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THE REFRACTION OF THE HUMAN EYE.

A CRITICAL STUDY OF THE STATISTICS OBTAINED BY EXAMINA-TIONS OF THE REFRACTION, ESPECIALLY AMONG SCHOOL CHILDREN.

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THE great importance of full sharpness of vision is a matter which is steadily obtaining wider-spread recognition, and is demanding still more earnest consideration of all thinking persons. Defective sight is growing more notable for a variety of reasons, and the means of amending it are progressively improving and are more widely employed, thus furnishing constant reminders of the need of such help; yet they are making only the more distinct those classes of cases which are but partially, if at all, remediable, and driving us to the more thorough study of the causes of these defects and the means for their prevention. The progress which has been made in all branches of knowledge, especially the natural sciences, is constantly increasing the field to be covered in the usual educational process. The demands made upon children at their lessons have steadily increased; while the assumption of the matter of education by the state, as a duty owing to itself and its citizens, has carried the influence of the schools, sometimes by compulsion, into every rank of life. Conditions, therefore, which not long since invested only the few, are now the environment of the community. Census reports point to a steady and rapid decrease, in every country making claim to civilization, of that portion of its inhabitants unable to read and write; while means and attractions to the exercise of these powers are offered by veritable floods of literary productions and reproductions, by postal facilities which would have been deemed a few decades since utterly beyond belief, and by an immense broadening, for almost every one, of the field of every-day interest. Some information on almost all points is expected of every one; and the most abstruse dis-

coveries of modern science in revealing new worlds, measuring the globe, or investigating its components and the creatures which live or have lived upon it, are quickly absorbed into the fund of general information, and go to widen or to modify that stock of knowledge of which all are expected to be cognizant.

And the means to the attainment of the major part of all this is the eye. Most children begin to study the alphabet and its combinations before the fifth year, and a few years more finds them all readers. School tasks surround and occupy them much of the time, and of what remains not a little is given to amusements hardly less exacting in their demands for the use of the eyes in accurate vision. The general spread of the employment of artificial illumination has lengthened greatly the hours during which the eyes can be rigorously exercised, and the child whose school work is finished turns to other reading for recreation. In the general walks of life vision, and good vision at that, is being more and more strictly required-how much we are hardly likely to appreciate at first. Yet if we think of any one, of whatever age or rank, suddenly deprived of vision, we will, perhaps, in some measure realize how essential to almost every employment is the lacking sense. How few are the paths now open to the blind, and in them, how difficult it is that they should at all cope with seeing competitors ! The disadvantages of those with defective vision differ in degree rather than in kind. In every one of our eye clinics the cases are numerous where persons reject with alarm the advice that they should wear glasses, knowing, as they do, that such an assumed confession of visual defect may cost them a present situation, and will certainly count to their prejudice in seeking any new place. All this is but a fraction of the evidence showing how much is required, even outside of the schools, of the visual powers of those who have them in the usual measure.

The present century has seen the introduction of methods and instruments of precision into almost every branch of study, most notably in all which would lay any claim to scientific value. The inductive method is almost universal, and each advance is a generalization from extended observations. The observer works for the instruction of the community as well as himself; his results must receive confirmation in order to meet general acceptance; and to this end standards of comparison more or less constant and methods free as far as possible from the personal equation have become essentials. Advancing with the general realization of the importance of good vision, ophthalmology has furnished means more and more exact for the determination of the visual acuity and for the measurement and correction of its defects; until we are now in position to obtain data in these matters as strictly accurate as any in the whole range of natural science. In the mean time, investigation after investigation has been made in the matters of vision and refraction, embracing enormous numbers of individuals, in the endeavor to answer the numerous hygienic and social questions involved in the subject of defective vision. Early realizing that, to obtain results of general applicability, eyes presumably normal must be the objects of study, and that in youth many of the causes of defect have not yet come into play, the eyes of school children have been most frequently examined, both to obtain information as to the important subject of the special hygiene of schools, and also to gain data as to what is to be regarded as the standard eye, the typical form, the normal, which the various conditions of imperfection have failed to attain. This standard determined, and the statistics of the primary variations from it once settled, we will be in position to study the questions of the general prevalence of defective vision, the causes which are effective in evoking it, and the measures to be employed in combating the evil.

The foundations of such a wide-reaching study must, of course, be broad. Furthermore, they must be sure ; lest the crumbling of some of the constituents should imperil the stability of all that is built upon them. The first condition would seem well answered, since no student of the subject, not even Prof. Cohn, has up to the present time had the patience to collect all the statistics of the matter already in print; yet arrays of scores of investigations, based upon thousands of individuals, are to be found in the summaries which have been given by various authorities. In the other direction much remains to be desired in not a few of these studies, so much, indeed, that some of them can be employed in any summarizing of results only within the narrowest limits. Setting out in many instances with some single object in view, such as the question of the prevalence of myopia, attention has been given to it alone, and their negative showings in other directions are often valueless, even where the positive results are reliable. Yet they are often grouped as all equal and competent portions of evidence, and advantage is taken of their wide divergence on many important points, either to employ the convenient ones in the support of any fallacy, or else, by holding them up into view in their apparent contradiction, to throw discredit upon all such investigations and the so-called science which they in some measure represent. There has been almost no attempt to combine a critical examination of the methods, details, and results of this extensive series of investigations, with a summary embracing all that are accessible. No light work nor a pleasant one, dealing as it must with comparisons more or less odious, yet a task which the writer here undertakes in the belief that valuable results are thus to be attained. That these results will display any striking novelty is not to be hoped; but that they may give added weight to concurrent testimony derived from other sources, and perhaps widen the acceptance of views not yet receiving their due appreciation, seems abundant

reason for the labor necessary to educe them. Where a hundred investigators have expended years of study in gathering statistics on so weighty a subject, surely there is place for one to combine the data thus gathered. If only to show that much of the labor has been wasted in the past, and to give indication of the points to-day demanding elucidation and the methods by which they are to be studied out, this study would appear to be called for. That it can give or disseminate much other valuable information will, it is hoped, be made to appear.

A comparison of the numerous investigations which have been made in the field before us shows the utmost variation in their aims, methods, and results. Great as are the differences, however, the studies will repay careful scrutiny, and in few instances will we fail to find reason for discrepancies. In most of the examinations the question of the occurrence of myopia and its increase was paramount; in many, it alone was studied. Indeed, the earliest investigators knew of nothing else in our field to seek, and the methods at their command were hardly sufficient for its discovery. Even after hypermetropia and astigmatism became well known they were rarely sought with any care, and vision equal to normal was considered, sometimes even defined, as synonymous with emmetropia. In many of the investigations each eye was not separately tested, so that practically only the better eye was studied, and any difference between the two overlooked. Investigating the subject with rather vague hygienic views, the individual was quite naturally the centre of interest. If he could see with normal sharpness, whether with one eye or both, he was not a myope, and the requirements of the matter were considered to be satisfied. Among the later examinations such oversights are, naturally, rarer; yet often the meagre reports available either give no information on such points, or afford it in such indefinite terms as to leave them still in doubt.

In many of the studies the nature of the refraction has been carefully determined; but the degrees of the anomalies found have either not been determined or not reported. Others state these important details for the class, the age or the year of school life; yet, omitting the mention of the actual numbers of individuals or eyes embraced under each heading, the results, valuable as they may be in themselves, cannot be combined with those of others. In some of the cases where the ophthalmoscope was employed in the examination of every eye (and in the many where it was not used, a most important aid to accuracy was omitted), it was used to seek for lesions and not to measure the refraction. It is needless here to repeat that in the aims held by some of the investigators such details had no place; and that in studies so comprehensive in the matter of numbers examined, the introduction of the methods of extreme refinement would have been impracticable. What most concerns us is the stability, the correctness, of our foundations. The subject here taken up is the information which these examinations can afford as to the usual refraction of the

human eye; in health, as far as we may exclude pathological conditions in youth and in age, if the data are to be found: to extract all that is germane to our purpose. And when grave omissions or vexatious errors, generally typographical, have to be pointed out, it will be with full realization from the writer's own experience, of how hard it is to avoid error in statistical reports, and how impossible for one man to comprehend in his investigation all those points that to another may seem most interesting or essential. And if, in passing, we cannot conceal a regret that some study, most valuable in some respects, gives us no information in others, it will be with no thought of adverse criticism—rather in testimony to the value of that which is given.

