(1) Bietti (Naples).—Bilateral blepharochalasis, dacryoadenoptosis and dacryops in connection with hypothyroidism. (Blefarocalasi, dacrioadenoptosi e dacryops bilaterali in soggetto con ipotiroidismo). Boll. d'Ocul., May, 1936.

Blepharochalasis is a term applied by Fuchs to a condition in young subjects in which the skin of the upper lid is excessive, loose, smooth and overhangs the lid margin in a fold. In many cases, as in the present, it is preceded by oedema of the lid; this is often transitory and recurrent.

Ptosis of the lacrimal gland may be subcutaneous or subconjunctival; in this case the gland was to be seen lying under the conjunctiva. According to Bietti, dacryops is rare; only some 50 cases being recorded (it is probable that many more have been observed but not recorded). In this case there were cysts in both glands. The presence of all these lesions in one subject suggests that there may be one underlying cause. The various examinations carried out agree in indicating a condition of hypothyroidism, and the author thinks that this is the true cause, exciting first the blepharochalasis to which the other conditions are secondary.

HAROLD GRIMSDALE.


In the course of certain experiments on the action of nicotine on the frog, Lodato has noticed curious reactions of the pupils; In some cases miosis, in others, mydriasis followed injection. It is known that nicotine produces a discharge of adrenalin into the circulation; it also has a paralysing action on the sympathetic. These are to some extent opponent; it may be assumed that if the paralysing action predominates, miosis will follow; but if the adrenalin acts, it will produce mydriasis. The cases in which there was mydriasis of one eye and miosis of the other are not easily explained.

HAROLD GRIMSDALE.

(3) Bietti has shown that when a quantity of orange juice is taken by the mouth, or when ascorbic acid is injected intravenously, the quantity of ascorbic acid in the aqueous is increased much above the increase in the blood. It is probable that this indicates a selective power of the ciliary epithelium. It has been shown that in the aqueous of aphakic eyes ascorbic acid is less in quantity than in the normal eye; from this observation Müller was led to believe that the acid came into the aqueous from the lens. Ciotola has made further experiments on rabbits from whose eyes the lenses had been removed some months before. He finds that in these also, the amount of ascorbic acid in the aqueous is much greater than that in the blood; it follows that it is not the lens which brings this about, and inasmuch as in a further series the author found that injury to the ciliary epithelium lessened the amount, the probability that this epithelium exercises a selective action, is increased almost to proof.

HAROLD GRIMSDALE.


(4) Poulard is known as an advocate of evisceration of the eye combined with implantation of a glass sphere. He reserves excision of the eye for cases of intra-ocular tumours. In his first cases and in small eyes the author did not remove the cornea. Later, he used a technique similar to that of Mules. The implantations were successful in 81 per cent. and even in 89 per cent. if cases of panophthalmitis are disregarded. The author was sufficiently fortunate as to have seen no case of sympathetic ophthalmitis after his 190 eviscerations.

HUMPHREY NEAME.

(5) Roberto (Rome).—The scleral bulge in the foetus. (Sulla protuberanza scleroticale nell'occhio del feto). Boll. d'Ocul., June, 1936.

(5) In 1880 von Ammon described a bulging of the sclerotic on the temporal side of the optic nerve in the foetal eye. He noted that this was greater, the younger the foetus; the sclera was thin, almost pellucid, and he compared the condition to the myopic staphyloma. In a later paper von Ammon stated his opinion that the bulge was connected with the tissues which close the foetal
cleft. Roberto points out that this appears unlikely since the bulge is external to the seat of implantation of the optic nerve and the cleft is below it.

The existence of such a bulge has been doubted by some and accepted by other writers. To try to settle the matter the author has examined the eyes of a number of foetuses of varying age; from his dissections he concludes that there is an expansion of the temporal part of the sclera in excess of the nasal region but that there is no real protuberance comparable to a myopic staphyloma. As a result of the overgrowth of the temporal side, the nerve in the foetal eye is implanted more eccentrically than in the adult.

Harold Grimsdale.


(6) Koyanagi here describes the conditions found on microscopical examination at the points of crossing of the retinal vessels in several cases of albuminuric retinitis, and gives illustrations of the appearances at and on either side of these points.

In most of the cases the retinal artery showed some thickening of its wall but without increase in its diameter and in 2 cases the proliferation of its adventitia extended to the vein so as to bind the two vessels together. The vein, on the other hand, except in one case, showed no sclerotic thickening, it dipped down into the deeper layers of the retina, but there was no sign of active pressure of the artery on the vein such as might cause an indenting or deformity of the wall of the latter.

