life; (2) those who seek relief from eye-strain resulting from abuse of their ocular muscles.

I propose to deal shortly with this latter group. Duty to the patient does not necessitate restoring normal visual acuity; this may be the result, but should never be the aim.

The indications are: That causes as well as symptoms require treatment. Such causes often lie in a breakdown of the patient's general health. The eye-strain from which relief is sought is but a group of symptoms. Both causes and symptoms require treatment, not the latter alone. Apart from questions of general health, organs that have broken down under stress, with muscles that are fatigued, and structures inflamed and painful, will have to be dealt with. The treatment proper to such conditions in the case of any other organ in the body should be pursued in the case of the eyes.

We should endeavour (1) to remove the cause by improving the general health, and (2) to keep the inflamed parts at rest. The second requirement may have to be enforced by the use of cycloplegics, but most usually it will be sufficient to prescribe such glasses as will relieve the ciliary muscles of the greater portion of their task, and afterwards to substitute graduated exercises for the ocular muscles. This ideal can be obtained by gradually decreasing the strength of the prescription, and so allowing more and more work to be done by the muscles themselves.

Here, then, we have two indications: First, that we should not in all cases rush into prescribing glasses, since rest may sometimes be better enforced by temporary paralysis of the ciliary muscles with cycloplegics. Secondly, the prescription should not supplant but supplement Nature's efforts, and eventually, by altering their strength, the muscles themselves should be left to do as much of the work as possible.

The first prescription should not be looked upon as permanent unless the underlying cause is to be considered as unvarying and incurable. An example of the effect of bad health on the ciliary muscle may be of interest.

A woman, aged 40, suffered from periodical attacks of traumatic neurasthenia, and when first she consulted me was given—

—2.5 Ds.
 —1.0 D. cyl.

for both eyes, and with these obtained vision $\frac{3}{60}$.

Six weeks after the first visit she came again to say that the glasses which had suited her admirably were now of little use. In this brief interval she had had another attack of neurasthenia, and was not yet convalescent. It was found that her vision was restored by reducing the spherical part of the combination from —2.5 Ds. to —1.5 Ds. In other words, her apparent myopia had been reduced by one dioptré. She was, therefore, given new glasses of this strength. As her health and strength improved the apparent myopia once more increased and, the new glasses becoming unsuitable, she reverted to her former prescription.

In September, 1910, she had another attack, and exactly the same phenomena were repeated.

There is a perfectly simple explanation for this case. When the patient was in good health the tone of her ciliary muscle caused the lens to be slightly convex, and, since the effect of a convex lens in front of a myopic eye

* Abstract of a paper read before the Croydon Division of the British Medical Association.

is to increase the myopia, her apparent myopia was more than her real myopia; but when her general health was below par the ciliary muscle shared in the general weakness and lost its tone. The result was that the lens lost its convexity, and so the apparent myopia became less, and the real or static refraction of the eye, which is a myopia of one dioptré less than the apparent myopia, remained.

The oculist must be cautious in prescribing glasses which are correct in the sense that they restore the normal visual activity to each eye. It must be remembered that the two eyes are required by Nature to work together in harmony.

The oculist must not only be painstaking and capable in what may be called the mechanical part of his work, but he must cultivate the art of judging with accuracy the patient's character. He should endeavour to picture to himself the pathology of the patient's condition and trace effects to their causes. Cases of refraction should not be classified and pigeon-holed with their definite treatment appended, but each case should be regarded as unlike any other and treated on its own merits. Two important questions must be answered: (1) Is the prescription to be considered as permanent? (2) Under what conditions are the glasses to be worn? If the patient can be restored to normal health and vigour, glasses may eventually be dispensed with or reduced in strength. Such is the logical conclusion. The practical result is often very different, for it must be remembered that it is much easier to become accustomed to the use of glasses than to discontinue their use. This fact should make us chary of prescribing glasses for constant use on every occasion. Unfortunately in many cases the existing cause—for example, neurasthenia—does not surrender to treatment, and here glasses in some form or another must be considered as permanent.

The answer to the second question may be decided on the patient's symptoms. For example, if a patient complains of headaches which are definitely brought on by near work, the indication is to assist Nature by prescribing glasses for near work.

It is impossible in a short paper to attempt more than to indicate a line of thought. It has been my aim to point out that, although in some cases it is sufficient to regard the eye as an imperfect optical instrument and one that can be improved by mechanical means, in others it must be regarded as an organ which has as great a claim to be treated on rational lines as any other.

THE ETIOLOGY OF IRITIS.

BY

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WITH reference to the interesting article on the etiology of iritis by Mr. T. Harrison Butler in the *JOURNAL* of April 8th (p. 804), some details of an analysis of 159 cases from the ophthalmic wards of St. Bartholomew's Hospital may interest your readers.

The cases were all those of primary iritis occurring between 1883 and 1900. I found that it was extremely difficult in many cases to determine the cause from the notes, but it was possible to divide the cases up into rough groups as follows:

			Per Cent.
Group I:	Syphilitic—(i) Certain	46	72 ... 45.28
	(ii) Probable	26	
Group II:	"Rheumatic"	...	26 ... 16.35
Group III:	Gonorrhoeal—(i) Certain	13	24 ... 15.09
	(ii) Probable	11	
Group IV:	Toxaemic	...	16 ... 10.06
Group V:	Gouty	...	2 ... 1.25
Group VI:	Osteo-arthritis	...	2 ... 1.25
Group VII:	Obscure	...	17 ... 10.6
Total	...	...	159

I. Syphilis.

Syphilis accounts for from 45.2 to 28.9 per cent. of all cases, according as we include the less certain cases or not. One of the certain cases and five of the probable