To begin this study with a series of definitions, where the subject has been so much written about, may seem unnecessary, if not presumptuous. Yet, since loose employment of technical terms constitutes the principal ground of fallacy in statistics, the cardinal vice, which can make figures the most lying of witnesses, it is essential that some points be absolutely defined, and then the data of various observers be marshalled under these headings with the strictest accuracy which the details at hand will permit.

Waiving technicalities as far as possible: the *refraction* of the eye is the relation of the situation of the percipient retina to the focus of the lens system of the passive eye, for rays of light coming from distant objects. When, without any effort, the focus for such rays falls on the perceiving layer of the retina, the eye is *emmetropic*. When the eye is relatively too long to meet this condition, it is *myopic*; its retina is in position to receive the focus only of rays coming from some point not remote; it is *nearsighted*. When relatively too short, the eye is *hypermetropic*; without accommodative effort, or its equivalent, the eye can focus no rays of light that occur in nature; distant objects form undefined images upon the retina; near objects form images still less clear.

Vision is the perception of external objects through the agency of the rays of light coming from them and impressing the retina. Its acuity depends upon the formation of a sharp image upon this membrane, and upon the capacity of it, and the visual centres behind it, to take cognizance of the image so found. Granted the latter conditions in full measure, the acuity of vision depends upon the transparency of the ocular media and the refraction, primary or fictitious, of the eye. By fictitious refraction is meant every deviation from its primary condition above defined, whether produced by accommodative effort or by optical appliances, such as lenses. Conditions of imperfect retinal perception and of nontransparency of the media before it, may for our purposes be grouped under the heading *amblyopia*, and practically laid aside, and we have before us the subject of the visual acuity of the human eye as dependent upon its refraction, this last being divisible into real or primary, and fictitious or apparent, refraction. The real or primary refraction is the object of our present search; and we will endeavor to winnow out of the mass of results furnished by a long series of investigations those which have bearing upon it, and try to solve with their aid the question—What is the normal refraction of the human eye?

Since we have at our command easy methods of determining with the utmost accuracy the visual acuity in any case ; this, the most salient practical point of our study, can be directly measured ; and as by wide obsertion we have obtained reliable data as to the average sharpness of vision, we can make ready use of it as a means to our end, only noting that the tests must be strictly applied. The farthest point of distinct vision for the myopic eye is not remote, hence normal vision at a distance without lenses at once excludes myopia: but the opposite condition of hypermetropia is far more difficult to exclude. Exercise of the accommodative power, which in the myope only makes distant vision worse, can in the hypermetropic eye cover up the defect of refraction and raise vision to the normal; nay, more, the small pupil, and probably the tension of accommodation and its effects, may raise vision above that which we hold to be the average. Vision above the normal is rather indicative of hypermetropia. The accommodation must be set aside in order to reveal the real refraction, above defined. A convex lens held before the eye will render the rays coming from distant objects convergent, and only a hypermetropic eye can focus such rays, and see normally at a distance through a convex lens. The accommodation used to render the eye apparently emmetropic is now unnecessary, and can only impair vision ; it may, therefore, be laid aside, and the eye then manifests its hypermetropia. But a lifelong habit will not always yield in an instant. The accommodative tension may be maintained, distant vision is made worse by a convex lens, even the weakest; and we are driven to other methods to attain our aim. Dark surroundings are conducive to relaxation of accommodation, and the glare of light reflected into the eye by the ophthalmoscopic mirror may aid, or at least not counteract, the influence. This method, then, in expert hands, may as it were surprise the eye into a revelation of its defect. Yet all such measures may fail, and nothing short of absolute paralysis of accommodation by a mydriatic will tell the whole story. Irritative causes have perhaps set up a cramp of the ciliary muscle, a spasm of accommodation, which will yield but obstinately to the most powerful mydriatic.

The accommodation, then, is the factor which introduces uncertainty into the investigation; study of it can sometimes clear away doubts. The range of accommodation is at each age approximately a constant: if a part of it be called into play to cover up hypermetropia, by thus much will the range be shortened. Here we have not only a clue to the existence of such a condition, but also some indication of the amount of accommodation thus rendered *latent*; and hence of the amount of hypermetropia neutralized. Where astigmatism is absent, very accurate results may often be thus obtained. Similar measures may be employed to determine the presence and also the degree of myopia, and to exclude the cases where nearsight is simulated by accommodative spasm; but the same difficulties may be met and nothing less than total paralysis of accommodation will enable us to claim absolute accuracy. Still more is this the case with astigmatism; and although we can in addition to other methods, get absolute results by ophthalmometric measurements as to corneal asymmetry, we have only one__the most important__of the series of factors involved.

To turn, now, to the practical workings of an examination, let us see what information we can obtain, and how we may prove the existence of emmetropia, or other conditions of refraction. Testing of the visual acuity will show it to be normal or subnormal-the former excluding myopia. If subnormal, the use of convex or concave lenses may show the presence and degree of absolute hypermetropia or apparent myopia, respectively. In all these tests each eye must be separately tried; but sometimes the testing of both together may be also advantageously employed. Convex glasses held before eyes with normal vision may reveal hypermetropia ("H. facultative manifest" of Donders), or in case of their rejection will speak for apparent emmetropia. The various tests for astigmatism may show the presence of this defect, and indicate, perhaps correctly, the meridians of greatest and least refraction in the media of the eye. These data may be confirmed by the ophthalmoscopic examination, most especially in the direct method and in retinoscopy; the cornea may be measured with the ophthalmometer, and the range of the accommodation may be determined and compared with the standard furnished by Donders. Concurrence of these various tests will greatly enhance the confidence which would be due to the findings of any one of them alone; and the presumption will be strong that eyes, which by all tests appear emmetropic, are so in fact. Only by paralysis of the accommodation, however, can this be absolutely settled, and the emmetropic eye be proven to be actually such; then no latency of hypermetropia could enlarge the list of seeming emmetropes, and no spasm of the accommodation could decrease it by causing apparent myopia. Then, too, the degree of any error of refraction could be exactly measured-all previous tests claiming to furnish but an approximation.

One principle must rule in all these tests. Accommodation is to be done away if possible. It can increase temporarily the refraction of the eye, lessening or covering hypermetropia, increasing the degree of myopia, or making apparent myopes of those really emmetropic or hypermetropic. There is nothing tending to the contrary—no counter-force to oppose it or to introduce error in the other direction. The lowest grade of myopia, therefore, or the highest grade of hypermetropia, obtainable by any method of competent accuracy, is the nearest approximation to the real refraction. All data in this direction are positive; all to the contrary, merely negative. Hypermetropia proven by any one test, for example, is to be considered as the true refraction of the eye, although every other test points to the contrary. The one test, to stand thus in conflict with all others, must be well based; it should be repeated to obtain confirmation from itself; but standing still, it is to be accepted as correct—all the others are probably vitiated by the deceiving activity of the accommodation. Of the various methods of examining the eye with unparalyzed accommodation, that by the ophthalmoscope is most frequently able to act such a part. The conditions of accuracy must be fulfilled and the observer must be competent; then its findings can be maintained against any array of others, which point towards myopia, *i. e.*, in the direction in which accommodative activity would tend.