The primary essential factor in this condition, it is held, is a pathological narrowing of the lumen of the retinal artery, due to spastic contraction or to sclerotic thickening of its wall. The return flow of the venous blood is thereby retarded; this causes a dilatation and tortuosity of the vein, which on account of the increased resistance of the overlying rigid (or thickened) artery at the point of crossing is forced to bend backwards into the less resisting deeper layers of the retina in order to relieve the retarded flow, provided it is free so to move; but in this there is no necessity to assume active compression on the part of the artery at this point.

Where, however, the artery and vein are more or less closely bound together by perivascular infiltration or a common adventitia the latter is not capable of dipping down, and this produces the
clinical picture of the indenting or constriction of the vein seen in general arteriosclerosis.

In either case hypertension by itself plays no important part in the production of these appearances.

THOS. SNOWBALL.

(7) Schupfer (Florence).—Acute retrobulbar neuritis, with particular regard to the problem of pathogenesis and diagnosis. (Sulla neurite retrobulbare acuta con particolare riguardo al problema etiopatogenetico e diagnostico). Boll. d'Ocul., November, 1936.

(7) Schupfer records a case of acute retrobulbar neuritis in a man aged 63 years which ran a very unusual course. The patient had for years been subject to frequent nasal catarrh. A month before the patient consulted the author, he had slight fever with pain in the feet; after marked sweating and exposure to cold he noted diminution of visual acuity in the left eye. He consulted a specialist who had many examinations made but with negative results; he was ordered iodide which he could not tolerate. When the author saw him left vision was reduced to hand movements. The fundus was normal.

He was sweated and given large doses of salicylate of soda. within a fortnight the acuity had recovered to left vision 10/10. It remained at this level from June to September, when it again fell; the visual field contracted and the disc became pale. In spite of a course of the treatment which had been followed by success before, the sight was worse. Under treatment by glycerophosphates, arsenic and strychnine, there was slight improvement.

The author discusses the cause of this curious case and decides that it was an unusual form of disseminated sclerosis in a patient much past the age at which this usually arises. He was inclined at first to regard the case as one of rheumatic origin, but the absence of the cremasteric reflexes and the weakness of the abdominal raised doubts in his mind. Further the rigid pupil, associated with dilatation, in the absence of syphilis, which could be excluded, pointed toward multiple sclerosis.

HAROLD GRIMSDALE.


(8) Jedlowski has investigated Donaggio's method of staining which is claimed to give indications of changes in the fibres in earlier stages than can be recognised by any other method.
MISCELLANEOUS

The method is as follows. The sections in celloidin, after washing in distilled water are coloured in a 0.5 per cent. solution of toluuidin blue for an hour; then after rapid passage through distilled water are immersed in a 0.5 per cent. solution of toluidin blue for an hour; then after rapid passage through distilled water are immersed in 4 per cent. molybdenate of ammonium for one minute; to this solution is added before use 4 drops of hydrochloric acid to 100 c.c. of solution; a precipitate is formed which dissolves on agitating the liquid. Then after washing in distilled water for two minutes, the section is held for a few seconds in a solution of permanganate of potash, one in a thousand, and passed into a one per cent. solution of oxalic acid. This is repeated until there is no longer decoloration.

Lastly the sections are again washed in distilled water and passed rapidly through alcohol in series cleared in xylol and mounted, in a mixture of dammar, xylol and petroleum ether. By this method of staining the author has been able to demonstrate very early changes in the optic nerves of dogs suffering from acute intoxication with quinine.

The author thinks that it may be possible by this method to discover changes in nerves in conditions which are at present thought to be functional.

HAROLD GRIMSDALE.

(9) Rossi (Pisa).—The relation between disease of the eye and of the liver. (La clinica di alcune sindromi oculari di origine epatica). Arch. di Ottal., May, 1936.

(9) Rossi, in this paper, attempts to show that there is real relation between disease of the eye and of the liver. He points out that the uveal tract exercises for the eye functions similar to those of the liver for the whole body. As the liver regulates the chemical content of the blood, so the uveal tract conserves the proper condition of the fluids of the eye. The liver prevents toxins from entering the blood stream; similarly the uveal tract keeps the endocular lymph in normal composition. Recent researches have shown the liver capable of holding back glutathione; in diabetes, glutathione diminishes in the liver and pancreas; it diminishes also in cataract. It is well known that in disease of the liver accompanied by jaundice, there is often disturbance of vision; night blindness. It is not clear how this is brought about, but bile has an action on the lipoids of the retina, and on the synthesis of ascorbic acid, which the retina holds in quantity. It probably also has an effect on the metabolism of fats and of other vitamins; in the war insufficiency of fats was considered to be the exciting cause of night blindness which was common in the German armies.

HAROLD GRIMSDALE.