

DISCUSSION.

Dr. J. L. Thompson thanked the essayist for his very interesting and instructive paper, but protested against that portion of it which would dispense with a mydriatic in the examination of all anomalous refraction. He was fully convinced, after abundant proof in going over the work of others, that no man on earth has ever been able in all cases to prescribe glasses correctly without the use of a mydriatic. If he was not permitted to thoroughly examine a patient, he would not think of prescribing; but when one has thoroughly examined his patient, then he is not ashamed to have his work go before the world. He would not accept a fee in these cases unless the patient consented to this test.

Dr. D. S. Reynolds, of Louisville, Ky., said that no accurate diagnosis of astigmatism could possibly be made without the aid of a mydriatic. He had tried it in his own and many other cases, and had found no other method reliable.

Dr. S. M. Burnett—I never use a mydriatic, unless I have reason to believe there is spasm of accommodation. I am decidedly opposed to its routine employment.

Dr. E. D. Theabold, of Baltimore, Md.—I wish to enter my protest against the use of a mydriatic. We do not correct the latent, but simply the manifest anomaly, and in cases of myopia it is entirely unnecessary.

Dr. Shakespeare, of Philadelphia—I fully agree with the gentleman who first spoke as to the impossibility of correctness in many cases short of mydriasis; have astigmatism myself, and find that while I now look at the texts of the essayist, they do not lead me to his conclusions. Have examined myself before and after artificial mydriasis, and have reexamined many others, and am fully confirmed in my belief as to the importance of this acid.

Dr. S. D. Risley—Like all of the refinements brought to our aid during the last few years, I fear that this, also, will not prove of very great practical benefit; as in my own case, while looking at the tests it does not answer expectation, so will we doubtless find when we have to deal with confused or stupid persons. Very skilful opticians constantly claim ability in this direction, and yet we see how frequently they fail in their efforts. I, therefore, declare very positively in favor of the use of a mydriatic.

Dr. L. Connor, of Detroit, Mich.—I first examine without, and afterwards with, a mydriatic; always use it where I suspect muscular spasm.

Dr. Young, of Iowa—In a majority of cases you get a different effect where a mydriatic has been used.

Dr. R. J. McKay—If the patient first looks at test types without, then with glasses, and we also examine with the ophthalmoscope, we can usually determine the astigmatism without mydriasis.

Dr. W. S. Little, in closing said—I am a full advocate of a mydriatic, except where there is a tendency to glaucoma, or in cases where the age of the patient renders it unnecessary.

NASAL POLYPUS OCCURRING IN A PATIENT THIRTEEN YEARS OF AGE.

BY E. FLETCHER INGALS, M.D., CHICAGO, ILL.

The following case is of special interest as a contribution to the history of mucous polyps in the nose because of the patient's age.

Growths of this character are extremely rare in patients less than sixteen years of age, and the history in this case shows that the polyps were present during the patient's thirteenth year, and may have had a much earlier origin.

Miss M— at fourteen came to me from Minnesota last July, complaining of catarrh, and difficulty in breathing through the nose, which had caused her great inconvenience for twelve months.

She had been troubled with cough and considerable expectoration for eight years, and the usual symptoms had existed several years, though not so markedly as during the past year.

Upon examination of the chest, I found the râles of chronic bronchitis, with no evidence of consolidation or emphysema. The larynx was slightly congested. The naso-pharynx relaxed and bathed in secretions, but free from abnormal growths.

Anterior rhinoscopy revealed large mucous polyps nearly occluding both nares.

These growths evidently sprang from the middle meatus or external surface of the middle turbinated bone and had the characteristic appearance and feel of myxomata in this locality.

I removed them thoroughly with the steel wire *écraseur* and applied chromic acid to their bases. The acid was applied by means of a flat aluminium probe upon the end of which a very small quantity had been fused by gentle heat.

Chicago, August 14, 1884.

MEDICAL PROGRESS.

MEDICINE.

ON THE CAUSES OF COLORED SWEAT.—Drs. Balzer and Barthélemy have been making some recent observations upon this subject, which has of late attained importance through the micro-chemical examinations reported by various observers. They confirm more especially the observations of M. Babes, who found a particular form of microbia to be present with certain micro-chemical and spectroscopic characteristics, and who succeeded in cultivating the microbia in coagulated albumen. They give first (*Annales de Dermatologie et de Syphiligraphie*) the details of a case, where in a male subject, 34 years of age, who perspired freely at all parts, the axillary sweat alone was of a brownish, or brick red color. The hair in the armpits was of a dull reddish color and wanting in pliability, irregular in calibre, and matted together.

The parts were regularly and carefully washed and bathed with cologne water, and alkaline applications were also made, but to no effect. Sulphur, corro-