In the abstracts which follow, the original reports of the examinations have been strictly followed in every case where they have been accessible; the source of information actually employed being given in the appended bibliography, to which the numbers refer. Abstracts and reviews have also been studied to obtain all possible collateral information; in this regard, and also as a source of most quotations which have had to be made at second-hand, use having been most frequently made of the "Jahresbericht über die Leistungen und Fortschritte im Gebiete der Ophthalmologie." Our study being of eyes and not individuals, this as well as convenience or conciseness has here and there dictated a recasting of the forms in which the results have been given; but effort has been made to do the least violence consistent with our needs to the observer's own arrangement, and none whatever to his actual results. Occasionally, palpable error in the summing up given by the examiner has driven us to work over his detailed results, and figures have been thus obtained differing (rarely in notable degree) from his totals. Information as to the actual numbers being more important to our ends than percentages, these numbers have been worked out when not given-always with the proviso that they are merely approximations. All results which are not in perfect accord with those of the investigator cited are indicated by parentheses, or, if derived by the writer from percentages, etc., by brackets. The varying nomenclature and standard of the schools in which many of the investigations have been made, and of their classes, makes uniform arrangement in this regard well-nigh impossible. The designation of the equivalent American school has been sometimes given, but the untranslatable "Realschule" and other similar terms, have been retained. Age, being looked upon as the best basis of comparison for our purposes, has been so employed whenever the data permitted. As to the "Gymnasium," it may be remarked that its curriculum extends generally from the fourth year of school-life about as far as the Sophomore studies of our American colleges ; while in the "Realschule" the course is approximately parallel, but with lighter stress upon the classical studies.

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As. and Amb.	Amb. 74		As. 411					Amb. 6 As. 13	As. 10 As. 30 As. [3]				
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H.m. per ct.	206=	35 17. [84] 12.	[20] 10. 63 13.9		2 0.17 47 18.5	107 33.6	36 37.5	63 36.4	129 51.2 [17] 2.83		87 13.55 81 28.93	89 21.13 148 26.71	d. 150 300 0 0. 0 0. (Atropine) (Atropine) 300 100.
M. per ct.	96=17.5 505=27.6 260 4.22 54 f.L1	6 3. [59] 8.5			41.7 45.7 865 75.2 120 47.2 [26] 12.0		32 33.3 81 30.4		22 17.5 49 19.4 31 31.9 [99] 16.5	$\begin{pmatrix} 60 & 5.8(7) \\ 60 & 5.8(7) \\ (490^{-18}) \end{pmatrix}$	Λ		0 0.
Em. per ct.	247=44.9 626-34.2	[162 80.] [555 79.5]	(319 70 5)		283 24.6 87 34.3	46 13.3(7)	9 9.37	26 1.58 40 23.1	61 24.2 10 10.3 [482] 80.33 44 15.1		$\begin{pmatrix} +22. \\ 4770 & 91.96 \\ 150 & 54.94 \\ 188 & 67.14 \end{pmatrix}$	307 72.92 376 67.87	0 0.
. Eyes.	1830	3	452	564	1150			1610	006	1			300
Persons.	550 1012 6163	203 698 896	201 226 487	[883] 3982 282	575 575 264 212	345	96 271	808 173 909	262 97 146	1074	5187 273 280	421 664	150
Age.	6-19		7-20		$^{\pm 19}_{21-26}$	[61-6]	[16-20] [9-19]	10-14		15		::	2h8d.
Character of examined.	Puplis of various schools, Throndjem Puplis of common school, Nuremberg Puplis of var. schools, Buenos Ayres. School children (1876), St. Petersburg	Primary pupils, New York	College students, New York Pupils of Alsatian school, Paris	Pupils of various schools, Freiburg Pupils of various schools, Freiburg Orphanage scholars, Stuttgart	Gymnasium pupils, Stuttgart Theological graduates, Tübingen College graduates, Amherst High school pupils, Ural	Lyceum pupils, Hanover	Seminary students, Hanover	Country school pupils, Kiel	Military gymnasium pupils, Tiffis Type-setters, Paris Middle school pupils, Astrachan Primary scholars, Island of Borkum	Naval training sch'l pupils, Greenwich Recruits (educated), Copenhagen, etc.	Recruits (uneducated), Copenhagen . Railway employés, clerks, etc., Vienna	" trainmen, Vienna	aewborn), Tübingen
Examiner.		dorf & Derby, R	Nordenson ³	Berlin and Rembold	Gaertner Derby, Hasket	Dürr	· · · · · · ·	Hansen	Motais	Hadlow Tscherning	v.Reuss		Received too late for traination in
Date.	1882		1883	2 2 3		2	2 3	3 8 3 1				-	1884
No.	888888	8	91	93	94 95 96	26	98	100	101	105	106		107

		_		_				-	10	-			-	-	
As, and Amb.	41			As. 16	As 40				6 Mix. As.						
H. per ct.	62=65.2 	204 100.	1.07 18	75 15.			(Atropine) 88 88.	(Atropine) 84 84.	14 74. 48 43.6					(81 15.6)? 14 11.6 131 72.77	ıy.
H.m. per ct.	$\begin{array}{c} 41 = 43.1 \\ 1239 40.6 \\ 71 12.6 \end{array}$			2	25 73.5						20 /. 22 0.3 22 1.		2 0.6 0 0.6	: :	solute H. if an s not appear.
M. per ct.	$\begin{array}{c} 7=7.3\\ 347&11.4\\ 341&60. \end{array}$	0 0.		61 12.2	180	[1150 52.7] [176 25.1] [208 50.]	[141 40.0J	6 6.	13 13. 13 11.8 291 31.	142 26.7 6 4 91 13.		19 6.4 190 13.1 226 10.9	131 15.8 57 15.4 9.5 19.9		f only the ab rent Bm. doe
Em. per ct.	$\begin{array}{c} 21 = 22.1 \\ 1425 46.7 \\ 128 22.6 \end{array}$	0 0.		348 69.6			10 10.	10 10.	13 13. 36 32.7 527 56.23	$\begin{pmatrix} v=1.\\ 224\\ (73)\\ (515)\\ (515) \end{pmatrix}$	(290) (422) (168)	(221) (1133) (1752)	(660) (226) (575)	246 47.4 16 13.3 32 18.8	me seems to have been used, and note made of only the absolute H. if t was sought with this means among the apparent Em. does not appear
Eyes.	3052 568	204		500	738 34	2236 700 416	348	100	100 110 939	532 152 700	704 204	296 1444 2074	830 312 778	120	used, an neans ar
Persons.	95 1526 284	102	87	230	369	350 208	50	50	66 67 70	266 76 350	352 352 102	148 722 1037	415 156 950	617 60 90	re been the this r
Age.	9-18 20-24 20-24	4h14d.	7h14d.	8-18	5-18 15-35	:::		1-2y.	4-5y.	6-16 5-10 6-15	7-15	7-14 3-30 6-22	8-15 8-15	9-20 14-18 19-34	ms to hay
Character of examined.	Deaf-mute pupils, Heidelberg	Infants (newborn), Königsberg	Infants (newborn)	Girls' school pupils, Heidelberg	Girls' school pupils, Heidelberg Kalmucks, Hamburg	Soldiers (militia), Munich Military cadets, Munich	Girls, boarding school pupils, Munich Infants (newborn), [Berlin]	Young children, [Berlin]	Young children, [Berlin] : Indian girls, pupils, [Carlisle] : : University students, Leyden : :	Municipal scholars, Lucca Boys, elementary scholars, Rome Boys, municipal scholars, Rome	Girls, municipal scholars, Kome Boys, municipal scholars, Sienna . Boys, mun. scholars, Castelforentino	Boys, elementary scholars, Certaldo . Girls, element. etc., Naples, etc Boys, element. etc., Naples, etc	Boys, Lyceum, etc., Naples, etc Girls, elementary scholars, Trapani . Rove, alementary scholars, Trapani	Upper Gymnasium pupils, Philadelphia.	¹ In this group of Italian investigations the optometer of Moyne seems to have been used, and note made of only the absolute H. if any ² The H. was measured with the ophthalmoscope, whether it was sought with this means among the apparent Em. does not appear.
Examiner.	Schäfer	Ulrich	Bjerrum	Beselin [Becker]	Kotelman	Seggel	"		Fox "	Del Carlo & Pardinii . Scellingo	Masini.	Moyne:	Brignoui	Hoffmann, A. ² · · · · · · · · · · · · · · · · · · ·	¹ In this group of Italian in ² The H. was measured wit
Date.	1884			a		and the second	2 3	10	a 2 a	3 3 3			3 3 3	1885 11	
No.	100	110	ш	112	113	114	115		116	118 119	120	121	122	121	

