been pointed out by Vogt and others, an ante-natal intrauterine inflammation of the eye, probably gonococcal, inhibits the normal retrogression of the tunica vasculosa. I have a case in which there is an anterior polar cataract with its "imprint" deeper in the lens, and a central corneal nebula. There is in this case an extensive network of vestigial pupillary membrane fibres attached to the nebula. Here an intrauterine inflammation of the cornea led to a central perforation, to an anterior polar cataract, and to incomplete absorption of the pupillary membrane. Other examples of incomplete retrogression with central capsular cataract are figured in the "Doyle Memorial Lecture" (*Brit. Jl. of Ophthalm.*, Dec., 1924, page 581, Figs. 26, 27, 28).

I have no doubt that all cases of this nature are examples of persistent pupillary membrane.

A CASE OF RETROBULBAR NEURITIS FOLLOWING A SEPTIC WOUND

BY

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It is commonly supposed that retrobulbar neuritis may have a septic origin, but the focus is generally a local one associated with orbital suppuration, with nasal sinusitis, or with an apical abscess. The toxæmia may be of systemic origin, as in diabetes, influenza, abdominal sepsis, and the like.

The following case is unusual, and, as it has a medico-legal aspect, seems worthy of record:

J.H.P., male, aged 26 years, was sent to me to be examined with reference to compensation. He gave a history that five months ago he sustained a cut just above the right wrist. The wound suppurated and eventually an abscess was opened on the inner aspect of the upper arm. At this time he noted that the sight of both eyes was getting misty, and that this was especially noticeable in a strong light. The sight has slowly deteriorated and now he cannot see to read or do any form of work.

The acuity of each eye is 2/60 and is not improved with glasses. There is no error of refraction. The media are clear. Each optic nerve shows well-marked temporal atrophy. The right nerve head has slightly blurred edges and small tags of white material pass from its edge to the retina. The great vessels have a film over their roots. There is still evidence of a past optic neuritis. The left nerve head is free from these signs of neuritis.

The fields of vision show slight concentric contraction. In each eye there is a large central scotoma, absolute for red and green, partial for blue, and relative for white. The nasal sinuses have been examined by Mr. F. Sydenham who reports that there is nothing abnormal. Mr. Roper Hall extracted eight septic teeth, but there has been no improvement from this treatment.

In this case, from a medico-legal point of view, it is impossible to exclude the septic condition of the arm as a cause of the defective vision, and the fact that the sight began to fail during the period of septic absorption from the arm, strongly suggests a causal connection. It is of course possible that the condition of the teeth may have had something to do with the sequence of events, but I cannot get away from the fact that the septic arm and the loss of sight coincided in point of time. My report was that in my opinion the blindness was directly caused by the accident.

Quite recently I was asked to see a case of acute glaucoma in a woman who was recovering from an operation for appendicitis. Her wound was suppurating and the green pus contained bacillus pyocyaneus. As there was no perception of light I concluded that there was something more than glaucoma of but 36 hours' duration. The eye yielded to eserine treatment and in two days I could see the fundus and discovered an optic neuritis. A week later the patient died suddenly from embolism. Here we have a case of a septic wound causing an optic neuritis perhaps of embolic nature, and if an abdominal wound can have this effect it is reasonable to suppose that a septic arm may act in similar fashion. In my case the retrobulbar neuritis was associated with a neuritis of the nerve head, an unusual combination.

EXCISION OF THE SUPERIOR TARSUS AND CONJUNCTIVA IN THE TREATMENT OF TRACHOMA

BY

G. FREEMAN HEAL, M.D., C.M., D.O.M.S.

WHILE in Bagdad in 1924 I was for some months in charge of the Ophthalmic Department of the Iraq Government Hospital where large numbers of Arabs attend for treatment, almost all of whom have trachoma. The majority of the natives of the country live their whole lives amid surroundings which are too insanitary and squalid for their condition to be comprehensible to a western mind. Apart from the ineffective ritualistic washing imposed upon them by their religion, Arab men and women never cleanse either