In eight cases of early unilateral interstitial keratitis, however, the following were noted:

1. Marked diminution of photophobia and pain within about three weeks.
2. Curtailment of the duration of the disease.
3. Absence of disease development in the second eye, except in two cases out of the eight.

It should be noted that of the six cases in which one eye only was involved, the age of the patient was six, seven, seventeen, twenty and twenty-seven years respectively, and that these cases were under observation for an average of only 2.1 months.

The two in which the second eye became involved, as is stated, to a much less extent than the first eye, were aged seven and eight years respectively, and suffered from the appearance of the disease in two and a half and four and a quarter months respectively from the commencement of treatment. These two cases were under observation in all up to three and a quarter and five months respectively.

Humphrey Neame.

---

Bulletin of the Ophthalmological Society of Egypt, 1924.

This volume, containing the communications read at the annual meeting of the Ophthalmological Society of Egypt, on March 7, 1924, has just been issued. Besides the delay in publication, we must criticize the proof-correction. As the result of remarks made in these columns with regard to the Bulletin of 1919, there was a great improvement in the volumes from 1920 to 1923, which, however, has disappeared in the present volume. We may remind the Editorial Committee of the Bulletin that it is not customary to underline italicized words and sentences, nor when a list of abbreviations is appended, to include in the text additional ones. By a comparison with the report of the first meeting of the Society in 1903 we note that only two of the eight existing original members of the Society are asterisked as such. The Bulletin contains some interesting papers, which are very creditably written, considering that they were not in the mother tongues of the authors.

E. Fuchs, in a paper on "Chronic Primary Glaucoma," describes the case of a middle-aged lady, who for some years was suffering from frequent sick headaches according to some of her doctors, from neuralgia of the fifth nerve according to others. She was repeatedly examined by very experienced eye specialists, who
never found anything wrong with the eyes. Acuity and field of vision as well as the fundus were normal, tension was mostly between 12 and 15 mm. Hg. The patient had never noticed coloured haloes, and still it was a case of glaucoma and an iridectomy in both eyes stopped at once all the complaints of the patient, who is in perfect health twelve years after the operation. The original failure in diagnosis was due to the fact that the patient had never been examined during one of the attacks of pain. It illustrates also the fact that in chronic glaucoma the tension in the intervals between the attacks may be very low. It is also remarkable that in this case there was never blurred or coloured vision during the attacks but only pain, and that the patient did not develop glaucomatous cupping in spite of the long duration of the disease.

The author states that a case of primary glaucoma is not rarely mistaken for atrophy of the optic nerve if the optic disc is only pale, not cupped. He has recorded quite a number of such glaucoma cases, in which the excavation developed only when the eye was almost or completely blind, or in which the true nature of the disease revealed itself by a final attack of acute glaucoma. He examined several of these cases microscopically and found that the lamina had resisted the increased pressure while the nerve fibres of the optic nerve head had disappeared. An early diagnosis of such cases can be made only by repeated tonometric observations. von Graefe pointed out more than sixty years ago that after reduction of the tension by an operation the glaucomatous cupping may disappear, but he was also aware that it might reform later on. von Graefe accounted for the disappearance of the excavation by supposing that after relieving the tension the lamina cribrosa was allowed to go back to its normal place. Fuchs had the opportunity of examining such cases microscopically, and can state that the lamina cribrosa still retained its excavated position, but that the nerve head in front of the lamina was highly oedematous and swollen, so as to fill the cup. Fuchs considers this oedema as being due to lymph-stasis in the papilla. Within the optic nerve the lymph current is believed to proceed intracranially and empty into the cerebro-spinal fluid. The centripetal direction of the lymph current is due to the fact that the intraocular tension is higher than the intracranial pressure. Lymph-stasis must occur when the difference in pressure is abolished or reversed, when the intracranial pressure has risen or the intraocular tension has dropped. Hence one may see in cases of reduced intraocular tension, as for instance subsequent to fistulization of the cornea, the picture of choked disc, if ophthalmoscopic examination is possible. The same may take place when the tension is low after an operation, the papilloedema manifesting
of the wound, glaucomatous excavation re-appears. Fuchs describes the non-operative methods of reducing the intraocular tension. Among these he has used two methods for reducing the tension in cases of acute glaucoma previous to operation. One is venesection by which he has reduced the tension from 50 mm. Hg. to 25 mm. Hg. The other is by the intravenous injection of 200 to 250 c.c. of a 10 per cent. solution of sodium chloride, an effect which can be attained by getting the patient to swallow 20 to 30 grammes of the same salt in solution.