Let us now see how far the methods above sketched have been applied in the investigations which have been made; what results, positive and negative, have been obtained; and how far we can formulate corrections for such as are incomplete, and by their application bring also the inferential results to the elucidation of our subject:¹—

Beginning our study of the data given in the preceding tables by a summing up of all that can be employed on the subject of the frequency of Myopia, we find that we have available records of 115 investigations or groups of investigations :—

Of 146,522 examinations (individuals or eyes) M. 28,483=19.44 p. c.

Separating, now, those investigations giving us data as to all conditions of refraction, we have as the result of 88 investigations or groups of studies :----

90,886 exam. : Em. 43,174 = 47.73 p. c., M. 19,750 = 21.87 p. c., H. 25,635 = 28.46 p. c.

In not a few of these cases the M. designates only apparent myopia, the Em. comprises all with normal vision, or at best those without manifest ametropia;² while under H. are included, for the most part, only the H. manifest—the cases where the H. total was sought being about counterbalanced by those in which only the H. absolute is given. Turning now to that series of studies in which H. total was sought and noted with care sufficient to obtain some approximation to it, and to exclude from M. the cases of spasm of accommodation simulating that anomaly, we gain the following results from 27 studies :—

16,160 examinations : Em. 3297 = 20.40 p. c., M. 2918 = 18.01 p. c., H. 9717 = 60.13 p. c.

This is excluding Erismann's 1889 = 43.3 per cent. H. m., Emmert's 3308 = 77 per cent. H. m., Pflüger's 800 = 44 per cent. H. m., Seggel's 1239 = 40.6 per cent. H. m., and many others with even higher percentages of H. m. It is also exclusive of Just's work, since the 1660 = 67. per cent. non-myopic eyes, although "almost all" hypermetropic are not with sufficient clearness stated to have been H.; and Weber's, Tscherning's, and Beselin's work, although doubtless accurately done, is excluded for lack of full data as to the results obtained.

¹ Lack of space excludes the detailed accounts of the methods and results of the individual investigations which were prepared to form the body of this paper: so also as to the tables of curves which would in some measure have supplied their place as to class-results, etc. The school totals are given in the tabulation which follows. Under Em. are included all not proven ametropic; under M. all whose apparent myopia was not shown to be fictitious; under H. m. all cases of hypermetropia manifest, whether absolute, facultative, or relative; and under H. all, where any attempt seems to have been made to discover the total hypermetropia, as well as those where the methods employed are not given. Astigmatic eyes are included under H. and M. respectively, when recorded as H. As. or M. As.; under As. when not so specified.

² Gardner found among 1082 pupils of Springfield, Mass., 81 = 7.5 p. c. M., 291 = 26.9 p. c. H. m. and 69 = 6.35 As. Report of School Committee, 1884.

Combining the cases where we obtain data as to the relations of *normal* vision, apparent Em. (i. e., absence of H. m.), and Em. probably such, we find :--

5347 examinations : V = 1, 4362 = 81.58 p. c., App. Em. 2578 = 48.21 p. c., Em. 147 = 27.51 p. c.

although among the Em. here noted, are still many not adequately tested, if at all, for latent H.

A similar comparison as to H. abs., H. m., and H. (generally ophthalmoscopically determined) gives :---

1378 examinations: H. abs. 59 = 4.29 p. c., H. m. 784 = 56.9 p. c., H. 1031 = 74.8 p. c. while in ____

9344 examinations : App. Em. 4383 = 47. p. c., Em. 1742 = 18.6 p. c., H. m. 2076 = 22.2 p. c., H. 5284 = 56.5 p. c.

if we include Just's work, as well as others more definite. In 6873 examinations where App. M. constituted 1911 = 27.8 per cent., these figures were reduced to 1415 = 20.6 per cent. by measures calculated to eliminate more or less completely the accommodative spasm. Similar comparisons could be made on many points; but this is sufficient to show the direction and extent of the corrections which would have to be applied to many of the studies before us in order to approximate accurate results. The actual application of such corrections can hardly be profitably made, except to very extensive summaries, and even then with great reserve; yet we will probably be fully justified in claiming that, among the whole number thus far examined, more than 145,000 in all, not more than 20,000, or 14 per cent., were actually myopic. Similarly, of about 90,000 examined as to the relative frequency of the various conditions of refraction, some 22,000 were approximately Em. (25 per cent.), 13,000 M. (14 per cent.), 30,000 H. m. (33 per cent.), and 55,000 H. (60 per cent.).¹

	Infants.	Eyes.	En	1.		1	M.	H	I.	
1861. v. Jaeger,	(100+)	100	5 =	= 5	p. c.	78 =	= 78 p. c.	17=	= 17 1	p. c.
1880. Ely,	111	154	21	14	- 66	27	18 ""	106	69	"
" Horstmann	1, 20	40	8	20	"	4	10 "	28	70	"
1881. Königsteir	, 281	562	10	2	"	0	0 "	552	98.2	"
1884. Schleich,	150	300	0	0	"	0	0 "	300	100	46
" Ulrich,	102	204	0	0	"	0	0 "	204	100	66
" Bjerrum,	87	(87)	23	26.	4 "	3	3.4 "	61	70.1	66
" Horstman	n, 50	100	10	10	""	2	2 "	88	88	**
	901+	1547	77 =	= 5]	p. c.	114 =	= 7.3 p. c.	1356 =	= 87.6	p. c.

All authorities are agreed that *full paralysis of the accommodation* by a mydriatic is an absolute essential in this difficult field of investigation; and we must accept Horstmann's statement that this is attainable with

¹ Study of the degree of refraction error, of anisometropia and of many other points of cardinal importance must be reserved for a later paper.

difficulty, even when employing a solution of atropiæ sulph. 1:100. Jaeger's work, done in the earliest days of the ophthalmoscope, probably lacked that exquisite skill in the use of the instrument which later distinguished this master of ophthalmoscopy; and, further, was done without employment-certainly without the complete employment-of a mydriatic. His parallel work in the study of the dimensions of 70 eyes of infants after death, showed no instance of axial myopia; and the later studies force us to decide against his assumption of an undeveloped suspensory ligament or of a usual forward displacement of the lens, causing a temporary myopia of the new-born-a view negatived also by the rest of his examinations of the eyes of older children. We must, therefore, exclude Jaeger's study (albeit with much hesitation) as incompetent evidence in the matter before us. The need of "full paralysis of accommodation" leaves room for questioning of the results obtained by weak mydriatic solutions, since Horstmann failed in at least 7 instances to secure even full dilatation of the pupil with 1 per cent. solution of atropine repeatedly used. Bjerrum's finding of 23 Em. and 3 M. after (a single?) employment of atropine (0.25 per cent. solution) cannot be considered conclusive; and Elv's results of 17 per cent. Em. and 11 per cent. M. among 105 eyes under the influence of a solution (gr. ij ad f3j) of atropine, and 8.2 per cent. Em. and 32.6 per cent. M. among 49 eyes under a weak atropine solution (gr. j ad Oj) must be similarly viewed. Accepting them conditionally, however, and doubling Bjerrum's figures to obtain the number of eyes studied by him (a procedure apparently justifiable), we gain as the result of these studies, exclusive of v. Jaeger's :---

Of 1534 eyes of infants, Em. 95 = 6.19 p. c., M. 39 = 2.54 p. c., H. 1400 = 91.26 p. c.

Only the 6 myopic eyes of Horstmann's two studies can be considered as well-established cases of M.; yet the success of Königstein and Ulrich with atropine (0.1 per cent.), and of Schleich with 0.5 per cent., in doing away with all apparent M. in their studies, lends confirmation to other results where weak mydriatic solutions were employed.

Passing on to the consideration of the refraction of children more developed, but not yet of school-age, we find, exclusive of v. Jaeger's work, only four investigations.

Koppe, Kindergarten pupils, 30	Eyes. 60	Em. p.c. 1 = 1.7	$\begin{array}{ll} M. & p. c. \\ 0 = 0 \end{array}$	H. p. c. 59 = 98.3
Horstmann, children : (8-24 months), 57 (1-2 years), 50 (4-5 years), 50	96 100 100	$\begin{array}{rrrr} 13 & 13.5 \\ 10 & 10.10 \\ 13 & 13 \end{array}$	$ \begin{array}{ccc} 9 & 9.4 \\ 6 & 6 \\ 13 & 13 \end{array} $	$\begin{array}{ccc} 74 & 77 \\ 84 & 84 \\ 74 & 74 \end{array}$
Total children (8 m5 yrs.), 187	356	37=10.4	28 = 7.86	291 = 81.75

¹ Koppe's results in the Kindergarten are impeached by himself, since he may have been measuring his own hypermetropia and not that of the observed eye. All but 18 Proceeding now to the other end of the scale of life, we find the one study of Cohn on the eyes of aged persons, mountaineer villagers in Silesia:--

100 persons (60-84 years), 200 eyes, Em. 49 = 24.5 p. c., M. 25 = 12.5 p. c., H. (m.) 114 = 57 p. c. ? 12 = 6 p. c.

A study of much interest, but of insufficient extent to be conclusive, while the individuals tested were within the region of the "hypermetropia aquisita," and of myopia due to the cataractous swelling of the lens, the "second sight" of common parlance. The other investigations of the eyes of adults have generally more bearing upon the question of the ophthalmic hygiene of various handicrafts than upon our subject, until we reach the investigations of the eyes of recruits, almost invariably young men from 20 to 24 years of age. Considering only the common soldier, whose eyes have been subjected to primary school-work alone, examinations as to visual acuity have been extensive and interesting. Thus Herzenstein found among 27,682 men of various arms, binocular vision above normal with Junge's test-types in from 71.6 per cent. to 76.6 per cent. of various garrisons about Orel and Cracow; while Rumschewitsch among 9882 recruits in the Kiew district, found 70 per cent. with $V_{\cdot} = \frac{120}{XL}$ to $\frac{60}{XL}$, 26.4 per cent. with $\frac{60}{xL}$ to $\frac{40}{xL}$, 4 per cent. with $V = \frac{20}{xL}$ to $\frac{40}{xL}$, and 0.6 with $V \frac{1}{XL}$ to $\frac{20}{XL}$. The examinations bearing more strictly upon the refraction are numerous, but rarely of both convincing accuracy and fulness.2 Seggel's study of the common soldiers of the Munich garrison is about the only one fully competent in its testimony, and from its extent it can well stand alone.

1526 common soldiers, 3052 eyes, Em. 1425 = 46.7 p. c., M. 347 = 11.4 p. c., H. m. 1239 = 40.6 p. c., Amb. 41.

Allowance must, of course, be made for the cases with latent H. among those noted as Em. in order to approximate full accuracy; a correction which cannot, however, be accurately formulated.

eyes, however, appeared H. > 1. D., the amount which he estimates that he manifested in this investigation, and only 2, including the 1 Em., were H < 1. D.

The Kindergarten and El. pupils were examined by the ophthalmoscope alone. In the other schools he obtained (counting As. with M. and H.) :--

by glasses,	989 pupils,	Em. 219=22.1 p.c.	M.269 = 27.8	H. m. $501 = 50.7$ p. c.
by ophthal.		" 188=17.7 "	M.240 = 22.6	H. $606 = 57.2$ "
by oph. and gl.,	and the second sec	" 112=10.6 "	M. 220 = 20.8	

¹ The question as to the illumination under which these results were obtained is allimportant; yet many investigators are strangely silent in this regard. In sunlight $\frac{120}{xx}$ would indicate no sharper vision than $\frac{20}{xx}$ in a well-lighted room.

XL xv ² Ljubinsky is cited (Nagel's Jahresbrt. xiv. p. 195) as having found, among 7312 sailors, Em. 48.7 p. c., M. 28 p. c., H. 43.1 p. c., and As. 2.2 p. c. (120. p. c.).

Of the data that remain all are complicated by the question of "school myopia," into which it is impossible here to enter. The persons examined were pupils of schools of every grade, generally fully engaged with their school-work, and showing at once the temporary and the permanent marks of its effect upon their eyes. Yet much information can be obtained from their study, and we will proceed to a rapid review of the refraction in the schools of various grades.

Summing up, as before, the results of the twenty-six investigations as to myopia, we learn that in 23,315 examinations 1582 = 6.79 per cent. M. were found. A discrimination between the real and the apparent M. in these results would lower somewhat the M. percentage, although the figures of the first two studies on the list contain no myopes below 1. D. in grade, and the last study, only those greater than 1. D.

Passing to the other conditions of refraction we find-

In 22	investigations	13,929	examinations :	Em. 857 = 63.59 p. c., M. 1582 = 11.36 p. c.	
" 10	"	3,358	"	H. $3764 = 27.04$ p. c. Em. $491 = 14.62$ p. c., M. $137 = 4.08$ p. c. H. $2564 = 76.06$ p. c.	

In the second series are placed those studies in which the H. t. was sought, although in Beselin's work only the H. > 1. D. is reported, and here are also included Just's results, although not entirely definite in their statement—any error in the one being probably neutralized by the other. From five investigations, exclusive of Just's, we obtain :—

1835 examinations: App. Em. 767=41.79 p. c., Em. 371=20.22 p. c., App. M. 126= 6.86 p. c., M. 58=3.16 p. c., H. m. 970=52.86 p. c., H. 1368=74.55 p. c.

These figures comprehend the results of Cohn's study in the mountain village of Schreiberhau, in Silesia, when atropine (in substance) was employed in most of the eyes. As various critics take diverse views of the question of the refraction under mydriatics, a few remarks upon the subject seem in place. Donders's definition of refraction fittingly opens the subject : "By refraction of the eye, we understand its refraction in a state of rest; that is, the refraction which the eye possesses in virtue of its form and of that of its component parts, independently of muscular action, independently of accommodation. The term, therefore, applies to the refraction of the eye whose muscles of accommodation are inactive or paralyzed (for example under the influence of atropia), to the refraction also of the dead but as yet otherwise unaltered eye." In discussing emmetropia, however, Donders assumes a "tone of accommodation" which can be done away only by a mydriatic, and concludes with the often-quoted expression: "Consequently, the actually emmetropic vision requires in a certain sense a minimum of H., and that minimum is capable of no accurate taxation, because to the tone itself a certain latitude, perhaps from $\frac{1}{100}$ to $\frac{1}{40}$, must be allowed." Whether his view on this point remains unchanged we do

¹ Donders, Accommodation and Refraction of the Eye, p. 80. (Italics ours.)