Glaucoma and High Myopia. Fuchs states that owing to the thinning of the sclera at the posterior pole of the eye in high myopia, a glaucomatous excavation may extend beyond the temporal margin of the papilla over to the adjoining part of the sclera, so that the excavation is composed of two portions, the nasal one corresponding to the optic disc, the temporal one to the adjacent sclera. The limits between these two portions are marked only by the difference of the slightly pink disc on the one hand and the white sclera on the other. The temporal margin of the excavation appears as a crescent-like ridge dividing the staphyloma into a nasal (cupped) and a temporal (uncupped portion). According to his experience only a few of such cases are diagnosed correctly as simple glaucoma by means of the tonometer and by the condition of the field of vision.

Meyerhof has found that the coincidence of "Glaucoma and high Myopia" is not infrequent in Egypt. He has seen twenty-six cases of which he has exact observations. Only two of these were under 40 years of age. The onset was always slow and lingering without headaches or haloes. All these patients whose vision was already defective complained of a slow diminution of vision and nothing else. The field of vision does not always show any characteristic sign; Bjerrum's para-central scotoma may be caused by the peri-papillary and central stretching of the choroid. Cupping of the disc was only found in six of the twenty-four cases. The prognosis of these cases, under treatment but without operation, is better than that of ordinary primary chronic glaucoma.

In the discussion on "Rasheed's cases of Extraction of Immature Cataract," Fuchs reminded the Society that the condition of the posterior cortex only was of importance. If this is opaque, the cataract may be operated on safely, even if all the rest of the lens is transparent. The operation for ripening a cataract bears only on the anterior cortical substance, which is broken up by the massage of the lens and becomes opaque, while the posterior cortical substance which alone matters remains unaffected.
"Operations for Entropion and for Trichiasis" were described by Sander and by Khairat. The general opinion of the Society appeared to be that they were inferior to the well known and satisfactory operations of Snellen (removal of a wedge-shaped piece from the anterior surface of the tarsus, together with the well recognized modifications), of van Millingen (insertion of a mucous membrane graft into a groove along the edge of the eyelid), and the tarsectomy of Heisrath.

A case of "Leprosy of the Cornea" was reported by Meyerhof and Sobhy; the latter also makes some observations on "Spring Catarrh in Egypt."

"Trachoma in Finland" is the title of a paper by Enroth. This author states that 4.5 per cent. of the population of 3½ millions are infected with this disease. Infection takes place apparently at a later period in life than in Egypt, as below five years of age there is only an incidence of 1 per cent.

"A Case of Primary Tumour of the Optic Nerve" is described macroscopically by Kattan, a report which it would have been preferable to have deferred until complete microscopical examination had been effected. "Three Cases of Papilloedema in which the Skull was Trephined" are described by Bakly. In one of these good vision was retained.

A. Barrada relates details of a number of interesting functional conditions.

NOTES

The death of the Right Hon. Sir Clifford Allbutt, K.C.B., P.C., should not pass unnoticed in an ophthalmic journal. A pioneer in advocating the importance of ophthalmoscopic examination in cases of general disease; his work on "The Use of the Ophthalmoscope in Diseases of the Nervous System and Kidneys" appeared in 1871: nor is it usually remembered by the present day members of the medical profession that to him is due the small clinical thermometer in daily use. He succeeded Sir George Paget in 1892 as Regius Professor of Physic in the University of Cambridge after having built up a great reputation as a consulting physician in Leeds.

The last thirty years of his life, spent in the university atmosphere and surrounded by young men, kept him young himself. Although not quite a Peter Pan who never grew up, Sir Clifford Allbutt certainly did not appear to grow old. He was in his 89th year and died suddenly in his sleep.