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	M. > 1. D. M. > 1. D. Atropine.
H. per ct.	
Hm. per ct.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
M. per et.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Em. per ct.	
Eyes.	480 480 568 568 272 563 563 328 328 328
Pupils.	$\begin{array}{c} 1486 \\ 4978 \\ 59 \\ 59 \\ 59 \\ 59 \\ 270 \\ 249 \\ 270 \\ 280 \\ 367 \\ 367 \\ 367 \\ 367 \\ 367 \\ 367 \\ 367 \\ 368 \\ 388 \\ 387 \\ 367 \\ 368 \\ 388 \\ 388 \\ 387 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 387 \\ 387 \\ 388 \\ 387 \\ 388 \\ 387 \\ 3$
Age.	6-13 6-14 6-14 6-13 6-19 6-13 6-10 6-13 6-12 6-13 7-13 7-13 7-13 7-13 7-13 7-13 7-13 6-15 6-15 6-15 6-15 6-15 6-15 6-15 6-15
Examined.	Country Primary City Elementary City Preparatory Village Primary City Preparatory City Preparatory City Primary City Primary
Examiner.	Cohn Cohn Cohn Cohn Cohn Cohn Cohn Cohn

Elementary Schools, etc.

not know; but can hardly imagine so careful an observer to be still in error on this simple point. The question before us is whether this common residual tension is an *organic tonicity* or an *habitual action*. That no such "tone" is ascribed to the myopic eye is curious, if the first suppo sition holds good. Is there, then, in the eye, a tension of the accommodation which *cannot* be voluntarily relaxed? It may be confidently asserted that an emphatic negative will be given by every observer who has carefully tested the matter.

The assumption of such a "tone," like the hypothesis of negative accommodation-really another phase of the same question-lacks the first positive proof in its support. Negative evidence alone, cases of habitual spasm of the accommodation, can be adduced in its favor; and a single positive fact, did it stand alone, would scatter such support to the winds. The investigation before us fully answers the question, although its testimony has been generally overlooked. Cohn states: " In 34 cases with H. m. in degree from $\frac{1}{80}$ to $\frac{1}{12}$ there was no slightest increase of the H. after atropinization." It may be remarked that full paralysis of accommodation was proven to have been attained in these cases, although in four others who remained apparently emmetropic, Acc. $=\frac{1}{15}, \frac{1}{24}, \frac{1}{40}, \text{and } \frac{1}{90}$, respectively, was found remaining. Similar proof, were any needed, would be found in the investigations of Roosa (53) and Dürr (98). How two opinions on the subject can exist is the only matter of surprise to the writer, who has in hundreds of cases given the full correcting-glass as determined under a mydriatic pushed to complete paralysis of accommodation (and seen it done in thousands), and has rarely seen it necessary to reduce the strength of the glass because of persisting recurrence of the habitual spasm.¹ His own low H., twice measured under full mydriatic paralysis, is entirely relaxed at will, and always taken into account in ophthalmoscopic measurements. The only noteworthy point, therefore, as to the admission of Cohn's atropine work in our present study, is that especial weight is to be given to its showings, since in it was employed a means of accuracy lacking in others.

The group of schools in which were found the results which have been given, practically represent the first three years of school-life; and it is from this point that the course of the German Gymnasium takes its start. Intermediate schools exist in Germany as well as elsewhere, but they differ as to the upper limit of their curriculum, and in the aims and the class of the pupils attending them, rather than in the age of their scholars. While the distinction between these and the gymnasia is, therefore, very important in its bearing on the question of school-myopia, to our investi-

¹ The necessity, or, indeed, the advisability, of carrying this matter in practice to its extreme logical conclusion is a point which most ophthalmologists are by no means prepared to admit. Its *practicability* is the only question here raised, and is, in he writer's opinion, too fully demonstrated to need more extended proof.

			and the second second			
Н. р. с.	83=20.6 171 33.8 [184]	? 1058 42.9	? 502 64.5	>1. D? 33 12.	e	~ ~
Hm. p. c.	\$ 44=1.9 9 2.9 825 43. 25 7. 101 19.7 101 19.7 108 19.3 10.7 101 19.7	24 10. 122 37.7 18 4.18 256 10.37 404 40.4 2712 76.1	252 13.6 28 6.25 29 9.7 328 44.2 10 2.4	105 9.6	21.	67 20.9 87 4.2 52 21.6 7 5.62 86 7.76 52 12.4 32 12.4
I.	23=44. 54 40.8 32 54.2 112 42.8 112 42.8 112 42.8 12 42.8 12 65.5 75.	[7] 58. 11 58. 124 51.7 34 67.	53 80.3 31 61.2 46.			75. 75. 63 75. 63 15.1 65. 53 65.8 108 60.7 25 56.8
II.	41=26.4 61 41.3 40.4 157 42 27 60. 53 653 61. 69.	[14] 54. 12 40. 155 37.4 23 34.5	50 80.6 33 48.2 45.			58. 58. 58. 58. 58. 56. 59. 6 50. 6 50. 6 50. 6 50. 6
.III.	$\begin{array}{c} 50{=}25.1\\ 73{=}31.\\ 73{=}36.\\ 206{=}41.3\\ 33{=}52.4\\ 25{=}52.1\\ 50.\\ 55.\end{array}$	[18] 47. 23 41.1 200 34. 26 26.6	57 75. 41 40.2 290.2	46. 		$\begin{array}{c} 185 & 47. \\ 63. \\ 63. \\ 47. \\ 16. \\ 722 & 46. 7 \\ 722 & 46. 7 \\ 116 & 61. 5 \\ 31 & 59. 6 \end{array}$
IV.	51=19.2 52 33.7 52 33.7 13 26. 21 55. 22 35.4 40. 45.	[16] 30. 23 34 9 81 18.6 22 14.4	14 63.6 56 59.6 31 45.3 32	40. 		(13) (1)) (1))
V.	44=16.7 41 18.2 22 36.7 14 27. 14 27. 21 21.7 21 28.4 46.	[25] 40.3 4 12.9 19 26.4 54 14.3 29 10.	46 42.6 32 22. 21.	24. 179 26.7		51 19.6 29. 27. 27. 27. 28. 28. 28. 31.1 57. 57. 57. 57.
VI.	$\begin{array}{c} 16 = 9 \\ 31 & 12 \\ 10 & 15 \\ 13 & 22 \\ 13 & 21 \\ 13 & 21 \\ 28 & 22 \\ 28 & 23 \\ 79 \\ 42 \\ 42 \end{array}$	[15] 26.8 19 14.5 19 28.1 36 8.7 12 5.8	44 41.5 14 14.7	4.		$\begin{array}{c} 23\\ 22\\ 22\\ 10.3\\\\ 69\\ 33.7\\ 73\\ 56.1\\ 73\\ 56.1\\ 49\\ 47.6\end{array}$
VII.	$\begin{array}{c} & & & \\ & & & & \\ & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & &$	14 8.5 13 17.1 	30 25.8 18			44 31. 234 29.6
VIII.		5 11.6	21 21.8	:::	:	
M. p. c.	225=19.7 314 20.6 159 30.9 159 30.9 158 29.7 125 35.7 125 35.7 187 36.5 162 40. 165 42.7	96 37 125 650 151 151		21. D.? 21. D.? 100 35. 333 30.3		+500000+-
Em. p. c.	816=75.9 225 866 72.5 314 175 55.7 96 1176 55.7 159 1110 25.6 1294 187 52 126 125 159 39. 162 140 27.3 187 141 37 144 37 162	51. 46. 84.9 30.55	1183 63.8 134 29.9 53 17.8 75 9.7 240 58.	 154 53. 661 59.		145 45.2 11 111 11 11 111 11 11 111 11 11 111 11 11 112 11 11 1130 64 11 1145 40.9 444 450 41.5 55 204 48.6 16 204 48.6 16 164 37.6 23
Per- Eyes.	1141 1195 314 4239 361 203 406 223 406 226 512 256 512 258 512 258 512 258 512 258 512		1855 2002 224 445 199 298 396 792 413 232 232	402 287 549 1097	300 600 ¹	321 325 325 338 776 338 776 2032 1120 240 1170 354 450 960 418 209 418 218 436
Age. 8		12-14 7 10-14 7 9-20 10-15 11-23		: : :	: :	16-24 7-21 7-21 9-21 9-21 8-17 13-21
Schools.	Realschule, Gymasia, Gymasium, Gymasium, Various, Gymasium, Gymasium,	Gymnasium, Realschule, Realschule, Gymnasium, Grammar, Various,	Various, Various, Latin classes Gymn. " Gymn. Realschule.	Realschule, Gymnasium, College,	Techn. Inst.	Coll. Freshm. Gymnasium, Paedagogium Lyceum, Gymnasium, Gymnasium, Kreuzschule, Realschule, Seminary,
Examiner.	Cohn Cohn Thilenius Schultz Erlsmann Cohn Krüger v. Hoffmann.	Ott & Ritz- mann Ott & Ritz- Dor Conrad Spalding	Entroperation for the second s	Glassen Becker Agnew fCheatham]	Mathewson] Derby, Has-	Derby Niemann Niemann Dor Ott Haenel Haenel Haenel

p. c.	[193=49.7] [296 54.6]	24			The second se	atr'p 60.4 atr'p 57.3	94.1 94.1	D. 15.6 11.6 11.6
. Н.			[705 [705 1505		-	Homatr'p 192 60.4 Homatr'p 55 57.3	Homatr'p 1522 94.1	>1. D. 76 15. >1. D. 106 17.3 81 15.6 14 11.6
Hm. p. c.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	76 12.6 318 78.3 6 3.4 5 1.9	161 34.1 72 7.07 50 7.06 16 5.3 35 13.8 147 35.2	[84] 12.	[20] 10. 18 12.2	107 33.6 36 37.5	63 36.4 129 51.2	6
I.	28=77.7 39 67.2 44 62. 2 25.	3 33.3 7 77. 18 66.6	22 85. 11 50.		10 75. 25 54.3	23 10 22.22	.09	35 67.3
II.	21=80.8 38.76. 87 58. 14 35.	10 19.6 12 55.7 62.5 19 65.5	28 54. 15 46.9		5 25. 39 50.	33 11 22 50.		40 65.
III.	16=40. 48 52. 46 52.3 32 22.2	18 16.5 	38 54. 53 51.8	-	4 23.5 45 33.1 4 24.	22 11 23 33.9		36 35.9
IV.	$\begin{array}{c} 24=54.5\\ 132& 39.5\\ 21& 39.\\ 35& 38.8\\ 27& 22.1 \end{array}$	19 10.5 49. 37.5	27 54. 54		6 23. 13 16. 11 36. 20 25.6	11 15 38.5	2.2	38.38.8
Υ.	$\begin{array}{c} 23 = 40.3 \\ 156 & 36.2 \\ 23 & 32.8 \\ 31 & 29.2 \\ 31 & 29.2 \\ 23 & 18.2 \end{array}$	23 9.8 	23 35. 8 21.		2 11.7 14 18. 6 17. 21 17.1	8 8 8 16.	10 3.9	17 20.2
VI.	$\begin{array}{c} 22 = 37.9 \\ 109 & 22.8 \\ 26 & 37.1 \\ 23 & 28. \\ 12 & 9.6 \end{array}$	24.2 33.3	11 32. 7 16.3 38		3 13. 5 6.8 11 19. 23 12.1	12 9 18.	10 3.	22 18.2
VII.	139=24.4	33.	15 26.8		2 8.3 13 17. 10 4.7	9 15.5 2 12.5	11 3. 	
VIII.	76=25.2			:	0 HI.	: ::	4 1. 1 17. 6.7	: :::
M. p. c.	=51.1 29.7 50.8 45.4 19.4	74 12.3 52 12.8 91 51.4 110 42.53 101 34.8 90 49.4	14.6 39.6(? 34.6(? 15.2 50.7 29.5 30.7 21.1	60 8.5 119 13.5	69 35. 32 21.8 141 29. 52 18.5 74 12.2 74 12.2	101 31.7 32 33.3 81 30.4	3.4 33. 19.4	51. 12.2 51. D. 58 9.5 86 71.6
Em. p. c.		424 70.3 32 40.7 122 47.	$\begin{array}{c} 242 & 51.2 \\ 355 & 34.8(+) \\ 250 & 35.3(+) \\ 249 & 11.4 \\ 133 & 44.6 \\ 136 & 53.5 \\ 183 & 43.9 \\ 183 & 43.9 \end{array}$	[162 80.]	[111 55.] 97 66?	25 7.86 9 9.4	26 1.68 40 23.1 61 24.2	348 69.6 +11.D. 412 67.9 246 47.4 16 13.3
Eyes.	262 2060 388 586 566	406	1018 708 2094 298		at an		1610	500 607 120
Per- sons.	131 1035 194 293 288 288	2003 2003 2003 2003 2003 2003 2003 2003	472 509 554 1048 1149 1149 11255 417	69S 896	201 147 [487] [487] [603] 212	318 96 271	808 173 252	250 517 60
Age.	13-20 8-16 8-17 8-17			: :	10-20	[9-19] [16-20] [9-19]	10-14	8-18 8-18 9-20 14-18
Schools.	Seminary, Secondary, Gymnasium, Realschule, Gymnasium, Normal Sch	Various, Gymnasium, Gymnasium, Realschule, " 1877, Gymn. 1877, Seminary.	Mil. Gymn. Gymnasium, Realschule, Various, Gymnasium, Realschule, '' & Gymn.	Grammar, Grammar,	College, Lyceum, Gymnasium, Secondary, Secondary,	Lyceum, Seminary, Real-Gymn.	Girls' Inst. Mil. Gymn.	Grammar, Grammar, Lyceum, Upper Gymn.
Examiner.	Haenel Haenel Just Kotehmann Smith	A REAL PROPERTY AND A REAL		Derby	Derby Nordenson Manz Manz Manz Dobrowolsky	Dürr Dürr	Hansen Reich	Becker Beselin Boffmann Schleich

gation it is hardly more than incidental. We will group these institutions, then, by the side of the so-called "higher schools," which aim at liberal education; only premising that we are dealing now with pupils between the fourth and the twelfth school year, or between about the ninth and the eighteenth years of life.

Combining the foregoing figures, we find as the result of examinations as to myopia in 50 gymnasiums and lyceums, 14 realschule, 7 seminaries, and about 50 other schools :---

In 55,342 examinations (individuals or eyes) 14,907 = 26.94 p. c. myopic.

Studying, now, those in which all conditions of refraction were sought, we obtain :---

In 42,763 exam. Em. 15,996=37.40 p. c., M. 11,757 = 27.49 p. c., H. 13,145 = 30.74 p. c., the H. probably here, as before, fairly representing the manifest hypermetropia, and the other figures the apparent myopia and apparent emmetropia, respectively. In the studies where the H. t. was sought, we find :--

In 9965 examinations Em. 2159 = 21.66 p. c., M. 2149 = 21.56 p. c., H. 5587 = 56. p. c.,

Here Just's results are again excluded, as well as those of Weber, of Becker, and of Beselin, where the figures given are confessedly incomplete and not available for our purpose; while Erismann's 1825 ± 43 per cent. H. m., Pflüger's 404 ± 40 per cent. H. m., Emmert's 2712 ± 76.1 per cent. H. m., and Kotelmann's 273 ± 48.8 per cent. H. m. are, of course, omitted. Studies of the relations of normal vision, apparent Em. and Em., of apparent M. and M., and of H. absolute, H. manifest and H. total, give results closely similar to those already set forth, and need not be here repeated in detail.

The data as to students of more advanced grade are limited, but doubtless worth summarizing :---

	Age.	Persons.	Eyes. Em.				М.			H. m.		
Cohn, Univ. of Breslau,	17-27	410		134=	=32.7	p. c.	244=	=59.5	p. c.	15=	=37.	D. C.
Cohn, Medical students,		108	216	81	37.5	- 66	116	54.	14	19	8.8	46
Gärtner, Theol. " Tübingen,	+19	713	1426	324	22.9	46	1096	76.9	44	2	0.2	64
Derby, H., Graduates, Amherst,	19 - 28	254		87	34.3	4.6	120	47.2	66	47	18.5	66
Collard, Univ. of Utrecht,			820	389	47.4	66	286	35.	64	158	19.2	66
Van Anrooy, Univ. of Leyden,	17 - 38	470	939	527	56.23	\$ 66	291	31.	6.6		12.15	
	19-34		142	51	10.8	**	54.	10.5	44	37	26.	
					-36-			36.		1000	100	-
		71	142	51	10.8	"	54.	10:5	**	37	26.	

17-38 2436 4207 1593=37.86 p.c. 2207=52.46 p.c. 392=9.31 p. c.

In the first examination of this series H. abs. alone was noted; in the others the H. manifest was sought, but only in that of the writer, which ends the list, does the attempt seem to have been made to find the H. total by the ophthalmoscope or other means. In this last case the results were :---

71 Persons. 142 Eyes. Em. 30 = 21.1 p. c. M. 17 = 12.4 p. c. H. 93 = 65.5 p. c. And for all___

90 Persons. 180 Eyes. Em. 32 18.8 p. c. M. 17 9.44 p. c. H. 131 72.77 p. c., figures in marked contrast to those above.

Looking backward over the long array of investigations which have been here grouped together, a few words of general comment seem permissible before passing to our conclusions. It is very evident that the majority of the studies cited can make no claim to being the unimpeachable foundation for our investigation of the refraction of the human eye; indeed few have been undertaken with the solution of any such question in view. The details of the methods employed in each examination would make clearer, perhaps, than is now the case, the true status and value of each; but lack of space excludes them, and the writer is unwillingly forced to group the studies and marshal their results as his study of the original data indicates is correct, and to set them forth apparently solely upon his own authority. Careful study of the original records will show, however, that the records have been in no instance classified, recast, or emended, arbitrarily; and if any judgment has been passed not fully upheld by the data furnished by each investigator, it has only been in holding as competent some of the investigations which are not a priori clearly self-condemned. In view of the great preponderance of the hypermetropic refraction in all investigations where its presence has been sought with a care in any degree adequate, it must be as evident to others as it is to the writer, that many of the studies giving low percentages in this matter cannot be correct. Such a conclusion, however, would by many be deemed a result of reasoning a posteriori, and has not been here drawn. For the figures given, unimpeachable accuracy cannot be claimed, especially when the sources from which they are derived are rarely free from palpable errors; and confusion and error are too easy of entrance to have been entirely excluded in the writer's own work. All that repeated careful revision and verification can do has been sedulously employed to secure correctness, and where possible the data have been submitted for verification to the investigators themselves, to many of whom the writer's thanks are therefore due.

It is then evident, that for the solution of the broader questions of the prevailing condition of refraction and other similar generalizations, few of the investigations thus far made are fully available; and it is to be hoped that future students of the subject will recognize these shortcomings and furnish us with fuller, broader, and more accurate data. The opportunities to employ mydriatics in extensive studies will continue to be very rare; it is therefore incumbent upon those who shall have such chances, if they would contribute fully to the elucidation of this important subject, to furnish at the same time data as complete as possible as to the vision without and with glasses, the accommodation and the apparent refraction, before the mydriatic, as well as the intraocular condition and the functional comfort of the eyes; and to furnish proof, where possible, that the mydriatic had been pushed to *full* paralysis of accommodation. Thus only can the strict requirements of the subject be met. For those

who are debarred from the use of mydriatics, combination of all other methods of study is necessary, if they desire to render as slight as possible the doubt which must always attach to determinations of the refraction made in eyes with unparalyzed accommodation.

The following conclusions seem fully upheld by the results of the investigations thus far made:---

1. Myopia is almost unknown in infancy and very infrequent before the beginning of school-life. In the earlier school-years its percentage is still low and it is only in the advanced classes, especially of the German schools, that it ever attains to a preponderance. It has been found in not more than 39 = 2.54 per cent. of 1534 eyes of infants, in not more than 28 = 7.86 per cent. of 356 eyes of children under the school-age, and in only 1582 = 6.79 per cent. of 23,315 eyes of children examined during the first three school-years—figures which more accurate methods might have made lower. Among 3052 eyes of young men, upon whom the school influence had not been excessive, it was found in 347 = 11.4 per cent.—a percentage which probably oversteps the maximum which it is likely to attain outside of the schools.

2. Hypermetropia is the enormously preponderating condition in infancy and early childhood, and the first years of school life witness little reduction in its proportion. Outside of the schools it remains by far the most frequent refraction throughout life, and in the schools it is decreased by the change of eyes to the myopic refraction in a degree apparently varying according to the circumstances calling into existence that defect. It was found in 1400 = 91.26 per cent. of the 1534 eyes of infants examined, in 291 = 81.75 per cent. of the 356 eyes of young children, and in 2564 = 76. per cent. of the 3358 eyes of children in the elementary school years, among whom it was sought with adequate care. So also in the higher schools, it constituted at least 56 per cent. of the whole number of eyes studied by competent methods, being found in 5587 of the 9965 examined.

3. Astigmatism has been rarely sought with care, and the data with regard to its frequency are not sufficiently wide to justify definite conclusions. The findings of the studies where it has been well looked for, concur with the clinical work in indicating a measurable degree of astigmatism (0.5 D. or more) in the majority of ametropic eyes.

4. Emmetropia in a mathematically strict sense has probably no existence. Approximate emmetropia (Am. $<\pm0.5$) is infrequent in all ages, probably at no epoch exceeding 10 per cent. Its apparent proportion is swollen by the array of eyes "not proven" ametropic, and we have but few studies where the accommodation has been with certainty set aside and its existence fairly well shown. Cohn among 299 atropinized eyes proved in no single instance its presence. Under homatropine Hansen found it in but 26 of 1610 eyes, and Dürr in 30 of 414 eyes: it constituted at most 60 = 2.6 per cent. of these 2323 eyes. Among the infants and young children 135 = 7.36 per cent. of the 1834 examined under atropine may have been emmetropic; and Roosa's brief study indicates that it is probably as rare in adult life, even when perfect function apparently proves its presence.

5. The question of what is the normal refraction of the human eye is still an open one, and further material on the subject and closer study of the data in hand will be necessary before drawing conclusions as to it. Much light will be thrown upon the question by studies like Risley's of the relations of normal vision, intraocular health, and functional comfort, to the refraction. For the present the conclusion of this author, whose work stands almost alone, may be accepted. "The emmetropic is the model or standard eye—since emmetropia is shown not only to remain nearly constant in percentage throughout the school life, but that it is also the condition of health, and withal enjoys the highest acuity of vision and the greatest freedom from pain." Yet hypermetropia is the prevailing—almost the exclusive—condition of the refraction among most animals, among children, among uncivilized peoples, and among all eyes uninjured by the educational process.

1806 CHESTNUT ST.

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¹ The great majority of the eyes having exceptionally acute vision are hypermetropic, but, as shown, the majority of all eyes are H.

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